

**Trumbull County Mental Health and Recovery Board
Health Equity and Cultural Competence Plan
State Fiscal Year 2023 – State Fiscal Year 2025**

SECTION 1. The Trumbull County Mental Health and Recovery Board’s commitment to equity and the reduction of disparities in access, quality and treatment outcomes for minority and marginalized populations

The mission of the Health Equity and Cultural Competence Plan (HECC) is to aid the Trumbull County Mental Health and Recovery Board (TCMHRB) in improving the well-being of our community by establishing and maintaining a person-centered, recovery-oriented system of mental health and addiction services in Trumbull County that is culturally and linguistically responsive.

Our vision is that Trumbull County residents will have access to the most progressive mental health and addiction treatment and prevention services available. Based on our core values:

- We believe that mental illness and substance use disorders are treatable diseases.
- We believe treatment works and people can recover from mental illness and substance use disorders.
- We support a comprehensive system of care that is individualized, strength-based, culturally responsive, and recipient-driven.
- We fund programs and services that are evidence-based and outcomes driven.
- We promote collaboration between Trumbull County Mental Health and Recovery Board, the provider agencies, and the community.
- We advocate for consumers and support service accountability.

This plan will assist in supporting a comprehensive system of care that is individualized, strength based, culturally responsive and recipient-driven through:

1. Acknowledging racism as a public health crisis and building alliances and partnerships that confront and work collaboratively to end racism.
2. Developing, implementing, and supporting policies and practices to end inequalities in the behavioral health of people of color.
3. Collaborating with providers to ensure health equity and cultural competence within all mental health and substance use disorder prevention, treatment, and recovery support programs, ensuring services meet the local needs of diverse populations.
4. Engaging all community partners to develop and promote prevention and awareness efforts designed to reduce stigma, address trauma, and eliminate barriers to care.

Responsible Staff:

These efforts will be managed by:

- April Caraway, Executive Director
 - April has a Master of Science in Education focused on Child and Adolescent Counseling, is a licensed social worker and has worked at the TCMHRB for 18 years. She has experience in child welfare, mental health and substance use disorder services. She is an experienced trainer, strategic planner, supervisor and community leader.
- Lauren Thorp, Associate Director

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- Lauren has a Master of Science in Education focused on Child and Adolescent Counseling, is a licensed professional counselor and has worked at the Board for 14 years. Lauren has an extensive background both in mental health and substance use disorder service, planning and oversight.
- Katie Cretella, Director of Clinical Services
 - Katie has a Master of Business Administration with a specialization in Healthcare Management, a Master of Science in Education focused on Clinical Mental Health and is a licensed professional clinical counselor. Katie has experience servicing marginalized populations in the community, hospital, juvenile detention, jail, and K-12 education system.
- Carol Holmes-Chambers, Children’s Program Coordinator –
 - Carol has a Master of Social Work and is a licensed social worker. Carol has experience serving youth as a teacher, behavior interventionist, and school-based therapist.

Funding

The TCMHRB has earmarked resources from the State Opioid Response Grant to be utilized for diversity, equity and inclusion activities. The TCMHRB is in the process of developing it’s SFY2023 budget. Funds will be allocated for these specific activities in that budget.

Diversity, Inclusion, Equity, Cultural/Linguistic Competence Plan

The Trumbull County Mental Health and Recovery Board (TCMHRB) is actively working on a plan to address diversity, equity, and inclusion. The below table lists the domains, strategies, and key actions that TCMHRB staff and the Board of Directors will take in SFYs 2023- 2025 to respond to those strategies.

| Domain | TCMHRB Strategy | Key Actions |
|---|--|---|
| Workforce diversity (data informed recruitment) | Integrate strategies that promote diversity in recruitment, performance management, leadership assessment, and training | Review employee demographics and develop a Trumbull County Diversity, Equity, and Inclusion (DEI) Committee composed of a diverse group of stakeholders. |
| Workforce inclusion | Evaluate organizational culture as it relates to diversity, equity, and inclusion. Implement training plans that promote awareness and increases cultural competence. | Develop and distribute a survey to providers to assess strengths and areas of growth around inclusion. Develop and/or attend ongoing trainings that address health equity and cultural competence. |

