Creating a Culture in Your CIL to Guide Mental Health Transition  
Presented by Dr. Sharon McLennon-Wier, Ann DeAngelis, Sarah Wendell Launderville, Jesse Bethke Gomez

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JENNY SICHEL:   
Hello everybody, we are going to give it a couple minutes here to let our participant field fill out. Elizabeth, I you raise your hand. I can allow you to ask a question now if you want? Or we have questions at the end. I will allow you to talk if you would like to unmute yourself.   
  
SPEAKER:   
Hi, I am sorry, I accidentally pressed it..   
  
JENNY SICHEL:   
No worries, that is what I figured. I will take off your talking. I will lower your hand as well. It looks like the attendees are still going up here, so we will give it a few more seconds. I am sure we will get a couple more people popping in as well.   
  
  
  
JENNY SICHEL:   
Yes, Michelle, it is OK, if you have to leave early, anything like that, this webinar will be recorded and posted to the ILRU website within 48 hours. OK, we are slowing down with the attendee field population, I am sure we will gain a couple people as we go but I will get started.   
  
Hello everyone, my name is Jenny Sichel, I am the operations director at the National Council On Independent Living. I helped coordinate logistics for these webinars, and I wanted to welcome you to today's webinar, Creating a Culture in Your CIL to Guide Mental Health Transitions.   
  
Today's presentation is brought to you by the Administration for Community Living and the US Department of Health and Human Services. In conjunction with the IL-NET. IL-NET is operated by ILRU in collaboration with NCIL, April, and the University of Montana. Giving you a brief on myself... My pronouns are she/her, I am a white female with curly brown hair that is swept over to one side. Wearing a green kind of tank top business shirt. My background is a lovely zoom background that is of a study with a fireplace and a lot of books, it is not my study, it is totally virtual, I wish it was my study.   
  
Now for a few housekeeping details. Captions are available on this webinar, you can click show subtitle in your zoom menu bar to turn them on. We also have captions running at Ai-Media, the URL is a little too long to read, but we will share it in the chat box. Ai-Media will allow you to enlarge the font and change the color and contrast of the captioning.   
  
ASL interpreters are also present today, and should always be visible as we are presenting in gallery view. Please let me know if you cannot see the interpreters via the chat, raising her hand and asking a question, or via the Q and A.   
  
In addition to ASL today, we also have Spanish translation available. In order to access the Spanish translation, you can go to the zoom bar on your screen and choose the language you would like to hear the presentation and. Good news though. You do not have to be on zoom video to access the webinar. We will read all slide content and questions out loud, so everything will be available to individuals calling in on the phone or who cannot see visual content.   
  
We do have public chat turned off, but you are still able to chat with the panelists. We ask that you reserve the chat for requests for technical support only, and please try not to use the chat to submit content related questions. Speaking of questions, we will be answering all questions as time permits. You are welcome to submit your questions throughout the webinar. But please know that they will be held until the end, during the Q&A portion.   
  
In order to submit your questions, there are a couple easy and accessible ways to submit the content. If you are on Zoom, you can simply type your question into the zoom Q&A tab. You are also welcome to email your question to me at Jenny@NCIL.org   
  
I will also put my email address in the chat box today before the Q&A. Finally, if you are on the telephone, you can press\*nine to indicate you have a question. When we select you, if you are using touchtone phone, you can press\*6 to un mute yourself. We ask if you are speaking the question to please limit it to no more than 30 seconds.   
  
We also ask that you complete the evaluation, we take them very seriously and use the information we learn to improve our future sessions. It takes about 30 seconds or minutes to complete, but it results in better content, and better webinars for everybody. So the evaluation box will open when you close to the webinar, but we are also going to put links to the evaluation throughout the webinar in the chat box.   
  
We would be so grateful if you would take a few moments to complete the evaluation. If we can get up to 50% of you completing the evaluation, that would be absolutely fantastic! That is a dream right there. I think we can do this, let's aim for it.   
  
Before we introduce our presenters, I want to just go over our learning objectives today. Please note that our overall goal... Sorry I was transitioning between a couple slides here, our overall goal of this webinar is to help you all better understand how to create a sense of belonging and support in your sill mac and organizations by looking at the culture surrounding mental health in the workplace and with consumers. With this in mind, our learning objectives today are to identify strategies to create a somatic culture that supports mental health transitions. Understand how your somatic culture surrounding mental health can influence mental health transitions. And to identify best practices for working with your sill mac staff to grow your programs and work with mental health transitions.   
  
Once again, fill out the survey, we will put it in the chest as well. And now, it is our pleasure to introduce the panelists. I will introduce them all at once and then I will ask each one of them to come up and introduce themselves briefly. We have Doctor Sharon McLennon-Wier, Ann DeAngelis, Jesse Bethke Gomez, and Sarah Wendell Launderville. I will ask Doctor Sharon to please come on screen... Give me one second, Doctor Sharon, before you do that. I just want to make sure that you are spotless. Go ahead.   
  
DR SHARON McLENNON-WIER:   
Good afternoon everybody! As you know, my name is Doctor Sharon McLennon-Wier, I am executive director for the Center of independence in the state of New York, I am happy to be here to talk about a very salient issue in working with people with mental health issues. I am a Black woman, I have blue eyes, I am a totally blind person, I am sitting in my work office here at CIDNY. And I am wearing a Black suit with a lavender colored top underneath the suit jacket. Thank you.   
  
JENNY SICHEL:   
Great, thank you so much Doctor Sharon. Next, I will have Ann DeAngelis come onto screen and introduce yourself.   
  
ANN DeANGELIS:   
Hi everyone, my name is Ann DeAngelis, I am program coordinator for mental health services at the CIDNY. I am a white woman with short, blonde hair, tied up into a clip right now. I have large clearings, and a yellow sweater that is a chunkier net, it is a turtleneck. I am very excited to be here to talk about mental health, as this is my passion and career, I do have a background in mental health counseling, so I am excited to talk about that here, thank you.   
  
JENNY SICHEL:   
Great, thank you. Next up I will invite Jesse to the stage... Go ahead Jesse.   
  
JESSE BETHKE GOMEZ:   
Good afternoon everyone, I am Jesse Bethke Gomez, Executive Director Metropolitan center for independent living. Super happy and excited and very pleased that we are having this session today about mental health and creating this culture live welcome. I'm a former president of a behavioral health firm, so I spent many years working on advancing a sense of connectedness, wellness in a culture that is one of belonging.   
  
I am a male, with dark hair, and a dark suit on and a bow tie, happy to be here, thank you so much.   
  
JENNY SICHEL:   
Thank you so much, Jesse. Rounding it out, Sarah, do you mind coming on and giving a brief intro?   
  
SARAH WENDELL LAUNDERVILLE:   
Hi everybody, I am Sarah Launderville, are you she/her pronouns, my visual description is I'm a white woman wearing glasses, I have brown medium length hair, and I am wearing my VCIL sweatshirt. I am a psychiatric survivor and I'm executive director for the Vermont center of independent living and I'm so happy to be with you all today.   
  
