Tri-County Board of Recovery and Mental Health Services

Mental and Behavioral Health Equity Plan

Approved January 18, 2023

OnPointe. STRATEGIC INSIGHTS

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PURPOSE

The purpose of the Mental and Behavioral Health Equity Plan (MBHE Plan) is to provide a roadmap for improving mental and behavioral health equity in the tri-county area. The data from the community assessment and the strategies outlined in this report will provide important inputs for a full strategic planning process that will begin in 2023.

To begin, it is important that we all have a shared definition of **Equity**[1]. The definition of equity is to address social/political constructs and historical systemic injustices, such as racism and discriminatory structures and policies, that disproportionately impact people who are marginalized such as people living in poverty and their children. Our purpose is to eliminate inequitable conditions for people with mental health and substance use conditions.

BACKGROUND

The Tri-County Board of Recovery and Mental Health Services
believes that a strong support system of mental health and
recovery services is essential in building a strong community.
By caring for others, we benefit all.

Mission

The Tri-County Board of Recovery and Mental Health Services (TCB) is dedicated to planning, funding, monitoring and evaluating substance abuse and mental health services for Miami, Darke, and Shelby counties; working diligently to see that the services are cost-effective and of the highest possible quality; informing the community about these services; and ensuring that people have access to them.

Core Benefits

TCB is committed to assuring that help is available to our communities' most vulnerable citizens. Services and prevention activities are provided through a network of provider agencies located in Miami, Darke, and Shelby counties. At these agencies, individuals struggling with mental illness and addiction issues will find the

[1] Adapted from A Unified Vision for Transforming Mental Health and Substance Use Care, CEO Alliance for Mental Health

help and support they need to lead a full and productive life. Fees for these services are based on a person's ability to pay through a sliding fee scale - no one is denied service because of the inability to pay. This is made possible by federal and state tax dollars and by support from the local Mental Health and Recovery tax levy.

PROCESS SUMMARY

In June 2022, TCB embarked on a MBEH planning process with an objective to engage board and community members in co-creating a MBEH plan that will be a roadmap for TCB's efforts to improve mental and behavioral health equity in the tri-county area. OnPointe, a consulting firm that specializes in strategic planning and diversity, equity, and inclusion, was engaged to facilitate the process. To support a community assessment, Illuminology, a research firm that applies time-tested and emerging methods from the social sciences to the real-world settings of the marketplace and community, was engaged to partner in the process.

A workgroup of community members was gathered to guide the process. The workgroup met five times between August and January to provide input on the process, community assessment, and the plan itself.

Workgroup members included:

- Beth Adkins, Director of Clinical Services, Tri-County Board of Recovery and Mental Health Services
- Terri Becker, Executive Director, Tri-County Board of Recovery and Mental Health Services
- Velina Bogart, Board Member, Tri-County Board of Recovery and Mental Health Services
- Dave Duchak, Sheriff, Miami County
- Allison Haas, Pharmacist, Jackson Center Pharmacy & Wellness Center
- Terrie Hottle, Board Member, Tri-County Board of Recovery and Mental Health Services
- Vickie Martin, Clinical Director, Recovery & Wellness Centers of Midwest Ohio
- Whitney Magoteaux, Wellness Center Team Lead, Wayne HealthCare
- Brian Phillips, Chief, Greenville Township EMS
- Brad Reed, Director of Community Resource Development, Tri-County Board of Recovery and Mental Health Services
- Ann Runner, Board Member, Tri-County Board of Recovery and Mental Health Services

COMMUNITY CONTEXT AND OPPORTUNITIES

To assist Tri-County with its mental health inequity planning, OnPointe and Illuminology used a hybrid research methodology consisting of three primary components: (1) a review of secondary data; (2) in-depth interviews with local experts; and (3) a review of best practices. Together, these three methods paint a rich portrait of the context in which Tri-County operates, the mental health inequities that may be present, and potential strategies for reducing those inequities. Illuminology extracted key research findings in a separate report and provided a full database of all indicators to Tri-County for future use.

