

**Racial Equity and Disparities Workgroup**  
**Technical Assistance Tools and Resources Subcommittee**  
12/18/20

**Attending:**

Melanie Benett, Connection LHS  
Marielle Demarais, EPI-MINN  
Chandria Jones, Westat  
Vanessa Klodnick, EPINET-TX  
Jill Marsteller, Connection LHS  
Tiana Sepahpour, Connection LHS

**Additional members:**

Iruma Bello, OnTrackNY  
Hong Ngo, OnTrackNY  
Stephen Smith, OnTrackNY

NOTES

**What are our goals and objectives?**

- The reaction towards the goals and objectives was that it feels like a mission statement.
- Two articles could be created or a webinar that people can watch on their own time such as understanding the history of racism and how it impacts health. A tool could be created that clinicians can use with their clients. This tool could be a list of questions for clinicians to facilitate the conversation with their clients. could include in their conversation.
- Start with educating all teams about historically racism and how it has impacted the mental health field such as in the psychosis field. Every team would need the same education before having an active tool that they can use. It can also be simultaneously.
- The hubs portal site could be a platform to deliver these resources. Each subcommittee will have its own section on the portal. It is not clear if the website would be password protected and how people will get access if they are not involved with the site. The portal would be a good way to share the resources and tools with the hubs.
- Tools and resources could be provided to the hubs so they could tailor them according to their communities.
- Existing resources could be curated instead of creating them from scratch. The process could start with asking the hubs if they have existing resources related to early psychosis. If hubs do not have any materials already created, then hubs would be asked about their needs for these types of materials including the type of material they need to facilitate the conversation with their clients.
- The training could follow a train-the-trainer/master course style. A person could be identified per hub who could help disseminate the information.
- Record the training rather than having a live training.
- Resource blast – The audience would be the research and CAB subcommittees. The resource blast could include a program focused resources, something they could read or watch to increase their knowledge. It can also include an exercise that they could do with their clients. These resources should reach the program. It could go through the Hubs but it should reach the program.

- The email blast could go to the Hubs and be divided into groups such as information for administrators, clinicians or everyone.
- If the resources are well received by the hubs, the EPINET could post it on the website as a resource that is being used in the project.
- Start monthly mail blasts with the broader mental health field and then focus it in first episode psychosis
- Promising Practices – it signifies to the reader that it isn't just another reading. It is a resource that has been used and it has the possibility to work based on anecdotal evidence. A resource with the intent to improve the quality of care. The video can be accompanied by some questions that can be used with clients.
- Examples of resources could be shared with other subcommittees such as what is being presented at conferences.
- Materials could start being circulated. They could be collected at the coordinating center level. The materials could be posted on the portal so they could be shared through the website instead of via email. They could also be posted on the public site.
  - Materials could be shared now so the vetting process could be determined.
- There could be an opportunity to conduct a small research study within the EPINET group that focuses on what the health disparities are around first episode psychosis and quality improvement efforts.
- Data could be broken into different demographics to determine if there are disparities. There would need to be substantial sample to have enough power to provide analysis by demographics. This could be done at the CSE level or a level that could be actionable.

### **What are our potential activities?**

- Create a resource with information to help a team learn about the topic.
- Create a tool for clinicians to help facilitate the conversation with a client.

### **Next Steps:**

- Jill mentioned a training being prepared/created by Johns Hopkins. One of the authors could be invited to do a presentation.
  - Jill will share the curriculum to the group to see if the program is useful or not.
    - Figure target audience – who will be trained
    - Evaluation of whether it is useful
  - Jill will share the proposal and tables of the modules for this training. The team will prioritize looking into their top three interests.
- Start the curating process – The team can start collecting tools and resources. The next meeting the group can go through these materials to prioritize and determine how this information will be shared.
- Chandria will find out about the public and internal website. Could the materials be posted on the public site or would they only be in the internal site?

- Talk with leads for the CAB and research about synergize with them and what the process will be like.
- List of additional members. There is an interest in extending participation beyond people who are connected with hubs. Members can share names of additional people who would want to volunteer their time to participate in these meetings. Those who are interested in equity can join even if their background is not in first episode psychosis.
  - The team members can share the list of people who are interested and the perspectives and contributions that they could provide to the meeting.