JENNY SICHEL:   
Great, thank you so much. Now time for the good stuff... We will get started, so I am going to ask actually for Anna and Doctor Sharon to come on the screen. And discuss a little bit, frame the discussion, can you answer the question why is it important for sills mac to care about and supports the mental health and well-being of their staff and consumers? And I will let either of you take the floor as you see fit. And then we will pass it over to Sarah when you are done.   
  
DR SHARON McLENNON-WIER:   
I will start. Essentially, what is important to understand here is that it goes with our history. Our history has been to break down barriers, so people with disabilities can live independent lives in the community. A big chunk of our historic ties have been breaking down those physical barriers. For people that have physical disabilities. And what we want to highlight today is that people who have mental health disabilities are just as important as those with physical disabilities.   
  
There is still a lot of stigma, a lot of barriers, a lot of ignorance, regarding that. And since we are working at the Center for Independent living, we need to understand that mental health disabilities are not apparent, sometimes we call them hidden disabilities.   
  
But they can be long-lasting, and can impact one's quality of life. So the services that we provide, to help someone living with independence, are so crucial to those who have mental health disabilities. Ann?   
  
ANN DeANGELIS:   
To follow-up, Doctor Sharon, on that, the work that CILs do in benefit work and equal access to the environment, it is just the beginning of mental health care. Because in order to start to work on that higher level of mental health care, we need to feel safe and secure in our daily life. To have the energy to be able to continue to work on mental health.   
  
So in Maslow's hierarchy of needs, our basic needs are on the bottom of this pyramid, if you imagine a triangle, that bottom section is the physiological needs, food, water, shelter, and write about that is a bit of that feeling of safety, feeling as if we have those resources that we need. And we need those bottom foundations in order to start to work on the tires sense of mental health.   
  
So we are doing that beginning work atCILs but we need to take those steps to help someone work through the higher level. And having our consumers reaching out for support, and building the foundation is crucial, but cutting them off at that point is not fulfilling all of their needs. We need to look at a person as a whole individual, rather than just those physical barriers, and those physical needs.   
  
Our mental health is just as important as our physical health. And it is difficult to process that mental health when we are in that feeling of unsafe environments, feeling like there are systematic barriers in our way. So we are doing some of the work, but we need to go the extra step and keep working on the mental health piece as well.   
  
SARAH WENDELL LAUNDERVILLE:   
Everything you said was wonderful. I think that reason to care and support mental health is really important. Once we stop paying attention to that, right, our systems are never going to improve. If I look to our experience around experience of site survivors, where we are locked up, our kids are taken from us, we are forced sterilization â€“ lots of very harmful systems. Some of those policies and some of those lies are still in place where â€“ lots of, the hospital systems want to build more beds. The other community systems are not doing what we really need or want in order to really improve the lives. So, I think if we are not paying attention, we are going to lose some of the laws and experience that we've had so far and we're not really going to gain anything more. So, I'd really like to think of it from that lens of advocacy.   
  
JENNY SICHEL:   
I love that! And I fully agree with that sentiment.   
  
So, does anybody else want to kind of fat in anything on this question and how we are framing our session today. If not, we will move in.   
  
ANN DeANGELIS:   
So, often times in health systems, we're looking at that physical model, that medical model and it's really important to shift the script and looking at the person as a whole. So, attending to every bit of a person is just as important as looking at that medical model piece. If we're only looking at the medical model work, completely ignoring a whole part of a person, that impacts our well-being. We are one body in the way that we think impacts our bodies in the way that our bodies work impacts our mind.   
  
JENNY SICHEL:   
Doctor Sharon?   
  
DR SHARON McLENNON-WIER:   
Yeah, I just wanted to add that on the whole movement of independent living, it was to initiate this whole concept that "I am like you. You are like me." You can have a disability and still be able to live in society, be able to work, be able to have a family, be able to travel, be able to get on a bus or drive a car, or whatever mode of transportation.   
  
Regardless of what the disability is, you are still needing to be able to be included in society. What has happened over time, especially for those who have mental health problems and disabilities is that there is almost a segment of barrier between disparate disability types. As advocates, we really need to work against that and ensure that every disability is allowed to have access to the liberties of life.   
  
Also, we have a lot of consumers who have multiple disabilities. Physical disability as well as sensory and mental health disability. And not one of those disability types are more important. And having the trifecta, multiple disabilities, with addition to intersectionality with race, gender, sexual orientation, religionâ€¦ And having that level of minority status can be very overwhelming for someone that has multiple disabilities. Thank you.   
  
JENNY SICHEL:   
Thank you so much, Doctor Sharon.   
  
With that, I think I am going to move on to our next question because I think that is a good segue into it.   
  
Our next question is about prioritizing mental health. I am probably going to have Sarah join us first on this one and just describe how your CIL prize raises the mental health and well-being of your staff and consumers. Provide a few specific examples about how it respects and supports live experiences of staff and consumers with mental health disabilities.   
  
SARAH WENDELL LAUNDERVILLE:   
Sure. This is Sarah.   
  
I think if I go back to what Doctor Sharon was talking about initially, like a a lot of her centers were around folx with disabilities. Our center started in 1979, and in the 80s, we saw this shift. There are people from the survivor movement, people with health disabilities thinking "we are part of that." We started to then prioritize "how do we include that was? How do we sort of look at the policies we have and are procedures we have? How are we alienating people or meeting some unintended consequences about how that looks overall?"   
  
So, we started to change their makeup. Our board members, our staff, and then we started to shift and have conversation around stereotypes. What led to bias and discrimination, about mental health as a whole as well as folx of psychiatric disabilities. I think that that is where we started to see some of that shift in how the inclusiveness, folx with disabilities, not only just in the makeup of the organization itself, but if I look at, again the advocacy work, the systems work we do, listening to the experiences. When we look at evaluations of folx, what their experiences are in the committee and how do we shift that to a systems level approach around how do we take those lived experiences and work in the community to make sure that we are shifting overall.   
  
So, I think that making sure we are really listening and then responding and having people with those lived experiences really bolster up. I really appreciate Doctor Sharon's conversation around, this is looking across the board and especially, examples of advocacy work in terms of if people have multiple disabilities and how does that really look within the community when there is barrier is that we are experiencing? So, I will start us off of that.   
  
JENNY SICHEL:   
That was great! And I am going to go back to Doctor Sharon. Do you guys have anything that you want to sort of attitude that are on to that that you see yourself?   
  
DR SHARON McLENNON-WIER:   
Sorry. What you guys here is my (indiscernible) screaming. Sorry about that.   
  
At Sydney, we look at the person as a whole. We are located in New York City, and we have a lot of people with disabilities - mental health disabilities were seeking services and essentially, typically, most don't provide mental health services and we need to think about how that would look. We are trying to keep up with the philosophy of inclusion and focusing on the social model of disability rather than the medical model.   
  
One of the things that as a psychologist I think is important to understand is that, to understand disability, a clinician needs to understand how to work with the population. So, at CIDNY, where focusing one of our initiatives on cultural competence, multicultural competence in teaching clinicians how to work with consumers - that present with mental health disabilities.   
  
For them to understand what that looks like, what intervention could work. How to really listen to the clients, listen to the consumer, understand where he or she has to say and how the disability has impacted their life. We understand that intersectionality of a race, gender, sexual orientation and all those other facets and how it plays in the psychological aspects of disability in that person.   
  
