

ADAMHS BOARD OF CUYAHOGA COUNTY

RESOLUTION NO. 22-06-08

APPROVAL OF THREE-YEAR DIVERSITY, EQUITY AND INCLUSION (DEI) STRATEGIC IMPLEMENTATION PLAN

WHEREAS, a Diversity, Equity and Inclusion (DEI) Strategic Implementation Plan has been created for the ADAMHS Board and its system of providers by Rice Education Consulting, LLC (REdCon), which was developed utilizing a three-phase planning process; and,

WHEREAS, this inclusive process resulted in a plan that includes clearly defined goals and action steps that the ADAMHS Board will use to develop a culturally competent, culturally appropriate, and diverse mental health, addiction and recovery support system that delivers treatment, recovery and prevention services that prioritize equity and inclusion to meet the needs of the diverse residents of Cuyahoga County; and,

WHEREAS, the ADAMHS Board views DEI efforts not as a set-aside but as part of all operations, hence the goals of our DEI Strategic Implementation Plan will be accomplished over a three-year period and is an overlay to the ADAMHS Board 2021-2025 Strategic Plan; and,

WHEREAS, the ADAMHS Board of Directors has reviewed the three-year DEI Strategic Implementation Plan.

NOW, THEREFORE, BE IT RESOLVED:

1. The ADAMHS Board of Directors adopts the ADAMHS Board three-year Diversity, Equity and Inclusion (DEI) Strategic Implementation Plan.
2. The ADAMHS Board Chief Executive Officer is hereby authorized to implement the ADAMHS Board three-year Diversity, Equity and Inclusion (DEI) Strategic Implementation Plan.

On the motion of Patricia James-Stewart, M.Ed., LSW, seconded by Gwendolyn A. Howard, LSW, MSSA, the foregoing resolution was adopted.

AYES: A. Bhardwaj, R. Blue, E. Cade, G. Howard, P. James-Stewart, B. Jones, K. Kern-Pilch, S. Killpack, M. Rodas, S. Rosenbaum, H. Snider

NAYS: None

ABSTAIN: None

DATE ADOPTED: June 22, 2022



DIVERSITY, EQUITY AND INCLUSION (DEI) STRATEGIC IMPLEMENTATION PLAN

ACKNOWLEDGMENTS

We would like to thank all those who participated in this process. A special thank you to the members of the planning and project teams.



Planning Team

Reverend Benjamin Gohlstin, Sr.

Board Chair

Patricia James-Stewart

Board Member

Scott S. Osiecki

Chief Executive Officer

Carole Ballard

Director of Education and Training

Beth Zietlow-DeJesus

Director of External Affairs

Tami Fischer

Chief Administrative Officer

Felicia Harrison

Chief Financial Officer

Bill Hebble

Clients Rights Officer II

Anthony Henderson, Jr.

Chief Compliance Officer

Myra Henderson

Adult Behavioral Health Specialist II

Woo Jun

Director of Risk Management

Clare Rosser

Chief of Strategic Initiatives

Starlette Sizemore

Director of Special Projects



Rice Education Consulting, LLC Project Team

Rico Rice

President

Lesli Rice

Lead Strategist

Tamala Hodge

Project Manager

India-Harris Jones

Evaluator

Brenda Stevens

Sensing Coordinator

Randy Lytes

Strategist

Amber Brady

Sensing Team Member

Erica Simmons

Sensing Team Member

TABLE OF CONTENTS

| | Page Number |
|--------------------------------|----------------|
| Message From Leadership | 1 |
| Introduction | 2 |
| Key Terms | 3 |
| Planning Process | 4 |
| Data Snapshot | 5 |
| Understanding The Plan | 7 |
| Purpose, Vision and Values | 8 |
| Action Plan | 10 - 16 |
| Measures of Effectiveness | 17 |
| A Note From The Consultants | 19 |
| | |
| Plan Visual | Appendix I |
| ADAMHS Board Staff Data | Appendix II |
| ADAMHS Board of Directors Data | Appendix III |

MESSAGE FROM LEADERSHIP



2012 West 25th Street, 6th Floor
Cleveland, Ohio 44113
216 241 3400
www.adamhsc.org

The Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County (ADAMHS Board) is pleased to present this Diversity, Equity and Inclusion (DEI) Strategic Implementation Plan to the community. The input of clients, community members, system partners and the ADAMHS Board of Directors and staff assisted in creating this plan. The process used has reinforced our belief in the critical role of partnerships and collaboration – which will continue and strengthen with existing and new relationships as we administer this DEI Strategic Implementation Plan.

