Integral Care

Racial Equity

Assessment

Integral Care

SRC · SMITH RESEARCH & CONSULTING LLC
STRATEGY | RESEARCH | EVALUATION

Promoting Equity, Fostering Community, Achieving Transformation

June 2022

Integral Care supports adults and children living with mental illness, substance use disorder and intellectual and developmental disabilities in Travis County. Their services include a 24-hour helpline for anyone who needs immediate support, ongoing counseling to improve mental health, drug and alcohol treatment to help with recovery, and housing to regain health and independence. Integral Care helps provide a strong foundation for well-being. As the Local Mental Health and Intellectual and Developmental Disability Authority, Integral Care strengthens their community by supporting their most important asset, our people, to achieve well-being. Integral Care provides individuals with high quality mental health care, collaborates with community partners to strengthen programs and systems, and works to raise awareness of mental health issues in our community.

Smith Research & Consulting LLC (SRC) is a full-service research, evaluation, and strategy firm specializing in community health and health equity. SRC is committed to reducing and eliminating health disparities by providing clients customized consulting services grounded in equity that aid in their journey to improve their organizations, communities, and society. SRC consultants have content expertise across a wide range of disciplines including equitable evaluation, biostatistics, equity assessments, community engagement, program development, patient engagement, and research.

Acknowledgments

This was report was made possible by Integral Care clients, staff, and community partners who participated in this assessment. Your candor and willingness to engage is sincerely appreciated. Thank you to the Integral Care Board of Trustees for leading this effort.

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Executive Summary

Integral Care has provided community-based mental and behavioral health services in Austin-Travis County for over 50 years. As Integral Care has expanded its services to over 40 locations across Travis County, the agency's board leadership acknowledges the enduring need to enhance equity in all that the agency does. In FY 2021, Integral Care revised the FY2020-2022 strategic plan to include more explicit priorities to increase equity and justice for people of color. An early step Integral Care is taking to address equity and justice in communities of color involves conducting a racial equity assessment to understand the ways in which Integral Care impacts racial equity and inequity.

A racial equity assessment (REA) is an examination of the ways in which different racial and ethnic groups experience or are affected by an action, decision, or service. This REA 1) evaluated the racial impact of Integral Care's organization structure, facilities, budget, public documents, and policies and 2) obtained meaningful input from racial and ethnic minority groups to identify racial equity gaps and needs within these focal groups. The goal of this assessment is to lay the foundation for engaging clients, the public, and other stakeholders in initial steps toward eliminating health disparities and achieving racial equity within Integral Care.

This REA utilized an exploratory sequential mixed methods design to assess racial equity gaps and opportunities at Integral Care. An exploratory sequential design combines the strength of both quantitative and qualitative approaches to address study aims. Phase One of the study consisted of the collection and analysis of qualitative data to design and test a quantitative data collection instrument to further explore racial equity gaps within Integral Care. Between July 2021 and August 2021, 27 virtual interviews were completed with community partners. The purpose of the interviews was to understand community partner experiences, perceptions of racial inequity, and opportunities for enhancing equity at Integral Care. Between September 2021 and November 2021, seven focus groups were completed virtually with population groups determined by Integral Care. The purpose of the focus groups was to understand patient-level, clinical, and institutional perspectives on care at Integral Care. The focus groups included members of the following populations: LGBTQ+, Black/African American, deaf or hard of hearing, Spanish-speaking parents, gender-diverse, people experiencing homelessness, and Hispanic/Latinx. The community partner interviews and focus groups informed Phase Two.

In Phase Two, surveys were administered to clients, staff, and community partners. All surveys were administered between late-January 2022 and March 2022. The purpose of the client survey was to understand client perspectives on care, social needs, and how race has impacted their care. A total of 120 clients completed the survey. All surveys were anonymous. The purpose of the staff survey was to understand Integral Care staff experiences with racism and perspectives on Integral Care racial equity efforts. A total of 363 staff surveys were completed. The purpose of the community partner survey was to understand community partners' perspectives on Integral Care's services and racial equity efforts. The survey was sent to a list of 78 community partners and 21 completed the survey.

It is important to note that this assessment was conducted during at the height of the COVID-19 pandemic, which resulted in limited participation. Integral Care staff and community partners

engaged heavily with the consultants to increase focus group participation and survey completion. The lack of or low participation in the focus groups and surveys was a major, perhaps unavoidable, limitation of the study.

In phase three, qualitative and quantitative data were analyzed separately to produce two sets of findings. Additionally, an equity-minded document review was completed. Document reviews examine explicit and implicit messages communicated through official documents to examine the ways in which race is treated in documents. Finally, all data were triangulated to develop a more complete picture of Integral Care. The findings were organized by the three main focal groups engaged in this assessment: community partners, clients, and staff.

Community Partner Findings

1. Community partners found that Integral Care fills the gap for clients in need.

2. Community partners found that patient-centered care[1] needs to improve at Integral Care.

3. Community partners found that clients had to "fail up" to get a higher level of care and be treated quickly at Integral Care.

4. Community partners consistently noted that Integral Care needs to grow its community engagement to become a more equitable organization.

5. Community partners found that Integral Care lacked diversity and racial and cultural congruence for clients in their staffing.

6. Community partners noted various challenges in working with Integral Care staff.

7. Community partners raised the need for greater reporting by race, ethnicity, language, sex, and other demographics to understand the quality-of-care that clients receive at Integral Care.

Client Findings

8. Integral Care clients reported experiencing quality and helpful care.

9. Integral Care clients found that their race impacted their care in varying ways.

10. Integral Care clients found that their care and experience at Integral Care would improve by improving diversity at all levels of the organization and increasing staffing.

11. Client access to Integral Care services varied heavily with Level of Care.

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[1] Patient-centered care improves the patient experience by taking into account patient preferences, goals, values, and needs. Ultimately, patient-centered care helps better diagnose patients and treat illnesses.

12. Clients found it uncomfortable and problematic to re-explain their stories multiple times at Integral Care.

13. Integral Care staff members are largely white, heterosexual, and female.

14. Integral Care staff are involved in addressing racial equity.

15. Knowledge of Integral Care's racial equity work is mixed.

16. Staff reported being satisfied with the Integral Care workplace and leadership.

17. Integral Care staff have had limited experiences with overt rude or disrespectful behavior directed at them.

Recommendations

The findings of this REA reveal opportunities for growth for Integral Care and more equitable services for clients of color. The recommendations provided in this section are offered as steps to reduce and eliminate the impact of structural and institutional racism and elevate equity-mindedness moving into the future.

