Ohio Mental Health & Addiction Services

John R. Kasich, *Governor*
Tracy J. Plouck, *Director*

January 2015

Into Action: 2020 Strategic Vision

CULTURAL AND LINGUISTIC COMPETENCY PLAN

Ohio DACC
DISPARITIES & CULTURAL COMPETENCY
ADVISORY COMMITTEE

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Promoting wellness and recovery

John R. Kasich, Governor • Tracy J. Plouck, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

Dear OhioMHAS stakeholder:

I am pleased to announce the release of the first Ohio Department of Mental Health and Addiction Services cultural and linguistic competency plan developed by the Disparities and Cultural Competency Committee (DACC). DACC was formed out of the new department's strategic planning process and this year's theme, "Into Action: State of Ohio Mental Health and Addiction Services", reflects the efforts of DACC in their inaugural year to address disparities that impact Ohioans across the lifespan.

I know that this plan is just the first step for our department becoming a more culturally aware and literate environment, and I am proud of the achievement of DACC and its members to work together for such an important cause. I am confident that readers will be strengthened by this plan and will use the knowledge to make positive changes in their own lives.

Sincerely,

Tracy J. Plouck
Director

Special thanks to all of the members of the DACC:

Surendra Bir Adkihari
Johnnie "Chip" Allen
Valerie Alloy
Phil Atkins
Angie Bergefurd
Jack Cameron
Carol Carstens
Craig Comedy
Donna Conley
Jamoya Cox
Angela Dawson
Joseph Hill
Kraig Knudsen
Dontavius Jarrells
Betsy Johnson
Tony Johnson
Jody Lynch
Burhan Mohamed
Debbie Nixon-Hughes
Esta Powell
Manju Sankarappa
Marcie Seidel
Reina Sims
Tyrone Smith
Joyce Starr
Adreana Tartt
Charleta Tavares
Dawn Thomas
Hugh Wirtz

ACKNOWLEDGMENTS

DACC ADVISORY COMMITTEE

External Community Members

- **Jack Cameron**, Executive Director, *Ohio Empowerment Coalition*
- **Craig Comedy**, Executive Director, *Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP) of Franklin County*
- **Donna Conley**, Executive Director, *Ohio Citizen Advocates for Addiction Recovery*
- **Dontavius Jarrells**, Community Engagement & Advocacy Coordinator, *Ohio Association of County Behavioral Health Authorities*
- **Betsy Johnson**, Associate Director, *National Alliance on Mental Illness (NAMI) Ohio*
- **Burhan Mohamed**, Certified Application Counselor, *Columbus Neighborhood Health Center*
- **Esta Powell**, Cultural Competence Coordinator, *Multiethnic Advocates for Cultural Competence*
- **Manju Sankarappa**, Executive Director, *Ohio Asian American Health Coalition*
- **Marcie Seidel**, Executive Director, *Drug Free Action Alliance*
- **Tyrone Smith**, Circles of Care Program Manager, *Native American Indian Center of Central Ohio*
- **Charleta B. Tavares**, Executive Director, *Multiethnic Advocates for Cultural Competence*
- **Hubert Wirtz**, Executive Director, *Ohio Council of Behavioral Health & Family Services Providers*

External State Agency Members

- **Johnnie "Chip" Allen**, Director , Office of Health Equity, *Ohio Department of Health*
- **Angela Dawson**, Executive Director, *Ohio Commission on Minority Health*
- **Reina Sims**, Program Manager, *Ohio Commission on Minority Health*

OhioMHAS Members

- **Surendra Bir Adhikari,** Research Administrator/Health Disparities Lead, Office of Quality, Planning and Research
- **Phil Adkins**, Start Talking! Initiative Coordinator, Office of Prevention and Wellness
- **Valerie Alloy**, Behavioral Health Administrator, Bureau of Children and Families, Office of Prevention and Wellness
- **Angela Bergefurd**, Assistant Director of Community Services
- **Carol Carstens**, Outcomes and Systems Performance Manager, Bureau of Research and Evaluation
- **Jamoya Cox**, Disparities and Cultural Competency Manager, Office of Community Support
- **Joseph Hill**, Chief, Office of Community Support
- **Tony Johnson**, Reentry Program Coordinator, Office of Community Support
- **Jody Lynch**, Deputy Director, Office of Treatment and Recovery
- **Deborah Nixon-Hughes**, Deputy Director, Office of Community Support
- **Joyce Starr**, Chief, Medical Director's Office
- **Adreana Tartt**, Special Populations Program Coordinator, Office of Community Support
- **Dawn Thomas**, Prevention Systems Manager, Office of Prevention and Wellness