The goals of our DEI Strategic Implementation Plan will be accomplished over a 3-year period and is an overlay to the ADAMHS Board 2021-2025 Strategic Plan. The overlay complements the strategies outlined in the Board’s Strategic Plan with the principles of diversity, equity and inclusion. Our commitment to the community is to provide access and high-quality care to all who need our services by partnering with the network of mental health, addiction and recovery service providers that we fund.

This DEI Strategic Implementation Plan serves as a guiding pathway on our journey to reimagine and reshape our mental health, addiction and recovery network into an equity-based system of inclusion. Our Board of Directors and staff look forward to collaborating with our partners to make decisions that ensure a system of care that delivers the highest quality of person-centered and culturally responsive services without disparities.

Scott S. Osiecki
Chief Executive Officer
ADAMHS Board of Cuyahoga County

INTRODUCTION

In October 2021, the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County (ADAMHS Board) contracted with Rice Education Consulting (REdCon) to develop a Diversity, Equity and Inclusion (DEI) Strategic Implementation Plan after a competitive bid process. Since this time, REdCon and the ADAMHS Board have worked together to assess stakeholders' feelings regarding equity and inclusion within the mental health, addiction and recovery services network, restructure for optimization of the Eliminating Structural Racism Advisory Group and DEI Strategic Implementation Plan.

The ADAMHS Board views DEI efforts not as a set-aside but as part of all operations. Thus, the plan was developed as an overlay to the existing [ADAMHS Board 2021-2025 Strategic Plan](#). To accomplish this, the six goals of the current plan were adjusted with a DEI Lens. The goals are listed below.

1. Ensure a collaborative and diverse mental health, addiction and recovery support system that embeds equity and inclusion to meet the needs of residents of Cuyahoga County in a culturally responsive manner.
2. Measure and evaluate the impact of diversity, equity, and inclusion efforts on service delivery for marginalized and underserved populations.
3. Maximize available funding processes to ensure that services are provided to the community in an equitable, inclusive, and efficient manner.
4. Maintain a culturally competent, culturally appropriate and diverse behavioral health organization and system.
5. Attract and retain the most competent and diverse (race/ethnicity, social class, lived experience, gender, sexual orientation, ability, age) group of professionals in behavioral health to fill staffing needs for the Board and providers.
6. Maximize public awareness of DEI efforts and available behavioral health services and agencies through comprehensive and measurable marketing and communication strategies that are audience-driven; and utilize various platforms (print/news media, grassroots partners/publications, social media, digital channels and means to address the digital divide).

In addition to the goals mentioned above, **9 strategies** and **18 actions** were created.

Using the goals, strategies and actions as guiding points, there is the belief that the network is poised for an equitable future.

Key Terms

Culturally Responsive Care (CRC): The intentional and genuine decision to see, respect, and celebrate the aspects that make clients unique; it is an acknowledgment of their intersectional existence in the world.

Diversity: All the ways in which people differ, encompassing the different characteristics that make one individual or group different from another.

Disaggregated data: Breaking down stakeholder information into smaller groupings, often based on characteristics such as gender, family income, race/ethnic group, and geographic location (e.g., city, county, zip code, census tract, neighborhood, rural, urban).

Equity: Equal access and opportunity.

Inclusion: A sense of belonging; feeling respected, valued, and seen as individuals.

Indicators: Evidence of change in policy, practices, structures, culture, and climate. Indicators are formal (e.g., department and stakeholder surveys, DEI scorecards, reports, qualitative interviews) or informal (e.g., collected data from anecdotal evidence and input from ad hoc focus groups).

Marginalized: Groups or individuals who are excluded from mainstream social, economic, cultural, or political life. Examples of marginalized groups include, but are by no means limited to, groups excluded due to race, religion, political or cultural group, age, gender, or financial status.

Underserved communities/populations: Communities or groups of people who face additional barriers to access and receipt of services due to race, ethnicity, color, national origin, disability, speaking a non-English primary language, gender, age, sexual orientation, or geographic location.

PLANNING PROCESS

In October 2021, the Alcohol, Drug Addiction and Mental Health Board of Cuyahoga County (ADAMHS Board) contracted Rice Education Consulting (REdCon) to develop a Diversity, Equity and Inclusion (DEI) Strategic Implementation Plan after a competitive bid process. To execute the charge, REdCon, with the approval of the ADAMHS Board, developed a three-phase planning process.

PHASE I: STRATEGIC ALIGNMENT

During the Strategic Alignment phase, representatives of REdCon and the ADAMHS Board staff:

- Identified organization goals and objectives
- Established the project goals and objectives
- Identified key stakeholders and their roles and responsibilities
- Developed the project timeline

PHASE II: SENSING

To gather input from stakeholders, a three-part sensing process was developed.

