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SACRAMENTO COUNTY

INTRODUCTION TO AFRICAN AMERICAN / BLACK / OF AFRICAN DESCENT AD HOC COMMITTEE AND CO-PRODUCTION COMPETENCIES

November 21, 2024

WELCOME

GROUP AGREEMENTS

- Expect and Presume Welcome
- Honor Silence and Confidentiality
- Be Present
- Honor Time Agreements
- Turn Judgements into Wonder
- Expect and Accept Non-Closure
- Move Up, Move Up
- Speak Your Truth, Let Others Speak Theirs
- No One Knows Everything; Together We Know a Lot
- No Fixing, No Saving
- We are Human, Not Perfect
- Any Other Agreements?

AGENDA

Time	Agenda Items	Facilitator
	Welcome • Group Agreements • Agenda review	**Alondra Thompson,** Sacramento County BHS **Doretha Williams-Flournoy,** A Church for All **Ryan McClinton,** Public Health Advocates
5 minutes	**Introduction to BHREC Vision & Aims**	**Alondra Thompson**, Sacramento County BHS **Doretha Williams-Flournoy,** A Church for All
15 minutes	**Co-Production Core Competencies**	**Ryan McClinton**, Public Health Advocates
10 minutes	**Q & A**	**Doretha Williams-Flournoy,** A Church for All

BHREC VISION STATEMENT

The Sacramento County Division of Behavioral Health Services (BHS), in collaboration with communities of people who identify as African American/Black/of African Descent, strive for a Sacramento County where Black behavioral health matters and race no longer predicts wellbeing and life outcomes.

WE ENVISION A SACRAMENTO COUNTY WHERE:

- Communities of people who identify as African American/Black/of African Descent have equitable opportunity for emotional health and wellness,
- Communities of people who identify as African American/Black/of African Descent are supported to prosper to their fullest potential,
- Sacramento Division of Behavioral Health Services fully integrates a racial equity lens in organizational hiring and other practices,
- Sacramento Division of Behavioral Health Services and the community work together to ensure equity through continued examination of the systems that shape service provision, and in the collection and disaggregation of data to define goals and evaluate outcomes,
- Community led strategies, as well as transparency and accountability in decision making are prioritized.

AA/B/AD COMMITTEE'S PRIORITY AIMS

1. Ensure BHS Accountability to the Community

2. Ensure Community Input in BHS Implementation of Legislative Policy, Programmatic Policy, and Initiatives Shaping BHS Policies Related to Equity

3. Maintain an Intersectional Focus

4. Increase BHS Transparency in the Community

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CO-PRODUCTION COMPETENCIES

CO-PRODUCTION WORKGROUP

- Ebony Chambers McClinton *(she/her/hers)*
- Jennifer Clancy *(she/her/hers)*
- Phanit Dy *(he/him/his)*
- Ryan McClinton *(he/him/fam)*
- Koby Rodriguez *(he/him/his)*
- Samantha Spangler *(she/her/hers)*
- Adriana Nunez *(she/her/hers)*

WHAT IS CO-PRODUCTION?

Partnership and Power-sharing

Community members and organizations

Collaborative Work

Design, deliver, and evaluate services or initiatives the affect the community.

Active involvement and valuing expertise of community members

Better and sustainable solutions

Leveraging diverse perspectives and expertise leads to more innovative and sustainable solutions, leading to improving service effectiveness and user satisfaction

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WHAT IS CO-PRODUCTION?

WHY DOES CO-PRODUCTION MATTER?

Systemic Racism

Biggest barrier to implementing antiracism and equity programs in the health care sector.

Reluctance to Address Racism

Structural racism exists and impact in all areas of life, including the delivery of care.

Community Engagement in Health Sector

Poorly defined

Inadequately documented and

Efforts are not integrated into existing systems.

