

Guidance, Actionable Steps, and Examples to Begin to Address Behavioral Health Care Disparities & Bring Racial Equity within the Behavioral Health Care System

NASMHPD’s Children, Youth, and Families Division has developed the following working document that provides suggested inward and outward-facing actionable steps, and examples as a guide for State Behavioral Health Agencies to address disparities and promote racial equity in the behavioral health care system. Under NASMHPD’s Transformation Transfer Initiative (TTI) program, we are promoting this resource and recognize that this document is a beginning guide. We invite new examples and strategies to be added as the behavioral health system and the larger health care system evolves.

Everyone should have an equitable (fair and just) opportunity to be as healthy as possible, no matter where they live, work, or play. To achieve this, we need to address social problems, unfair practices, and unjust conditions that can weaken the health of specific groups of Americans.

Guidance	Suggested Actionable Steps and Examples
<p>Create safe spaces for individuals receiving care and individuals providing care to give voice to their experiences of trauma, rooted in unjust and unfair practices that have caused harm and continue today.</p>	<p><u>Inward</u></p> <ul style="list-style-type: none"> ● Create meaningful and consistent opportunities and mechanisms for agency staff to share their experiences and concerns. Examples of strategies to achieve this include: <ul style="list-style-type: none"> ○ The creation of “Courageous Spaces Forums” for staff. ○ South Carolina has a line staff can call to address their concerns. It also hosts presentations in which agency directors are on panel to respond to what they hear and provide action steps. ○ A community mental health agency in Vermont has an employee resource peer group for staff who identify as Black, Indigenous, People of Color. It is helpful to have clear lines of how concerns and feedback can flow. ○ The Indiana Council of CMHCs has a Racial Equity and Leadership Committee comprised of employees who are Black, Indigenous, and People of Color across Indiana’s CMHCs who meet regularly for such reasons. ● Create opportunities for staff to personally engage in racial equity issues. Examples of strategies to achieve this include: <ul style="list-style-type: none"> ○ Allowing staff to review and provide feedback on the agency’s policies and practices.

- Washington provides a structure for state agency staff to create their own individual expectations on this topic of action items on how to learn and grow.
- The Indiana Family & Social Services Administration Office of Healthy Opportunity has created [workgroups to address racial and social equity](#) in the workplace and for programs that serve the public.
- **Create explicit policies on engaging individuals with lived experience, including families and youth, to learn how to better serve them.**
Examples of strategies to achieve this include:
 - In Indiana, the [Recovery Support Workgroup](#) membership includes people with direct lived experience and multiple state agencies and stakeholders within every subgroup. All efforts center under SAMHSA’s dimensions of recovery and the direct lived experience feedback annual report and survey that captures the lived experience perceptions and perspectives and drives Division focus and funding initiatives.
 - Potentially provide stipends for public advisory committees with people with lived experience, including young adults and family members, who can inform state practices.
 - Illinois pays a stipend of \$85 per meeting for individuals with lived experience who are not otherwise compensated to serve on public advisory committees.
 - Ensuring individuals with lived experience have the support needed to provide care to others and themselves. Offering support for their psychological health and wellbeing.
- **Provide training and consultation on trauma-informed and diversity, equity, and inclusion (DEI) principles for state agency and provider staff.**
The training should be well-researched, and evidence based. Examples of strategies to achieve this include:
 - South Carolina has a DEI officer. Concerns are channeled directly to this individual to be addressed. This position answers directly to the state director.
 - Ohio formed a [disparity and cultural competency committee](#) with a [strategic plan](#) to determine desired outcomes (i.e., access

to care, leadership accountability on equity and diversity) with representatives from each department and other stakeholders.

- Hawaii is working on implementing a trauma-informed statewide system through [legislation](#) and representatives from many stakeholders. Child and adolescent mental health are facilitating this taskforce.
- Vermont has a [Trauma Prevention & Resilience Development](#) approach that includes Racial Trauma with resources for self-care.
- Illinois DHS has an Office of Strategy, Equity and Transformation leading the [DEI/Racial Justice \(RJ\)](#) effort. Each Division under IDHS is required to develop a DEI/RJ plan for FY22.

