Integral Care

Integral Care Racial Equity Plan

Vision

Healthy living for everyone

Mission

Improve the lives of people affected by behavioral health and developmental and/or intellectual challenges.

Where We Started

As a demonstration of the Board's commitment, the Board/Staff Committee on Racial Equity was established on June 25,2020 with the following charge:

Charge:

The Integral Care Board/Staff Committee on Racial Equity is charged to focus attention, questioning and policy review on all aspects of the organization to identify racial inequalities and opportunities to employ equity practices to overcome and eradicate racism.

The charge of this committee and the importance of this work as it relates to Integral Care and our vision of Healthy Living for Everyone, is further emphasized by the media statement from the Center for Disease Control Director Rochelle P. Walensky, MD, MPH, noting that "racism is a serious public health threat that directly affects the well-being of millions of Americans" (Appendix A) and The Hogg Foundation for Mental Health Declaration of Racism as a Mental Health Crisis (Appendix B).

In the beginning the committee engaged in courageous conversations and adopted a common understanding of definitions of terms to create a framework for open and meaningful dialogue. The committee recommends the following working definitions for the identified terms.

Working Definition of Terms

Antiracism "Anti-racism is the active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably." - NAC International Perspectives: Women and Global Solidarity

Cultural Competency **Cultural competency in health care** describes the ability of systems to provide **care** to patients with diverse values, beliefs and behaviors, including the tailoring of **health care** delivery to meet patients' social, **cultural** and linguistic needs. (American Hospital Association)

Diversity is the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs. (Ferris University)

Equality is providing everyone the same opportunities regardless of race, ethnicity, gender, age, sexual preferences, physical attributes

Equity is the distribution of opportunities based **on need** to ensure equality.

An **equity lens** is a process for analyzing or diagnosing the impact of the design and implementation of policies, programs, projects, plans and investments on Black, Indigenous, People of Care (BIPOC), and to identify and potentially eliminate barriers. This includes: race/ethnicity, religious expression, veteran status, people of color, including underrepresented groups and new immigrant populations, people who identify as women, age, socio-economic people with both apparent and non- apparent disabilities, people of various gender and sexual identities and expressions, American Indians and other indigenous populations.

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

Inclusion is involvement and empowerment, where the inherent worth and dignity of all people are recognized. An inclusive university promotes and sustains a sense of belonging; it values and practices respect for the talents, beliefs, backgrounds, and ways of living of its members. (Ferris University)

Individual racism refers to the beliefs, attitudes, and actions of individuals that support or perpetuate racism in conscious and unconscious ways. The U.S. cultural narrative about racism typically focuses on individual racism and fails to recognize systemic racism.

Institutional Racism are discriminatory treatments, unfair policies, or biased practices based on race that result in inequitable outcomes for whites over people of color and extend considerably beyond prejudice. These institutional policies often never mention any racial group, but the intent is to create advantages.

Internalized Racism is the situation that occurs in a racist system when a racial group oppressed by racism supports the supremacy and dominance of the dominating group by maintaining or participating in the set of attitudes, behaviors, social structures and ideologies that undergird the dominating group's power. (Donna Bivens, 1995. "Internalized Racism: A Definition." Women's Theological Center.)

Interpersonal racism occurs between individuals. These are public expressions of racism, often involving slurs, biases, or hateful words or actions. NMAAHC

Intersectionality is the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. (Oxford Languages)

Person Centered Planning is a process for selecting and organizing the services and supports that a person with a disability may need to live in the community. Most important, it is a process that is directed by the person who receives the support. (Modified from the Administration of Community Living)

Racial Equity The Greenlining Institute defines racial equity as the condition that would be achieved if one's race or ethnic origin was no longer a determining factor in one's success. This concept focuses on achieving comparable favorable outcomes across racial and ethnic groups (BIPOC) through the allocation of resources in ways designed to remedy disadvantages some people face through no fault of their own

Racism prejudice, discrimination, or antagonism directed against a person or people on the basis of their membership of a particular racial or ethnic group. (Oxford Languages)

Structural racism is the overarching system of racial bias across institutions and society. These systems give privileges to white people resulting in disadvantages to people of color. *Example: Stereotypes of people of color as criminals in mainstream movies and media.* (National Museum of African American History and Culture.

Trauma Informed Care "Trauma-informed care is a strengths based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment." (Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings.)

White supremacy the belief that the white race is inherently superior to other races and that white people should have control over people of other races.

Where We Are Going

After reviewing baseline information, current efforts, education and participating in the ground water analysis, the workgroup identified that the following strategies must be incorporated in all efforts for Integral Care to be successful in advancing racial equity.