Special thanks to sub-committee members for facilitating development of this resource:

- **Co-Chair Jamoya Cox**, Disparities and Cultural Competence Manager, *OhioMHAS Office of Community Support*
- **Co-Chair Esta Powell**, Cultural Competence Coordinator, *Multiethnic Advocates for Cultural Competence*
- **Valerie Alloy**, Behavioral Health Administrator, *OhioMHAS Office of Prevention and Wellness*
  Kraig Knudsen, Chief, *OhioMHAS Bureau of Research and Evaluation*
- **Marcie Seidel**, Executive Director, *Drug Free Action Alliance*
- **Dawn Thomas**, Prevention Systems Manager, *OhioMHAS Office of Prevention and Wellness*

PROJECT OVERVIEW

Background

The *State of Ohio Mental Health and Addiction Services Cultural and Linguistic Competency Plan* (*OhioMHAS CLC Plan*) is the Ohio Department of Mental Health and Addiction Services' (OhioMHAS) vision to set service equity as a priority in the public behavioral health system by 2020. During 2012, OhioMHAS identified strategies to achieve this goal and made recommendations to address disparities in behavioral health. The National Partnership for Action's *2011 National Stakeholder Strategy for Achieving Health Equity* report was a major component used to frame the strategies. These strategies and recommendations were used to develop the current *OhioMHAS CLC Plan*.

This approach aligns with national efforts currently underway in other state behavioral health systems and nationally through the Substance Abuse and Mental Health Services Administration (SAMHSA) Office of Behavioral Health Equity (OBHE). In 2012, SAMHSA launched OBHE based on the U.S. Department of Health and Human Services (HHS) finding that adverse health outcomes are greater for racial and ethnic minority populations; and the causes of health disparities are multiple, overlapping and affecting individuals across their lifespan.

Disparities and Cultural Competency (DACC) Advisory Committee

OhioMHAS convened the Disparities and Cultural Competency (DACC) Advisory Committee to address disparities that impact Ohioans across the lifespan and initiate development of an *OhioMHAS CLC Plan*. The creation of DACC is one of four strategies identified in OhioMHAS's strategic plan to address health disparities. The DACC Advisory Committee is composed of OhioMHAS program staff and external community members. OhioMHAS staff participants represent the department's key organizational areas, ranging from services for children to recovery services and community supports. External members represent community partner organizations that include the Ohio Asian American Health Coalition, Multiethnic Advocates for Cultural Competence, Ohio Empowerment Coalition, Ohio Citizen Advocates for Addiction Recovery, Ohio Association of County Behavioral Health Authorities, Ohio Council of Behavioral Health and Family Services Providers, Native American Indian Center of Central Ohio, Drug Free Action Alliance and other community organization representatives and state agency partners.

Project Process

The steps to develop the *OhioMHAS CLC Plan* included:

- formation of a DACC sub-committee to initiate plan development;
- review of existing recommendations and strategies for possible inclusion in the *OhioMHAS CLC Plan*;
- identification of appropriate plan strategies and sections;
- identification of action drivers (partners) to implement specific strategies from SFY 2015 through 2020;
- feedback from the full DACC Advisory Committee on a draft *OhioMHAS CLC Plan*; and
- compilation of feedback into a final *OhioMHAS CLC Plan* report.

HEALTH EQUITY STATEMENT

OhioMHAS Commitment

It is the aim of OhioMHAS and all DACC partners to use cultural and linguistic competence strategies to change "one size fits all" approaches in behavioral health care delivery to strategies that offer high-quality, person-centered care that is responsive and appropriate to the needs of all Ohioans. The department has dedicated itself to providing services, programs and policies that are appropriate and accessible to system consumers, who encompass a broad range of human differences such as ability and disability, age, educational level, ethnicity, gender, geographic origin, race, religion, sexual orientation, socio-economic status and values. OhioMHAS recognizes that its vision must entail supporting, endorsing and encouraging community system partners – including county and local entities – to identify, initiate and implement cultural and linguistic competence services for all recipients of care.