So, that is one of the things we're doing. Ann can also answer other things that we are focusing on.   
  
ANN DeANGELIS:   
Yeah. You kind of jump off that point, it is really important to talk about mental health with all of our staff. Making sure that our staff understands the signs and systems of somebody spritzing a mental health crisis. I know the stuff that I work with, I taught them to do a training called CSS RS which is a crisis training - is a way of doing suicide assessments. However, it is not for mental health providers. It is for anyone to be able to have the foundation just to we know when to call in professionals to do that further assessment.   
  
Anyone is talking to consumers should have some sort of crisis understanding, so you can know those types of red flags.   
  
(Multiple speakers)   
  
No worries. We can know those red flags that pop into our mind when certain words are set so we know what questions to ask and follow-up for.   
  
I did see the chat that someone as we can access the CS SRS training. It is available online, when I get off screen, will set that link in the chat.   
  
Just to kind of finish up my point, it is important to have a baseline information, even if these professionals that are in CIDNY or your organization aren't working in a mental health capacity, it is good to everyone in their lives have a basic understanding of crisis.   
  
JENNY SICHEL:   
Great. Thank you guys so much!   
  
Does anybody want to add anything else on to this question? Yep, go ahead, Doctor Sharon.   
  
DR SHARON McLENNON-WIER:   
I had one thing. Another thing that CILs can do, I know we provide really good metal: mental health care for our staff because that is the philosophy. In doing that, we should also ensure that there is good mental health coverage for those that want to seek services.   
  
We should also tell our staff about the differences between what a masters level commission can do versus a doctorate level, and also an MD level clinician practitioner.   
  
We should also encourage our staff to use their time off. Working in independent living and other people is also taxing and a lot of energy. You give a lot of PTO time off and people should take that time to take care of themselves, so they can be able to take care of others.   
  
We should also have celebrations. OK? Like May's mental health awareness month. Just like we celebrate October and national disability awareness, we should celebrate mental health as well, so people feel comfortable about "oh yeah, this is something that the organization supports and we are advocating for every aspect of disability - to celebrate it."   
  
I'm sorry. The last thing I am going to say is that you should also set up your offices as a way of engaging folx. Meaning, the types of posters that you have, literature that you have, Um, you have to make sure that everything is inclusive, just like we look at race-based literature arts. We can also talk about having literature about mental health and also advertising, in our signature lines, we put in for crisis 988 â€“ it is nationwide now. It is a hotline for people who are in crisis. So, those things can help everyone. Thank you.   
  
JENNY SICHEL:   
Doctor Sharon, you're speaking my language 100%! I mean, I can just say here at NCIL, we use sick leave for mental health sometimes because we encourage sick time or anything like that. I also really love the idea of celebrating mental health and in May, but throughout the year too. I think that person only mental health is super important for everybody to create aquaculture in their self really helps stop to help everyone else better too.   
  
Now we will move on to the next question about values alignment. So, I'm going to start this one off with Jesse. If you could kind of come on screen and I am going to ask you this question, Jesse.   
  
What values or guiding principles in your CIL aligned with a culture supportive of the mental health and well-being of your staff and consumers?   
  
JESSE BETHKE GOMEZ:   
This is a phenomenal seminar and I just, my colleagues, I echo the goodness of all the great ideas that are going on here. I came also from 17 years as a president of behavioral health firm, licensed mental health and chemical health clinic.   
  
When we think about values and the guiding principles, I think about notably - we've come out of three years and nationwide of a severe pandemic. We are nationally in a mental health crisis. And when we think about our centers for independent living, I am happy to share with you that for Metropolitan center for independent living, our number one guiding principle is to work mindfulness.   
  
In mindfulness to us, it recognizes a number of things. The universality of the human condition, the rights of all people for life, liberty, and happiness. Yet, at the same time, it also recognizing human dignity. It is recognized that human dignity is in doubt amongst all people throughout the world. That means each and every person throughout all time as well.   
  
So, these are the values that guide us as we think about our staff and the people we support, and the people who receive services from us. Whether they are apparent disabilities or not. Whether physical disabilities, sensory disabilities, mental health diagnosesâ€¦ What is important that we recognize as the human journey. That sense of intrinsic motivation that people have.   
  
So, I wanted to mention that one of the questions we asked throughout the pandemic is "how are people faring?" Whether it's staff are people we assist, it led to some really great breakthroughs at NCIL we have independent surveys of our employees. Along the way, we learned about when there are support systems for families that were not in place - what did that mean to our employees? How can we help deepen support for our employees? I'm happy that we have the nice program to provide mental health support and other related services to our employees.   
  
I also want to mention when we think about our staff, one of the trainings when I came to the center that we conducted was on vicarious trauma, or secondary trauma. What that means is that as our employees, and we as centers, are assisting people who are overcoming great barriers, who are dealing with issues that are life-and-death, and painful and difficult. How does that impact our employees? And what can we do that to create that emotional breathing space? So we are supportive of people in the time that they need. And being able to take care of themselves.   
  
In this regard, in addition to supporting people with physical disabilities, mental health disabilities, sensory disabilities, we also want to think about creating an environment that just the nature of the work itself can impact the well-being of all employees. And this is why things like training sessions on vicarious trauma are critically important. So that we can gift our employees with what are the indicators of how stress can impact well-being? What are the indicators that how when people need to seek support? And what can we do within leadership to nurture the sense of journeying with people, so we are really listening, to not only what people are saying but how our employees feel.   
  
These are some of the guiding principles were super excited about at MCIL, to nurture that sense of well-being, of inalienable rights, of human dignity, so people can find a space to contribute, ultimately for us, and I believe it is possible, we want to create an environment for employees to find meaning and joy in the work they do. That is something that is really important to us, and that creates an illumination. So supporting our employees to be OK, to take care of self, to nurture self-care. These are the things that are really important for us. Jenny, I will toss it to you, in case you want to respond to those ideas or any thoughts about that. Thank you for allowing me to answer this question.   
  
JENNY SICHEL:   
Absolutely. I know you are also on the next question, and I think you will probably elaborate on what you just kinda spoke about, so I am excited to hear that as well. I think it is very true that especially when you take care to make your employees feel appreciated, and valued, it really results in productivity, but also enjoyment. And really transits all the way down to consumers and all the way up in all the way all around kind of thing. Thank you, Jesse. I will throw it over to Sarah now. Sarah, can you give me your thoughts on this?   
  
SARAH WENDELL LAUNDERVILLE:   
Sure. Values and guiding principles... Yeah, I think for me, I will go from people who have mental health issues perspective... I think understanding biases is really important. Understanding where people are coming from and not judging. I remember when I started at our center, I was walking down the hall and someone was on the phone with somebody who was really excited, really upset, and had a psychiatric disability. They hung up the phone and said "I hate people with... I think this is something else, but psychiatric disabilities." And I thought, wow! I am working in this environment, I have this diagnosis, and all of a sudden someone who I admire is saying that.   
  
Someone is studying-- understanding where someone is coming from. Everything about her, I can start to unravel how we are connected, how we are working towards that same vision, and we can learn from one another. I think having good choice, right to fail, solid information so that we can understand what choices that we might want to make as individuals with disability. Freedom is really important, especially for those who have been locked up for long periods of time, and understanding how we can gain that freedom.   
  