Outward

- **Post-COVID, re-purpose COVID-related standing calls for providers/individuals with lived experience into opportunities to have dialogues on past and existing unjust and unfair practices, racial equity, and health disparities.**
- **Create opportunities for individuals with lived experience providing and receiving services to voice any experience of racial inequity, including in inpatient settings.** Examples of strategies to achieve this include:
 - Utah is creating mechanisms to allow individuals to give their feedback on experiences with a focus on residential facilities, which could extend to racial equity.
 - Washington has trainings specifically for Black, Indigenous, People of Color youth, TRANSFORM (Trauma and Racism Addressed by Navigating Systemic Forms of Oppression using Resilience Methods), which is a learning tool that focuses on addressing trauma and racism and the intersection of the two, as well as building racial/ethnic pride among Black, Indigenous, People of Color youth and anti-racism advocacy among white youth, and building awareness among adult facilitators and increasing adults' skills to be more culturally responsive and trauma-informed.
 - At the state level, creation of a framework similar to [Prison Rape Elimination Act \(PREA\)](#) to give structure to voicing concerns and feedback.

<p>Reflect on and challenge our own implicit biases and commit to developing practices to approach care through the lens of cross-cultural humility and the intentional promotion and practices of diversity, equity and inclusion.</p>	<p><u>Inward</u></p> <ul style="list-style-type: none"> ● Provide training for state staff and/or provider staff on DEI, similar to other mandatory staff trainings such as sexual harassment. Examples of strategies to achieve this include: <ul style="list-style-type: none"> ○ Using Harvard’s Implicit Association Test to raise self-awareness of implicit bias. ○ Encouraging use of an Equity Challenge for leadership teams and their staff teams, such as the United Way Equity Challenge. ● Create a DEI competency training for supervisors and those in leadership positions and reinforce these principles after initial trainings with staff and provider agencies. Examples of strategies to achieve this include: <ul style="list-style-type: none"> ○ Dr. Isaiah Pickens has a training for executives through iOpening Enterprises that Washington has used. ○ California put together DEI workgroups to help understand inequities that are occurring that include: data utilization and analysis; recruitment and hiring; staff development and advancement; and workplace outreach and awareness. ○ Illinois has a DEI/RJ plan with workgroups around communication, implementation, personnel, policies/procedures, procurement, and training. <p><u>Outward</u></p> <ul style="list-style-type: none"> ● Encourage providers to use solution-focused statements to address disparities and power differentials between how individuals, including youth, are treated based on implicit racial biases. Examples of strategies to achieve this include: <ul style="list-style-type: none"> ○ Remediating instances in which Black, Indigenous, People of Color youth are treated, or held to similar behavioral standards, as adults in both provider interactions and policies. ○ Encouraging providers to provide alternative, adaptive options for youth behaviors rather than focusing on ceasing negative behaviors.
<p>Remove structural inequity in hiring, disciplinary and promotion practices within our own institutions.</p>	<p><u>Inward and Outward</u></p> <ul style="list-style-type: none"> ● Integrate the agency’s cultural competency committee to have an explicit role in ensuring equitable practices in hiring, promotions, etc.

Review and change practices in hiring, disciplinary and promotion practices within our own institutions and organizations to ensure they promote racial equity.

Address discrepancies of diversity between state workers and higher levels of management. Examples of strategies to achieve this include:

- South Carolina has a committee as part of the Division of Equity and Inclusion that includes external partners such as an attorney, a representative from the [Minority Affairs Commission](#), the faith-based community, a person with lived experience, and others. It is important to keep a balance of internal and external stakeholders.
- California, as a large state, needs many groups involved, including unions, legal teams, and human resources.
- The Indiana Family & Social Services Administration Office of Healthy Opportunity has created [workgroups](#) (ex. Mission and Leadership Team) to address equitable practices in hiring, etc.