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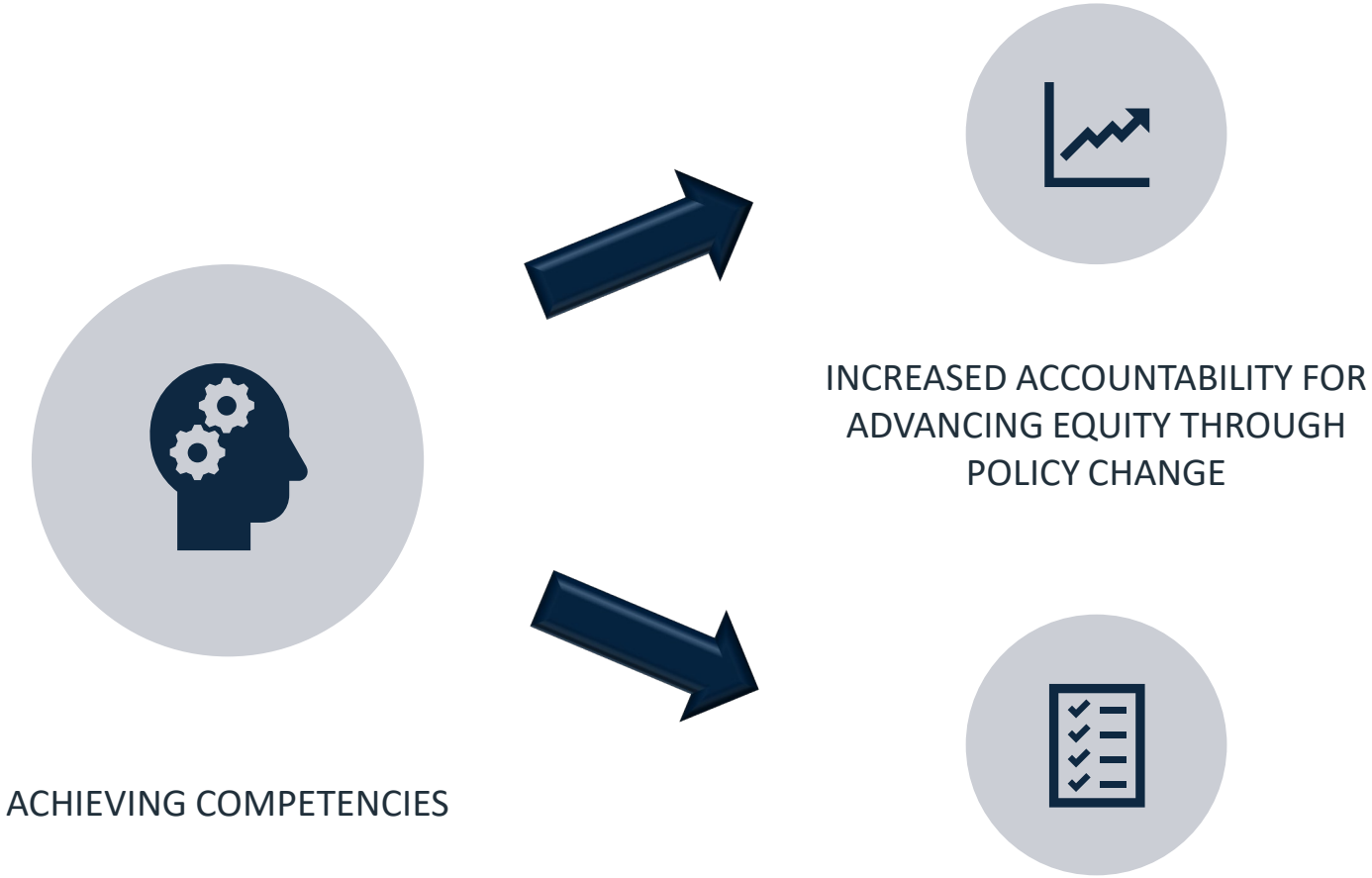
IT LEADS TO BETTER OUTCOMES!



CO-PRODUCTION COMPETENCIES

- Method for organizations to advance anti-racism and equity
- Applicable to programs, services, processes, procedures, productions, and employees
- Framework and measures to increases accountability for change

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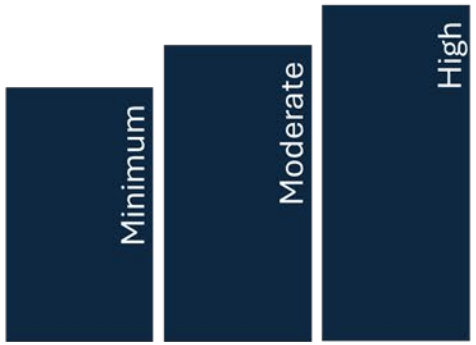
ACCOUNTABLE ENTITIES