Peer connection is a guiding principle that is saved my life more than once. And then accessibility, hearing from individuals in the Deaf community that they cannot access an AA meeting because there is no interpreter, for example, or other accessibility issues like that.   
  
Finally, what was talked about before, having that good solid training so that people are not overreacting. And calling the police on folks when they come to your center. And not making any of those value judgments. And making sure that people really understand how we can all work together. I think that I will stop there.   
  
JENNY SICHEL:   
I think that was extremely insightful and valuable content, Sarah, thank you for that. Does anybody else want to add anything onto this? This topic? Great. Love it. Let's keep it moving people!   
  
Next up we will discuss a little bit about evaluating staff and consumer feedback. So I will invite Jesse back, Jesse, I will have you give a couple examples of how your CIL engages the staff and consumers to assess, understand and determine if it is going... I cannot speak today, do not mind me, I need more coffee. (Reads) If it is doing well and where it needs to improve and if it is supporting the mental health and well-being of its staff and consumers.   
  
JESSE BETHKE GOMEZ:   
Thank you for the question, and I really appreciate what Sarah just mentioned, and I want to carry that through. What I feel and listening to Sarah is that we recognize the humanity of each person. But the human person matters. That we get beyond stigma and labels, and value the sense of, what I call welcome and belonging.   
  
Again, I want to give a really important example. I am super grateful to our director of human resources who... The last three years have interviewed each and every one of our employees. We are a medium-sized, maybe a bit larger agency, so one of the reasons why she has done that is that during the pandemic, when so many of our employees were remotely deployed, she is checking in with how are you doing? How is it going? What can we do to be there for you and with you?   
  
We also looked at, on an annual basis, employee surveys. And we designed the surveys. We were working with a national group, they came with a cookie-cutter example, and we said no, we do not want to know that. We want to know questions like how are you feeling? What is going on? What do you need support? How is that work/life balance at home going? From that, we discovered things such as 54% of our employees were dealing with issues simply of not being able to get their needs met in the home environment.   
  
How does that translate out in terms of our employees trying to live that life of balance? In the work-home life balance. That led us to some insights. We quickly realized, what could we do to find that it supports? As Sharon was mentioning. And making sure that we are training and nurturing environment that really is supportive. The other part of this was that we also, as a center for independent living, want to make certain that we are connecting with the provider community and mental health. And thinking about... I should say there are over 92 languages spoken in the city of St. Paul, which we are headquartered in. So interpretive services, so we are thinking about language appropriate, culturally competent services for folks.   
  
Making certain we are making those connections. And having come personally from working in a behavioral health environment, to nurture that sense of conductivity. Who are the providers? Who are the upper networks, that we can make certain we are connecting with to assure we are providing the kinds of supports as we are working with people to make certain for our consumers that we are making that connection.   
  
We provide caddy waiver services as well. So many of our consumers or persons who are on waivers programs. With the intersectionality of physical and you know invisible, or non-apparent disabilities. And even in that, in the training, we always come back to the point of human dignity. Of recognizing that people matter. And that is think is the most important part. That journey that creates a sense of welcome and belonging. And what I would call an emotional breathing space for people to have that sense of self-care. As well as our workers to help nature that sense of care and the people we are working with as well. So those are some examples that for us really made a big difference, for navigating this once in a generation timeframe that we are coming away from.   
  
I mentioned the pandemic not in a traumatizing way, quite the contrary, we have to recognize that we are still moving through that pandemic. We are still moving through, with our employees, who have been there every step of the way, and assisting every person that we have been helping. Yet at the same time, we do know that in order to nurture an environment of mindfulness, we need to continue to create that space, that our employees know that they matter, and that we are deeply committed to their well-being, in addition to the well-being of our consumers as well. Jenny, I will toss it back to you.   
  
JENNY SICHEL:   
That was very well put, Jesse.   
  
JESSE BETHKE GOMEZ:   
Thank you.   
  
JENNY SICHEL:   
I got nothing, other than that was very well put. So thank you on that. And I will have and come on and give any thoughts that you may have?   
  
ANN DeANGELIS:   
I want to expand on that piece of nurturing our employees. And giving space to these kinds of conversations. So it is really important to... There is a saying that we use when I am being a therapist. We have to put our oxygen mask on before we can help our consumers or clients or patients. It is the same for any employee. Especially if we are client facing, and we are talking to people who are having really difficult times in their lives.   
  
It is important to have that space, and foster the emotional well-being of employees, in order to be able to have that did not trickle down to our consumers. Another saying we use is, you have the responsibility to be more well than the people you are serving. We are helping individuals who are having a hard time, then we need to be in a place where we can give them a little bit more. A little bit more of that emotional self from us.   
  
I will leave you with one last analogy, I love analogies in therapy, in the beginning of the day, say every time you wake up, we are given a certain amount of spoons, and through the day we give out our spoons, so everyone else is able to eat their soup. And at the end of the day, we get home, we look in our pockets, there is not a single spoon left for us, and we have nothing to eat our soup with.   
  
This is the analogy to look at what we have in our emotional reservoir, so if we are not caring for ourselves as workers, employees, caretakers, then we do not have anything to give others. So focusing on us, and then we can focus on others.   
  
JENNY SICHEL:   
Love it. And I'm totally going to quote you on that. Just letting you know ahead of time. Anybody else want to add anything to this? Jesse, go for it.   
  
JESSE BETHKE GOMEZ:   
I really like what Ann is talking about here. For organization life, they have said that 85% of the psychological well-being of an organization is due to the top leadership. What is really important, for leaders, is this nurturing of an understanding of why emotions matter.   
  
They do not teach that in the MBA schools. I have often taught in the MBA schools about productivity, it really is a direct link to that social emotional intelligence. I really like what Ann said, and I wanted to elevate, self-care, self-awareness, leadership that creates a space for people to find joy and meaning in life, that is so critically important.   
  
Years ago I trained with the fellow who helped rebuild Japan after World War II, I was a young business consultant, and he helped to save the US auto crisis, he had this quality improvement movement worldwide, he believed two things... That all of us are intrinsically motivated and we want to find meaning and joy in what we do. Number two, he said, drive fear out of the workplace. And I think the way we can do that is nurturing the goodness of who we are. In making a difference in the lives of not only the consumers that we assist, but really creating that very special optimized environment, where people... It is TGIM because they are super excited about making a difference in the lives of people.   
  
But I want to really echo and appreciate what Anna saying, it really is about self-care and self-awareness, and leaders that nurture that support for others as well, thank you.   
  
JENNY SICHEL:   
Thank you Jesse. Sarah?   
  
SARAH WENDELL LAUNDERVILLE:   
I think bringing stuff and focus to the table around our policies and really looking through that lens of "are we really supporting people?" Years ago at our center we had a staff position that sits on the board of directors, I can switch from person to person. They don't have a voting right, but they can bring issues to the board. It allows for these really rich conversations around things like that.   
  
Then, I think about like, "how do we look at that leave time?" I lost my husband a few years ago and, you know, all of a sudden I am faced with a bereavement time of 3 to 5 days. How do we start having conversations around what does this really look like overall around everything? I think this pandemic, from our perspective, we are thinking the pandemic right now, and the search is happening and nobody seems to care anymore. Our people are dying, our people are not getting the support they need at all different levels. How are we making sure of that?   
  