1. **Anonymous surveys** were developed for four key target groups: staff members of the ADAMHS Board, individuals or family members of an individual with lived experience, staff members of an agency funded by the ADAMHS Board, and executive staff and board members from the ADAMHS Board.
2. **One-on-one interviews** were conducted with community members, executive staff and members of the ADAMHS Board of Directors.
3. **Focus groups** were conducted with community stakeholders.

PHASE III: STRATEGY SESSIONS

From March 2022 to April 2022, REdCon facilitated six strategic planning sessions. The session participants included ADAMHS Board staff and ADAMHS Board members.

Session 1: Setting Priorities (March 3, 2022)

Session 2: Establishing Goals (March 4, 2022)

Session 3: Finalizing Goals and Strategic Actions (March 17, 2022) - Virtual

Session 4: Prioritize Strategies and Key Actions (April 5, 2022) - Virtual

Session 5: Strategic Actions and Success Measures (April 11, 2022) – Virtual

Session 6: Alignment (April 20, 2022) – Virtual

DATA SNAPSHOT

| FOCUS GROUP & INTERVIEW PARTICIPANTS | |
|--|-----------|
| Agency/Network Partner | 24 |
| Eliminating Structural Racism Advisory Group to the ADAMHS Board | 10 |
| Staff | 18 |
| Lived Experience | 11 |
| Executive Staff/Board Members | 18 |
| Total | 81 |

| SURVEY PARTICIPANTS | | |
|-------------------------------|------------|-------------|
| Executive Staff/Board Members | 6 | 1.71% |
| Board Staff | 30 | 8.55% |
| Lived Experience | 35 | 9.97% |
| Community Members | 107 | 30.48% |
| Provider Agency Staff | 173 | 49.29% |
| Total | 351 | 100% |

Affirmative

This section highlights areas in which the ADAMHS Board and its network are actively engaged. These items demonstrate the presence of encouraging behaviors and practices although they are not being leveraged to their fullest extent. These areas have been addressed in this plan as elements that can serve as key building blocks to success regarding DEI efforts.

Community Impact: The ADAMHS Board is recognized as a key convener and hub of mental health, addiction and recovery services. There is a strong sense of affirmation, inclusion, and value from those who have directly interacted with the ADAMHS Board. This speaks to the support the Board has and will need as they begin to implement the DEI Strategic Implementation Plan.

Commitment to DEI: There was a strong consensus across participants on the ADAMHS Board’s ability to allocate resources for DEI work, implement policies to promote DEI, and inclusion of DEI in mission and core values. The actions of the ADAMHS Board send a clear message to the community that DEI is a priority across the behavioral health system.

Strengths

This section highlights the areas in which the ADAMHS Board and network are doing well. These attributes are currently being leveraged to a great extent to achieve the goals of the organization related to DEI and should continue to be focus areas.

Culture and Climate: Multiple stakeholder groups shared positive feedback concerning the ADAMHS Board’s culture and climate, with several acknowledging The ADAMHS Board’s commitment to cultural diversity. When describing the culture of the ADAMHS Board, the term collaborative was used often, and the staff was stated to be experienced and personable. The demonstrated commitment and excellence from the ADAMHS Board and staff will aid in the successful implementation of this plan.
(See Appendix for current ADAMHS Board staff demographics)

Client-focused: It is clear to participants that the ADAMHS Board operates with clients at the center of their decision-making. Most notably was the creation of the Diversion Center and the ADAMHS Board’s response to COVID along with related communications. The reach of service providers across the county was cited as a strength. This client-focused approach will help build loyalty and trust across the community in support of the ADAMHS Board’s long-term DEI strategy.

GAPS

This section highlights areas in which the ADAMHS Board and its network are not performing at the necessary level to achieve the goals of the organization's DEI efforts. These areas have been strategically addressed in this plan to ensure that the ADAMHS Board and network can begin closing these gaps to achieve goals.

Lack of Culturally Responsive Care: Participants highlighted the lack of racial/ethnic diversity across providers and the lack of focus in providing tailored services to some marginalized groups.

Inconsistent Service Quality: There were a few treatment and support services identified by most participants as not sufficiently meeting client needs. Participants described the culture of some care providers as being focused on “keeping a job” and funding versus quality of work. Furthermore, participants believed there was a disparity in the quality of services driven by funding, where the service provider who appeared to have bigger budgets delivered higher quality services.

Access to Services: There are a wide range of services offered; however, some community members noted that they are unable to access services due to barriers such as transportation, insurance, stigma, childcare, etc.

Growth Opportunities

This section highlights the areas in which the ADAMHS Board and its network can realize significant growth and improvement within the organization to leverage in achieving DEI goals. These areas serve as foundational elements of successful DEI efforts and have been strategically embedded within this plan.