Brad Reed introduced Illuminology researchers to approximately 37 local experts and provided a link at which invited individuals could schedule a time to complete a 45-minute discussion with Amanda Scott. Interviews were successfully conducted with more than 25 individuals, representing 21 organizations in the Tri-County area. The organizations represented were primarily governmental agencies (e.g., County offices of the Ohio Department of Job and Family Services, County Boards of Developmental Disabilities, Sherriff's departments, EMS) and non-profit organizations (e.g., United Way affiliates, Community Action Agencies, Universities).

A full report on the Community Assessment was provided under separate cover. For the purposes of this plan, these are the key takeaways:

- **Identification of people who might experience mental health inequities is evolving.** Children, residents with lower socioeconomic status and residents who are not white appear to be at **most** risk for facing mental health inequities in the Tri-County area.
- **Conversations about mental health inequity should continue.** Some local health experts had no definition of the term, some were able to easily extrapolate their knowledge of inequities in public health or other fields to this topic, and some seemed hesitant to discuss the concept, perhaps for fear of offense as they think of inequities mostly in terms of racial groups. Giving them language (and confidence) in discussing these topics would be helpful.
- **The Tri-County Area seems to have ample drug treatment resources but lacks general mental health capacity.** Like many other fields, those in the mental health arena report struggling to find and retain talent. The lack of mental health professionals has several implications, including longer wait times for intake or treatment, more difficulty finding specialized care (including care for residents with dual developmental and mental health diagnoses). Perhaps due to increased

funding as a result of the opioid epidemic, local experts see more resources for drug treatment within the area.

- **The Tri-County Area has strengths that can be leveraged.** Local experts said they felt a strong sense of community in their counties and that residents and professionals alike are willing to pitch in to solve problems. Residents are willing to lend taxpayer support to problems if the case is well made. They also see high levels of collaboration between professionals in their community along with open lines of communication.
- **Some characteristics of the Tri-County Area could make the work harder.** The Tri-County area suffers from a lack of safe, affordable transportation options. Although transportation (both inside and outside the county) is available through a variety of social service agencies, the need to schedule in advance may make this difficult, especially for residents in crisis. Out-of-town placements can reduce patient compliance and inhibit their ability to access social support. Finally, some suggest that the area's conservative attitudes may make stigma reduction and acceptance of individuals who struggle with mental and behavioral health challenges more difficult.
- **Best practices for reducing Mental Health Inequity focus on helping the community understand inequities, integrating existing services and resources, and attracting and retaining skilled mental health professionals.** Best practices for reducing mental health inequities in rural areas can be grouped into five categories: (1) laying the groundwork by honestly and openly discussing mental health inequities and training the community to understand and feel comfortable addressing them, (2) leveraging technology to extend service delivery through telemedicine, (3) integrating healthcare by including mental health services with primacy care and leveraging community resources to take advantage of formal and informal assistance networks, (4) improving the existing workforce by training allied professionals (law enforcement, EMS, etc.) in best practices for responding to mental and behavioral health needs, and (5) prioritizing the recruitment and retention of mental health professionals while taking into consideration the unique challenges that rural areas face in this effort.
- **There are specific strategies that TCB could consider to reduce Mental Health Inequities** Local experts ask TCB to conduct more outreach and education (both to community members and professionals), help them expand the number, type, operating hours, and location of treatment options available to local residents, support the recruitment and retention of mental health service providers, and assist with transportation and childcare needs. At least one expert strongly

recommended the foundation of other FQHCs which can draw federal funds into the area to finance these improvements and improve coordination of care.

PLAN TO IMPROVE MENTAL AND BEHAVIORAL HEALTH EQUITY

We believe in the dignity of all people and creating a culture where diversity is valued, and every person has access to care.

Mental and behavioral health conditions do not discriminate, they can affect anyone regardless of race, ethnicity, gender, sexual orientation, age, social status, or a variety of other factors. However, some groups can face more mental health challenges due to discrimination, implicit bias, and structural inequalities, and having a minority identity can make accessing mental health treatment much more difficult.