In Vermont, we just lost our entire center, so we're kind of displaced from this flooding. So really checking in with staff and folx across the board. Calling all of the peers that we work with just to make sure "where are you at?" And assessing. It is super important to continue that work on a regular basis.   
  
JENNY SICHEL:   
Thank you so much, Sarah. Really good insight.   
  
Before we continue onto the next question, I want to use my pond for the day, I don't even know if it's a pun. Speaking of evaluating, make sure you fill out evaluation we have it linked in the chat box, both in Spanish and English, so feel free to take a couple seconds, pop on, you hate us, you love us, you want more, you want less, put it in there.   
  
OK. Moving on.   
  
Doctor Sharon, sorry! Oh my gosh. I totally didn't see you down there. You are up!   
  
DR SHARON McLENNON-WIER:   
Thank you so much. Everything the panelist said, I just want to add one think that we may want to consider is where in this pandemic. For a lot of our staff, the hybrid approach â€“ people are just so worried about coming back to the office five days a week and it's really important is the executive director and also working forward, to understand that those individuals that are very affected (indiscernible) part of the time. As long as our contracts are still serving our consumers, we still get things done, we should do that.   
  
Also, take into consideration that - for people with disabilities, a lot of the times can get into, you know, any type of employment was a (indiscernible) issue. One thing that the pandemic has shown us is that for those people who are able to work from home, you know, they're doing it and they do it effectively. I am not saying that working from home is for everybody but for some people with disabilitiesâ€¦ Trying to work on that model as well as policies, if you're able to do it, we should do it. Thank you.   
  
JENNY SICHEL:   
Thank you, Doctor Sharon and cheers to that. So sorry, so sorry that I missed your hand raise. Thank you to Joey for mentioning that to us.   
  
OK. So we are going to move on to our next question and this question â€“ I will start out withâ€¦ Actually, let's start out with Doctor Sharon, do you want to come back on real quick and we will start with you for this one?   
  
This question is on diversity, equity, and inclusion beyond compliance. How does your CILs support diversity, equity and inclusion is more than just a strategy to comply with legal requirements, specifically when it comes to supporting the mental health and well-being of your staff and consumers?   
  
DR SHARON McLENNON-WIER:   
Well, we are in New York City! So are our CIL represents the people that live in New York City. We have 70% of our staff are from racial minority backgrounds and who speak 20 different languages, as well as American sign language. People live throughout the five boroughs. It's not people are just from Manhattan, there's Brown's, Queens, Staten Island, all overâ€¦   
  
I think our staff represents our community of concern. They have disabilities, they live and breathe the life of you New York City. They understand the barriers that are presented for being a person of color, being a woman, being a man, being transgendered, whatever it may be. So, having CIL that represent the population that you serve is important.   
  
The administration of community living survey shows that Bronx County (?) is the highest county of people with disabilities in New York State. Of course, we have a lot of staff who lives in the county but we are also working heavily with that borough because that's where our consumers are from and they are from all five boroughs.   
  
I think it is important to understand your consumers, understand the needs and make sure that your staff can identify with the consumer. Maybe by language, customs, food, disability, accommodations whatever it is. I think as a CIL, the philosophies a new model. We have it together so to speak. Keeping with the philosophy and hiring staff that represents your consumer base is critical. Thank you.   
  
JENNY SICHEL:   
Yes. Thank you, Doctor Sharon. I will invite Jesse up next because I know that Jesse you mentioned that you have so many languages you've spoken in Minneapolis-St. Paul area.   
  
Just, can you elaborate on how your CIL supports?   
  
JESSE BETHKE GOMEZ:   
Absolutely! We see diversity, equity, and inclusion, accessibility and belonging is the curriculum that we are developing at NCIL. Over 60% are from racial backgrounds and a higher percent of our committees or from racial and ethnic communities. We look at diversity, the term and we recognize the importance of race and ethnicity. And at the same time, we also include vibrantly all protected classes.   
  
In Minnesota, (Laughs) I will share with you, we are celebrating this year on December 10, the 40th anniversary of Minnesota human rights. My mom was a commissioner of human rights from Minnesota order that instituted them. The richness of Mosaic, both who each of us are made up of language and culture, and food, and communityâ€¦ And with the rich array of people we assist and with our employees, we look at, again, from language. We look at from a race, from orientation, from gender and religion. The richness of the human experience and how do you nurturing this environment that says welcome and belonging? For us, it comes back to jazz, independent living. It does come back to the journey that every person is unique and awesome! It comes back to the idea of the universality of how people find in their own life journey or how their (indiscernible) families of what the pursuit of life, liberty and happiness means.   
  
And we also recognize that this is also about human dignity. And so, for us, looking at diversity, equity, and inclusion, accessibility and belonging really means how do we look at perhaps an in-service on a particular aspect of mental health diagnoses? An understanding, what does that mean in terms of how we support our employees? Perhaps a persistent and chronic and severe mental health diagnoses. How do we help nurture an environment where this individual can be absolutely at their best and knowing that they are well supported? That is the kind of work that I think is really required for us as the center for independent living. It also means to us constantly listen, customizing what we do and always seeking about nurturing that sense of continual engagement with our employees.   
  
We see innovation is kind of taking the agency upside down. People close to the point of service have the most insight and its lead us to break break through, when thinking about, we're about to launch an effort that will be focusing on the direct care crisis. We would've got to that space if it was inferred listening to the employees, notably during the pandemic. Listening is really important, but not only what people say, but how they feel and that's a critical aspect. It is listening through the fourth dimension, through language, through culture, through life experience â€“ the richness of what that means ultimately recognizing the universality of each human being and that's pretty awesome. Jenny, will toss it back over to you. Thanks.   
  
JENNY SICHEL:   
Thank you, Jesse.   
  
Sarah and Ann, did you want to add anything in? I think is a great conversation and I am enjoying it.   
  
SARAH WENDELL LAUNDERVILLE:   
I will not say this eloquently. I think our experiences in Vermont are maybe a little different, we are incredibly wide state and I think that when we talk about things, we have to expand in our community and the conversations around differences and trends phobia, it is seated deeply within our state and our independent movement, her disability movement. Having those tough conversations and really starting to move in stronger connections, you know, we spent a lot of time in human rights. Also, connections, committees, but really start to listen and understand within our community where we need to do better and doing better. So, I lot of workâ€¦   
  
We have a health equity commission that is really important to us right now. And looking at "where are we? Where is the data around inclusion and equity around health? And where do we need to do better as a community? And what am having those conversations inward and outward and really advocating, going outside the box that is not only about disability and ableism and that it is stronger and we really need to match that altogether.   
  
JENNY SICHEL:   
I thought that was said quite eloquently. I think you're pretty there, Sarah. Still fully agree with everything that has been set.   
  
So, we will keep the conversation moving because we do have a couple questions building up here. Our next question is on establishing trust. I am going to invite, let's have Ann come on. Ann, if you just want to answer the question about - trust is essential to creating a CIL culture where staffing consumers feel psychologically safe â€“ will concrete action steps can CIL leadership take to cultivate trust within the organization? How has establishing this trust played a key role in supporting your staffs mental health and well-being?   
  