1. Conduct an in-depth study of racial inequities across racial groups in intake, diagnosis, Level of Care classification, and engagement in services and programs to understand barriers and develop strategies for remediation.

2. Develop a model of authentic community engagement with Integral Care clients, community partners, and stakeholders in the Austin-Travis County mental health ecosystem.

3. Develop long-term strategies for recruiting a more diverse workforce.

4. Consider reporting client outcomes disaggregated by race and ethnicity to the community.

5. Review client intake and information gathering processes to reduce time spent repeating past traumas.

6. Build cultural competence goals and design regular strategies to achieve those goals.

Poor health outcomes are not a reflection of biological differences amongst people, but the drastically different treatment and policies racialized minority communities have received since they were born. Integral Care plays an important role in the Travis County mental health ecosystem. They fill a gap for clients who are at the most vulnerable point in their lives. Integrating equity in every aspect of their operation is key to helping enhance client experiences

and outcomes and improving community health. The legacy of structural racism on health is undeniably pervasive and persistent.

Introduction

Integral Care has provided community-based mental and behavioral health services in Austin-Travis County for over 50 years. As Integral Care has expanded its services to over 40 locations across Travis County, the agency's board leadership acknowledges the enduring need to enhance equity in all that the agency does. In FY 2021, Integral Care revised the FY 2020-2022 strategic plan to include more explicit priorities to increase equity and justice for people of color. An early step Integral Care is taking to address equity and justice in communities of color is to conduct a racial equity assessment to understand the ways in which Integral Care impacts racial equity.

In the 21st century, race-based discrimination is more difficult to see because outright bigotry is not usually exhibited. Instead, racism manifests in practices, habits, policies, and institutions. The manifestation of racism is likely not explicitly designed in organizations and systems but still exists. This equity assessment will lay the foundation for engaging the public and other stakeholders in initial steps toward eliminating health disparities and achieving racial equity within Integral Care by 1) evaluating the racial impact of Integral Care's organizational structure, facilities, budget, public documents, and policies and 2) obtaining meaningful input from racial and ethnic minority groups to identify racial equity gaps and needs within these focal groups.

Importance of a Racial Equity Assessment

A racial equity assessment (REA) is an examination of the ways in which different racial and ethnic groups experience or are affected by an action, decision, or service. By definition, racial equity is "the condition that would be achieved if one's racial identity no longer predicted how one fares." Racial inequity is pervasive throughout society and is part of the history of the U.S. There are continuous reminders that racial and ethnic groups like Black, Hispanic, Asian, and Indigenous communities experience a drastically different America that has manifested in inequitable treatment, preventable disease, and poor health outcomes that often result in excess morbidity and mortality.

Adjusting for Racism, not Race
While there are a variety of inequities that can be adjusted, the social construct of race is used because racism is one of the most significant biases for which people are treated differently. When contextualizing an REA, it is important to understand that reviewing data based on race is not to simply view race as a biological difference. That is a racist approach. Instead, we are adjusting for the social and biological consequence of being exposed to racism. There are not biological differences between races; however, there are significant differences in how people of various races are treated.

Table 1. Adjusting for racism, not race

The differences in health outcomes amongst members of different races is profound. Black and Indigenous people live shorter lives than white people.[i] They are also more like to die from treatable conditions like diabetes, hypertension, cancer, and pregnancy-related complications.[ii,iii]

Inequity in mental health is also significant for people who are not white. The research is clear that people of color experience poorer care, more severe mental health diagnoses, and more exposure to law enforcement. A study of mental health needs in the U.S. and other high-income countries found that Black people with mental health conditions had a greater incidence of multiple chronic health conditions, took an average of four or more prescription drugs, and had the most avoidable emergency room visits.[iv]

In understanding structural racism as the driver of disparate health outcomes, we recognize that these disparities cannot be attributed to assessing people as racist. There are structures, policies, and actions taken that are either racist or anti-racist. They either promote or undermine equity. Centering racial equity as the approach individually and through institutions is the standard for improving health and equity for all. For these reasons, REAs are done to identify, reduce, remove, and prevent inequities. This report summarizes data from an REA conducted between March 2021 and March 2022 and provides a snapshot of client, staff, and community partner perspectives on Integral Care's impact.

Methods

This REA utilized an exploratory sequential mixed methods design to assess racial equity gaps and opportunities at Integral Care. An exploratory sequential design combines the strength of both quantitative and qualitative approaches to address the study aims.[v] The intent of the exploratory sequential design was to utilize the qualitative results to help develop and inform the quantitative phase of the study (i.e., executive leadership, client, staff, and community partner surveys).[vi]
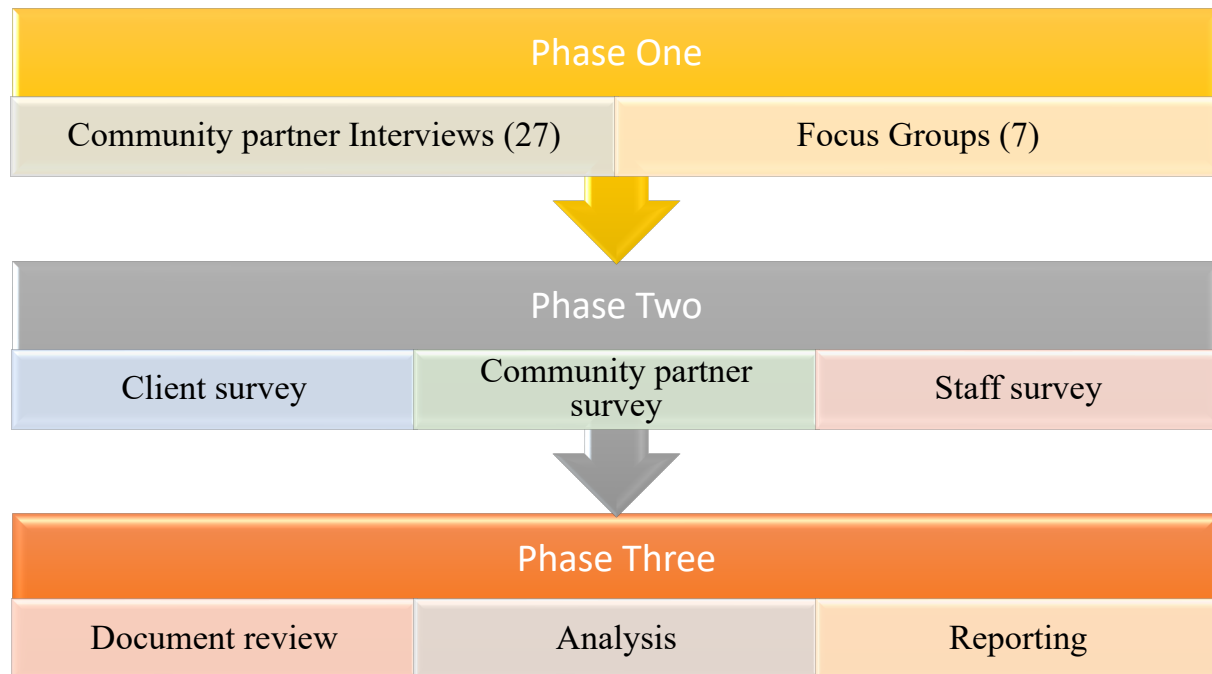
Phase One	
Community partner Interviews (27)	Focus Groups (7)