— Utilize data to identify, monitor, and respond to racial disparities, including identifying and addressing gaps in data and ensuring racial equity data is tracked and monitored for all programs, workforce and services.

— Review and update all policies and procedures through a racial equity lens.

— Improve outreach, engagement, and quality of care for Black, Indigenous, and People of Color (BIPOC) and underserved populations through a quality practice and workforce development strategy.

— Promote communication strategies to promote racial equity throughout the organization.

— Engage community in meaningful ways to identify gaps in perception, services and access.

— Budget for equity outcomes

The Board and Integral Care leadership are committed to:

— Identify racial inequities that exists within Integral Care's structure, culture, policies, programs, and practices and developing a culture of inclusion.

— Implement the necessary change in organizational culture that require increased transparency, vulnerability, and accountability to create an inclusive, authentic environment for the community and staff.

— Provide equitable access to prevention, treatment, and recovery services.

To change the culture of the organization, the strategies and commitments above must come to life throughout the following areas:

— Establish a Racial Equity Baseline for Organizational Development, Structure & Accountability

— Clients and Services

— Employees, Contractors, and non-direct Contractors(vendors)

— Community Engagement and Collaboration

Following are the steps to move forward on Integral Care's Racial Equity Plan. While not all-inclusive of every effort to address racial equity within Integral Care, we believe the plan provides a high-level viewpoint of the efforts to promote racial equity within Integral Care's culture and plans to incorporate this effort within the development of the upcoming FY2022- 2025 Strategic Plan.

Establish a Racial Equity Baseline for Organizational Development, Structure and Accountability:

Goal: Embed racial equity as part of Integral Care's culture

Potential Objective for Business Plan:

— Engage a consultant to provide an independent view and assist with completion of an equity assessment and equity action plan.

— Utilize resources from GARE to identify and implement appropriate steps toward racial equity.

— Ground Water Analysis workshop, debrief and strategy session.

— Utilize PBS Series: Illusion of Race to provide an exploration of race in society, science and history as a means to open discussions and create a common understanding regarding racial equity.

Clients and Services:

Goal: Address identified barriers to racial equity and inclusion in client services and program practices

Potential Objectives for Business Plan:

— Identify diagnostic racial disparities and take appropriate steps to mediate and reduce diagnostic disparities in African American, Hispanic/Latin X, Indigenous, and Asian American/Pacific Islander clients.

— Identify racial disparities in groups receiving services (such as Level of Care assignment, frequency and duration of contact) and implement appropriate strategies to address and reduce the disparities.

— Review language access plan to ensure appropriate availability and ease of access to needed services.

— Apply a racial equity lens to clinical care practices, policies and procedures and update accordingly.

Employees and Contractors and Non-direct Contractors (Vendors):

Goal: Create an inclusive and culturally competent staff and contracted provider base that reflects the community and clients receiving services from Integral Care

Potential Objectives for Business Plan:

— Allocate appropriate funding in the FY22 budget to support the inclusion of an Equity Office for Integral Care to serve as a central point for coordination and monitoring of progress on racial equity as part of the culture of the organization.

— Implement strategies to address racial inequities, including developing a racial equity recruitment, hiring and retention plan.

— Inclusive and supportive environment recognizing and celebrating the value staff and contractors bring when they are their authentic selves.

— Identify and examine employee reasons for separation to identify and address disparate practices.

— Identify and implement needed training for supervisors to ensure racial bias is not included in reviewing of applications or in interview process.

— Empower leaders, managers and supervisors to create safe environments for courageous conversation (Appendix C) to discuss racism and racial inequities.

— Develop a strategy to invest in increasing the percentage of Historically Underutilized Businesses (HUB qualified or eligible vendors/contractors) Integral Care uses year over year.

— Provide supervisors with appropriate training for evaluating racial equity throughout work and incorporate a racial equity standard in all performance evaluations.

— Identify and implement appropriate required employee and contractor training regarding using a racial equity lens to recognize institutional and structural racism and self-identified biases.

Community Collaboration:

Goal: Align efforts on diversity, racial equity and inclusion with groups and organizations within the community to help create shared values, consistent language, policy, and equitable practices throughout the community

Potential Objectives for Business Plan:

— Centering decision-making using a racial equity lens through an active, inclusive, community engagement processes, including listening and storytelling

— Work with other organizations within the community to collaborate on development and sharing of appropriate resources.

— Align efforts on racial equity with appropriate organizations within the community to identify and address racial disparities in availability of services.

— Hold summits to share key insights and learning with other community collaborators.

— Revise communication plan to increase outreach and engagement of BIPOC based upon consultant recommendations.

