State Mental Health Agency Workforce Diversity, 2022

NRI's 2022 State Profiles

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Data from The Health Resources and Services Administration (HRSA) and SAMHSA-funded Behavioral Health Workforce Research Center at the University of Michigan¹ indicate that improvements can be made to increase the diversity of the behavioral health workforce. Diversity in the workforce has been linked to positive employee and organizational-level outcomes, including increases in job satisfaction, performance, and decreases in turnover. Additionally, without widespread diversity in the SMHA workforce, clients from diverse backgrounds have limited opportunities to connect with a provider from a similar background (e.g., female, English as a second language, LGBTQ+, Black, Indigenous, People of Color (BIPOC), etc.).

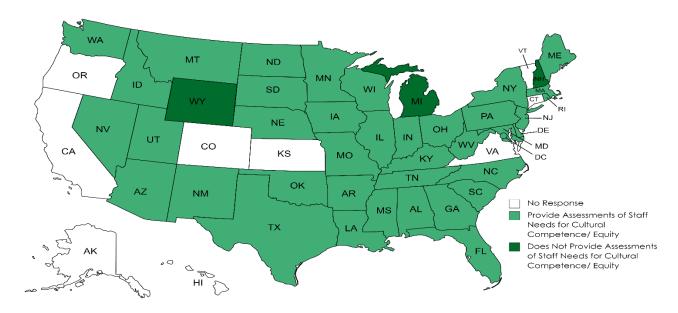
Established Cultural Standards in SMHAs

Twelve (27%) SMHAs have cultural standards and expectations that all staff, regardless of cultural identity, demonstrate the capacity to serve diverse populations. Alternatively, 29 (66%) SMHAs do not have cultural standards and expectations that all staff demonstrate the capacity to serve diverse populations. Two SMHAs (Massachusetts and South Carolina) have developed relationships with their Diversity Offices to develop targeted recruitment strategies to attract and hire candidates that will better reflect the clients they serve.

Assessing the Need of Cultural Competence in SMHAs

Needs analyses serve as a useful starting point to assess if SMHA employees need additional cultural competence and/or equity training. In 39 states (89%), the SMHAs assess the staff needs for cultural competence, diversity, and equity (see Figure 1). Three SMHAs (Michigan, New Hampshire, and Wyoming) reported that they do not conduct assessments of staff needs for additional cultural competency, diversity, and equity training.





¹ https://www.behavioralhealthworkforce.org/tableau-embed-new/

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Utilizing Cultural Competence Professional Development

In 20 states (45%), the SMHA conducts regular staff and organizational assessment to identify staffing needs related to cultural competence, diversity, inclusion, and equity. Twenty-two (50%) SMHAs reported not providing cultural competence professional development. Despite less than half of SMHAs conducting cultural competence needs assessments, many SMHAs have organization initiatives centered around diversity, equity, and inclusion. Some highlights include:

- In Arizona, one aim of <u>Arizona Contractor's Operation Manual ACOM 407, the Workforce</u>
 <u>Development policy</u> is to promote the acquisition, development and retention of the provider
 workforce that is interpersonally, culturally, clinically, and technically competent.
- In Georgia, the Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD) partnered with the Yale School of Medicine to participate in the Recovery-Oriented Service Evaluation (ROSE) study, which is the first federally funded, nationally representative study of recovery-oriented practices in community mental health centers as they relate to service utilization and treatment outcomes. Guided by outcomes within the Yale study's five domains in consumer care, particularly in the Diverse Treatment Options domain, DBHDD's Office of Behavioral Health Prevention and Federal Grants, Office of Children, Youth and Families, Office of Recovery Transformation, Office of Adult Mental Health, Office of Addictive Disease, and Office of Quality Improvement developed Diversity Works: A Cultural & Linguistic Competency Series for behavioral health providers and stakeholders across the state. This series of webinars and in-person trainings is designed to equip participants with new skills, tools, and strategies to have more meaningful conversations and thoughtful interactions across diverse populations when delivering services.
- In Illinois, the Illinois's Department of Human Services (DHS) issued an Equal Employment Opportunity, Affirmative Action Plan for fiscal year 2022 and works closely with the Illinois Department of Human Rights.
- In Massachusetts, the Department of Mental Health has begun building the foundation in the agency's culture with the following key areas of focus: agency culture ("Our agency is welcoming, respectful, and a safe place that is intentional about equity"); data, analytics, & reporting ("We have clear, coherent, and complete data and are comfortable using it to drive equitable decision making"); workforce ("We have diversity of thought and experience across our colleagues that is representative of all communities in the Commonwealth"); community engagement ("We can effectively identify, reach out to, and support communities that have been underserved"); and service delivery ("Our service design, procurement, and provision reflect our values of diversity, equity, & inclusion").
- In Minnesota, the SMHA consists of many diverse populations and cultures, which are constantly
 growing, making it vital to develop culturally and linguistically competent providers capable of
 delivering culturally appropriate services. The SMHA is working to address policies to improve
 treatment planning and practices related to cultural competency and health disparities. The SMHA
 administers grants that cover clinical supervision costs for cultural minority candidates for mental
 health professional licensure; training for practitioners and behavior aides; and direct services for
 uninsured children of minority families.