Board of Supervisors	Approve final BHSA plans and budgets.
County Executive Officers	Hold County department executives responsible for achieving competencies associated with co-production.
Decision Making Committees	Outreach to the community and include on all Committee agendas opportunities for community members to offer comment and perspectives on the degree of co-production used to create BHSA plans.
Behavioral Health Directors	Ensure organizational policies and procedures exist for each of the competencies; hold all staff accountable to policies and procedures; ensure co-production competencies are integrated into provider contracts.
CEOs of Behavioral Health Provider Organizations	Ensure organizational policies and procedures exist for each of the competencies; hold all staff accountable to policies and procedures.
Chief Behavioral Health Officers of FQHCs	Increase education and awareness about co-production competencies in Federally Qualified Health Centers (FQHCs); work in collaboration with other MCP executives to achieve competencies and develop co-production policies and practice change.
Chief Health Equity Officers	Increase education and awareness about co-production competencies in Managed Care Plans (MCPs); work in collaboration with other MCP executives to achieve competencies and develop co-production policies and practice change.
Mid-Management	Ensure operationalization and implementation of co-production competencies in program design, development, and evaluation.

MEASURING CO-PRODUCTION

Score Range

Levels of Implementation



Scoring Best Practices

Self Assessment

Validation options:

Ask the community to validate organizational self-scoring.

These entities conduct fidelity reviews after counties have self-scored.

External Assessment

Accountability bodies such as DHCS create an assessment rubric and score program plans, such as the BHSA Plans, on their achievement of co-production competency.

Recognition

Achievement awards to counties that achieve distinction

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INCLUSIVE PARTICIPATION

Ensuring that all participants have equitable access to participation by recognizing and addressing their diverse backgrounds and unique needs

Standards:

- ✓ **Equity**
- ✓ **Accessibility**
- ✓ **Diverse Representation**
- ✘ **Avoid Tokenism**

Minimal Implementation

- Limited efforts to ensure equitable participation, accessibility, and diverse representation
- Infrequent surveys and audits
- Minimal stakeholder mapping

Moderate Implementation

- Clear efforts to ensure accessibility
- Clear efforts to identify and engage diverse representatives of community
- Clear efforts to understand community-defined barriers to participation

High Implementation

- Comprehensive, reproducible efforts to ensure accessibility
- Evidence of engagement with members of diverse backgrounds reflecting the community served
- Community perceives inclusivity and valued participation

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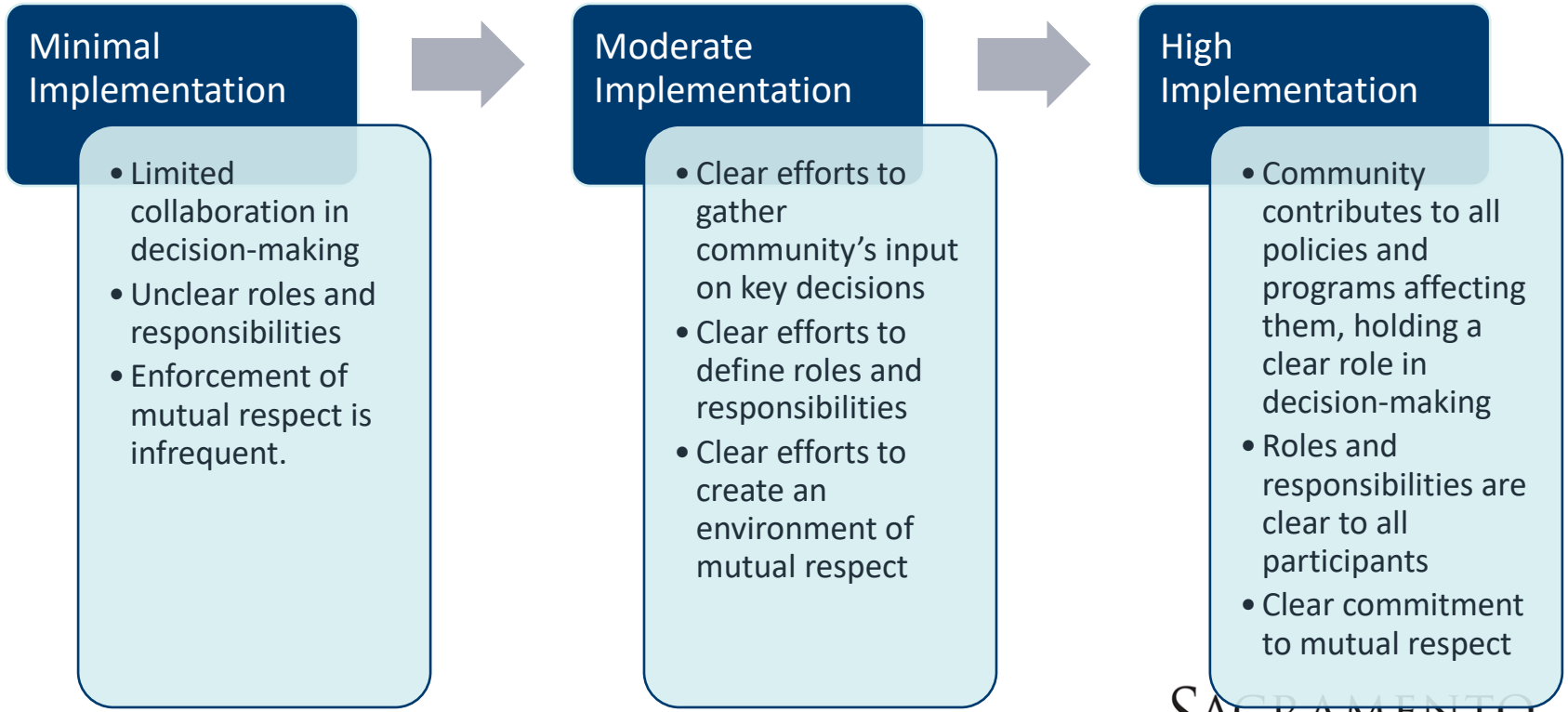
SHARED POWER AND RESPONSIBILITY

