Meeting Summary for Committee on Diversity, Equity & Inclusion in Behavioral Health Zoom Meeting

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Quick recap

The meeting focused on the removal of race, sex, and ethnicity data from the data set sent to the Federal government for behavioral health services, and the potential impact on funding and access to services. The committee also discussed potential changes to data collection and reporting requirements for race, ethnicity, and gender in Medicaid, and the importance of incorporating consumer input into contingency planning. Lastly, the group emphasized the importance of diversity, equity, and inclusion in behavioral health systems, and the potential inclusion of churches in funding to support community services.

Next steps

Fatmata Williams (DSS) to follow up with Susan Smith at DSS regarding the removal of race, ethnicity, and gender data from federal reporting.

Co-Chairs Alice Forrester and Brenetta Henry to draft a recommendation for the Oversight Council regarding the inclusion of consumer voices in contingency planning.

Alice to share the recording of Bill Halsey's (DSS) presentation from the MAPOC meeting with the group.

Alice and Brenetta to prepare the next month's agenda based on the discussion from this meeting.

Yohanna Cifuentes (Clifford Beers) to send out flyers for the upcoming Undoing Racism workshops to interested group members.

Kim Haugabook to present on her work with faith-based organizations through the support grant with DSS and DCF at a future meeting.

Reverend Adele Cooper to be invited to present on the "Let's Talk Interruptions" workshop for churches at a future meeting.

Summary

Race, Sex, Ethnicity Data Removal

Alice led a discussion about the removal of race, sex, and ethnicity data from the data set sent to the Federal government for behavioral health services. The team agreed to keep this data on a local level for analysis and reporting. The main concern was the potential impact on funding and access to services. Kelly Phenix highlighted the importance of funding in maintaining and expanding services, while Brenetta emphasized the need to think outside the box to ensure equitable access to services.

Medicaid Data Collection and Reporting

The committee discusses potential changes to data collection and reporting requirements for race, ethnicity, and gender in Medicaid. Alice suggests asking Connecticut to continue documenting this data even if not required federally. Fatmata is investigating the situation with DSS leadership. The group considers strategies to maintain data collection and address health equity issues, including encouraging more complete reporting from members. Brenetta expresses frustration about the lack of concrete plans to address potential policy changes. The committee discusses ways to incorporate consumer input into contingency planning and the need for more transparency about behind-the-scenes work being done.

Consumer Representation in Medicaid Meetings

Alice and Brenetta discussed the challenges of consumer representation in the MAPOC meetings. Brenetta emphasized the need for genuine consumer voices, not just token representation. Alice acknowledged the difficulties in representing the diverse needs of Connecticut's Medicaid population. Kelly suggested that the MAPOC meetings are broadcast live on CT-N and that recordings are available for those who cannot attend. The group also discussed the importance of core values in Connecticut's Medicaid services and the need for contingency planning in the face of uncertain fiscal modeling.

DEI Lens for Presentations

Alice proposed inviting presenters from different departments to share their work through a DEI lens, with the aim of making recommendations.

Diversity, Equity, and Inclusion in Behavioral Health

The group discusses the importance of diversity, equity, and inclusion (DEI) in behavioral health systems. They highlight the need for equitable access to services, culturally competent providers, and consideration of social determinants of health. The conversation emphasizes the value of having a diverse workforce, including peers with lived experience, to better serve various communities. Participants also stress the importance of health literacy, data collection on race and ethnicity, and addressing structural barriers to care. The discussion touches on the role of spirituality and community support in recovery.

Churches in Funding for Community Services

In the meeting, Alice and Brenetta discussed the potential inclusion of churches in funding to support community services. Yohanna mentioned a workshop called "Let's Talk Interventions" led by Reverend Adele Cooper, which aims to educate pastors on trauma-informed care. Stephanie Springer (DCF) emphasized the importance of using non-stigmatizing language when discussing individuals with substance use issues. The team also discussed the value of a Diversity, Equity, and Inclusion (DEI) perspective in their work and the need to preserve certain aspects of their community. Yohanna offered to send out flyers for the next Undoing Racism workshop. The team ended the conversation on a positive note, encouraging each other to hold on to the good aspects of their community.