Benefits of Cultural and Linguistic Competence

OhioMHAS acknowledges that there is significant evidence of health inequities and disparities disproportionately impacting outcomes experienced by minorities when compared to those experienced by the general population. To address inquities, the *OhioMHAS CLC Plan* provides state and local systems with the strategies necessary to achieve the following:

- enhance workforce competency of race, ethnic and cultural groups in Ohio by increasing awareness of cultural and linguistic needs, treatment barriers and service gaps;
- improve organizational procedures by adopting and promoting policies that enhance communication and community engagement; and
- improve outcomes by assessing organizational activities and community services.

According to Health Research and Educational Trust (2013), cultural and linguistic competence in a care system produces numerous benefits (see figure 1) for the organization, patients and community. Organizations that are culturally competent have improved health outcomes, increased respect, mutual understanding from patients, and increased participation from the local community. Additionally, organizations that are culturally competent may have lower costs and fewer care disparities[1].

Figure 1

Social Benefits	Health Benefits	Business Benefits
• Increases mutual respect and understanding between patient and organization • Increases trust • Promotes inclusion of all community members • Increases community participation and involvement in health issues • Assists patients and families in their care • Promotes patient and family responsibilities for health	• Improves patient data collection • Increases preventive care by patients • Reduces care disparities in the patient population • Increases cost savings from a reduction in medical errors, number of treatments and legal costs • Reduces the number of missed medical visits	• Incorporates different perspectives, ideas and strategies into the decision-making process • Decreases barriers that slow progress • Moves toward meeting legal and regulatory guidelines • Improves efficiency of care services • Increases the market share of the organization

Source: American Hospital Association, 2013

GOALS AND STRATEGIES

Strategic Goal Area: AWARENESS

Goal: Increase awareness of the significance of health disparities in behavioral health, their impact on the state, and the actions necessary to improve behavioral health outcomes for racial, ethnic, and underserved populations.

Strategies	Timeframe
1. Align OhioMHAS prevention strategies to eliminate disparities and increase health equity across all population groups. *Action Step* 1.1. Ensure internal review and alignment of RFP's, grants and departmental initiatives include specific actions that promote knowledge about wellness and healthy behaviors that prevent illness across all population groups. 1.2. Assure universal prevention and wellness strategies include eliminating health disparities across all population groups.	**Action 1.1:** SFY2016, Q1-SFY2020, Q4 **Action 1.2:** SFY2015, Q4-SFY2020, Q4
2. Healthcare Agenda: Ensure that ending behavioral health disparities is a priority in board community plans and OhioMHAS' strategic plan. *Action Step(s)* 2.1. Review existing OhioMHAS, board, and provider guiding documents to ensure cultural and linguistic competency is included and implemented as a means of improving services through strategic plans and community plans. 2.2. Request inclusion of health equity language in state, board, and provider request for proposals. 2.3. Request inclusion of health equity language in the provider mental health/alcohol drug addiction and prevention certification process. 2.4. Request inclusion of a disparities impact statement in all grants submitted by OhioMHAS to SAMHSA and other entities. 2.5. Develop an analysis on CLC impact and return on investment and disseminate it in the form of a Business Case for Addressing Healthcare Inequities and Cultural Competence in Ohio Behavioral Healthcare System.	**Action 2.1:** SFY2015, Q1-SFY2020, Q4 **Action 2.2:** SFY2015, Q2-SFY2018, Q4 **Action 2.3:** SFY2015, Q2-SFY2018, Q4 **Action 2.4:** SFY2015, Q4-SFY2020, Q4 **Action 2.5:** SFY2015, Q1-SFY2020, Q4