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- In Oklahoma, it is the policy of Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to provide equal opportunity in employment, advancement and other conditions of employment to all qualified applicants and employees without regard to political or religious opinion or affiliation, race, creed, sex, sexual orientation, gender identity, age, color, national origin, ancestry or disability.
- In Pennsylvania, the mission and vision of the Pennsylvania Department of Human Services Office of Mental Health and Substance Abuse Services (DMH-OMHSAS) is that every individual served by the Mental Health and Substance Abuse Service system will have the opportunity for growth, recovery, and inclusion in the community, have access to culturally competent services and supports of their choice and enjoy a quality of life that includes family members and friends. OMHSAS's Guiding Principles direct the mental health and substance abuse service system to provide quality services and supports that facilitate recovery for adults and resiliency for children; are responsive to individuals' unique strengths and needs throughout their lives; focus on prevention and early intervention; recognize, respect and accommodate differences as they relate to culture/ ethnicity/race, religion, gender identity and sexual orientation; ensure individual human rights and eliminate discrimination and stigma; are provided in a comprehensive array by unifying programs and funding that build on natural and community supports unique to each individual and family; are developed, monitored and evaluated in partnership with consumers, families and advocates; and represent collaboration with other agencies and service systems.
- In Texas, the Statewide Behavioral Health Strategic Plan outlines guiding principles which includes culturally and linguistically sensitive with agencies, programs and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations served. Specific goals include strengthening the behavioral health workforce by enhancing the recruitment and retention of a diverse workforce.
- In Washington, the SMHA created a new Health Equity and Social Justice Manager position to guide the agency's adoption of incorporating an equity lens in all core business functions, including legislative bill analysis and contracts. Washington has also convened the Crisis Response Improvement Strategy (CRIS) committee that has the charge of improving equity in crisis services.

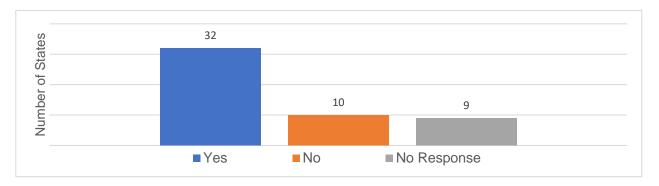
SMHAs Using Community Demographics to Guide Recruitment

Employee and community demographic data can be cross analyzed to ensure that the SMHAs', or representative entities', workforce is representative of the communities they serve. Thirty-two (72%) SMHAs are utilizing community demographics to guide recruitment and the hiring of a diverse workforce (see Figure 2). Other SMHAs are utilizing data to guide employee selection processes including:

- Examining census data to determine utilization by demographics (Missouri and Oklahoma) and where access/utilization challenges exist (Minnesota and Tennessee).
- Collaborating with the Office of Diversity, Equity, and Inclusion (ODEI) to develop a DEI strategic plan to explore plans for improving the correlation between diversity in the workforce and the demographics of the communities we serve (South Carolina).
- Utilizing disparities data with the local authority system and internally with state Human Resources (HR) to improve the recruitment for these needs (Utah).

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Figure 2. Number of States Using Demographics to Guide Recruitment



Referral Network to Relevant Behavioral Health Workforce

Twenty-six (59%) SMHAs develop and maintain relationships with other service and support agencies to ensure clients receive appropriate and relevant referrals to mental health, substance use or other needed support. Several SMHAs reported collaborating with other state "sister organizations" such as the Department of Corrections, Department of Children and Family Services, Department of Public Health, and the state Department of Veteran Affairs. Other SMHAs mentioned forming partnerships with local community-based, private organizations, and advocacy organizations (i.e., March of Dimes and hospital associations).

Please contact NRI at profiles@nri-inc.org with any questions or comments about this and other State Profiles reports.