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|---|--|---|
| Reducing disparities in access, quality, and treatment outcomes in patient population | Expand the collection, analysis, and use of demographic and background data to ensure equity in access, utilization, and outcomes for individuals and families receiving TCMHRB funded services. | Conduct follow-up reports to compare data from the 2019 Systems Overview Report and monitor the system's progress in reducing disparities in system access, quality and treatment outcomes for minority and marginalized populations. |
| Soliciting input from diverse community stakeholders and organizations | Promote ongoing partnerships with key change agents from diverse perspectives throughout Trumbull County to enhance TCMHRB's ability to meet current and emerging needs for mental health and addiction services for individuals and families. | Develop a Trumbull County Diversity, Equity, and Inclusion Committee composed of key stakeholders that will assess, discuss, and address the mental health and recovery needs of marginalized and underserved populations. |

Plan Development:

Equity strategies and actions from the TCMHRB strategic plan were developed through input from various sources. The Board and staff members participated in diversity trainings provided by the Raymond John Wean Foundation, COHHIO, the Ohio Association of County Behavioral Health Authorities and other leaders in the field. They also reviewed system-wide data from 2019 that contracted behavioral health agencies provided on staff and client demographics. Ideally, staff composition should be representative of the clients whom they serve. Stakeholder feedback provided through the 2018 Community Health Needs Assessment also informed the plan. TCMHRB staff, led by the Director of Planning and Evaluation, will annually evaluate progress made under the strategic plan developed by the Diversity, Equity and Inclusion Committee and annual priorities will be established.

Trumbull County Demographic Data:

- **Race/Ethnicity:** According to the latest U.S. Census Bureau QuickFacts, the population in Trumbull County is 197,974, 20.8% are under the age of 18. The racial distribution is 88.6% White, 8.3% Black or African American, 2.3% two or more races, 1.8% Hispanic or Latino, 0.5% Asian, and 0.2% American Indian and Alaska Native.
- **SES/Poverty:** The Census Bureau estimates 8% of Trumbull County residents, or about 15,869 people, had income 50% below the Federal Poverty Level. The Ohio Department of Job and Family Services 2020 Civilian Labor Force estimates 8,900 of Trumbull County residents are unemployed.
- **Immigration:** ACS estimates that 1.62% of Trumbull County residents are immigrants (est. 3,254 people). The majority of the immigrant population is comprised of residents from Europe (42%), followed by Asia (33%) and Latin America (13%).
- **Language:** According to ACS estimates, of the total population of Trumbull County residents who are 5 years old and over, 4.9% speak a language other than English at home. Approximately 6.3 % of these residents speak Asian and Pacific Islander

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languages, 18% speak Spanish and 70% are indicated as speaking a language categorized as “Other Indo-European.” An estimated 27% of this population lacks fluency in the English language.

Sexual Orientation & Gender Identity: According to the Williams Institute report “The Impact of Stigma and Discrimination Against LGBT People in Ohio” an estimated 389,300 adults and 72,300 youth in Ohio identify as LGBT. Approximately 39,950 adults and 5,900 youth in Ohio identify as transgender. Based on the Youth Risk Behavior Surveillance System survey (YRBS) from 2016 and 2018, the Williams Institute estimates that 9.2% of youth in grade 9-12 identify as gay, lesbian, or bisexual in the United States. Trumbull County Aggregate data is currently lacking for this demographic; however, a plan to begin collecting this data from our core provider agencies is under development.

This information will be shared with network providers and community partners to help guide decisions pertaining to the recruitment and hiring of staff and policy development. The data will also guide program development and the implementation of best practice approaches for serving individuals from marginalized/underserved populations.