Workforce Development: The current workforce is experienced but lacks diversity and the level of cultural competency needed to provide culturally responsive care. This presents an opportunity for the ADAMHS Board to create talent pipelines for the workforce using scholarships, grants, and/or internships aimed at underrepresented groups interested in the field. Additionally, the ADAMHS Board can enhance learning and development offerings to include training on DEI topics for providers.



Stakeholder Inclusion: Several of the stakeholder groups engaged during the assessment phase, appreciated being included in the sensing process and having their voices heard. Stakeholders should continue to have participation throughout the implementation of the DEI Strategic Implementation Plan. Some suggested inclusive practices for the ADAMHS Board include frequent listening sessions with providers to keep a pulse on the needs of the network.

Metrics and Measuring DEI: The ADAMHS Board should collect disaggregated data to inform decision-making processes regarding funding allocations and to measure provider outcomes for service quality.

UNDERSTANDING THE PLAN

Action:

A specific plan of action to meet the objective(s)

Goal:

The desired outcomes of the plan

Implementation Steps:

Guidance and considerations provided by the consultant to increase the likelihood of success in execution and/or implementation

Measure of Effectiveness:

Metrics used to assess changes in system behavior, capability, or environment; determines whether actions are having the desired effects; gauges the results of the effort

Strategies:

A strategic focus area of the plan

Nomenclature for Implementation Items

1.1.A.1 refers to Goal 1, Strategy 1, Action A, Implementation Step 1, respectively

DEI PURPOSE



Our community needs compel the ADAMHS Board to examine how we have always done things to eliminate disparities and provide culturally responsive services for all. To do this, we must lift up and respond to client voice. We must reimagine funding. We must reimagine quality service. We must reimagine how and where we communicate. We must reimagine our talent pipeline. We must reimagine the idea of a person-centered network.

This DEI Strategic Implementation Plan will serve as a guiding pathway on the journey to Reimagine and Reshape the network into an equity-based system of inclusion, thereby providing the highest quality of person-centered and culturally responsive services.

DEI VISION

An inclusive mental health, addiction and recovery services network that ensures the highest quality of person-centered and culturally responsive care.

VALUES

The plan is rooted in the values below. These values must be at the forefront of everything we do.

TRANSPARENCY

An openness, responsiveness and honesty to each individual (colleagues, clients, partners and the community).

COMMITMENT TO EXCELLENCE

An ongoing willingness to share, learn and improve in order to assist clients in achieving the highest quality outcome possible during their journey of recovery.

COMPASSION

Acknowledging the unique, diverse needs of clients and a commitment to lead with empathy, respect and positivity (“Showing” vs. “Telling what not to do”).