In the service area of the TCB, these potential groups of people who may experience mental health inequities were identified:

- Non-White residents
- Economically disadvantaged residents
- Uninsured / under-insured residents
- Members of the LGBTQ+ community
- Residents who live in more rural areas
- Younger residents
- Residents with physical or developmental disabilities
- Residents who may not be well-integrated into the larger community, including small pockets of Hispanic, Somali, Japanese, Chinese, and Eastern European people who work in the Tri-County area, as well as some isolated religious groups

At the TCB, it is our policy to be inclusive and mindful of the diversity of everyone who comes through our doors. We are passionate about building a community where mental health matters and equitable care is accessible to all.

OUR COMMITMENT to diversity, equity, and inclusion starts with our people and culture. By creating an organization where everyone feels welcome and committing to a work environment that models the change we hope to create in the world, we believe we can become more impactful in supporting the communities in which we live and work.

THESE PRINCIPLES guide our work toward developing a vibrant, sustainable, and resilient community.
We believe in the dignity of all people and creating a culture where diversity is valued.
We respect and affirm the unique identity of each member of our community.
We aim to inspire hope, improve lives, and strengthen our community by providing quality mental and behavioral health and related solutions to everyone.
We advocate at the local, state, and federal levels to promote equitable access to mental and behavioral health care resources and improve the lives of community members.
We strive to dismantle systems and policies that create inequity, oppression, and disparity while promoting diversity, equity, and inclusion in all that we do.
We pursue an organizational mindset that values cultural humility, recognition, and accountability in order to improve our ability to offer individualized care.
We encourage all to share their cultural experiences and identities to enrich our community.
We commit to placing diversity, equity, and inclusion practices at the center of our daily work to create a brighter future for everyone.

MENTAL AND BEHAVIORAL HEALTH STRATEGIES

As an organization, we are focusing attention on diversity, equity, and inclusion. Through our work, we will:

Educate About Diversity, Equity, and Inclusion (DEI)

Educate ourselves and the community regarding mental and behavioral health equity, inclusion, and diversity.

Communicate to Ensure Alignment with our DEI Commitment

Review our policies and procedures to ensure the intent and language is in alignment with National CLAS standards and that communications follow SAMHSA Key DEI Terms guidance.

Engage in Personal Reflection and Staff Development

Reflect on and challenge our own implicit biases and commit to developing practices to approach our work through the lens of cross-cultural humility and the intentional promotion and practices of diversity, equity and inclusion.

Expand and Retain an Inclusive Workforce
Review and improve practices in hiring, disciplinary, and promotion practices within our own institution and partner organizations to ensure they promote diversity, equity, and inclusion.

Support our Diverse Community
Create safe spaces for individuals receiving care and individuals providing care to give voice to their experiences of trauma, rooted in practices that have caused harm and continue today.

RESOURCES

SAMHSA's Key DEI Terms[2]

The following definitions have been excerpted from the SAMHSA website and are being provided as a guide on how to communicate on topics regarding DEI effectively and appropriately. Please note that this list is a condensed overview of commonly used terms and should not be considered all-inclusive. It is important to note that DEI language is always evolving based on cultural nuances and emerging trends.

Sections below include foundational terms in DEI, bias terms, and terms related to race and ethnicity, gender identity and sexual orientation, and disability. Also included are common DEI terms in disaster behavioral health.

Foundational Terms

Diversity is the practice or quality of creating a community comprising people of different ages, cultural backgrounds, geographies, physical abilities and disabilities, religions, sexes, gender identities, sexual orientations, etc.

Equality means resources are provided so that all individuals have equal access (each person receives exactly the same resources in exactly the same amount).

Equity means that resources are distributed based on the tailored needs of a specific audience. Equity recognizes that some communities will need more—or different—access compared to other communities.

**Equity and equality do not have the same meaning. Equality is based on giving everyone exactly the same resources, while equity involves distributing resources based on the tailored needs of a specific population.*

Inclusion is the act or practice of behaviors and social norms that ensure people feel welcome. In the workplace, inclusion is the achievement of a work environment in which all individuals are treated fairly and respectfully, have equal access to opportunities and resources, and can contribute fully to the organization's success.