Appendix A

Media Statement from CDC Director Rochelle P. Walensky, MD, MPH, on Racism and Health

Media Statement
For Immediate Release: Thursday, April 8, 2021
Contact: Media Relations
(404) 639-3286

Today, Rochelle P. Walensky MD, MPH, director of the Centers for Disease Control and Prevention (CDC) and administrator of the Agency for Toxic Substances and Disease Registry (ATSDR), declared racism a serious public health threat. Adding action to words, she highlighted several new efforts CDC is leading to accelerate its work to address racism as a fundamental driver of racial and ethnic health inequities in the United States. She also unveiled a new website "Racism and Health" that will serve as a hub for the agency's efforts and a catalyst for greater education and dialogue around these critical issues.

Statement from Rochelle P. Walensky, MD, MPH, Director, Centers for Disease Control and Prevention

The COVID-19 pandemic has resulted in the death of over 500,000 Americans. Tens of millions have been infected. And across this country people are suffering. Importantly, these painful experiences and the impact of COVID-19 are felt, most severely, in communities of color—communities that have experienced disproportionate case counts and deaths, and where the social impact of the pandemic has been most extreme.

Yet, the disparities seen over the past year were not a result of COVID-19. Instead, the pandemic illuminated inequities that have existed for generations and revealed for all of America a known, but often unaddressed, epidemic impacting public health: racism.

What we know is this: racism is a serious public health threat that directly affects the well-being of millions of Americans. As a result, it affects the health of our entire nation. Racism is not just the discrimination against one group based on the color of their skin or their race or ethnicity, but the structural barriers that impact racial and ethnic groups differently to influence where a person lives, where they work, where their children play, and where they worship and gather in community. These social determinants of health have life-long negative effects on the mental and physical health of individuals in communities of color.

Over generations, these structural inequities have resulted in stark racial and ethnic health disparities that are severe, far-reaching and unacceptable.

As the nation's leading public health agency, CDC has a critical role to play to address the impact of racism on public health.

- We will continue to **study the impact** of social determinants on health outcomes, expand the body of evidence on how racism affects health, and propose and implement solutions to address this.
- With COVID-19 funding, we are **making new and expanded investments** in racial and ethnic minority communities and other disproportionately affected communities around the country, establishing a durable infrastructure that will provide the foundation and resources to address disparities related to COVID-19 and other health conditions.
- We are **expanding our internal agency efforts** to foster greater diversity and create an inclusive and affirming environment for all.
- We are **launching our new web portal** "Racism and Health" as part of our ongoing commitment to serve as a catalyst for public and scientific discourse around racism and health, and to be accountable for our progress.

Confronting the impact of racism will not be easy. I know that we can meet this challenge. I know that we can create an America where all people have the opportunity to live a healthy life when we each take responsibility and work together. I am committed to this work. I certainly hope you will lean in and join me.

Appendix B

The Hogg Foundation for Mental Health Declaration of Racism as a Mental Health Crisis

The COVID-19 pandemic and the economic recession have hit communities of color the hardest. The murders of George Floyd, Breonna Taylor, Ahmaud Arbery, and numerous other BIPOC (Black, indigenous and people of color) Americans in 2020 has sparked a global outcry against racism and police brutality. This long-standing history of violence against communities of color, including the high-profile murders of Black trans women, has led local and state leaders across the country to declare racism a public health crisis or emergency. Declarations like this are an important first step toward racial equity and justice. The Hogg Foundation for Mental Health declares that not only is racism a public health crisis, but it is also a mental health crisis, and it is about time we named it.

To make a declaration like this is to wield a power and a privilege that few possess. Those who are positioned to declare racism as a crisis – city councils, hospitals, school districts, medical journals, professional networks, universities – are positioned to do so because they have been historically complicit in perpetuating the racism crisis in the first place. It is thus our responsibility to use our voices to call out these wrongs and start correcting them as institutions, communities, and individuals.

This declaration exposes nothing new or previously unknown. On the contrary, racism as a mental health issue has been well-documented, and the extent of its impact is far reaching. Racism is a mental health issue because racism causes trauma. Racial trauma accumulates throughout a person's life, leading to activation of stress responses and hormonal adaptations, increasing the risk of non-communicable diseases and biological ageing. This trauma is also transmitted intergenerationally and affects the offspring of those initially affected through complex biopsychosocial pathways.