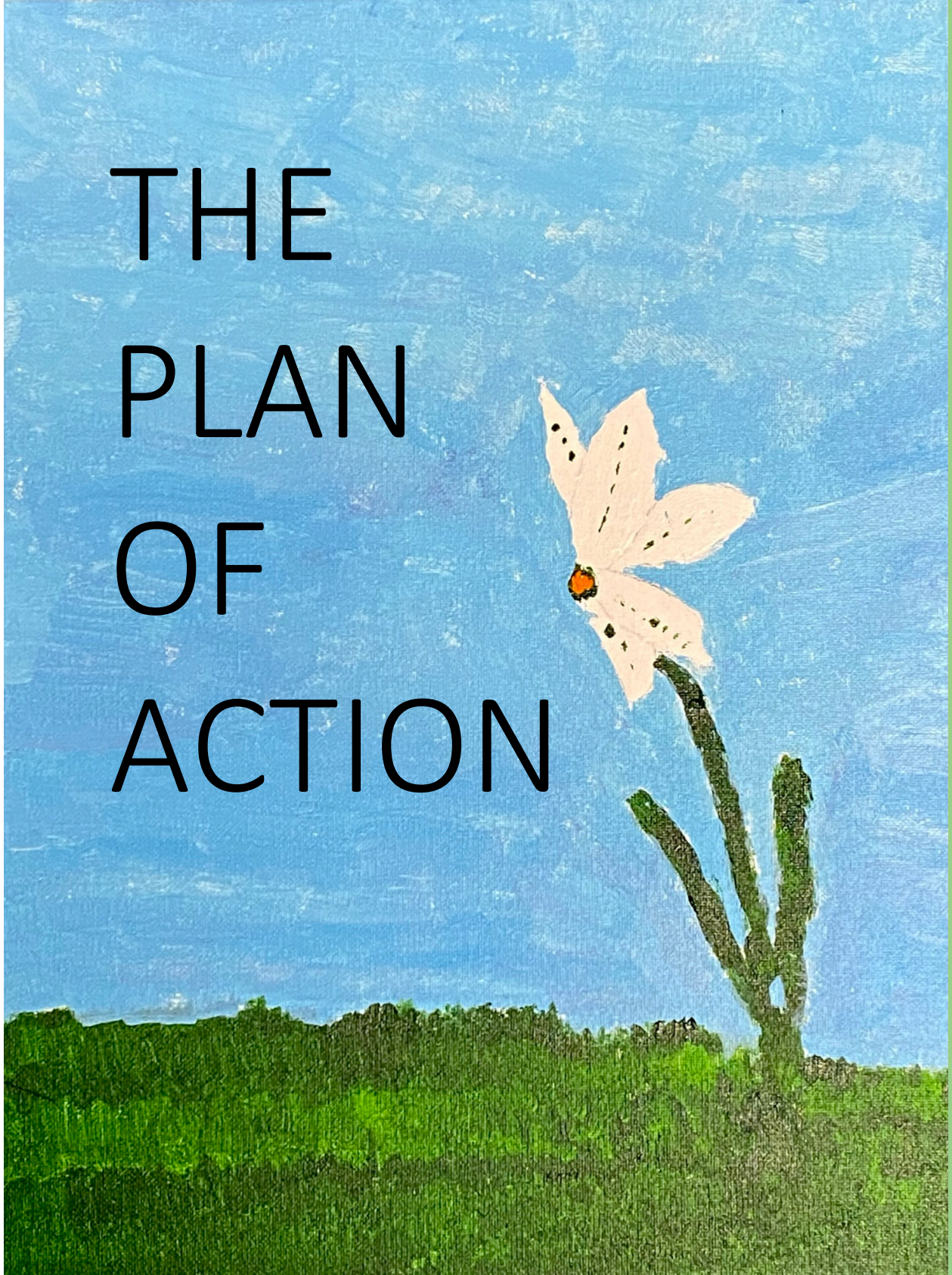
ADAPTABILITY

An openness to make program and system adjustments in order to meet the needs of our clients and communities.

PURPOSE

A recognition that we are public servants whose purpose is to provide support and treatment; therefore, all decisions should be made using this lens.

THE PLAN OF ACTION



STRENGTHENING SERVICE DELIVERY SYSTEM

GOAL 1: Ensure a collaborative and diverse mental health, addiction and recovery support system that embeds equity and inclusion to meet the needs of residents of Cuyahoga County in a culturally responsive manner.

STRATEGY 1.1: System Level Coordination and Planning

ACTION 1.1.A: Identify marginalized groups and their challenges with accessing the system

IMPLEMENTATION STEPS:

- 1.1.A.1 Add demographic data to all data collection tools and agency reporting documents
- 1.1.A.2 Identify DEI priorities for the Board and the network

ACTION 1.1.B: Establish and implement DEI metrics for providers

IMPLEMENTATION STEPS:

- 1.1.B.1 Establish and communicate DEI priorities for the network
- 1.1.B.2 Require DEI training for agencies
- 1.1.B.3 Require a guiding statement of DEI for each provider
- 1.1.B.4 Provide learning opportunities and/or develop education materials for agencies to ensure they have the knowledge and resources to collect the necessary info for tracking DEI progress
- 1.1.B.5 Provide training for evaluators of the RFPs (calibration on scoring, DEI focus, etc.)
- 1.1.B.6 Lay the groundwork for building a DEI evaluation system for agencies

ACTION 1.1.C: Establish funding and support processes for DEI metrics

IMPLEMENTATION STEPS:

- 1.1.C.1 Evaluate and standardize the RFP process (i.e., scoring, rubric, include request for DEI specific information)
- 1.1.C.2 Define funding needs to implement this plan and other DEI initiatives
- 1.1.C.3 Develop a budget (considerations include: consultant support, full-time staff, programs and planned initiatives)
- 1.1.C.4 Include DEI within the ADAMHS Board budget to promote a dedicated funding stream to support DEI plan implementation
- 1.1.C.5 Research and secure alternative funding for DEI initiatives through federal, national and local grants

STRATEGY 1.2: Provider Collaboration and Partnerships

ACTION 1.2.A: Establish DEI metrics to include in evaluating the effectiveness of providers and overall service areas

IMPLEMENTATION STEPS:

1.2.A.1 Revise the outcome survey to include DEI data (*i.e., Q2-12 add demographic data, Q15 - 20 request DEI related goals, metrics and outcomes*)

STRATEGY 1.3: Provider Diversity, Equity and Inclusion

ACTION 1.3.A: Develop a DEI training program for staff and providers

IMPLEMENTATION STEPS:

- 1.3.A.1 Identify knowledge gaps related to DEI (*i.e., Bias, Equity, Inclusion, DEI Foundations*)
- 1.3.A.2 Provide DEI training and development opportunities for staff and providers
- 1.3.A.3 Track participation, knowledge and skill-building to determine the impact on client outcomes

ACTION 1.3.B: Evaluate the cultural competency practices and outcomes of providers

IMPLEMENTATION STEPS:

1.3.B.1 Utilize feedback to assess cultural responsiveness and make adjustments (*i.e., processes, training, funding, outcomes survey – program staff DEI breakdown etc.*)

MEASURING IMPACT

Goal 2: Measure and evaluate the impact of our diversity, equity, and inclusion efforts on service delivery for marginalized and underserved populations.

