SOCAC
System of Care Advisory Council

Equity Policy and Procedure

The following framework serves as a guide for informing decisions undertaken by SOCAC. These questions should be answered whenever a decision is being made regarding policy, program, practice or budget. This document should be used as early as possible in the development of a proposal.

Summary of proposal (100 words):

Timeframe of proposal:

Mission and Values Alignment:
1. **How does this proposal align with the mission and values of SOCAC? (250 words)**

Mission:
To drive and organize system change that centers youth and family lived-experience, advances community care, and eliminates barriers across systems through collaboration, accountability, equity, and advocacy.

Values:
- Center children, youth, and families
- Increase awareness and reduce stigma
- Promote sustainable change
- Prioritize community care
- Advance equity by improving accessibility, affordability, and quality

2. **What or who is driving this project? Is it community driven, legislatively driven, a state or federal requirement, etc.? (100 words)**

3. **Who is most impacted by this proposal?**

SOCAC recognizes that identities function as a wheel, where intersections and overlaps are expected. No one can be reduced to one identity, as everyone possess intersections across categories. For the purposes of this equity tool, the categories below are listed as checkboxes for feasibility. It would not be possible to assess or prioritize all the possible intersections of the categories below or other populations not listed. For the purpose of this tool, the primary category will be checked below, and important intersectionalities will be discussed in the analysis.

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Priority populations and communities impacted by health inequities in Oregon. Bold indicates SOCAC strategic plan priority populations.	
☐ *American Indian or Alaska Native people*	☐ *Native Hawaiian or Pacific Islander people*
☐ *Asian or Asian American people*	☐ *Middle Eastern/North African people*
☐ *Black, African, or African American people*	☐ ***Rural communities***
☐ *Hispanic or Latino, Latina, or Latinx people*	☐ ***Youth experiencing houselessness***
☐ *2SLGBTQIA+ people*	☐ *Limited English proficient and non-English proficient persons*
☐ ***People with Disabilities[1]***	☐ ***Youth involved with child welfare***
☐ ***Youth involved in juvenile justice***	
Other populations not already identified:	

Engagement with community (250 words)

4. How have we asked community partners (youth, family members, system partners, providers, L-SOC coordinators) what they think about this proposal? Have we engaged those most impacted by this proposal and related priority populations? What did we learn?

Current Community Support: (250 words)

5. What do we currently know about the proposal's objectives, potential impacts, and support or opposition from various partners? Include data when possible.

SOCAC's commitment to racial equity (200 words)

6. Referencing SOCAC's commitment to racial equity, how does this proposal affect marginalized youth and their families?

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[1]**People with disabilities** includes: physical, D/deaf, deafened or hard of hearing, visual, intellectual/developmental, learning, mental illness, etc. This is not an exhaustive list but these are elements of disabilities that should be considered when designing your program. Furthermore, people who are differently-abled are only disabled by design of their environment.

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Final decision and summary (including potential changes to the original request):

Transparent Decision Making (100 words)

7. How was the decision communicated? Does our decision align with our mission and values?

Implementation and Accountability (150 words)

8. What action steps will SOCAC take related to the decision? Are there any changes from the original proposal?

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SOCAC's Commitment to Racial Equity

SOCAC acknowledges the harm and systemic oppression of historically marginalized groups at the hands of Oregon's governmental institutions and system partners. These systems include education, child welfare, criminal justice, health and disability services, and other systems where an overrepresentation of marginalized populations exists. Of particular concern are Black and brown families of historically marginalized communities, LGBTQ+ youth, and Tribal children and families.

Because of inequity and systemic racism, these communities are less likely to be served by upstream systems and services like behavioral health and I/DD, and more likely to be involved or overrepresented downstream, in systems like child welfare and the juvenile legal system. Achievement of equitable systems requires application of the birth to prison pipeline framework, and redressing of the cascading disadvantages that stem from racial and socioeconomic disparities. These factors include poverty, inadequate health care, educational inequity, school discipline policies, parental incarceration, and involvement with the juvenile legal system.