SECTION 2. Organization equity structure

| Committees/ Workgroups | Efforts | Membership |
|--|---|---|
| Alliance for Substance Abuse Prevention (ASAP) | Anti-Stigma Campaign | TCMHRB staff, Board members, and stakeholders participate in this committee. |
| Trumbull County Suicide Prevention Coalition (SPC) | Special Populations subcommittee, With You Here campaign, NAACP involvement | TCMHRB staff, Board members, and stakeholders participate in this committee. |
| Trauma Informed Care | HIV/AIDS Awareness Campaign Diversity and Equity Subcommittee World Aids Day Task Force | Multiple Board staff, members, and stakeholders participate in this committee. |
| Continuous Quality Improvement (CQI) | Client case review and linkage | Board staff, inpatient and outpatient providers |
| Crisis Intervention Team (CIT) Steering Committee | Three-hour CIT module -focusing on working with young African American men | Police and Sheriff's Office, agency providers, consumers, family members, Board Staff |

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| Committees/ Workgroups | Efforts | Membership |
|-----------------------------------|---|---|
| Diversity, Equity and Inclusion | Unmute the Uncomfortable, Roundtable Discussion | This will be a committee led by Board staff with the support of stakeholders who represent and serve minority communities |

Committee/Work Group Descriptions:

ASAP Anti-Stigma Campaign Subcommittee’s objective is to decrease stigma within the community to increase treatment engagement. It has been proven that stigma oftentimes stops people from getting the help they need. The subcommittee focuses its efforts toward family members of individuals with an addiction because they are most often the people searching for treatment solutions. The committee’s target population is also African Americans, ages 18+, because they are significantly underrepresented in treatment data.

SPC- Special Populations Subcommittee reviews initiatives focused on minority communities, children and adolescents, older adults, first responders, developmental disabilities, and LGBTQ+.

Trauma Informed Care- Equity and Diversity Subcommittee collaborates to address issues concerning equity and inclusion. The goals of the subcommittee include increasing awareness of diversity and equity and its relativity to trauma, linking resources to the community, and decreasing stigma through education and awareness. The World AIDS Day Task Force subcommittee was created out of a concern for the increasing number of young people in our community testing positive for HIV. The goal of the Task Force is to raise awareness and provide resources and education about HIV and AIDS.

CQI- Continuous Quality Improvement meetings are held twice a month to review individual cases regarding inpatient and outpatient treatment to identify barriers, increase access to treatment, and ensure quality assurance and compliance. The goals of CQI are:

1. To decrease the number of local and state hospital readmission
2. To identify gaps in service
3. To generate suggestions in order to fill gaps
4. To ensure that all clients are receiving the services they need at their behavioral agency

Crisis Intervention Team (CIT) Steering Committee plans yearly trainings for law enforcement officers with the goal of improving the way police officers respond to people experiencing behavioral health crises. CIT programs are built on strong partnerships between law enforcement, mental health and addiction service providers, and individuals and families with lived experience of mental illness and addiction.

Diversity, Equity, and Inclusion Committee will be composed of key stakeholders that will assess, discuss, and address the mental health and recovery needs of the marginalized and underserved populations served by TCMHRB.

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Committee and workgroup correspondence and collaboration with the quality assurance/quality improvement/compliance parts of the entity:

The issues that continue to face individuals and families who utilize our system of care frequently fall into multiple categories and cut across conventional boundaries. Each of our network providers communicates, coordinates, and collaborates with other network providers, both at micro/case and macro/systems levels. Continuous Quality Improvement meetings are held twice a month with core providers, hospitals and the forensic center so that the best care may be provided to our highest need mental health clients, in the least restrictive environment. All Board staff are involved in CQI activities at some level. Consequently, Board staff play dual roles on these committees—as committee members and as links to CQI activities. Key to the linkage are regular reports of data in the form of quantitative information on patterns of use and changes over time, and qualitative information on the dynamics of individual cases. Community treatment plans are put in place so that entities use the same clinical protocols that will be most beneficial to those clients with the highest acuity and most challenging needs. Monthly agency director meetings are held where systems’ information is shared, and Director level communication is constant. It is well understood within the community that Trumbull County providers are known for positive working relationships with each other and with the board. Because of this, gaps are identified and filled, and duplications in services are at a minimal. Communication, coordination, and collaboration extend beyond our provider network to include our extended network of community partnerships and cross-system collaborations.