Distributing decision-making power and responsibilities equally among all participants.

Standards:

- ✓ **Collaborative Informed Decision-Making**
- ✓ **Clear Roles and Responsibilities**
- ✓ **Mutual Respect**



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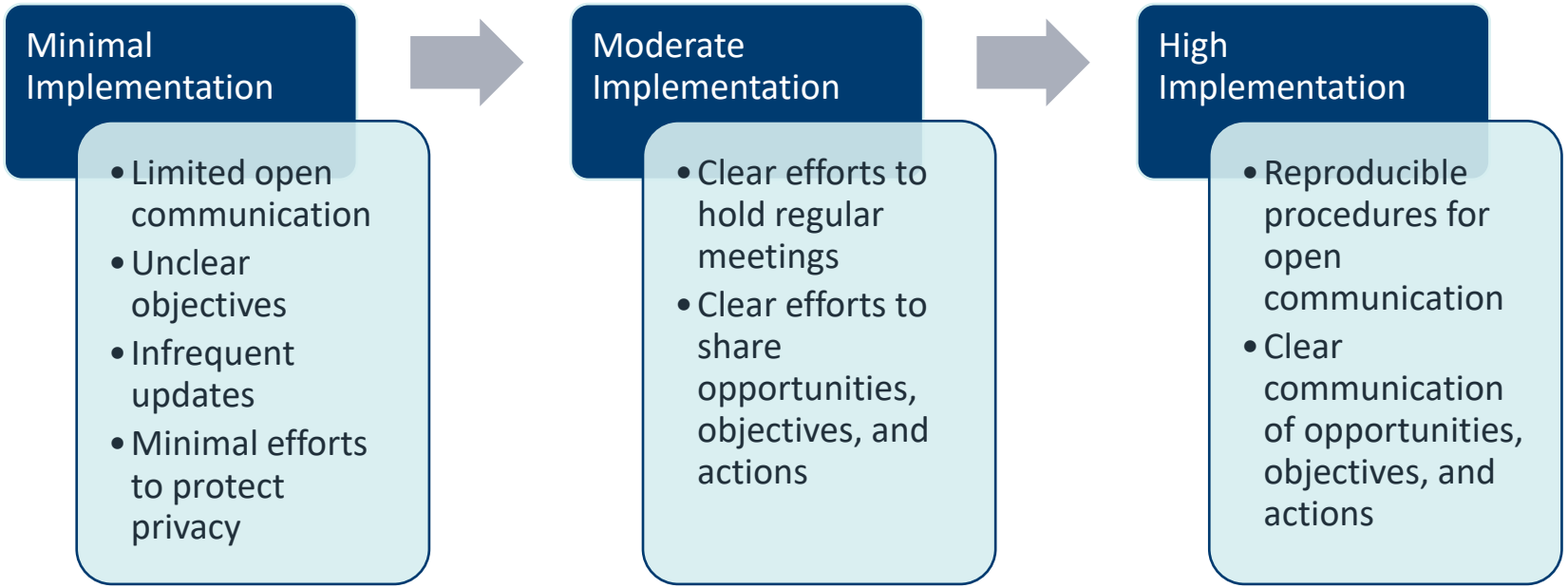
TRANSPARENCY