STRATEGY 2.1: Utilization of Client Feedback

ACTION 2.1.A: Conduct annual, independent client and family feedback and satisfaction surveys

IMPLEMENTATION STEPS:

- 2.1.A.1 Revise survey to include questions about cultural responsiveness; consider implementing pre-surveys
- 2.1.A.2 Review and modify deployment methods
- 2.1.A.3 Establish benchmarks for the survey to track progress

ACTION 2.1.B: Evaluate changes made at the provider level based on client feedback and outcomes

IMPLEMENTATION STEPS:

- 2.1.B.1 Establish a clear process for analyzing the data, addressing the gaps and measuring the effectiveness of the solutions being implemented
- 2.1.B.2 Identify resources needed to assist in closing the gaps for marginalized populations

MAXIMIZING AVAILABLE FUNDING

Goal 3: Maximize available funding processes to ensure that services are provided to the community in an equitable, inclusive, and efficient manner.

STRATEGY 3.1: Budgeting and Resource Allocation

ACTION 3.1.A: Explore pooled funding model for funding other services (specifically earmarking funds to support DEI metrics)

IMPLEMENTATION STEPS:

3.1.A.1 Develop a budget for DEI initiatives (*see 1.1.C.3*)

3.1.A.2 Require funding requests to demonstrate the impact to DEI priorities (*see 1.1.A.2*)

MAINTAINING A HIGH PERFORMING ORGANIZATION & SYSTEM

Goal 4: Maintain a culturally competent, culturally appropriate and diverse behavioral health organization and system

STRATEGY 4.1: Systems and Infrastructure

ACTION 4.1.A: Reevaluate internal policies for equity

IMPLEMENTATION STEPS:

4.1.A.1 Develop standard processes for implementing and upholding policies in an equitable manner (*i.e., Funding reviews, performance reviews, evaluating outcomes*) - (see 1.1.B.4, 1.1.B.5, 1.1.B.6)

ACTION 4.1.B: Professional development and training

IMPLEMENTATION STEP:

4.1.B.1 Provide training and development opportunities for staff and providers needed to maintain a diverse organization. *Sample topics could include leadership, communication, technical skills, work practices and DEI.*

STRENGTHENING BEHAVIORAL HEALTH WORKFORCE

Goal 5: Attract and retain the most competent and diverse (race/ethnicity, social class, lived experience, gender, sexual orientation, ability, age) group of professionals in behavioral health to fill staffing needs for the Board and the providers.

STRATEGY 5.1: Diverse Recruitment and Retention Strategies

ACTION 5.1.A: Strengthen the talent recruitment pipeline

IMPLEMENTATION STEPS:

5.1.A.1 Establish partnerships with local universities, trade organizations and health systems to introduce behavioral health career opportunities to students in middle school through college with a focus on diversity

5.1.A.2 Create educational materials to assist providers with diverse recruitment strategies (use existing resources).

Suggested topics:

- Identifying organizational staffing needs and talent gaps with a focus on diversity (meet or exceed representative demographics)
- Assessing the Labor market analysis (availability of diverse talent)
- Developing job descriptions to ensure inclusion (credentials, requirements, workload)
- Identifying recruitment channels and pipelines with a focus on diversity

5.1.A.3 Add staff retention metrics to annual provider review (track turnover, retention by demographic)

SHARING INFORMATION

Goal 6: Maximize public awareness of DEI efforts and available behavioral health services and agencies through comprehensive and measurable marketing and communication strategies that are audience-driven and utilize various platforms (print/news media, grassroots partners/publications, social media, digital channels and means to address the digital divide).

STRATEGY 6.1: Strengthen Brand Awareness via Advocacy and Thought Leadership

ACTION 6.1.A: Ensure that all Board communication reflects DEI as a priority

IMPLEMENTATION STEPS:

- 6.1.A.1 Update website, press releases and other communication materials to include a statement of DEI
- 6.1.A.2 Include a DEI spotlight section in the Recovery in Action newsletter
- 6.1.A.3 Develop materials for communicating DEI (representation, language and thinking, channels of communication)
- 6.1.A.4 Identify key partner groups to reach and increase awareness of services and collaboration with marginalized populations (i.e., athletes, coaches, spiritual leaders, businesses, politicians and judges)
- 6.1.A.5 Create relationships with influencers in diverse communities to better communicate the work and impact of the ADAMHS Board
- 6.1.A.6 Promote priorities for DEI across various channels (owned, paid) *(see 1.1.B.1)*
- 6.1.A.7 Provide equity and inclusion grants for groups that work with targeted populations to enhance community-based outreach and awareness activities *(see 3.1.A)*