- **Create responsive HR systems that are able to address past and existing unjust and unfair practices in agencies to develop the workforce equitably.** Examples of strategies to achieve this include:

- *Creating best practice solutions set with actionable steps to hold the agency accountable to the identified areas.* Look at factors associated with increasing equity in hiring and promotion. For example, addressing the issue of “who you know” type of hiring practices and limited diversity in upper levels of management.
- *Addressing how the recruitment process could be creating inequity. Create broadened/targeted recruitment practices to diversify applicant pools.* For example, this could be done through the types of websites used, eliminating non-inclusive wording, and not limiting the applicant pools based on the existing processes. Widely market positions on all platforms and towards many different communities. Examples of strategies to achieve this include:
 - South Carolina has a newsletter with facts and myths about cultures; non-intimidating formats are useful for reaching all groups.
 - Some states market openings to faith-based centers to promote diversity in the hiring pools.
- *Using data to increase intentionality in recruiting, hiring, and promoting individuals who are representative of the population*

served (demographics of geographic service area vs. demographics of staff).

- *Looking at the screening/“weeding out” process in hiring, and address how that is impacting equity. Address concerns on what disqualifies an application, such as screening by education and past employment rather than lived experience and other qualifications.*
- *Ensuring a diverse hiring panel reflective of the community served and use hiring questions to look at the inclusion philosophy as part of the process. Emphasize committee decisions rather than decisions by one individual.*
- *Exploring workforce development strategies within schools/institutions and create training and educational opportunities that are attuned to the communities served. States have different needs based on the populations they serve. Examples of strategies to achieve this include:*
 - A university in Utah is currently developing an MSW track with a focus on Spanish-speaking students and individuals needing services.

- **Implement intentional mentoring, job sharing, systemic workforce development through each level of the agency to prepare employees for new job opportunities.** Examples of strategies to achieve this include:

- Providing opportunities for those working in direct service roles to learn about other layers of the agency into which that they could move.
- Providing mentorship opportunities for Black, Indigenous, People of Color to move into leadership positions and other roles, as well as training to help them do so.
- Implementing initiatives and efforts to support students of color such as retention and increasing graduation rates.
- Encouraging professional training to result in workforces that are more reflective of communities served at all levels of the workforce.
- [Building Bridges](#), a national initiative working to identify and promote best practices and policies that will create strong and closely coordinated partnerships and collaborations between

	<p>families, youth, advocates, community and residential service providers, and oversight agencies.</p> <ul style="list-style-type: none"> ● Collect and share data of state agency demographics to illustrate issues and needed workforce changes, i.e., discrepancies as compared to the demographics of the local populations served. Examples of strategies to achieve this include: <ul style="list-style-type: none"> ○ Addressing cultural and linguistic discrepancies between providers and those served. ○ Utah did a deep dive into demographics of state agency workers to find and address differences between “ground level” vs. leadership in terms of diversity. ○ Washington created a DEI panel and developed a workgroup to inform practices around equity. Specifics include collecting data around the makeup of the organization, especially leadership; and analyzing interview questions and the structure’s impact on equity.
<p>Review social and health care policies, laws and practices and oppose, change, or work to eliminate those that sustain racial inequity.</p>	<p><u>Inward</u></p> <ul style="list-style-type: none"> ● Implement audits/evaluations of services looking at access and specific outcomes of care by race and other factors. States have different demographics on which to collect information, which can lead to increased culturally relevant practices. Examples of strategies to achieve this include: <ul style="list-style-type: none"> ○ New York’s Office of Mental Health (OMH) is near completion/release of a ‘Vital Signs Dashboard’ to depict racial, ethnic and gender-based disparities in NY’s mental health system. The dashboard contains 10-15 metrics in four domains to identify and implement strategies to mitigate disparities in access, quality, and treatment outcomes for marginalized populations. Selected measures for the domains can each be stratified by special population (race, ethnicity, gender), program (type, agency) and geography (statewide, regional). ● Utilize and analyze data to illustrate disparities based on race, zip code, etc., based on different trajectories for different populations. Examples of strategies to achieve this include: <ul style="list-style-type: none"> ○ In an effort to assess and prioritize strategy implementation to address health disparities, Alabama is initiating impact statements at the prevention service provider level to ensure