Phase Two		
Client survey	Community partner survey	Staff survey

Phase Three		
Document review	Analysis	Reporting

Figure 1. Racial equity assessment phases

Phase One: Qualitative Study

The first phase of the study consisted of the collection and analysis of qualitative data to design and test a quantitative data collection instrument to further explore racial equity gaps within Integral Care. Data was collected through semi-structured interviews with clients and community partners.

Community Partner Interviews

Between July 2021 and August 2021, 27 virtual interviews were completed with community partners. The community partner interviews were facilitated with representatives from local government, non-profit organizations, and higher education. The purpose of the interviews was to understand community partner experiences, perceptions of racial inequity, and opportunities for enhancing equity at Integral Care.

Focus Groups

Between September 2021 and November 2021, seven focus groups were completed virtually with population groups determined by Integral Care. The purpose of the focus groups was to understand patient-level, clinical, and institutional perspectives of care at Integral Care. The

focus groups included members of the following populations: LGBTQ+, Black/African American, deaf or hard of hearing, Spanish-speaking parents, gender-diverse, people experiencing homelessness, and Hispanic/Latinx. These focal groups were recruited in coordination with Integral Care. Focus groups lasted approximately 60 – 90 minutes. Each focus group included a facilitator that moderated the focus group and a notetaker who recorded the session while taking observation notes. Each focus group had appropriate translation services provided.

Participants were provided a $50 gift card for participation. Other focus groups that were held but not completed due to low or no participation were with transitional age youth, Arabic speakers, and Vietnamese immigrants and refugees. Braun and Clarke's (2006) phases of thematic analysis were used to identify patterns in the semantic content of the transcribed data that could be codified into themes.[vi,vii]

Phase Two: Quantitative Study

The community partner interviews and client focus groups informed phase two. In phase two, surveys were administered to clients, staff, and community partners. All surveys were administered between late-January 2022 and March 2022.

Client Survey

The purpose of the client survey was to understand client perspectives on care, social needs, and how race has impacted their care. The survey was administrated from January 24, 2022, to March 1, 2022, at Integral Care site kiosks. A total of 120 clients completed the survey. All surveys were anonymous. Survey takers could join a raffle to win a $50 gift card for participating in the survey. Eight winners were selected and sent gift cards.

Data were exported from Qualtrics into IBM SPSS software, v.21 to be cleaned, analyzed, and imported into SPSS. Descriptive statistics and data visualization were used to summarize the data within and across focal groups. Due to the small sample size, inferential statistics were not conducted.

Staff Survey

The purpose of the staff survey was to understand staff experience with racism and perspectives on Integral Care's racial equity efforts. The survey was administrated from February 7, 2022, to February 25, 2022, through the internal Integral Care intranet. A total of 365 surveys were completed.

Data were exported from Qualtrics into IBM SPSS software, v.21 to be cleaned and analyzed and imported into SPSS. Descriptive statistics and data visualization were used to summarize the data within and across focal groups. Due to the small sample size, inferential statistics were not conducted.

Community Partners

The purpose of the community partner survey was to understand perspectives on Integral Care's services and racial equity efforts. The survey was administrated from January 24, 2022, to

February 28, 2022, via e-mail. The survey was sent to a list of 78 community partners and 21 completed the survey.

Phase Three: Document Review, Analysis, and Reporting
An equity-minded document review was completed. Document reviews examine explicit and implicit messages communicated through official documents, to become aware of the ways in which race is treated in documents. The following documents were reviewed with a customized rubric:

Document Name	Document Description
Equal Employment Opportunity	Human Resources equal opportunity policy
Grievance and Internal Dispute Resolution	Process for employees to submit disputes
Client Satisfaction Dashboard	Results of client satisfaction survey
Recovery language	Person centered, nonjudgmental language to use with clients
Integral Care Strategic Plan FY2022	Integral Care Strategic Plan FY2022 incorporates shifts that Integral Care needs to make in response to changing conditions and priorities in our community.
Authority Services Focus: Client Satisfaction and Concerns (Goal 3)	PowerPoint deck describing Integral Care client satisfaction and concerns from the Ombudsman and Quality Experience Administrator
Client demographic data by service area (shared via email on December 21, 2021)	Client demographic data by service area
National Standards for Culturally and Linguistically Appropriate Services (CLAS) FY 2021 (Goal 1-3)	PowerPoint deck of Integral Care's FY 2021 CLAS report detailing language access broken down by services and organizational position
Care for Culture – Culturally Responsive Care Training	PowerPoint deck of virtual four-hour cultural competency training provided to Integral Care staff
Ombudsman Data	Excel Spreadsheet of client complaints

Table 2. List of documents reviewed

Finally, all data were triangulated to develop a more complete analysis of Integral Care and triangulate data. A mid-term report was submitted to Integral Care in November 2021, a first draft of the final report was submitted to Integral Care in March 2022, and the final report was submitted in June 2022.

Limitations

There are limitations associated with this REA. The major, perhaps unavoidable, limitation of the assessment was only having virtual access to all individuals involved. This REA was initiated and facilitated throughout the COVID-19 pandemic in 2021 and early 2022. Integral Care staff and community partners engaged heavily with the consultants to increase focus group participation and survey completion. While this was less of an issue for gaining participation from staff and community partners, it presented several challenges for engaging with Integral Care clients. Some clients found it difficult to navigate Zoom and computers, which was expected. The sample size for the client survey was very small (n=120) and insufficient to be

statistically significant. A sufficient sample size is needed to identify significant relationships in the data and draw valid conclusions. This is not possible with the limited sample of 120 clients. Moreover, the sample lacked diversity so stratifications by race are limited. Client data presented in this report should be considered illustrative.