Strategies	Timeframe
3. Partnerships: Develop and support partnerships among public, nonprofit, and private entities to create a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end behavioral health disparities and achieve health equity. ***Action Step(s)*** 3.1. Ensure all OhioMHAS initiatives adequately include the elimination of behavioral health disparities as a priority. 3.2. Utilize the DACC Advisory Committee to monitor implementation of the State of Ohio Mental Health and Addiction Services Cultural and Linguistic Competence Plan. 3.3. Identify new sustainable relationships to include OhioMHAS staff, statewide organizations, and local stakeholder groups.	**Action 3.1:** SFY2015, Q1-SFY2020, Q4 **Action 3.2:** SFY2015, Q1-SFY2020, Q4 **Action 3.3:** SFY2015, Q1-SFY2020, Q4
4. Communication: Create messaging tailored for diverse audiences across their lifespan, and leverage local, regional, and state outlets to reach multi-tier audiences with identified disparities to encourage individual and organizational action, accountability, and reinvestment in behavioral health. ***Action Step(s)*** 4.1. Create a core communication committee represented by OhioMHAS, boards, providers, community organizations, etc. to: 4.1.1. Develop a communication strategy that ensures two-way communication between behavioral health stakeholders and the community regarding behavioral health diversity and disparities; 4.1.2. Develop user-friendly branding materials with appropriate messaging (e.g., tagline, logo, etc.); and 4.2. Develop a communication plan to ensure boards, agencies, and community organizations understand key messages regarding behavioral health equity (e.g., social media campaign, website content, OhioMHAS eUpdate, etc.). 4.3. Implement marketing campaign.	**Action 4.1:** SFY2015, Q4 **Action 4.2:** SFY2016, Q1-SFY2016, Q2 **Action 4.3:** SFY2015, Q2-SFY2020, Q4
5. Common Definitions: Adopt the federal definition for health disparities per the Minority Health and Health Disparities Research and Education Act, United States Public Law 106-525 (2000) p. 2498 and modify to include 'behavioral health' as a component. Adopt the State of Ohio cultural competence definition. ***Action Step(s)*** 5.1. Review existing guidance documents and policies at OhioMHAS to ensure cultural and linguistic competence is included as a component. 5.2. Include federal definition and Ohio cultural competence definition in OhioMHAS's strategic plan. 5.3. Request and support the adoption of the federal definition and Ohio cultural competence definition by boards, providers, and vendors.	**Action 5.1:** SFY2015, Q1-SFY2016, Q4 **Action 5.2:** SFY2015, Q1-SFY2015, Q4 **Action 5.3:** SFY2016, Q1-SFY2020, Q4

Strategies	Timeframe
6. Implement a workforce development/training plan inclusive of the federal health disparities and Ohio cultural competence definition. ***Action Step(s)*** 6.1. Require training/orientation for OhioMHAS employees on the federal health disparities definition, Ohio cultural competence definition, National Culturally and Linguistically Appropriate Services (CLAS) Standards and implications of the *OhioMHAS CLC Plan*. 6.2. Request boards and provider agencies provide mandatory training for employees inclusive of the federal health disparities definition, Ohio cultural competence definition, National CLAS Standards and implications of the *OhioMHAS CLC Plan*.	**Action 6.1:** SFY2015, Q1-SFY2020, Q4 **Action 6.2:** SFY2015, Q4-SFY2018, Q4

Internal OhioMHAS Action Drivers

- Community Services (Strategy: 1, 2, 3, 4, 5, 6)
- Community Services Office of Prevention and Wellness (Strategy: 1)
- Disparities and Cultural Competency (DACC) Advisory Committee (Strategy: 2, 3, 4, 5, 6)
- Office of Human Resources (Strategy: 6)
- Office of Public Affairs (Strategy: 3, 4)
- Senior Staff (Strategy: 1, 2, 3, 4, 5, 6)

External Community Action Drivers

- Behavioral Health Providers (Strategy: 1, 2, 3)
- Chambers of Commerce (Strategy: 1, 2, 3)
- County Boards (Strategy: 1, 2, 3)
- Disparities and Cultural Competency (DACC) Advisory Committee (Strategy: 2, 3, 4, 5, 6)
- Drug Free Action Alliance (Strategy: 3)
- Health Insurers (Strategy: 1, 2, 3)
- Local Community Organizations (Strategy: 2, 3)
- Multiethnic Advocates for Cultural Competence (Strategy: 1, 2, 3, 4, 5)
- Ohio Asian American Health Coalition (Strategy: 3)
- Ohio Association of County Behavioral Health Authorities (Strategy: 1, 3, 4, 5)
- Ohio Citizen Advocates for Addiction Recovery (Strategy: 3)
- Ohio Commission on Minority Health (Strategy: 3)
- Ohio Empowerment Coalition (Strategy: 3)
- Ohio Latino Affairs Commission (Strategy: 3)
- Ohio Office of Health Transformation (Strategy: 1)
- National Alliance on Mental Illness of Ohio (Strategy: 3)
- The Ohio Council of Behavioral Health & Family Services Providers (Strategy: 1, 3, 4, 5)

Strategic Goal Area: ACCESS TO CARE ACROSS THE LIFESPAN

Goal: Improve behavioral healthcare outcomes for racial, ethnic, and underserved populations.