MEASURES OF EFFECTIVENESS

| Metrics used to assess changes in system behavior, capability, or environment; determines whether actions are having the desired effects; gauges results of the effort | |
|--|---|
| Goal 1: STRENGTHENING SERVICE DELIVERY SYSTEM | <ul style="list-style-type: none"> ○ Improved client outcomes ○ Improved client access ○ Improved outcomes for marginalized populations ○ Improved access for marginalized populations ○ Client outcomes ○ Client demographics ○ Client outcomes by demographic ○ Client satisfaction ○ % of providers that reflect demographics of clients ○ Scores or ratings of trainings ○ Increased knowledge in diversity, equity, inclusion and cultural responsiveness |
| Goal 2: MEASURING IMPACT | <ul style="list-style-type: none"> ○ Improved client outcomes ○ Improved client access ○ Improved outcomes for marginalized populations ○ Improved access for marginalized populations ○ Client satisfaction overall ○ Satisfaction for clients in marginalized groups ○ Increased program completion by demographic |
| Goal 3: MAXIMIZING AVAILABLE FUNDING | <ul style="list-style-type: none"> ○ Maximize the number of vendors with diverse ownership ○ Sufficient funding and support for marginalized populations ○ Increased program completion by demographic |
| Goal 4: MAINTAINING A HIGH PERFORMING ORGANIZATION & SYSTEM | <ul style="list-style-type: none"> ○ Improved employee retention ○ Increased diversity in the workforce ○ Increased employee satisfaction |
| Goal 5: STRENGTHENING BEHAVIORAL HEALTH WORKFORCE | <ul style="list-style-type: none"> ○ Increase in diverse candidates for open positions ○ Improved employee retention ○ Increased diversity in the workforce |
| Goal 6: SHARING INFORMATION | <ul style="list-style-type: none"> ○ Increase of new partnerships with community groups and organizations ○ Increased engagement from under-represented and marginalized communities and groups ○ Increased referrals ○ Increase in community awareness of services |

IMPLEMENTATION

The DEI Strategic Implementation Plan will be aligned with the ADAMHS Board 2021-2025 Strategic Plan. The ADAMHS Board leadership will create a comprehensive timeline for the implementation of all the goals, objectives, and actions listed within this plan. Each action will have a *responsible party* designated by the ADAMHS Board staff. Some action items will require subject matter experts or neutral parties to reach a successful outcome; therefore, outside consultants may be engaged. Additionally, the ADAMHS Board will leverage the Eliminating Structural Racism Advisory Group to the ADAMHS Board when needed.

Throughout the implementation process, the ADAMHS Board leadership will perform reviews of progress and present quarterly updates to the Board of Directors and community-at-large.





A NOTE FROM THE CONSULTANTS

We would like to thank all the individuals who contributed their time, energy, and thoughts on this project. We truly appreciate you opening up your doors, minds, and hearts to us with honesty, “real” thoughts and ideas.

As an organization we understand the mental and physical demands that come with a DEI planning process. While exhaustive and sometimes sobering, a well-thought-out plan that is actionable can be transformative.

It is important to note that a plan remains only leaves of paper and that it is the people, processes and passion that make the difference between “success and failure.” This plan contains many actions that, when taken together, may feel overwhelming; however, I remind you of the old saying, “How do you eat an elephant?” Always, the response is, “One bite at a time.”

We are extremely confident that great things are to come. While this plan marks the end of this portion of our journey, Team REdCon is looking forward to our continued partnership.

Thanks for entrusting us.

Rico Rice M.Ed.
President

APPENDIX I

Plan Visual

REIMAGINING EQUITY

Diversity, Equity and Inclusion (DEI) Strategic Implementation Plan



DEI PURPOSE

Our community needs compel us to examine how we have always done things to eliminate disparities and provide culturally responsive services for all. To do this, we must lift up and respond to client voice. We must reimagine funding. We must reimagine quality service. We must reimagine how and where we communicate. We must reimagine our talent pipeline. We must reimagine the idea of a person-centered network.

This DEI Strategic Implementation plan will serve as a guiding pathway on our journey to Reimagine and Reshape our network into an equity-based system of inclusion, thereby providing the highest quality of person-centered and culturally responsive services.

DEI VISION

An inclusive mental health, addiction and recovery services network that ensures the highest quality of person-centered and culturally responsive care.

VALUES

Transparency

An openness, responsiveness and honesty to each individual (colleagues, clients, partners and the community).