Findings

The findings discussed in this section are derived from community partner interviews, survey data, and focus groups; client survey data and client focus groups; and staff surveys. Overall, Integral Care was found to provide beneficial services to the Austin-Travis County. Clients are pleased with the services they receive. While there were not issues of racism or discrimination in client experiences, needs for greater racial diversity in Integral Care's hiring and cultural competence were elevated by the clients.

Community partners identified several areas of concern where Integral Care could reduce and eliminate inequities in their operation. Among the areas were timeliness of care, lack of patient-centeredness, lack of staff diversity, lack of data transparency, and insufficient community engagement. Staff surveys revealed that Integral Care employees are familiar with Integral Care's plans and intentions toward racial equity, are involved in the racial equity work, and have experienced little discrimination in the workplace.

Community Partners

Findings in this section were gathered from 27 community partner interviews and a survey completed by 21 community partners. Community partners had varying relationships with Integral Care such as referrals partners, mental health providers, professional counterparts, and other community agencies focused on mental health. The community partners consistently found opportunities for Integral Care to improve their patient-centeredness, community engagement, and openness with data shared.

Finding 1: Community partners found that Integral Care fills the gap for clients in need.
Most of the community partners recognized and acknowledged the important role that Integral Care plays in the Austin-Travis County mental health ecosystem. Integral Care fills the gap for clients who are low-income, uninsured, having difficulty navigating the healthcare system, or don't have a relationship with a primary care physician.

Key Takeaways:
• *Integral Care provides important services to the community.*
• *Community partners have generally positive perspectives on how well Integral Care does in fair and equitable treatment of clients.*

Table 3. Finding #1 key takeaways

Integral Care provides important services to the community.
Community partners were clear about the importance of Integral Care in the community. They described Integral Care as filling the gap for clients who are low-income, uninsured, having difficulty navigating the healthcare system, or who don't have a relationship with a primary care

physician. Community partners praised Integral Care, while also noting there were opportunities for improvement and engagement.

> *"Integral Care has been in the community for a long time, and I know they make a difference in the lives of patients."*
> - Community Partner N Interview

> *"They [Integral Care] do a good job. They can be doing better, and I think they are committed to doing so."*
> - Community Partner E Interview

> *"Integral Care is the last stop for many who have hit rock bottom. They have so many services that help our people."*
> - Community Partner F Interview

Community partners had generally positive perspectives on how well Integral Care does in fair and equitable treatment of clients.
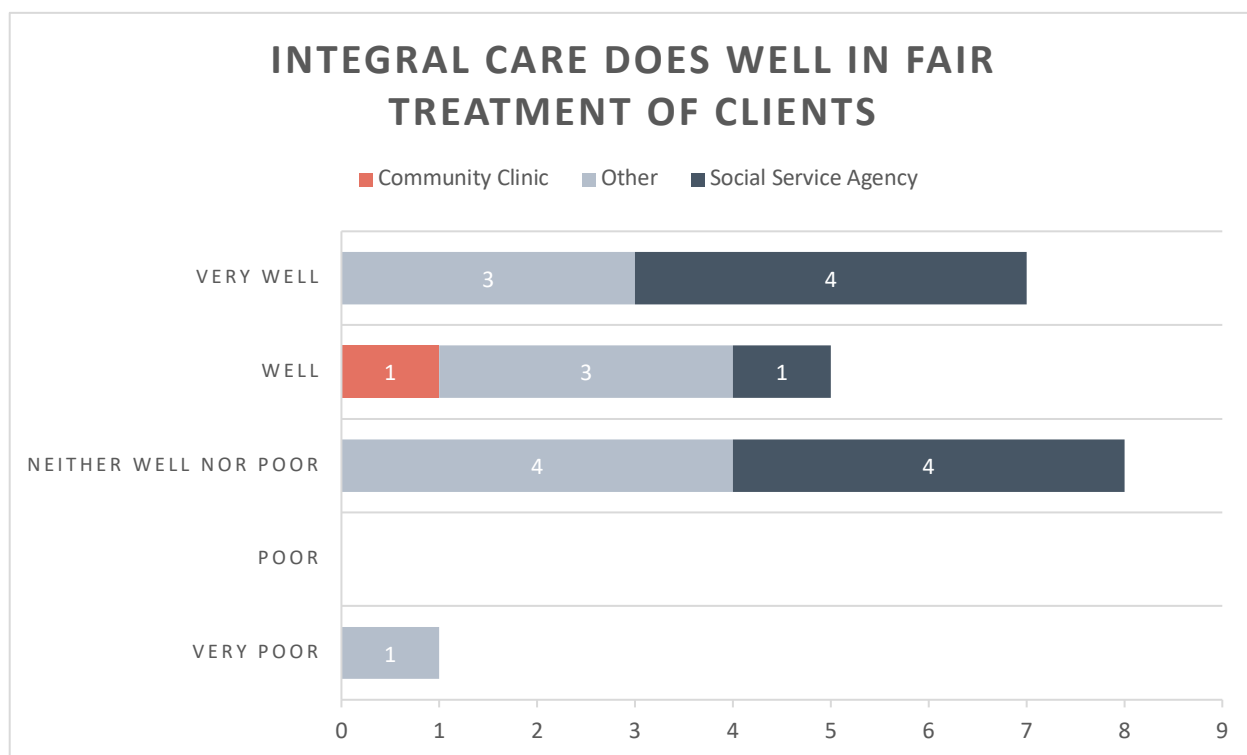Community partners described Integral Care as treating their clients fairly and equitably.