Fostering open dialogue and defining clear objectives throughout the co-production process.

Standards:

- ✓ **Open Communication**
- ✓ **Clear Objectives**
- ✓ **Regular Updates**
- ✓ **Protecting Privacy**



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CAPACITY BUILDING, SHARED KNOWLEDGE AND BUILDING ON ASSETS

Enhancing the skills and knowledge of all participants and leveraging community strengths.

Standards:

- ✓ **Capacity Building**
- ✓ **Knowledge Sharing**
- ✓ **Continuous Learning**
- ✓ **Building on assets**

Minimal Implementation

- Limited training and support
- Infrequent knowledge sharing
- Minimal efforts towards continuous learning

Moderate Implementation

- Clear efforts to provide training
- Ad hoc incorporation of community strengths and resources

High Implementation

- Comprehensive training, mentorship, and leadership development
- Thorough understanding and incorporation of community strengths and resources

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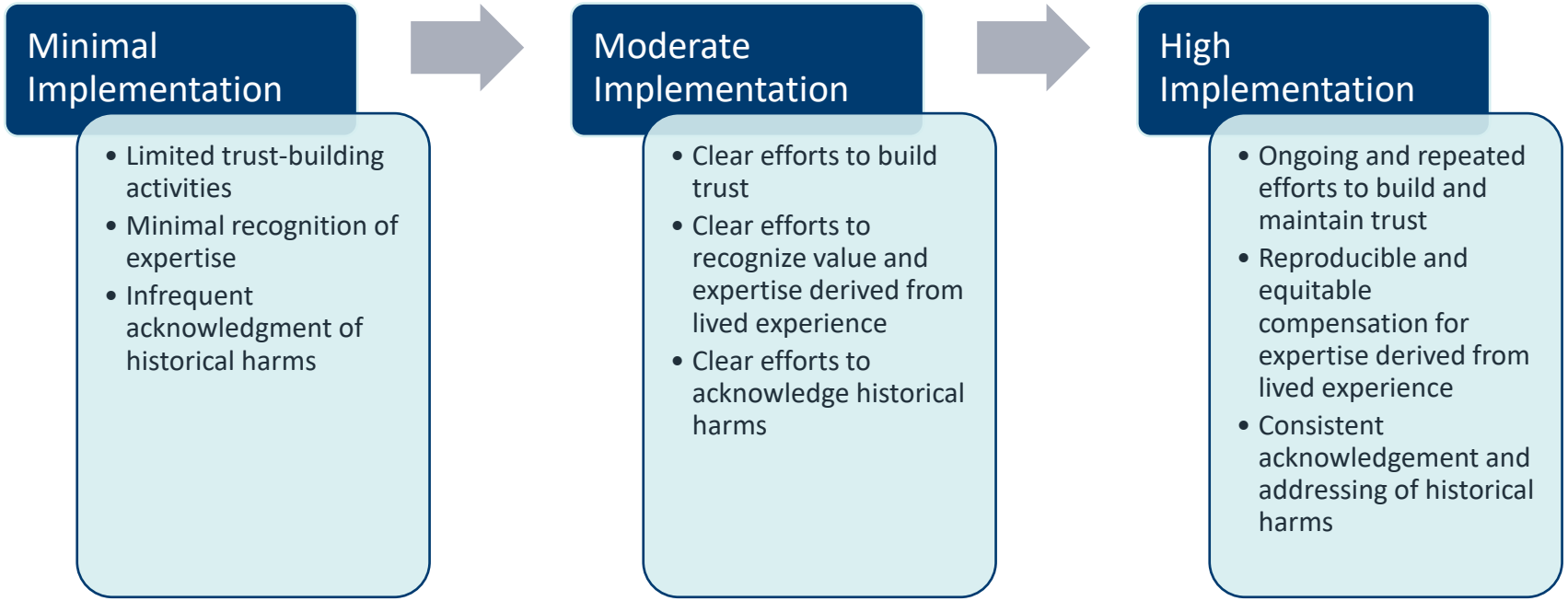
HEALING AND RECONCILIATION