From the inception of the system of care, government at the local, regional, state, and federal level has played a role in creating and maintaining racial inequity. Despite progress in addressing explicit discrimination, racial inequities continue to be deep, pervasive, and persistent across the country. Racial inequities exist across all system of care indicators, including in education, child welfare, juvenile justice, behavioral health and disability services. Without intentional intervention, system of care partners will continue to perpetuate racial inequities. The SOCAC has the ability to implement policy change at multiple levels and across multiple sectors to drive larger systemic change.

Within racial inequities, it's imperative to consider compounding of discrimination due to other factors such as disability, gender identity, sexual orientation, age, geographic location, language, etc. Coined by Kimberle Crenshaw, intersectionality attends to the unique experiences of discrimination or privilege based on interconnected identities. Engagement of diverse communities is critical given data challenges of analyzing intersecting inequities. As described by the Governmental Alliance on Race and Equity (GARE)[2],

"Within other identities — income, gender, sexuality, education, ability, age, citizenship and geography — there are inequities based on race. Knowing this helps the [system of care] take an intersectional approach, while always naming the role that race plays in people's experiences and outcomes.

- *To have maximum impact, focus and specificity are necessary. Strategies to achieve racial equity differ from those to achieve equity in other areas. "One-size fits all" strategies are rarely successful.*

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[2] https://www.racialequityalliance.org/about/our-approach/race/

- *A racial equity framework that is clear about the differences between individual, institutional and structural racism, as well as the history and current reality of inequities, has applications for other marginalized groups.*
- *Race can be an issue that keeps other marginalized communities from effectively coming together. An approach that recognizes the inter-connected ways in which marginalization takes place will help to achieve greater unity across communities."*

The SOCAC strives towards equitable consideration of policies and distribution of resources to address disproportionality in communities. Too often, policies and programs have been developed and implemented without thoughtful consideration of racial equity. When racial equity is not explicitly brought into operations and decision-making, racial inequities are likely to be perpetuated. Racial equity tools provide a structure for institutionalizing the consideration of racial equity. Racial equity tools are designed to integrate explicit consideration of racial equity in decisions, including policies, practices, programs, and budgets. It is both a product and a process. Use of a racial equity tool can help to develop strategies and actions that reduce race-based and other inequities, improving success for all groups.

The Curb Cut Effect

Within efforts that explicitly lead with race, it is useful to consider the "curb-cut effect". The "curb-cut effect" refers to accommodations initially designed for people with

> "A rising tide lifts all boats"
> -   John F. Kennedy

disabilities that end up benefiting a much broader population, with examples including wheelchair ramps for strollers and suitcases, closed captions for people in noisy environments, and text-to-speech for users with visual impairment who also use it for multitasking. These design choices, known as universal design, improve access, safety, and usability for everyone, demonstrating how addressing the needs of one group can improve society as a whole. In short, the best solutions are often designed for those farthest from opportunity.

The curb cut effect aligns within the larger framework of Targeted Universalism. Targeted universalism is a framework and policy strategy of setting universal goals for all groups and accomplishing those goals with targeted approaches. Within this equity assessment, the goal is to assess the impact on the most vulnerable populations to advance all groups to the same outcome.

Many other examples of the curb cut effect exist, including:

- Affirmative action policies which expanded access to higher education for black people emboldened white women, and other racial and ethnic groups, to push for greater access in college and universities.
- Single-stall restrooms in schools were initially introduced as a targeted solution to provide gender nonconforming and nonbinary youth with an option (not a mandate) to use a private restroom space where they feel safe. However, having this option in

schools has proved beneficial for many students—including those with disabilities and social anxiety or those experiencing bullying and violence.

- Seat belt legislation was initially adopted to protect young children but has saved countless lives of children and adults since 1975.
- Flight attendants spearheaded a national fight to end smoking on planes, setting in motion a decades-long public-health campaign that has largely banished smoking from public spaces and contributed dramatically to lower smoking rates.
- Installation of bike lanes, while intended to reduce injury among bicyclists, have led to reductions in injury and death among pedestrians.

Cut into the curb, and we create a path forward for everyone.

https://ssir.org/articles/entry/the_curb_cut_effect

https://www.learningforjustice.org/magazine/fall-2021/the-curbcut-effect-and-championing-equity

https://www.aecf.org/blog/talking-about-equity-promoting-the-curb-cut-effect

https://belonging.berkeley.edu/targeted-universalism