Strategies	Timeframe
1. Ohio SBIRT: Screening, Brief Intervention and Referral to Treatment ***Action Step*** 1.1. Ensure access to and delivery of quality screening of diverse race, ethnic and cultural poulations. 1.2. Ensure delivery of quality patient intervention and referrals. 1.3. Determine the efficacy of program service delivery across various race, ethnic and cultural populations.	**Action 1.1:** SFY2015, Q1-SFY2020, Q4
2. ENGAGING THE NEW GENERATION TO ACHIEVE THEIR GOALS THROUGH EMPOWERMENT (ENGAGE): Provide Systems of Care (SOC) Wraparound services responsive to youth and young adult cultural health beliefs and practices; preferred languages; and communication preferences. ***Action Step(s)*** 2.1. Improve Ohio SOC grantee/wraparound facilitator understanding of population (i.e., beliefs, norms, etc.) within the region and service area through Learning Community training opportunities. 2.2. Enhance Ohio SOC grantee/wraparound facilitator understanding of the National Culturally and Linguistically Appropriate Service (CLAS) Standards.	**Action 2.1:** SFY2015, Q1-SFY2020, Q4 **Action 2.2:** SFY2015, Q1-SFY2020, Q4
3. Infant Mortality Work: Partner with community and state agencies to implement specific strategies to improve overall birth outcomes and eliminate racial and ethnic disparities in infant mortality. ***Action Step(s)*** 3.1. Provide Leadership to the Ohio BUILD Policy Advisory Group. 3.2. Assess internal programs to enhance prevention and wellness activities to improve overall birth outcomes and eliminate racial and ethnic disparities in infant mortality.	**Action 3.1:** SFY2015, Q1-SFY2020, Q4 **Action 3.2:** SFY2015, Q1-SFY2020, Q4

Internal OhioMHAS Action Drivers

- Community Services (Strategy: 1, 2)
- Community Services Office of Prevention and Wellness (Strategy: 3)
- Engaging the New Generation to Achieve their Goals through Empowerment (ENGAGE) Management Committee (Strategy: 2)
- Office of Quality, Planning and Research (Strategy: 1)

External Community Action Drivers

- Behavioral Health Providers (Strategy: 2)
- County Boards (Strategy: 2)
- Multiethnic Advocates for Cultural Competence (Strategy: 3)
- Ohio Asian American Health Coalition (Strategy: 3)
- Ohio Commission on Minority Health (Strategy: 3)
- Ohio Department of Health (Strategy: 3)
- Ohio Office of Health Transformation (Strategy: 3)
- The Ohio State University (Strategy: 3)

Strategic Goal Area: CULTURAL AND LINGUISTIC COMPETENCY

Goal: Improve cultural and linguistic competency and the diversity of the behavioral health workforce.

Strategies	Timeframe
1. Workforce: Develop and support a diverse behavioral health workforce and assure cultural and linguistic competency that is sensitive to and reflective of the cultural and language variations of diverse communities.	**Action 1.1:** SFY2015, Q1-SFY2020, Q4
Action Step	**Action 1.2:** SFY2015, Q2-SFY2018, Q4
1.1. OhioMHAS and local entities must adopt and implement National CLAS Standards.	**Action 1.3:** SFY2015, Q1-SFY2018, Q4
1.2. Ensure existing translated materials are utilized and ensure additional needed web-content and materials are translated by OhioMHAS and local entities (i.e., boards and providers) to support populations with limited English proficiency.	**Action 1.4:** SFY2015, Q1-SFY2018, Q4
1.3. Implement cultural and linguistic competency training utilizing the National CLAS Standards model.	**Action 1.5:** SFY2015, Q1-SFY2020, Q4
1.4. Support and promote existing evidence based and promising practice initiatives through development of a resource bank and learning community.	**Action 1.6:** SFY2015, Q2-SFY2020, Q4
1.5. Review and revise when necessary board affirmative action plans and OhioMHAS MBE/EDGE strategies on racial, ethnic, cultural population recruitment.	**Action 1.7:** SFY2015, Q2-SFY2020, Q4
1.6. Provide mentoring, staff development, and training to assist racial, ethnic, and cultural populations to ensure equal staff promotion opportunities.	**Action 1.8:** SFY2015, Q1-SFY2020, Q4
1.7. Recruit, train, and retain culturally and linguistically diverse staff at OhioMHAS, boards, and provider agencies at all professional and administrative levels that is reflective of the population served.	
1.8. Track employment at OhioMHAS and local boards to ensure that professionals and administrative staff hired is reflective of populations served.	