The intentional processes of addressing past harms, building trust, and fostering emotional and psychological well-being among all stakeholders

Standards:

- ✓ **Trust Building**
- ✓ **Respect for Expertise**
- ✓ **Acknowledgment of Historical Harms**
- ✓ **Follow-up**
- ✘ **Avoid Defensiveness**



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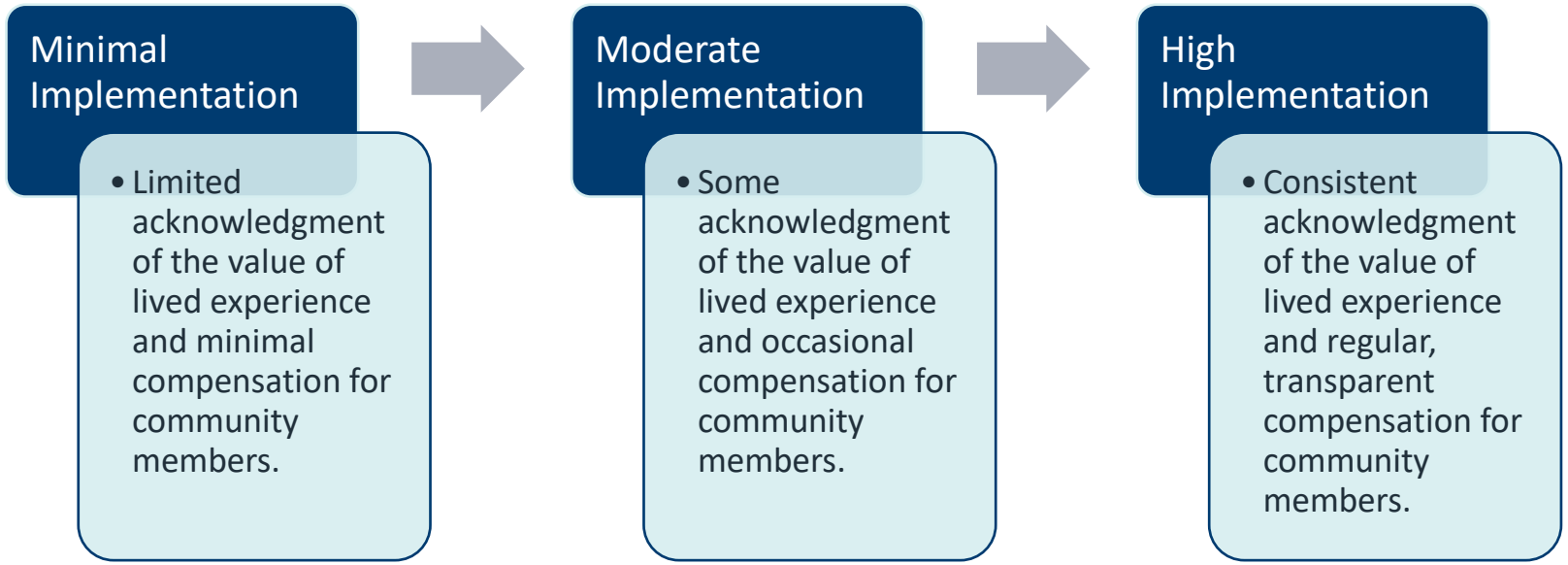
HONORING AND COMPENSATING LIVED EXPERIENCE

Building trust and mutual respect among all participants through open dialogue and recognizing individual expertise.

Standards:

- ✓ **Acknowledgement of Client's Value**
- ✗ **Avoid Gift Cards**



SUSTAINABILITY AND LONG-TERM COMMITMENT

Ensuring the long-term sustainability of co-production through continuous engagement and adequate resource allocation.