Planning, Implementation, and Recommendations

Committees and workgroups meet monthly to discuss issues regarding improving equity, reducing disparities in marginalized communities, and developing programs and/or events to address community needs. Recommendations are transmitted during monthly meetings with Board staff and community and agency representatives.

SECTION 3. Equity training activities

The Trumbull County Mental Health and Recovery Board (TCMHRB) staff and board members must complete one OhioMHAS approved Diversity and Inclusion training each fiscal year.

| Board Staff Names | FY 2023 | FY 2024 | FY 2025 |
|--------------------------|----------------|----------------|----------------|
| April Caraway | | | |
| Katie Cretella | | | |
| Crystal Crites | | | |
| Laura Domitrovich | | | |
| Carol Holmes-Chambers | | | |
| John Myers | | | |
| Valdeoso (Bud) Patterson | | | |
| Patricia Shepherd | | | |
| Lauren Thorp | | | |
| Bonnie Wilson | | | |

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TCMHRB will expand its training efforts and activities in FY2023 with the development of a Diversity, Equity, and Inclusion (DEI) Committee. The committee will lead yearly internal and community trainings to address implicit bias, diversity recruitment, inclusive work environments, access and barriers to treatment and resources. The DEI committee will develop and/or participate in and promote trainings to implement, integrate, and evaluate equity training activities. TCMHRB will also participate in equity trainings being developed and offered by OACBHA and other leaders in the field.

TCMHRB staff and the DEI committee will develop and evaluate all training materials, measure learning objectives, provide feedback regarding quality and content, develop surveys, and aggregate survey data.

SECTION 4. Workforce diversity and inclusion

In response to strategies and key actions identified in the TCMHRB Community Plan and Diversity, Equity and Inclusion Plan, the TCMHRB Board of Directors and Staff will continue to focus attention on workforce diversity.

| Domain | ADAMH Strategy | 2022 Key Action |
|---|---|--|
| Workforce diversity (data informed recruitment) | Integrate strategies that promote diversity in recruitment, performance management, leadership assessment, and training | Review employee demographics and develop a Trumbull County Diversity, Equity, and Inclusion (DEI) council composed of a diverse group of stakeholders. |

In addition, as part of the annual agency request for investment process and contracts, provider agencies provide information about race/ethnicity of board members, full and part-time employees, and clients served. This information is compiled and provided to the Board of Directors, contract agencies and community at large via the www.trumbullmhrb.org website. This information helps guide training needs and processes associated with workforce diversity.

SECTION 5. Language access and communication

It is the policy of the Trumbull County Mental Health & Recovery Board to comply with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act in carrying out its duties, responsibilities and providing accessibility.

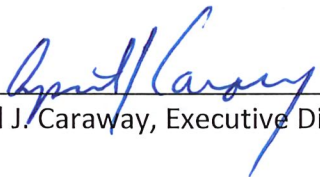
The TCMHRB will also ensure Board facilities are accessible to disabled individuals who have business with the Board. Individuals who have a communication disability will be accommodated through the TDD Line at Help Network at 330-744-0579.

The TCMHRB is committed to providing necessary communication and language assistance as outlined in the National CLAS standards. This includes providing appropriate language assistance services and auxiliary aids and services, free of charge, to individuals with disabilities and/or limited English proficiency to ensure equal participation in any TCMHRB business covered under Ohio's Sunshine Laws.

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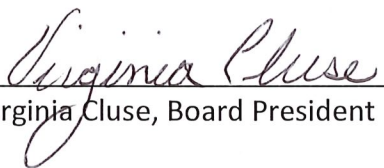
Signature Page

Lance Grahn made a motion to approve the YCMHRB Health Equity and Cultural Competence Plan at the July 19, 2022, Board Meeting. John Wilson seconded the motion. The motion passed unanimously.



April J. Caraway, Executive Director

8-2-2022
Date



Virginia Cluse, Board President

August 2, 2022
Date