Figure 2. Community Partner Survey Results: Integral Care does well in fair treatment of clients
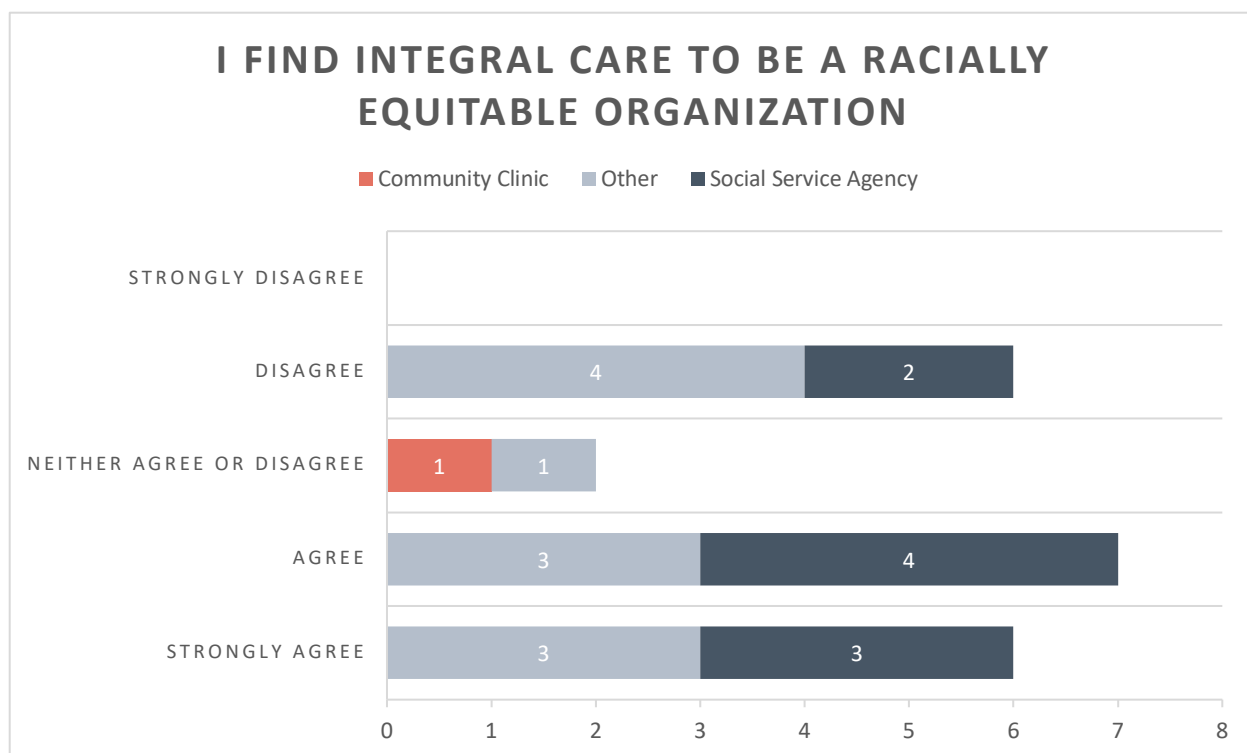
I FIND INTEGRAL CARE TO BE A RACIALLY EQUITABLE ORGANIZATION

Legend: ■ Community Clinic ■ Other ■ Social Service Agency

- STRONGLY DISAGREE
- DISAGREE: Other 4, Social Service Agency 2
- NEITHER AGREE OR DISAGREE: Community Clinic 1, Other 1
- AGREE: Other 3, Social Service Agency 4
- STRONGLY AGREE: Other 3, Social Service Agency 3

Figure 3. Community Partner Survey Results: I find Integral Care to be a racially equitable organization

Finding 2: Community partners found that patient-centered care needs to improve at Integral Care

Community partners noted that patient-centeredness needed to improve to reduce racial inequities. The patient-centeredness they described included reducing the one-size-fits-all approach to care, challenges with levels of care, client blaming, difficulty navigating services, and a lack of cultural competence and congruence amongst staff.

Key Takeaways:
- *Community partners found that the one-size-fits-all approach to care is contradictory to racial equity and patient-centered care.*
- *Community partners have had problems navigating Integral Care services with clients.*
- *Community partners discussed needing to regularly advocate for clients to get the care they need.*
- *Some community partners see the need for Integral Care to remove the police presence from their mental health support.*

Table 4. Finding #2 key takeaways

Community partners found that the one-size-fits-all approach to care is contradictory to racial equity and patient-centered care. Community partners viewed Integral Care's services to clients as a one-size-fits-all model where there is little differentiation or variation in care based on client needs. Community partners remarked repeatedly on the differences in need for non-white patients. One community partner stated, "I can predict who is going to be successful in Integral Care services and it's usually the easier cases of white people. And I think it has a lot to do with

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how they [Integral Care] connect with their clients." Several community partners found that Integral Care's singular approach to care did not take into consideration the nuances of culture, economics, transportation, race, gender identity, and a host of other variables that impact a client's ability to seek and continue services at Integral Care.

> *"We have daily contact with Integral Care because our clients are the most impacted and the least resourced. They are Black and brown, poor, trans, and other things that makes them not an 'easy case' for a traditionally white-led organization, so we need to continuously stay involved while they seek services at Integral Care."*
> - Community Partner D Interview

> *"The folks at Integral Care display this sort of color-blind racism[2] while saying they care about racial equity and wonder why people of color have the worse outcomes."*
> - Community Partner J Interview

> *"Patients are required to do certain things so if they didn't, they were found non-compliant and basically kicked out."*
> - Community Partner G Interview

> *"Families can't always make appointment or get where they need to be, so their cases are closed."*
> - Community Partner K Interview

Community partners' perspectives were mixed about the ease of navigating Integral Care's services.
Most community partners acknowledged that Integral Care has a great variety of programming to support clients. Some found it difficult to connect clients to these services due to challenges with location, timeliness of getting an appointment, accessing the services in-person or through home visits, or awareness of the offerings. Others never experienced challenges.

> *"There's a lot of running around. It could be more streamlined so they're not sending people all over the place."*
> - Community Partner A Interview

> *"They're telling patients they need to be patient and may need to wait a while to get in the door. That's challenging for the patient and for us."*
> - Community Partner L Interview

> *"For someone not in crisis, it might be easier to navigate."*
> - Community Partner O Interview