ANN DeANGELIS:   
When talking about mental health, often times, it is a sensitive topic. It has been marginalized for so long that people don't often feel comfortable coming out with her mental health difficulties straight out. So, establishing that foundation of trust is extremely important. Especially with employees who may need to continue for more support at a time or may need to ask for different accommodations if something mental health wise is coming up. So, establishing this level of trust is really important with open communication.   
  
So, not hiding certain things about mental health, allow these conversations to happen and creating space for these conversations to happen, even if it didn't even come up yet. Just having that as a baseline, is there a space for this? Transparency and like making sure that employees know what they need to do and who to go to when those conversations need to happen.   
  
Often times, it is really difficult to set boundaries with employees when you know that they are struggling with her mental health, but it is really important for that trust to establish those boundaries, because without boundaries, there is not trust and those two things really are interconnected because if we are having no boundaries that somebody is continuing to push them, that person doesn't know they're pushing the boundaries. So, establishing a firm and gentle boundaries really important to be like "this is the criteria that we have to abide by and I understand that your experience of these emotions and all of that." A welcoming, warm environments can be very beneficial for that. And in building that trust, open body language is really important, open communication, very concise and important words, and understanding that - making sure that the other person does understand what you're talking about. So, that is basically foundation that I wanted to talk about in that. So, thank you for posting the back to Jenny.   
  
JENNY SICHEL:   
Jesse go for it, then Sarah.   
  
JESSE BETHKE GOMEZ:   
Essential job duties, job descriptions are reviewed all the time. Work performance reviews are conducted 100% of the time. When I came to MCIL I instituted antiharassment training from an independent provider, separating leaders from workers, or people who are providers, so people have their own space, and our expectation is that 100% of our people, including me, go to these training sessions every year.   
  
Creating this environment, and then having this really strong, well-written employee handbook that is reviewed all the time. We take our employee handbook very seriously. Past practice supersedes policy, so we are very careful about how do we nurture the constancy, consistency, and cogency of a really, well understood, internalized employee handbook. Notably from leaders, because that is where the trust is with employees. It is nurturing trust in all that we do in alignment with those policies, and making certain that we are adding value to be of service to our employees.   
  
I will toss it to Sarah, but I wanted to mention, these are some vital elements for us of where we have nurtured and want to continue to build on the trust, thank you.   
  
SARAH WENDELL LAUNDERVILLE:   
This is Sarah. I might have a differing opinion from Jesse on a little of that. I think consistency and boundaries are sometimes used against employees. I was fired for people finding out my diagnosis. I think people used policies like dress code and that sort of thing to really strip down and not allow people to be themselves. So I think being really careful about how much input into policy is important as well.   
  
And having that balance. I think the right to fail is really really important. It is part of our overarching, you know, who we are, and who we are in leadership. I am the first to tell you and openly admit every misstep I make along the way. I think being vulnerable is really important. And sharing those experiences. Like I broke the three hole punch my first day at work, and I did not get fired for that. People brought me in and taught me how to use it, not stuffing 40 pieces of paper in it. So those missteps are those opportunities, and leadership can be instrument Lynn making sure that people feel safe.   
  
I also think that openness about your budget, about who you are as an organization, really having dialogue around those policies. So there is true understanding overall. Having that strong communication that folks are talking about. And just also understand that not everybody is coming from the same place. I might want to be open about the budget, but like the person on the other side may not care at all about that. Trying to have that back and forth, and making sure that we are listening to what is good, and implementing from there.   
  
And then a long time ago, I learned about what is called a stay interview. A lot of people put emphasis on exit interviews, if someone is leading two leaving your organization. I learned about the stay interviews, where you invite employees to the table, have conversations about why the stay at the center, what brings you joy every day, to this work or not, and what can we do to improve? If there was $500,000 that came in to the organization, how would you spend it? What would you want to see her focus on division really go to?   
  
Trying to build that, and I think over time, with that consistency that Jesse was talking about, you are going to have the trust within the organization.   
  
JENNY SICHEL:   
Go ahead, Doctor Sharon.   
  
DR SHARON McLENNON-WIER:   
I agree with all the executive directors, I will add a couple more things. Because I know here at CIDNY, we have almost (indiscernible) funding, so having that funding can allow you to do more things. We have to take into consideration, that some CILs are smaller and they may not have the ability to do some of the things that we are suggesting. But one day you will get there.   
  
One thing I have seen here at CIDNY is that having an HR department that is separate. I know there are some executive directors that try to have multiple hats, and it is really hard to navigate on one's privacy as Executive Director if you are doing HR. If anyone is listening, try to get funding for directive HR, because that is how you establish trust, and having things be separate.   
  
Your staff should come to you for information regarding what the actual deliverable is for our consumers. Their personal needs and wants, you are going to try to execute that as much as you can, with funding. But the HR director is going to ensure that he or she gets what they need through time off, medical leave, through policies and procedures, through when someone dies, life insurance, all of those things that can happen with employees. You need that person to kind of navigate that system.   
  
Your HR person is also going to advise you on not only compliant stuff, but more importantly, to advocate for those benefits that you may not be able to have right now, that we want to keep on our radar for the future. Like long-term care. A lot of our organizations do not provide that because it is very expensive. That is a goal. A retirement package is a goal. OK?   
  
The last thing I would say, for any CIL or any CIL director who is 3 to 5 years into an organization, strategic planning. Start to do that. Work with your board, we are doing that right now it CIDNY, on strategic planning. That will give you an opportunity to invite your staff to be part of the strategic plan. When people think about the next 5 to 10 years of an organization, and they hear about what you are planning and what you want to do, they get excited. Because they can see themselves... If we get that program, that money, OK, maybe I can be able to advance myself. Maybe I will become a director. Maybe I will become a manager, whatever the case may be, whatever the goal for that person is.   
  
And also, as supervisors, you need to mentor your staff, so they have an opportunity to learn those salient skills. So that they can advance themselves. I do not see any person, unless they really really love it, they want to stay in the one role for the rest of their lives? OK, if that person is like that, that is fine. Most of the people would like to see themselves advance, move up in the organization, make more money, do more things, acquire new skills. To provide a path to success. The path to advancement. Those are my thoughts. Thank you so much.   
  
JENNY SICHEL:   
Thank you so much, Doctor Sharon. My favorite part of this question is hearing the different perspectives from three different CILs, who have three different numbers of staff, and three different funding levels, and three different cultures, it is so interesting to hear the difference. The different thoughts and opinions of what is working at your center. And maybe what people who are listening and can take open them-- home with them. We will keep this moving on, I believe we have one more question, and so before we get to the audience Q&A, so I will invite... I will open this up to whoever wants to answer this question first.   
  
This question is about how CIL culture impacts consumers... What are some examples of innovative policies and practices implemented at your CIL that he played a key role in cultivating a culture that meaningfully supports or stops mental health and well-being?   
  
And then how is this culture informed the successful transitions of consumers with mental health disabilities? A little bit of a double pronged question, and if nobody comes on, I will call on someone... Come join me if you want to answer it. Hey Sarah!   
  