Standards:

- ✓ **Long-Term Vision**
- ✓ **Continuous Engagement**
- ✓ **Resource Allocation**

Minimal Implementation

- Limited long-term vision
- Minimal ongoing engagement
- Inadequate resource allocation

Moderate Implementation

- Co-production incorporated into some organizational policies and procedures
- Extension of community engagement beyond initial projects
- Funding and staffing allocated on a project/time-limited basis

High Implementation

- Co-production incorporated into the organizational vision and into policies and procedures.
- Community engagement embedded in ongoing structures
- Funding and staffing included in regular budgeting structure, independent of specific initiatives or projects

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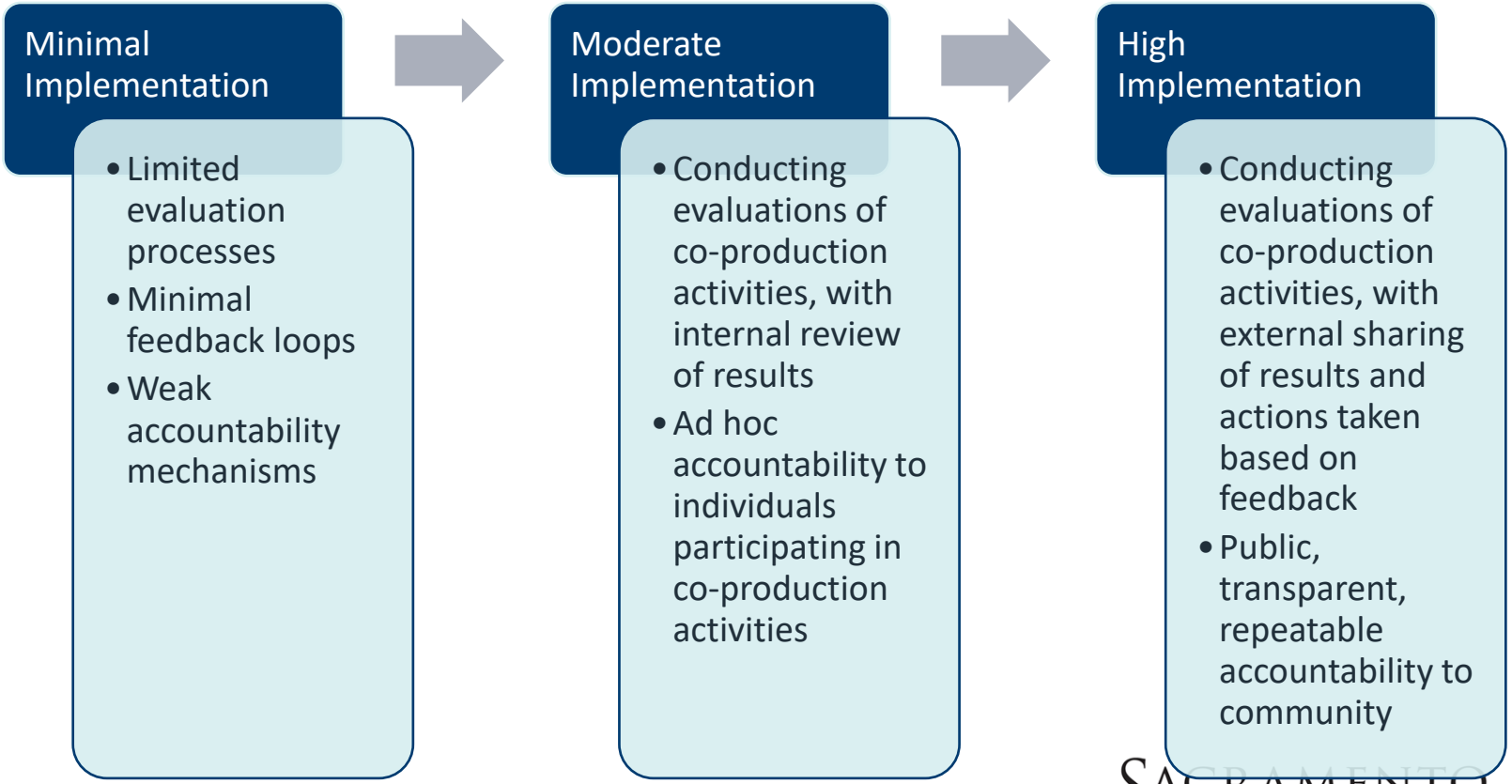
EVALUATION AND ACCOUNTABILITY

Regularly assessing the effectiveness of the co-production process and ensuring accountability among all participants.