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[2] Racial ideology that posits the best way to end discrimination is by treating individuals as equally as possible, without regard to race, culture, or ethnicity.
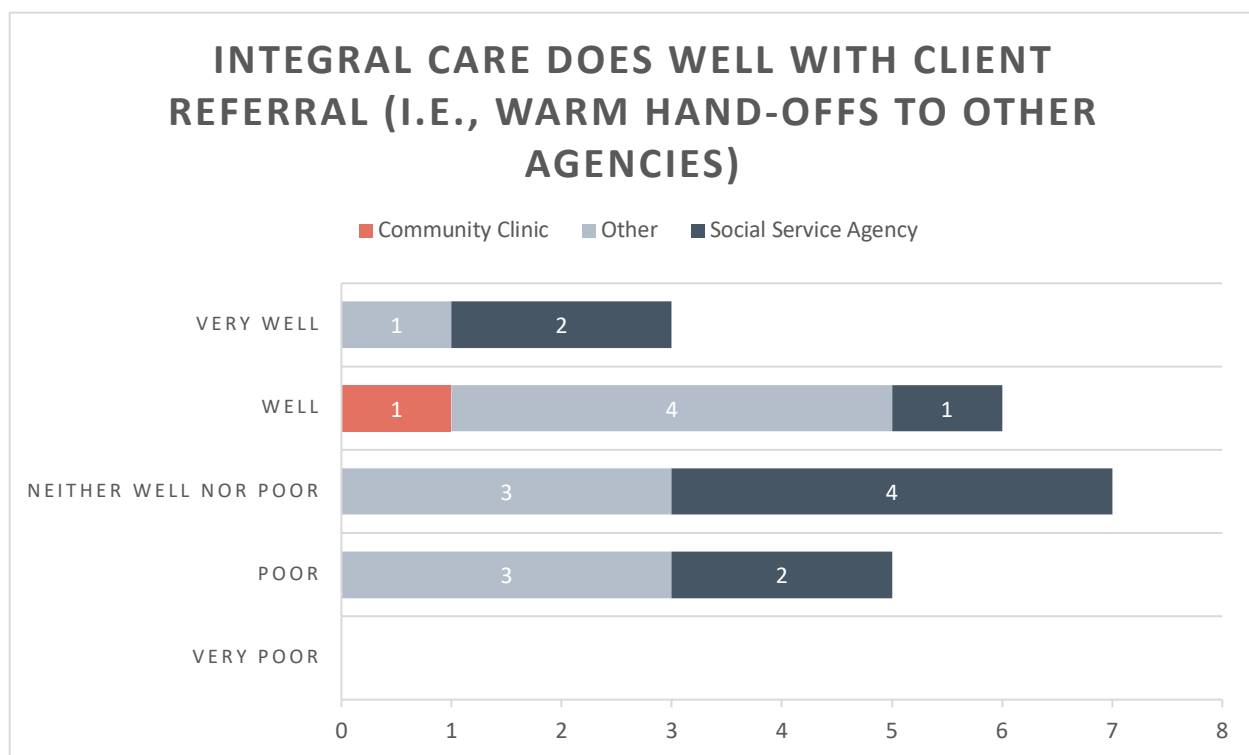
INTEGRAL CARE DOES WELL WITH CLIENT REFERRAL (I.E., WARM HAND-OFFS TO OTHER AGENCIES)

Legend: ■ Community Clinic ■ Other ■ Social Service Agency

	Community Clinic	Other	Social Service Agency
VERY WELL		1	2
WELL	1	4	1
NEITHER WELL NOR POOR		3	4
POOR		3	2
VERY POOR			

Figure 4. Community Partner Survey Results: Integral Care does well with client referral

Community partners working with low-income and BIPOC clients discussed needing to regularly advocate for clients to get the care they need.

INTEGRAL CARE DOES WELL IN FAIR TREATMENT OF MARGINALIZED AND DISADVANTAGED CLIENTS

Legend: ■ Community Clinic ■ Social Service Agency ■ Other

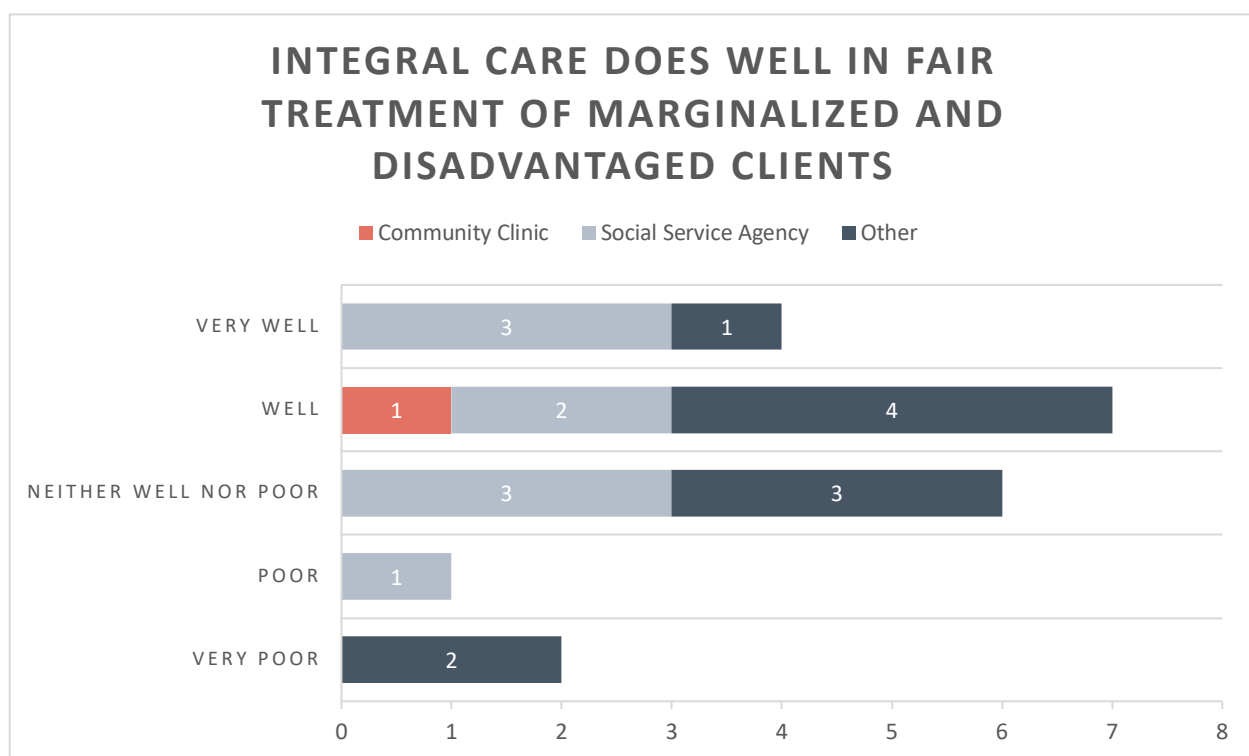|	Community Clinic	Social Service Agency	Other
VERY WELL		3	1
WELL	1	2	4
NEITHER WELL NOR POOR		3	3
POOR		1	
VERY POOR			2

Figure 5. Community Partner Survey Results: Integral Care does well in fair treatment of marginalized and disadvantaged clients

For community partners who work closely with Integral Care clients, they found that they needed to advocate for their client. These partners work predominately with BIPOC individuals who have other intersecting identities of experiencing homelessness, being members of the LGBTQ+ community, and being justice-involved. The advocacy included following up on medication denials, appointments, placements, denials of care, and other matters when clients were left without adequate services. At times, the advocacy meant dissecting things culturally. One community partner shared the following example: "We had a client that said, 'I want to take my meds.' His Integral Care worker said he was refusing to take his meds. We investigated to understand the problem. We found that the Integral Care worker asked him about four or five different times and in different ways if he was going to take his meds. He was frustrated and said 'no'. It's not that the client wants to hear voices, he was just frustrated. So, we resolved that Integral Care wouldn't ask him if he would take the meds and that they would just prescribe them, and we would work with him on taking them."