Internal OhioMHAS Action Drivers

- Community Services
- Community Services Office of Prevention & Wellness
- Disparities and Cultural Competency (DACC) Advisory Committee
- Office of Human Resources
- Office of Quality, Planning and Research
- Office of Public Affairs
- Senior Staff

External Community Action Drivers

- Behavioral Health Providers
- Colleges and Universities
- County Boards
- Disparities and Cultural Competency (DACC) Advisory Committee
- Drug Free Action Alliance
- Equality Ohio
- Local Community Organizations
- Multiethnic Advocates for Cultural Competence
- Native American Indian Center of Central Ohio
- Ohio Asian American Health Coalition
- Ohio Association of County Behavioral Health Authorities
- Ohio Citizen Advocates for Addiction Recovery
- Ohio Commission on Minority Health
- Ohio Empowerment Coalition
- Ohio Hispanic Coalition
- Ohio Latino Affairs Commission
- National Alliance on Mental Illness of Ohio
- The Ohio Council of Behavioral Health & Family Services Providers
- The Red Bird Center, Inc.
- Urban Minority Alcoholism & Drug Abuse Outreach Programs of Ohio

Strategic Goal Area: DATA, RESEARCH AND EVALUATION

Goal: Improve data availability, coordination and utilization in research and evaluation outcomes.

Strategies	Timeframe
1. Data: Ensure the availability of behavioral health data on all race and ethnic groups in Ohio. *Action Step* 1.1. Identify core quality indicators to effectively track and monitor performance. 1.2. Ensure that data in OhioMHAS MACSIS Data Mart, Ohio Behavioral Health (OHBH), Proving Ohio's Prevention Successes (POPS), and Medicaid Information Technology System (MITS) sources can be collected by OMB federal race and ethnic categories (i.e., American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, White; Hispanic or Latino). 1.3. Ensure that OhioMHAS programs and initiatives report consumer data by OMB federal race and ethnic categories (i.e., American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, White; Hispanic or Latino).	**Action 1.1:** SFY2015, Q1-SFY2020, Q4 **Action 1.2:** SFY2015, Q1-SFY2020, Q4 **Action 1.3:** SFY2015, Q4-SFY2020, Q4
2. Coordination to support research: Improve coordination of research that enhances understanding and proposes a methodology for identifying and reducing disparities. *ACTION STEP(S)* 2.1. Develop a research agenda on identifying and reducing disparities in the public behavioral health system. 2.1.1. Develop core programmatic questions that represent the basis of future research. 2.1.2. Identify specific areas of research across the lifespan. 2.2. Fund research studies designed to reach health equity.	**Strategy 2.1:** SFY2015, Q2-SFY2015, Q4 **Strategy 2.2:** SFY2015, Q2-SFY2020, Q4
3. Knowledge Transfer: Expand and enhance transfer of knowledge generated by research and evaluation for decision making about policies, programs, and grant making related to health disparities and health equity. *ACTION STEP(S)* 3.1. Communicate data collection findings on disparities with OhioMHAS senior staff for the purpose of encouraging policy change. 3.2. Ensure that research findings are being shared with statewide organizations and local entities (i.e., boards, provider agencies, and community organizations).	**Action 3.1:** SFY 2015, Q3-SFY 2020, Q4 **Action 3.2:** SFY 2015, Q3-SFY 2020, Q4

Internal OhioMHAS Action Drivers

- Community Services (Strategy: 1, 2, 3)
- Community Services Office of Prevention and Wellness (Strategy: 1, 2, 3)
- Disparities and Cultural Competency (DACC) Advisory Committee (Strategy: 1, 2, 3)
- Office of Quality, Planning and Research (Strategy: 1, 2, 3)
- Senior Staff (Strategy: 1, 2, 3)