SARAH WENDELL LAUNDERVILLE:   
I will go. This is the problem of being an extrovert, I do not have the right answer, (Laughs) So I will start us off.   
  
JENNY SICHEL:  
  
That is OK, it is what works for your CIL, not necessarily right or wrong, it is the way that you are able to do this. With your CIL.   
  
SARAH WENDELL LAUNDERVILLE:   
I think for us it comes down to peer support. In so many other states, like ours, we have had these conversations around peer support, to the level of peer certification. We developed this wellness workforce coalition years and years ago, where people from all different parts of mental health came together to talk about peer support and how we really wanted to run that and make it look.   
  
We had folks from one extreme who really wanted to see a more formalized certification process, and people like me who want to stay old-school, and not have a certification process (Laughs). I think the importance is the culture of conversation, the culture of coming together to make sure that we are all really trying to figure out what is the best move within our region, within our state?   
  
I think of how that translates... One example I give a lot is a peer support worker who... There was a person who is in the emergency room, has a mental health diagnosis, and police are called in, security, everything. Your support worker goes into the emergency room and says, and it was allowed, at the time, "I would like to take them out." And asked have you eaten? They went out and got them in Egg McMuffin, gave it to them, all of a sudden their entire world changed. And and talked about this in the beginning. Sometimes it is just about the Egg McMuffin. Sometimes it is not about that this person is "crazy" or this person is going to get locked up, we need to take care through peer-to-peer support and allow for the transition to happen.   
  
So that is really powerful to me. And how that culture kinda follows... The other thing we do is we take a lot of care and what money we accept. And so that allows us to really pave it on advocacy issues when we feel like people are doing harm to our community. Years and years ago, I do not know if anybody was on the call at this conference, but we took it over because because he felt that we were being discriminated against as people with disabilities. We took the microphones, demonstrated, did a whole thing against HUD and we got some Wednesday that. But the next year, all but one of our centers were not funded by HUD anymore. So these moments, these decisions you make around advocacy are super important and how you decide how to move forward. And I think that having a culture where you come in, you evaluate, is this the right grant for us? Is this how we are going to move forward? Or do I have more power as a center to be able to not accept that money? It is hard, because we chug along, right? (Laughs) In terms of how much money we have. But we are able to prevent and do what peers in the community are asking us to do which is fight for our rights. Thanks.   
  
JENNY SICHEL:   
You gave me chills on that one, Sarah. I thought that was pretty well said, especially the Egg McMuffin part. I really found that interesting and helpful. Anyone else want to chime in on this question? Jesse? All you.   
  
JESSE BETHKE GOMEZ:   
I will a little bit. I had to go back and read the question. Innovative policies and practices that our CIL have played a key role in cultivating a culture that supports mental health and well-being... Again my background is a strafe-- chief strategist for university, having written strategic plans, the first question I got was to me about values, tell me but what matters. Interestingly enough, the word mindfulness really came to us from our employees.   
  
What we see is the richness and universality of welcome for all peoples with disabilities. For us, that has not... The sense of equity, of welcome, whether for people with apparent and non-apparent disabilities. For employees, the sense of mindfulness means that for our employees who are dealing with mental health diagnoses, I want to pick up on what Sharon said about a really vibrant human resource director.   
  
We have an incredible director of HR, and so creating that space with our HR director, the people are comfortable, people are welcome, people can talk about those issues that they have, and figuring out how do we help support people? To me, that is culture. The stay interviews that Sarah had mentioned. That is what we do as well.   
  
That to me I think is culture. So her people have a sense of well-being, in working with all people with disabilities, to me that is the culture. And that is the welcome. And there are times that even myself are part of a team to say how do we triage, and make certain that we can get to client to get what they need, in working directly with us. We have strong directors who oversee all of our divisions, and that is the role they play as well. I really want to echo this notion that what are those values? That you can identify. Because values are time-honored, and they live in organizational (indiscernible). If you can bring out those illuminating values like mindfulness, my goodness, what a difference it makes in the lives of our employees. And they bring that sense of enthusiasm, inspiration, and welcome, insupportable people who come to us as a center for independent living.   
  
JENNY SICHEL:   
Thank you, Jesse. Doctor Sharon, go ahead.   
  
DR SHARON McLENNON-WIER:   
Everyone had stated regarding the staff side. I just want to add something from the consumer side which will really help with the staff side.   
  
Right around the beginning of the pandemic, CIDNY applied for funding and they decided to do a reassurance wellness program where we call our consumers to check in with them to see how they are doing, especially during the pandemic. When I came on in 2021, I was able to find more funding to continue the program because the idea of consumers who was separating from socialization, not everyone care for them, losing family members during COVID and (indiscernible) hello was tremendous. I think once the staff learn about that program, it's good to know that someone cares. Someone is going to call you during your time of need.   
  
Maybe they have parents, maybe they have other friends that have disabilities and they would want them to become CIDNY consumers. It is a powerful thing. So, for CILs that haven't tried that and looking for funding to do that, I encourage you to do that because a lot of the times, our consumers are isolated and especially through the pandemic. They could not get out, they could not engage, but knowing that someone is going to call them every week or every other week depending on the schedule and availability of counselors, it's great! And they are not there therapist, I just want to say that. They are just a reassurance person calling to check in to see how you were doing.   
  
"Are you OK? Did you eat today? Did you eat your meals? Did you lose any benefits? Do you sound medical coverage?" Whatever may be, or just to say, "hi. I'm thinking of you." It makes all the difference, and I think it transcends to the staff knowing that when will they work, they care about people. I think that is a good thing. Thank you.   
  
JENNY SICHEL:   
Go for it, Ann.   
  
ANN DeANGELIS:   
I just wanted to add on to Doctor Sharon's point. I was speaking to a reassurance counselor this morning and they got lovely feedback for one are of our consumers, they said something along the line of "I didn't realize how much of an impact we make in doing these jobs." Getting a call from the consumer and telling me how much they appreciate calling them every week or once a month or whatever it was that they had the contact with the employee â€“ a change their life and brought them to a point where they could get housing, food stamps, a job. And being able to then be that person in society that they wanted to be. In hearing these success stories is what really keeps our employees going. The smile on the reassurance counselors face this morning when we talked was from ear to ear, it is really impactful to just know that we are making a difference as well. It really helps with our mental health.   
  
JENNY SICHEL:   
Any thoughts on this? Final thoughts? If not, we will continue onto the audience Q&A. We have about 12 minutes left. This time has flown by!   
  
Before we get started on our audience Q&A, I just want to remind people that we do have an evaluation link that is posted in the chat. Please, go fill it out. Don't assume someone else will for you. Go fill it out, it takes a very brief amount of time but really means a lot to us and helps us continue to improve on these webinars and continue to bring the content that you want.   
  
So, next we are going to go onto our Q&A section.   
  
Doctor Sharon, I may call you up for this question. As you just kind of touched on the little bit. Ashley asks "are there ways to find funding to provide Mental Health Counseling at a CIL such as grants etc.? Do you have any recommendations?"   
  
DR SHARON McLENNON-WIER:   
Yes. So, I am hoping that all the governors across the United States have realized that the pandemic has caused a great need for mental health services. Our governor has done that and has made it one of her priorities.   
  