Bias Terms

Bias is an inclination or preference that interferes with impartial judgment.

[2]SAMHSA retrieved from https://www.samhsa.gov/dtac/disaster-planners/diversity-equity-inclusion/key-dei-terms

Conscious bias, or explicit bias, refers to the attitudes or beliefs someone knowingly holds. In other words, individuals are aware of their attitudes or beliefs and express them directly.

Unconscious bias, or implicit association/bias, refers to unintentional or automatic mental associations an individual has. Unconscious bias operates outside of a person's awareness and may not directly correlate with their beliefs and values. Unconscious bias is expressed indirectly since it seeps into a person's attitudes and behaviors, causing an individual to make assumptions based on limited information to fill in gaps and make decisions.

Microaggressions are everyday verbal, physical, and symbolic insults and slights, whether intentional or unintentional.

Race and Ethnicity Terms

Antiracism is the policy or practice of actively and consciously opposing racism and promoting racial equity.

BIPOC is an acronym that stands for Black, Indigenous, and people of color.

Ethnicity is a set of cultural and linguistic traits that individuals belonging to a particular social group share.

People of color (POC) is used primarily in the United States to describe individuals who are not White.

Prejudice is an unfavorable belief formed without basis. It is a prejudgment or unjustifiable attitude of one individual or group toward another.

Race is a set of traits that define an individual or group of individuals as belonging to a particular social category. Like gender, race is a "social construct," meaning that how racial groups are defined and how people are assigned to them varies dramatically across countries, cultures, and historical time.

Racism is a complex system of beliefs and behaviors that result in the oppression of people of color and benefit the dominant group.

Racial equity is the societal condition in which the distribution of resources and opportunities is neither determined nor predicted by race, and in which structures and practices in society provide true fairness.

Social justice is a vision of a society that distributes equal resources to all individuals.

Systemic racism is a form of racism that is embedded into the complex system and structures of an organization, society, etc., and institutionalized procedures or processes that disadvantage people of color, perpetuating racial inequality.

Undocumented is a foreign-born person living in a country without legal citizenship status.

Gender Identity- and Sexual Orientation-related Terms

Several of the definitions in this section come from the Sexual Orientation, Gender Identity & Expression Glossary of Terms by the SAMHSA Center of Excellence on LGBTQ+ Behavioral Health Equity.

Cisgender refers to a people whose assigned sex at birth aligns with their gender identity.

Gay refers to a person who is attracted to people of the same sex. It often refers to men who are attracted to other men.

Gender is a set of socially constructed characteristics, such as norms and behaviors, typically associated with being masculine, feminine, androgynous, or other.

Gender bias is behavior that shows favoritism toward one gender over another. Most often, gender bias is the act of favoring men and/or boys over women and/or girls.

Gender expression is the physical manifestation of gender identity through clothing, hairstyle, voice, body shape, etc.

Gender identity is one's internal sense of being a man, a woman, neither of these, both, or another gender(s). Gender is a social—not biological—construct.

Heteronormativity is the assumption that heterosexuality is natural, ideal, or superior to other sexual preferences.

Lesbian refers to a woman who is attracted to other women. LGBTQ+ is used as an umbrella term to identify lesbian, gay, bisexual, transgender, and queer or questioning individuals as a group. Typically, this abbreviation describes a person's sexual orientation or gender identity, underscoring the diversity of sexuality- and gender identity-based cultures.

LGBTQ+ can also refer to individuals who are non-heterosexual or non-cisgender, instead of exclusively to people who are lesbian, gay, bisexual, or transgender.

LGBTQIA is an abbreviation that stands for lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual and/or ally.

Misgendering is referring to or using language to describe a transgender person that doesn't align with their affirmed gender—for example, calling a transgender woman "he" or "him."

Non-binary refers to a person whose gender is neither only male nor only female.