External Community Action Drivers

- Behavioral Health Providers (Strategy: 3)
- Colleges and University (Strategy: 3)
- County Boards (Strategy: 3)
- Disparities and Cultural Competency (DACC) Advisory Committee (Strategy: 1, 2, 3)
- Equality Ohio (Strategy: 3)
- Multiethnic Advocates for Cultural Competence (Strategy: 3)
- Native American Indian Center of Central Ohio (Strategy: 3)
- Ohio Asian American Health Coalition (Strategy: 3)
- Ohio Association of County Behavioral Health Authorities (Strategy: 3)
- Ohio Commission on Minority Health (Strategy: 3)
- Ohio Hispanic Coalition (Strategy: 3)
- Ohio Latino Affairs Commission (Strategy: 3)
- Ohio Office of Health Transformation (Strategy: 3)
- The Ohio Council of Behavioral Health & Family Services Providers (Strategy: 3)
- The Red Bird Center, Inc. (Strategy: 3)
- Urban Minority Alcoholism and Drug Abuse Outreach Programs (UMADAOPs) (Strategy: 3)

Strategic Goal Area: LEADERSHIP DEVELOPMENT

Goal: Strengthen and broaden leadership for promoting health equity at all levels.

Strategies	Timeframe
1. Continuing Education: Assure that leadership is well informed on health inequities and emerging best and promising practices in the field. ***ACTION STEP(S)*** 1.1. Require OhioMHAS and community (i.e., boards and provider agencies) senior staff/leadership to receive annual training to enhance knowledge of existing behavioral health disparities, as well as training on the necessary steps needed to increase equity.	**Action 1.1:** SFY 2015, Q1-SFY 2020, Q4
2. Capacity building: Build capacity at all levels of decision making to invest in young people to prepare them to be actively engaged leaders and practitioners to help promote sustainable community solutions for ending behavioral health disparities. ***ACTION STEP(S)*** 2.1. Recruit youth and young adults from diverse populations to participate in OhioMHAS and community (i.e., boards and provider agencies) programs and initiatives. 2.2. Provide training and education for provider agency leaders on community solutions for reaching health equity.	**Action 2.1:** SFY 2015, Q1-SFY 2020, Q4 **Action 2.2:** SFY 2015, Q1-SFY 2020, Q4
3. Funding priorities: Improve coordination, collaboration, and opportunities for soliciting community input on funding priorities and involvement in research and services. ***ACTION STEP(S)*** 3.1. Ensure consumer representation on OhioMHAS committees/ taskforces and statewide/local advisory committees, fully engaged in the decision making process.	**Action 3.1:** SFY 2015, Q1-SFY 2020, Q4

Internal OhioMHAS Action Drivers

- Community Services (Strategy: 1, 2, 3)
- Community Services Office of Prevention and Wellness (Strategy: 1, 2, 3)
- Community Services Office of Treatment and Recovery (Strategy: 1, 2, 3)
- Disparities and Cultural Competency (DACC) Advisory Committee (Strategy: 1, 2, 3)
- Office of Quality, Planning and Research (Strategy: 3)
- Senior Staff (Strategy: 1, 2, 3)

External Community Action Drivers

- Behavioral Health Providers (Strategy: 1, 2)
- Colleges and University (Strategy: 1, 2)
- County Boards (Strategy: 1, 2) Equality Ohio (Strategy: 1, 2)
- Disparities and Cultural Competency (DACC) Advisory Committee (Strategy: 1, 2, 3)
- Drug Free Action Alliance (Strategy: 1, 2, 3)
- Multiethnic Advocates for Cultural Competence (Strategy: 1, 2)
- Native American Indian Center of Central Ohio (Strategy: 1, 2)
- Ohio Asian American Health Coalition (Strategy 1, 2)
- Ohio Association of County Behavioral Health Authorities (Strategy: 1, 2)
- Ohio Citizen Advocates for Addiction Recovery (Strategy: 1, 2, 3)
- Ohio Empowerment Coalition (Strategy: 1, 2, 3)
- Ohio Office of Health Transformation (Strategy: 1, 2)
- Ohio Hispanic Coalition (Strategy: 1, 2)
- Ohio Youth Led Prevention Network (Strategy: 2)
- National Alliance on Mental Illness of Ohio (Strategy: 1, 2, 3)
- The Red Bird Center, Inc.(Strategy: 1, 2)
- The Ohio Council of Behavioral Health & Family Services Providers (Strategy: 1, 2)
- Urban Minority Alcoholism and Drug Abuse Outreach Programs (Strategy: 1, 2)

Strategic Goal Area: HEALTH AND HUMAN SERVICE SYSTEMS TRANSFORMATION

Goal: Collaborate with health and human service state agencies to achieve health equity.