People of color in Texas are more likely to be uninsured than White Texans, which limits their access to mental health services. BIPOC are also less likely to seek out treatment and more likely to end treatment prematurely. This is largely a result of financial and healthcare restraints caused by systemic racial oppression, long-held stigmas against seeking help within the community, and the inability of some healthcare providers to establish themselves as credible and reliable sources of support. Current data indicates that suicide is among the leading causes of death for BIPOC youth. Additionally, given our knowledge of Adverse Childhood Experiences (ACEs), the impact of racism increases the risk of health and social problems across the lifespan. Young people of color with behavioral health issues are more readily referred to the juvenile justice system than to specialty primary care, compared with White youth. Encounters with the police for young persons of color can

cause serious psychological harm, and can even have spillover effects on the mental health of people not directly involved.

With so much evidence supporting the reality of this crisis, it is incredible that it has taken all of us until now to name it. Still, the power of explicitly naming a crisis, especially in public health literature, should not be understated. It lays a foundation for future researchers studying inequities, and it validates the threat racism poses to society by equating it with other threats to public health and mental health, like the opioid crisis, foodborne outbreaks, and the COVID-19 pandemic. As a mental health community, we must do more than name these threats in silos – we must act to dismantle the systems that perpetuate these crises and rebuild our systems of care in ways that seek to undo historic injustices and inequities. Here are some key first steps:

- The establishment of an Office of Health Equity, within the Texas Health and Human Services Commission, would be an initial step towards addressing mental health and racial disparities in Texas.
- The Hogg Foundation will use this declaration of racism to guide our mental health policy priorities going forward, which will identify ways to undo the institutional racism embedded into existing policy structures. We encourage those who co-sign this letter to follow suit.
- By more effectively addressing mental health in schools, we can close off the "school-to-prison pipeline" that is a significant driver of racial disparities.
- We should be looking to incorporate mental health supports in all of the places where BIPOC live, learn, work, play and pray—these include coffee shops, barbershops, gyms, parks, schools, places of worship, and workplaces.
- Behavioral health professionals should take it upon themselves to learn about historical and cultural trauma and the impact legacies of oppression have on the present-day mental health of BIPOC.

Someday, the pandemic and the recession will be over. When will we be able to declare the same about the racism crisis, and its threat to mental health? It is our responsibility to envision this future and work towards it – a future in which all people can thrive in communities that support mental health and well-being.

Regards,

Octavio N. Martinez, Jr., M.D., M.P.H.
Executive Director, Hogg Foundation for Mental Health Co-

signed,

2020 Mom
Academicians for Equity
Achor Counseling & Associates
Activate Care
ADJ10CONSULTANT
Agentix Counseling, Coaching, & Consulting PLLC
Alliance for Greater Works
Amaryah Journey

Amma Empowerment Services
Art Spark Texas
ASHwell
Asian American Health Coalition
Association of Persons Affected by Addiction

Austin Asian Community Health Initiative
Austin Child Guidance Center
Austin Clubhouse
Austin Professional Counseling
Austin Texas Musicians
Austin Trauma Therapy Center
Authenticity Movement
Bastrop County Cares
Batton, Counseling, Consulting and Wellness, LLC
Be Well Victoria
Bexar County AIM Peer Mediation Program
Black Family Business, LLC
Black Lesbians of Denton County
Blanca Sanchez-Navarro, LPC-S, LCDC
Brazos Valley Psychological Association (BVPA)
Breakwater Light
Building Community Capacity, LLC
Building Promise USA
CASA
Center for Violence Prevention, University of Texas Medical Branch
CentrePath Counseling, PLLC
Centro de Mi Salud, LLC
Choices Interlinking Alliance
Christi Center
Clarity Child Guidance Center
Clear Language Group
Clover Educational Consulting Group
Coalition of Texans with Disabilities (CTD)
College of Pharmacy, The University of Texas at Austin
Combined Arms
Community Advocate
Consider the Lilies
Consult Us Now
Contigo Wellness
Council of Families for Children
Courageous Conversations Georgetown
Crisis Intervention of Houston, Inc.
Dallas-Fort Worth Hospital Council
DEI Consultants, LLC
Dr. Calvin Kelly & Associates
Dripping Springs Therapy
ECHO
Emotional CPR
Empower Fort Worth
Epic Community Development Center

Equal Rights for Persons with Disabilities International, Inc
Excellence and Advancement Foundation
Family Houston
Family Learning Solutions, Inc.
Family Service Center of Galveston County
Family Service of El Paso
Fanfare! Lutheran Music Academy
Festival of Arts & Culture-USA