Pronouns are the words that stand in for other words. Because many personal pronouns have gender (e.g., she, her), people generally like others to use pronouns that match their gender. In addition to "she/her," personal pronouns include "he/him" and gender-neutral pronouns, such as "ze/hir" or "they/them." Some people use specific pronouns, any pronouns, or none at all.

Queer embraces a range of genders and sexualities who may not identify with a specific LGBT+ label. It acknowledges the fluidity of gender and sexuality, including people who are not exclusively straight and/or non-binary people. Previously used as a slur, this term is now used by choice and with pride by parts of the LGBTQ+ community.

Sex assigned at birth is the biological category (female, male, or intersex) given at birth based on biological characteristics (i.e., physical anatomy and hormones).

Sexual orientation is a person's physical, romantic, emotional, and/or other forms of attraction to others.

Transgender refers to individuals whose gender identity differs from the gender they were thought to be when they were born. Use the name and personal pronouns transgender people use for themselves. If you aren't sure which pronouns to use, ask politely.

Two-spirit is used by some Native Americans to refer to Native Americans who have both a male and a female spirit, or qualities of both genders. While the term was coined in 1990, it is an umbrella term to encompass various terms used for generations in some Native American tribes to identify people who embodied two or more, or alternate, genders. Not all Native Americans or Native American tribes use or recognize the term.

Disability Terms

Disability, as defined by the Americans with Disabilities Act, is a physical or mental impairment that substantially limits one or more major life activities, which the law defines as including seeing, hearing, eating, sleeping, walking, standing, sitting, interacting with others, and working, among other activities. Many individuals with disabilities prefer to be called individuals with disabilities or people with disabilities, but some do also refer to themselves as "disabled." Some people also prefer the term "differing abilities" to highlight the fact that all individuals have different abilities (vs. some having abilities and others not having those abilities).

Neurodiversity is the idea that neurological differences, such as autism or attention-deficit/hyperactivity disorder (ADHD), are the result of normal, natural variation among humans.

Commonly Used DEI Terms in Disaster Behavioral Health

Cultural competency is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services.

Environmental justice is the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income, with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies.

Environmental racism is the disproportionate impact of environmental hazards on people of color.

Intersectionality is the complex, cumulative intertwining of social identities which result in unique experiences, opportunities, and barriers. People may use "intersectionality" to refer to the many facets of our identities, and how those facets intersect. Some use the term to refer to the compound nature of multiple systemic oppressions.

Underserved is used to describe people who have limited or no access to acceptable and affordable resources or services, including disaster behavioral health services. The term should be used carefully and, where possible, specifics should be provided (e.g., people who are medically underserved, people living in Health Professional Shortage Areas).

Underrepresented refers to populations that are underrepresented in relation to their numbers in the general population.

The National CLAS Standards[3]

The National CLAS Standards, excerpted from the Department of Health and Human Services website, are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

[3] National Culturally and Linguistically Appropriate Services Standards, retrieved from thinkculturalhealth.hhs.gov.clas.standards

Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

ADDITIONAL SOURCES

A Unified Vision for Transforming Mental Health and Substance Use Care, CEO Alliance for Mental Health, https://pegsfoundation.org/wp-content/uploads/2022/08/CEO-Alliance-for-Mental-Health-Unified-Vision-8-19-2022.pdf

NAMI Commitment To Diversity, Equity And Inclusion, https://www.nami.org/About-NAMI/Our-Commitment-To-Diversity-Equity-And-Inclusion

OACBHA Health, Equity, Diversity, and Inclusion Readiness Toolkit, https://www.oacbha.org/docs/Health_Equity_Diversity_and_Inclusion_Readiness_Toolkit.pdf

To develop questions: https://www.nasmhpd.org/sites/default/files/Guide_for_Addressing_Disparities_and_Promoting_Racial_Equity_in_the_Behavioral_Health_Field.pdf

Simple policy statement: https://www.engenderhealth.org/wp-content/uploads/2021/10/EngenderHealth_GEDI-Policy-Statement.pdf