So, on your estate, I'm sure you have a state database that provides grant funding. You can check there for your particular state. There is a lot of money coming out of most states right now for mental health - from early intervention going to elementary, high school, college, as well as community-based organizations. So, I would start there, in addition to of course, the federal government. There's things therefore mental health as well. Just take the time to look.   
  
If not, every state has private foundations and private foundations realized that they need for mental health services is incredible. So, take a chance. Pick a family-based foundation, may be something popular like (unknown term) and try to apply for setting up an initial program. You won't know it until you try. Thank you.   
  
JENNY SICHEL:   
Thank you, Doctor Sharon.   
  
Anyone else want to chime in on that question for us? Jesse, go ahead.   
  
JESSE BETHKE GOMEZ:   
Yes, I do. Having served as president of a behavioral health firm, I encouraged look at the licensing within the state. You have to look if you are prepared for clinical system design. Are you looking at from everything for HIPAA compliance to databases, to clinical therapist? Then, also, if you're looking at mental health services, to what extent, what is the breadth and scope of the services that you want to look at? I would say that given, for the state of Minnesota, the licensing requirements, I would really would start in addition to those great ideas that Sharon mentioned, is to look at licensing so that you can start to assess what will it take to prepare to become a provider of mental health services? Certainly, you don't have to become, possibly and I'm not an attorney on this, some places you may required to be licensed as facilities.   
  
So, looking at your states human services, whatever licenses are required to provide mental health services. In the state of Minnesota it is a rule 29 provider, making certain you're preparing for that kind of opportunity as well. Thank you.   
  
JENNY SICHEL:   
Very good suggestion. Go ahead, Jesse. Go ahead, Sarah.   
  
SARAH WENDELL LAUNDERVILLE:   
I think in terms of that money, Doctor Sharon laid it out but I would also add things that maybe some centers would be more (indiscernible) with the mindset of going to the Mental Health Counseling, maybe you connect and get training on those wellness recovery action plans where you can really connect to peer to peer support and mental health specifically or intentional support is an incredible training program, or connecting with a hearing voices network. So, trying to find where your center really fits overall within this whole entire, you know,(unknown term) of stuff.   
  
JENNY SICHEL:   
Yeah, absolutely. I think it is very much, all centers are very different from one another. All we have the same core principles, it is very varied, it is very better stop when it comes to what your center could use or might need for this.   
  
So, we will move on to the next question. This question is "how do you advocate for change in your CIL work environment and culture if you are from a minority and have the feeling that you will not be heard -- nor acknowledgd." I will let anyone popping feels like they can answer that.   
  
I will repeat the question again. It is just how do you group advocate for change in your CIL work if you feel that you will not be acknowledged?   
  
Anyone want to take a stab at that question? Go ahead, Jesse.   
  
JESSE BETHKE GOMEZ:   
Gosh, I feel empathy and anguish inches hearing the question. Everybody matters! I hear a person who says they love what they do, they have pride in their work. To me the question is "why would we not listen to what the person has to say?" From our world view, the universe and human condition means where all welcome and all have a role to play. That to me that the fabric of who I am, in terms of my Constitution.   
  
Nurturing upward ideas, working with colleagues, working with, you know, some leaders at the organization that would create the sense of connection can be helpful. But I can share with you, as a chief executive officer, it is critical to the well-being of a center that we listen to what people have to say, and that we well, how they feel about those ideas. It's at the core of the vibrancy of who I am. And I feel a little bit of anguish from when I heard the question, but to that person, hang in there. Find allies. Find opportunities.   
  
I recall from when I worked in larger institutions the acumen had to create called spirit influence (?), and from a standpoint of diplomatic perspective. To you as an individual, you matter. Thank you for asking the question and it sounds like you've got some ideas that your center can really benefit from and I would encourage you to find ways to share that, because your voice matters a lot! And I hope if anything, I am giving you some hope to continue to hang in there and offer those ideas, because they do matter to the centers greatly. Thank you.   
  
JENNY SICHEL:   
Does anybody have any of the content on that? If not, I will move on and bring Jesse back onto the stage to ask the next question. We've had a couple of these questions Jesse.   
  
People are interested in potentially getting a copy or seeing questions and examples of your employee survey you mentioned. So, maybe what we can do on that is if you want to send it over to me, we can send it out to the registrants.   
  
JESSE BETHKE GOMEZ:   
Absolutely!   
  
JENNY SICHEL:   
Or someone specifically wanted, feel free to reach out to Jesse.   
  
JESSE BETHKE GOMEZ:   
The only thing I will stand out is a diagram called a strategic human resources plan. Every where I've gone to build institution, this plan will give you the scope of work where we nurture trust, where we nurture recruitment, retention, succession planningâ€¦ Most importantly, optimization of contribution of what each and every person can bring to that center for independent living. I will send out an overview of what the big boxes are for that, but I will talk to art director of human resources of what the survey questions were. They were designed for those centers, we looked at the organization, we looked at the questions and threw them away and said no, is what we're going to ask because our people matter to us. We might be able to send you those questions, and Jenny will be able to send those over to you as well.   
  
JENNY SICHEL:   
We actually had a couple of questions requesting that. So, definitely something that people are finding interesting.   
  
So, I think we have time for one more question and I think that this is an interesting question. I am not sure how or if we're going to be able to answer it because we aren't, this isn't necessarily specifically, but maybe someone can answer. "How should we address the mental health issues of employees when their performance is greatly affected?" A little more challenging. I'm not sure if anyone wants to try to tackle that. Go ahead, Sarah.   
  
SARAH WENDELL LAUNDERVILLE:   
Either way is fine with me!   
  
I think it really comes down to a combination, asking what accommodations need to be made, but also, on the flipside that if people aren't performing and if people are doing their jobs, that we do have a response ability as organizations to move forward with termination. But, you know, I am the worst at this. I am the worst because of my experiences as someone who has been fired because of a diagnosis, I am the worst at this and I don't do a great job as a director. I go back and ask "what is going on? What is happening?" And try to use that trust and we talked about earlier to have a back-and-forth conversation. Try to figure out, maybe somebody hasn't ever asked for an accommodation before and maybe they need something that is a little bit outside of the box for an accommodation. So, listening and then may be troubleshooting that was somebody is an important way to go.   
  
At the end of the day, there is a job to do, and we need to, you know, move forward and be really direct and honest and having that dialogue I think is important.   
  
JENNY SICHEL:   
Great, thank you. Yet, Jesse, you got like 30 seconds!   
  
JESSE BETHKE GOMEZ:   
A lot of research to help us understand from leadership, working with employees, understanding the nature of the mental health diagnoses. What are the reasonable accommodations and what HR can do, leaders can do, the immediate supervisor to create the supportive space for person to truly shine? Lots of work out there to customize that. It is possible to do that. It is a great question that's where we need to be. They can so much.   
  
JENNY SICHEL:   
I want to say thank you to everybody for joining the stop want to say thank you to our panelists, Doctor Sharon, did you want to add in something? We are at time right now, butâ€¦ OK, great!   
  
So, thank you to everyone so much for joining the stop make sure you fill let the evaluation link and and hopefully we will see you all on the next webinar call. Thanks!   
  
(End of Webinar)   
  
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