Hakomi Institute Southwest
Heart of Courage
Hearts2Heal
Hesed House of Wharton
Hill Country Parenting
Hope & Wellness Rising
HOPE Houston Organization of Public Employees
HUG ME Ink
Human Service Collaborative
Humble Beginnings
Indieflix
IndieFlix Foundation
InnerAlly Inc
Inner Explorer
Institute for Psychological Services
Institute of Chicana/o Psychology
Integral Care
ISHIDA Dance Company
J. Henderson Education Services
Kingdom Counseling Services
Lane County Mental Health
Leadership ISD
LifeworkClarity Career Counseling
Longevity Wellness Group INC
Lynfro Consulting, LLC
McCabe Roberts UMC
Meadowcrest Books
MEASURE
Mental Health America of Greater Dallas
Mental Health Match
Mental Health Peer Services of Greater Fort Worth
Mental Health America of Greater Houston
Mia Roldan Austin Therapy PLLC
Mindful Philanthropy
MindLinx
Momentum Behavioral Health Concepts
Morris County Collaboration
Mufasa's Pride Rites of Passage
Multicultural Recovery Center Inc
NAMI Central Texas
National Alliance on Mental Illness (NAMI) Texas
National Association for Rural Mental Health

National Association of County Behavioral Health and Developmental Disability Directors
National Association of Social Workers - Texas Chapter
National Council for Behavioral Health
National Latino Behavioral Health Association
National Network of Intercessory Pray-ers
Nature and Eclectic Outdoors
New Hope Housing, Inc.
New Mount Rose Missionary Baptist Church
Nia Cultural Center
Ola Wellness
Olive Branch - Muslim Family Services

OneSeventeen Media, PBC
OTA The Koomar Center
Pam C. Lyons, PLLC

People's Community Clinic
Prelude Clubhouse Presence
Wellness Prevention Institute
Professional Counseling Program at Texas State University
Project GRAD Houston
Project MALES/Texas Education Consortium at The University of Texas at Austin
Prosumers International
Psychiatric Advanced Practice Nurses of Austin (PAPNA)
Pyramid Consulation Services
Quality Systems Consulting
Real Urban Counselors
RecoveryPeople
Religious Sisters of Mercy
Samaritan Center for Counseling and Pastoral Care, Inc.
San Antonio Clubhouse
Satcher Health Leadership Institute
Serendipity Alliance Healthcare Consultants
Serenity Solutions, LLC
Set Supper Club
Shared Vision Psychological Services, Inc.
SIMS Foundation
Skillful Living Center, Inc.
Social Responsibility Corporation
South Asian International Volunteer Association
Spirit Reins
STARRY
TAN Healthcare
Teens Grounded Inc.
Texans Care for Children
Texas A&M University-Kingsville
Texas After Violence Project
Texas Appleseed
Texas Council of Community Centers
Texas Counseling Association
Texas Criminal Justice Coalition

Texas Familias Council
Texas Institute for Excellence in Mental Health
Texas Jail Project
Texas Network of Youth Services
Texas Pediatric Society, the Texas Chapter of the AAP
Texas Psychological Association
Texas Society for Clinical Social Work
The ACEs to Assets Collaborative
The Arc of Texas
The Austin Center for Grief & Loss
The Center for Relationships
The Center For True
Self The Future is US
The SAFE Alliance

The Walk for Mental Health Awareness – Houston
Therapy Place Services LLC
Third Coast Research & Development, Inc
Transitions and Decisions
Trust for America's Health
University of Texas at Arlington School of Social Work
University of Houston Graduate College of Social Work
University of Texas Health Science Center
University of Texas Rio Grande
Valley Urban Affairs
Valeria E. Milstead-Benabdallah, LCSW, PC dba VEMB Psychotherapy Services
VASA (Voices Against Substance Abuse) Coalition a program of VOICE
Vaughngage Healthy Aging Center
Via Hope
WhatsintheMirror?
Williamson County and Cities Health
District WMS and Associates LLC
Workers Assistance Program,
Inc. Yashael Consulting Inc
YMCA of Metropolitan
Dallas Young Invincibles
YWCA Greater Austin

Appendix C

Courageous Conversations about Race Protocol

Four Agreements

1. Stay engaged: Staying engaged means "remaining morally, emotionally, intellectually, and socially involved in the dialogue"

2. Experience discomfort: This norm acknowledges that discomfort is inevitable, especially, in dialogue about race, and that participants make a commitment to bring issues into the open. It is not talking about these issues that create divisiveness. The divisiveness already exists in the society and in our schools. It is through dialogue, even when uncomfortable, the healing and change begin.

3. Speak your truth: This means being open about thoughts and feelings and not just saying what you think others want to hear.

4. Expect and accept non-closure: This agreement asks participants to "hang out in uncertainty" and not rush to quick solutions, especially in relation to racial understanding, which requires ongoing dialogue