> *"For all the good they do for some clients, their approach is patriarchal. They basically say, 'Do this now. Answer my question now or you don't get anything.' It can't be that way when you're dealing with patients with such complex needs and diagnoses."*
> - Community Partner L Interview

> *"Integral Care has policies against certain medications even if a patient says they have taken it before, and it has worked for them. We have to advocate on their behalf to help meet that need."*
> - Community Partner M Interview

> *"They will say a client is not interested in services or they don't want our services, or they refuse to engage, or they denied their mental illness. But they're not doing those things with us. We spend a lot of time advocating for them to stay involved."*
> - Community Partner D Interview

Without advocacy, some community partners question whether Integral Care is the appropriate place to send Black, Hispanic/Latinx, immigrant, and LGBTQ+ clients. As one community partner stated, "It's difficult for us when we tell clients that we will get them connected with services and we recommend Integral Care and our clients have already had such a bad experience that it makes us look bad and reduces trust between the client and us." Another partner said, "We need to be able to say with confidence 'these people [Integral Care] will help you'.

Some community partners see the need for Integral Care to remove the police presence from their mental health support
The community partners found the involvement of police in crisis intervention at Integral Care problematic. For Black, Hispanic/Latinx, and LGTBQ+ clients experiencing homelessness, the involvement of police compounds very serious and complex situations that can leave the client arrested, injured, traumatized, or killed. As one community partner stated, "people with serious mental illness are about 16 times more likely to be killed during interactions with law enforcement than people who aren't. I'm sure that is compounded when you add in factors of race."

Finding 3: Community partners found that clients had to "fail up" to get a higher level of care and be treated quickly at Integral Care.

Community partners discussed challenges with Level of Care assignments for Integral Care clients.

Key Takeaways:
• *Community partners perceive that Integral Care clients must be doing poorly or have an emergency to get timely service from Integral Care.*

Table 5. Finding #3 key takeaways

Community partners perceive that Integral Care clients must be doing poorly or have an emergency to get timely service from Integral Care.

Essentially, for a client to receive services quickly, they needed to be failing at so many things (e.g., danger to others, serious mental health diagnosis, history of arrest, substance use disorder) that they would need to be seen as soon as possible. One community partner described this as "failing up." Another community partner stated, "It is almost like, if you aren't suicidal or about to hurt someone else, you can't get a lot of attention from Integral Care. You have to make so many mistakes and be hurt so bad to get immediate care and that has to change."

> *"Integral Care does a great job with people experiencing mental health crises. They are so good. BUT you have to "fail up," that is, fail so badly that you can be advanced into a higher level of care. That's an equity issue."*
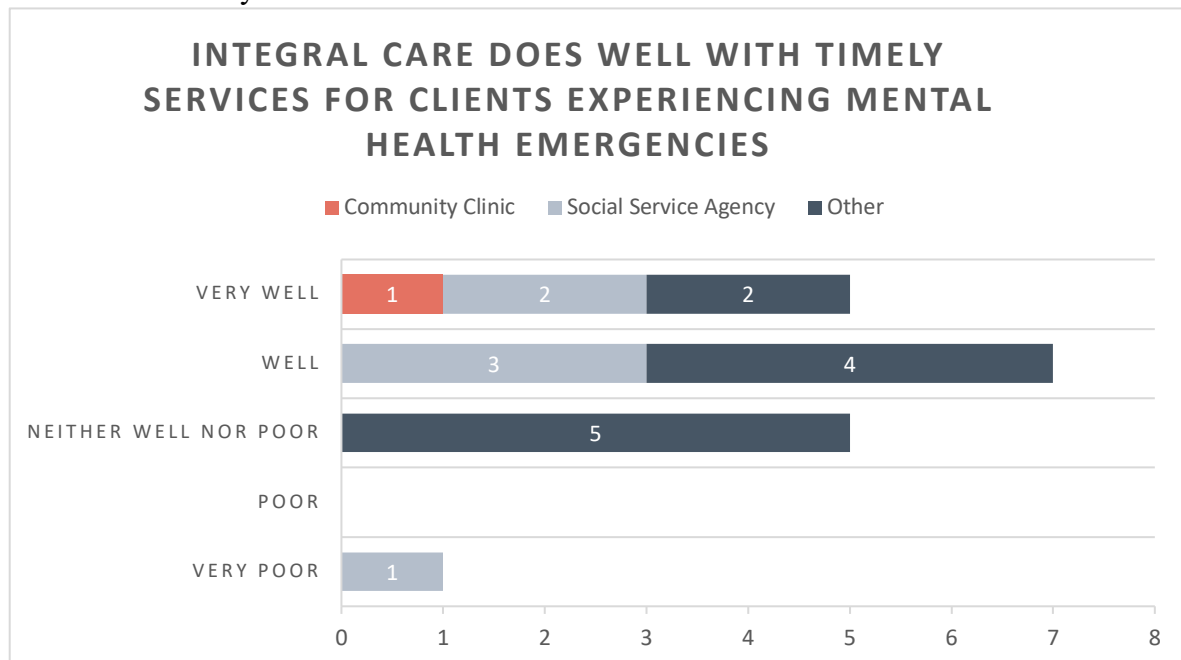> - Community Partner R Interview