Commitment to Excellence

An ongoing willingness to share, learn and improve in order to assist clients in achieving the highest quality outcome possible during their journey of recovery.

Compassion

Acknowledging the unique, diverse needs of clients and a commitment to lead with empathy, respect and positivity (“Showing” vs. “Telling what not to do”).

Adaptability

An openness to make program and system adjustments in order to meet the needs of our clients and communities.

Purpose

A recognition that we are public servants whose purpose is to provide support and treatment; therefore, all decisions should be made using this lens.

STRENGTHENING SERVICE DELIVERY SYSTEM

GOAL

Ensure a collaborative and diverse mental health, addiction and recovery support system that embeds equity and inclusion to meet the needs of residents of Cuyahoga County in a culturally responsive manner.

STRATEGY

System Level Coordination and Planning
Provider Collaboration and Partnerships

MEASURING IMPACT

GOAL

Measure and evaluate the impact of our diversity, equity and inclusion efforts on service delivery for marginalized and underserved populations.

STRATEGY

Utilization of Client Feedback

MAXIMIZING AVAILABLE FUNDING

GOAL

Maximize available funding processes to ensure that services are provided to the community in an equitable, inclusive and efficient manner.

STRATEGY

Budgeting and Resource Allocation

MAINTAINING A HIGH PERFORMING ORG & SYSTEM

GOAL

Maintain a culturally competent, culturally appropriate and diverse behavioral health organization and system

STRATEGY

Systems and Infrastructure

STRENGTHENING BEHAVIORAL HEALTH WORKFORCE

GOAL

Attract and retain the most competent and diverse (race/ethnicity, social class, lived experience, gender, sexual orientation, ability, age) group of professionals in behavioral health to fill staffing needs for the Board and our providers.

STRATEGY

Diverse Recruitment and Retention Strategies

SHARING INFORMATION

GOAL

Maximize public awareness of DEI efforts and available behavioral health services and agencies through comprehensive and measurable marketing and communication strategies that are audience-driven and utilize various platforms (print/news media, grassroots partners/publications, social media, digital channels and means to address the digital divide).

STRATEGY

Strengthen Brand Awareness via Advocacy and Thought Leadership

APPENDIX II

ADAMHS Board Staff Demographical Data

ADAMHS Board Staff Demographics As of May 23, 2022

| ADAMHS Board-filled Positions | | |
|--------------------------------------|-------------------|--------------|
| Position | Percentage | Total |
| Executive Leadership (CEO & Chiefs) | 12% | 6 |
| Management (Directors) | 18% | 9 |
| Professional | 70% | 35 |
| TOTAL | | 50 |

| ADAMHS Board-filled Positions | | |
|--------------------------------------|-------------------|--------------|
| Race/Ethnicity | Percentage | Total |
| Asian | 2% | 1 |
| Black or African-American | 40% | 20 |
| Hispanic | 8% | 4 |
| White | 50% | 25 |
| TOTAL | | 50 |

| Executive Leadership | | |
|-----------------------------------|-------------------|--------------|
| Sex + Race/Ethnicity | Percentage | Total |
| Female, Black or African-American | 33% | 2 |
| Female, White | 33% | 2 |
| Male, Black or African-American | 17% | 1 |
| Male, White | 17% | 1 |
| TOTAL | | 6 |

| Management | | |
|-----------------------------------|-------------------|--------------|
| Sex + Race/Ethnicity | Percentage | Total |
| Male, Asian | 11% | 1 |
| Female, Black or African-American | 33% | 3 |
| Female, White | 56% | 5 |
| TOTAL | | 9 |

| Professional Staff | | |
|-----------------------------------|-------------------|--------------|
| Sex + Race/Ethnicity | Percentage | Total |
| Female, Black or African-American | 38% | 13 |
| Female, Hispanic | 11% | 4 |
| Female, White | 26% | 9 |
| Male, Black or African-American | 2% | 1 |
| Male, White | 23% | 8 |
| TOTAL | | 34 |

APPENDIX III

ADAMHS Board of Director Demographical Data

ADAMHS Board of Directors Demographics As of May 23, 2022

| ADAMHS Board of Directors | | |
|----------------------------------|-------------------|--------------|
| Race/Ethnicity | Percentage | Total |
| Asian | 7% | 1 |
| Black or African-American | 47% | 7 |
| Hispanic | 7% | 1 |
| White/Non-Hispanic | 40% | 6 |
| TOTAL | | 15 |

| ADAMHS Board of Directors | | |
|----------------------------------|-------------------|--------------|
| Sex | Percentage | Total |
| Female | 33.3% | 5 |
| Male | 66.7% | 10 |
| TOTAL | | 15 |



Diversity, Equity and Inclusion Strategic Implementation Plan