Standards:

- ✓ **Regular Evaluation**
- ✓ **Feedback Loops**
- ✓ **Accountability Mechanisms**



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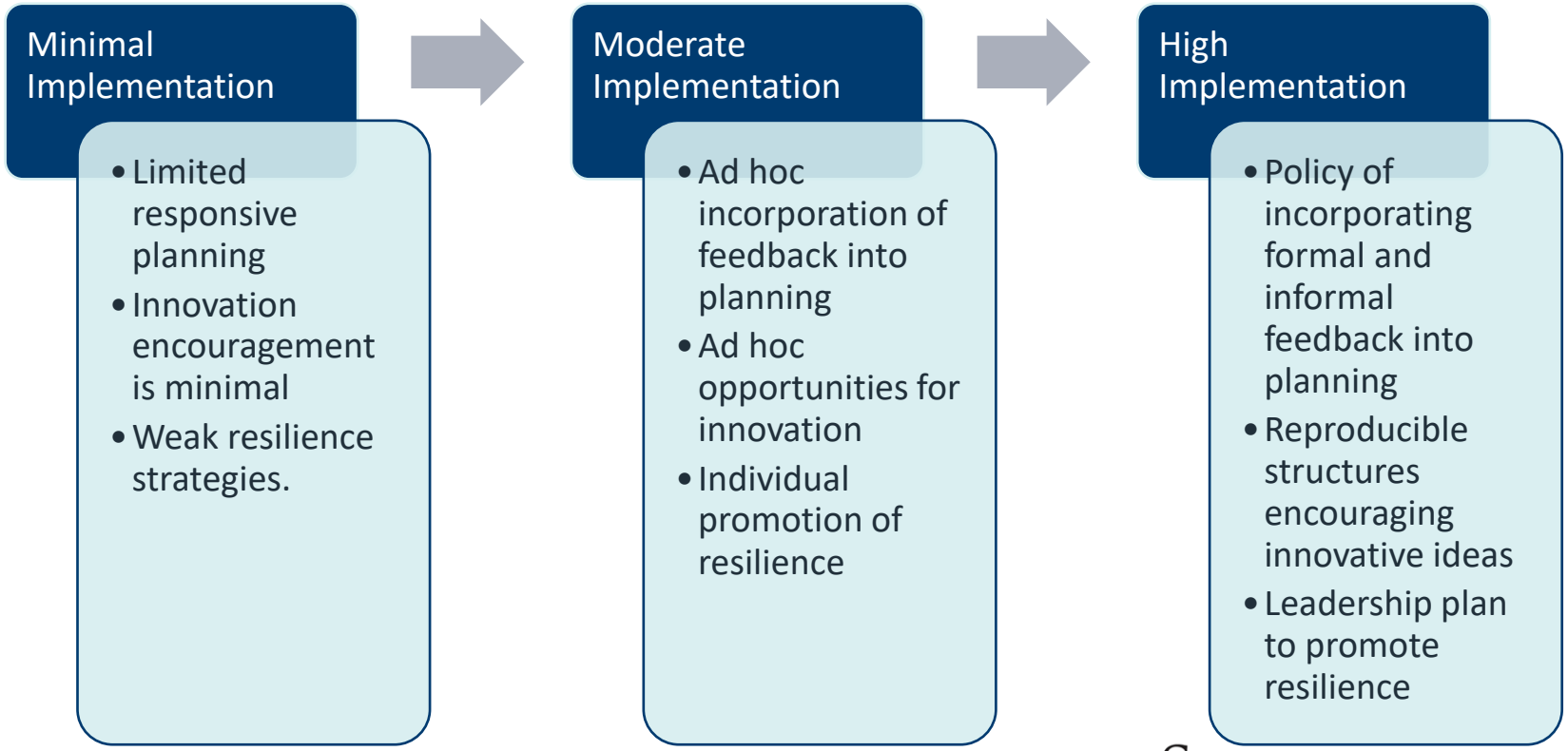
ADAPTABILITY AND FLEXIBILITY

Being prepared to adapt plans and approaches based on feedback and changing circumstances.

Standards:

- ✓ **Responsive Planning**
- ✓ **Innovation**
- ✓ **Resilience**



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How can Sac County providers co-produce with the community?

QUESTIONS & ANSWERS