	<p>the needs of unserved and underserved populations are met and service delivery is provided in a cultural and linguistically competent manner. This method of identification and prioritization is also being explored within other programs of the continuum.</p> <p>Outward</p> <ul style="list-style-type: none"> ● Ensure equal quality of care is provided to individuals covered by Medicaid compared to private insurance. Examples of strategies to achieve this include: <ul style="list-style-type: none"> ○ Implementation of a provider needs assessment would provide critical data on disparities. ○ Indiana’s Division of Mental Health and Addiction (DMHA) is evaluating the intake experience of individuals accessing services at Community Mental Health Centers (CMHCs), and includes an examination of the total initial experience of an individual seeking services and will examine the same experiences of individuals in private practice. The end goal will be the reduction of administrative burdens placed on CMHCs in an attempt to increase effectiveness and efficiency in the initial intake experience. ● Assess disparities in service delivery such as differences in appointment times, and frequency of services. ● Assess the types of services offered and reevaluate needs and access to appropriate resources. Examples of strategies to achieve this include: <ul style="list-style-type: none"> ○ Identifying what resources would be most beneficial for youth, particularly utilizing the 988 approach to children’s services. ○ Reexamining the use of school resource officers instead of increasing access to treatment. Identify who is referred to services versus the juvenile justice system. Washington’s Office of Juvenile Justice and Delinquency Prevention (OJJPD) data demonstrates the overresponse to Black, Indigenous, and People of Color youth compared to white youth.
<p>Implement policy and practice changes that will comprehensively address health disparities and support racial equity.</p>	<p>Inward</p> <ul style="list-style-type: none"> ● Utilize 988 implementation as an opportunity to differentiate between the need for law enforcement versus behavioral health

crisis services responses, with the purpose of reducing law enforcement interactions for individuals experiencing a behavioral health crisis.

- **Implement tools to assess disparities in service delivery.** Examples of strategies to achieve this include:
 - Vermont created and has just started using an [equity impact assessment tool](#) (see page 7) to review a series of questions when making a policy change, proposal, etc.
- **Ask people served for information about their service experiences AND create practices of how to use the data from the feedback given.** Examples of strategies to achieve this include:
 - New York's Office of Mental Health (OMH) implemented a [wide-reaching survey](#) of individuals who participate in or receive services from OMH or OMH-licensed programs, and/or their family members. The survey was also extended to programs that are funded by OMH and monitored by local government units. The data collected was stratified by demographic categories and has been used to guide, inform and implement program and policy changes related to tele-health, service expansion and improved access for special populations (i.e. transgender individuals, people with language barriers).

Outward

- **Educate entire communities about 988 and other available behavioral health services.** Examples of strategies to achieve this include:
 - Faith-based institutions provide community resources beyond services (ex. food, resources, support, etc.). Churches are hubs in certain regions for providing support and increasing awareness. For example, to increase access to the COVID vaccine, West Virginia utilized their faith-based partners, [led by two prominent Black pastors](#), to do outreach to churches, which was very effective.
 - Missouri has a [prevention section](#) that, among other efforts, creates targeted advertising campaigns using billboards,