Strategies	Timeframe
1. Collaborate with Ohio HHS agencies to promote adoption and implementation of the National Stakeholder Strategy for Achieving Health Equity framework. *ACTION STEP(S)* 1.1. Utilize the Cabinet Directors Health Disparity Survey and State of Ohio Health Equity Survey to determine the types of programs and initiatives currently being implemented by Ohio HHS agencies to achieve health equity. 1.2. Recruit Ohio HHS agencies to participate in an effort to address health equity. 1.3. Update HHS state agency partners on the status of OhioMHAS programs and initiatives implemented through its CLC 2020 Strategic Vision.	**Action 1.1:** SFY 2015, Q1-SFY 2020, Q4 **Action 1.2:** SFY 2015, Q1-SFY 2020, Q4 **Action 1.3:** SFY 2015, Q1-SFY 2020, Q4

Internal OhioMHAS Action Drivers

- Community Services

External Community Action Drivers

- Multiethnic Advocates for Cultural Competence
- Ohio Asian American Health Coalition
- Ohio Commission on Minority Health
- Ohio Department of Aging
- Ohio Department of Education
- Ohio Department of Health
- Ohio Department of Job and Family Services
- Ohio Department of Rehabilitation and Correction
- Ohio Latino Affairs Commission
- Ohio Office of Health Transformation
- Opportunities for Ohioans with Disabilities

APPENDIX

Definitions

LINGUISTIC COMPETENCE

Linguistic competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing. Linguistic competency requires organizational and provider capacity to respond effectively to the health and behavioral health literacy needs of populations served. The organization must have policies, structures, practices, procedures and dedicated resources to support this capacity. This may include, but is not limited to, the use of:

- bilingual/bicultural or multilingual/multicultural staff;
- cross-cultural communication approaches;
- cultural brokers;
- foreign language interpretation services including distance technologies;
- sign language interpretation services;
- multilingual telecommunication systems;
- videoconferencing, telehealth, and other assistive technology devices;
- Communication Access Realtime Translation (CART) or Viable Realtime Transcriptions (VRT);
- print materials in easy to read, low literacy, picture and symbol formats;
- materials in alternative formats (e.g., audiotape, Braille, enlarged print);
- varied approaches to share information with individuals who experience cognitive disabilities;
- materials developed and tested for specific cultural, ethnic and linguistic groups; and
- translation services including those of:
    - legally binding documents (e.g., consent forms, confidentiality and patient-rights statements, release of information, applications)
    - signage
    - health education materials
    - public awareness materials and campaigns; and
    - ethnic media in languages other than English (e.g., television, radio, Internet, newspapers, periodicals).[2]

CULTURAL COMPETENCE

A continuous learning process that builds knowledge, awareness, skills, and capacity to identify, understand, and respect the unique beliefs, values, customs, languages, abilities, and traditions of all Ohioans in order to develop policies to promote effective programs and services.[3]

CULTURE

A system of collectively held values, beliefs, and practices of a group which guides decisions and actions in patterned ways.[4]

DISPARITIES

The first attempt at an official definition for "health disparities" was developed in September 1999, in response to a White House initiative. The National Institutes of Health (NIH), under the direction of then-director Dr. Harold Varmus, convened a NIH-wide working group charged with developing a strategic plan for reducing health disparities. That group developed the first NIH definition of health disparities:

"Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States."

In 2000, United States Public Law 106-525, also known as the "Minority Health and Health Disparities Research and Education Act," which authorized the National Center for Minority Health and Health Disparities, provided a legal definition of health disparities:

"A population is a health disparity population if there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates in the population as compared to the health status of the general population."

Minority Health and Health Disparities Research and Education Act ***United States Public Law 106-525*** (2000), p. 2498

HEALTH EQUITY

Equity can be defined as equal opportunity for all population groups to be healthy. Equity is the absence of socially unjust or unfair disparities in access to services, quality of services, and health and behavioral health outcomes.[5]

ETHNICITY

Refers to a common heritage (e.g.,history, language, rituals, food, etc.) shared by a particular group.[6]

RACE

Race is a social construct that describes people with shared physical characteristics. It is often throught o be based on genetic traits (e.g., skin color_ but there is no reliable means of identifying race based on genetic information.[7]

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