	<p>radio spots, newspaper ads, etc. to educate specific communities about available resources.</p> <ul style="list-style-type: none"> ● Implement program improvements related to increased access, quality, outcomes, and satisfaction for Black, Indigenous, People of Color. Examples of strategies to achieve this include: <ul style="list-style-type: none"> ○ In Washington, to build credibility and services that are helpful, community-based supports for local infrastructure are used to cultivate community building and ownership. ● Form an agency workgroup to create strategies on addressing other social determinants of health. Examples of strategies to achieve this include: <ul style="list-style-type: none"> ○ Highlighting best practices that would address the impact of the lack of healthy food/food deserts on physical and behavioral health to communities and local providers. ○ Indiana’s Department of Mental Health and Addiction’s (DMHA) Suicide Prevention program is working to increase outreach to groups who historically mistrust services; create practices that build trust between providers and people served; and help people served understand what their rights are and what they can access and expect. A statewide SDoH workgroup has been convened to address disparities through work that addresses quality of life.
<p>Working with the African American community, and specifically African American advocacy organizations, to improve access to quality health care in committed, transparent and quantifiable ways.</p>	<p><u>Inward/Outward</u></p> <ul style="list-style-type: none"> ● Educate staff, leadership, and providers on the barriers that drive a lack of access to care, lack of quality care, and mistrust of services. Examples of strategies to achieve this include: <ul style="list-style-type: none"> ○ Washington is conducting research on what Black, Indigenous, People of Color communities are doing for behavioral health interventions for youth and families to create a report on what is happening and move it into a practice-based (ultimately EB) practice. ● Ensure EBPs are appropriate for the populations served. Create mechanisms to formally consider why certain practices are not working as well as expected. Examples of strategies to achieve this include:

- The use of certified peer support specialists to enhance the outreach to these communities.
- **Create a committee to look at the effectiveness of school resource officers and how it relates to the school-to-prison-pipeline.** Examples of strategies to achieve this include:
 - Collecting data on cost and outcomes of school resource officers versus behavioral health workers.
- **Create opportunities for discussion with leadership of other state agencies, such as criminal justice, juvenile justice, child welfare, etc., on how to collectively build an infrastructure to support current laws and policies.** Examples of strategies to achieve this include:
 - Washington has a [law](#) to divert youth in contact with law enforcement from the criminal justice system but is working on developing the infrastructure to support it.
 - South Carolina’s work on [juvenile justice reform](#) includes avenues in the community to create options for diversion from restrictive settings.
 - The Indiana Commission on Improving the Status of Children (CISC) [Equity, Inclusion, and Cultural Competence Committee](#) is working to establish common equity language, identify curriculum and educational resources, and provide policy equity assessments as a teaching tools for state agencies.
- **Increase outreach to groups who historically mistrust services.** Use already trusted groups and leaders for effective outreach. Examples of strategies to achieve this include:
 - Utilize faith-based communities and other institutions that have existing trust with communities.
 - In Tennessee, there is a strong behavioral health professional and church collaboration through faith-based initiatives such as a [toolkit](#) for Tennessee Recovery Congregations.
 - In South Carolina, there are drop-in centers located in churches, which is the Department’s biggest referral source. South Carolina also made a video to help

	<p>parents talk to children about race to share with places of worship and other community centers.</p> <ul style="list-style-type: none"> ▪ Illinois used COVID funding to develop outreach to faith communities in areas hardest hit by COVID and civil unrest. ○ Vermont issued an apology for historical wrongs to tribal communities and addressed current mistrust. They are connecting with leaders from communities to build relationships and to partner with them to understand what the communities needs and what they already have. ○ Indiana’s Department of Mental Health and Addiction (DMHA) is working with African American advocacy organizations to improve access to quality health care in committed, transparent and quantifiable ways. They are also collaborating with the Black, Indigenous, People of Color community to: increase Black, Indigenous, People of Color representation in the mental health, prevention, and addiction workforces so clients have the option to work with people who look like them; increase the number of Black, Indigenous, People of Color-owned organizations/providers who receive grant funding from DMHA; and increase the number of Black, Indigenous, People of Color who receive services in mental health, prevention, and addiction. ● Create practices that build trust between providers and people we serve. Examples of strategies to achieve this include: <ul style="list-style-type: none"> ○ Adding people with lived experience to mental health teams has been shown as one ways to effectively increase trust. For Black, Indigenous, Peoples of Color, the very presence of another Black, Indigenous, Person of Color can significantly increase the recipient’s trust in their interactions with the provider. ● Help the people we serve understand what their rights are, and what they can access and expect.
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