Figure 6. Community Partner Survey Results: Integral Care does well with timely services for clients experiencing mental health emergencies
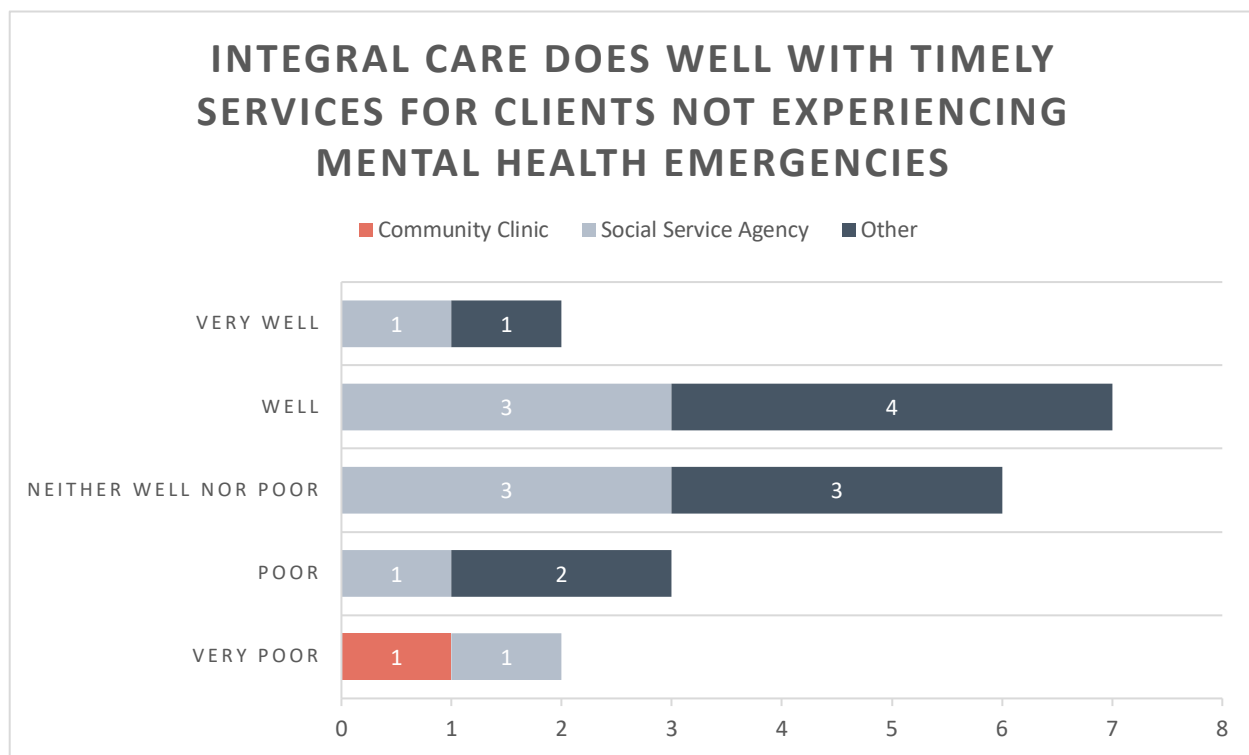
Figure 7. Community Partner Survey Results: Integral Care does well with timely services for clients not experiencing mental health emergencies

Finding 4: Community partners consistently noted that Integral Care needs to grow its community engagement to become a more equitable organization.
While community partners acknowledged that Integral Care is involved in the Austin-Travis County mental health ecosystem, they found the level and quality of community engagement lacking. They consistently recommended to strengthen Integral Care's community engagement approach and focus on reducing inequities.

Key Takeaways:
- *Community engagement is a key area for growth and reducing inequities at Integral Care.*
- *Surveys from community partners showed that the most found Integral Care to be doing 'very well' or 'well' in their engagement with the community and with community partners.*
- *Community partners had mixed perceptions on how well Integral Care does as a leader of mental health equity in Austin-Travis County.*

Table 6. Finding #4 key takeaways

Surveys from community partners showed that most found Integral Care to be doing 'very well' or 'well' in their engagement of the community and with community partners.

INTEGRAL CARE DOES WELL IN ENGAGING WITH THE COMMUNITY

Community Clinic | Social Service Agency | Other

VERY WELL: 3, 3
WELL: 1, 3, 4
NEITHER WELL NOR POOR: 2, 1
POOR: 1, 2
VERY POOR:
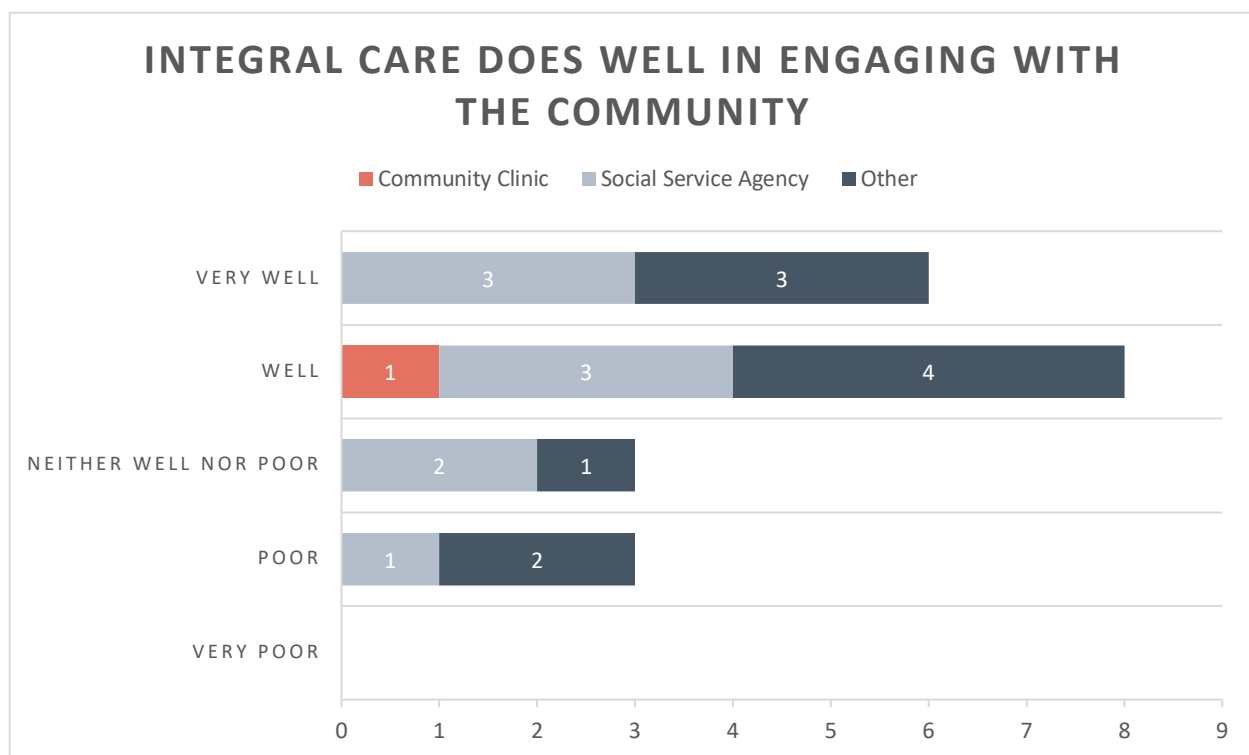
Figure 8. Community Partner Survey Results: Integral Care does well in engaging with the community

INTEGRAL CARE DOES WELL IN ENGAGING WITH COMMUNITY PARTNERS (I.E., NON-PROFITS, SOCIAL SERVICE ORGANIZATIONS, OTHER HEALTH AGENCIES)

Community Clinic | Social Service Agency | Other

VERY WELL: 1, 2, 4
WELL: 4, 5
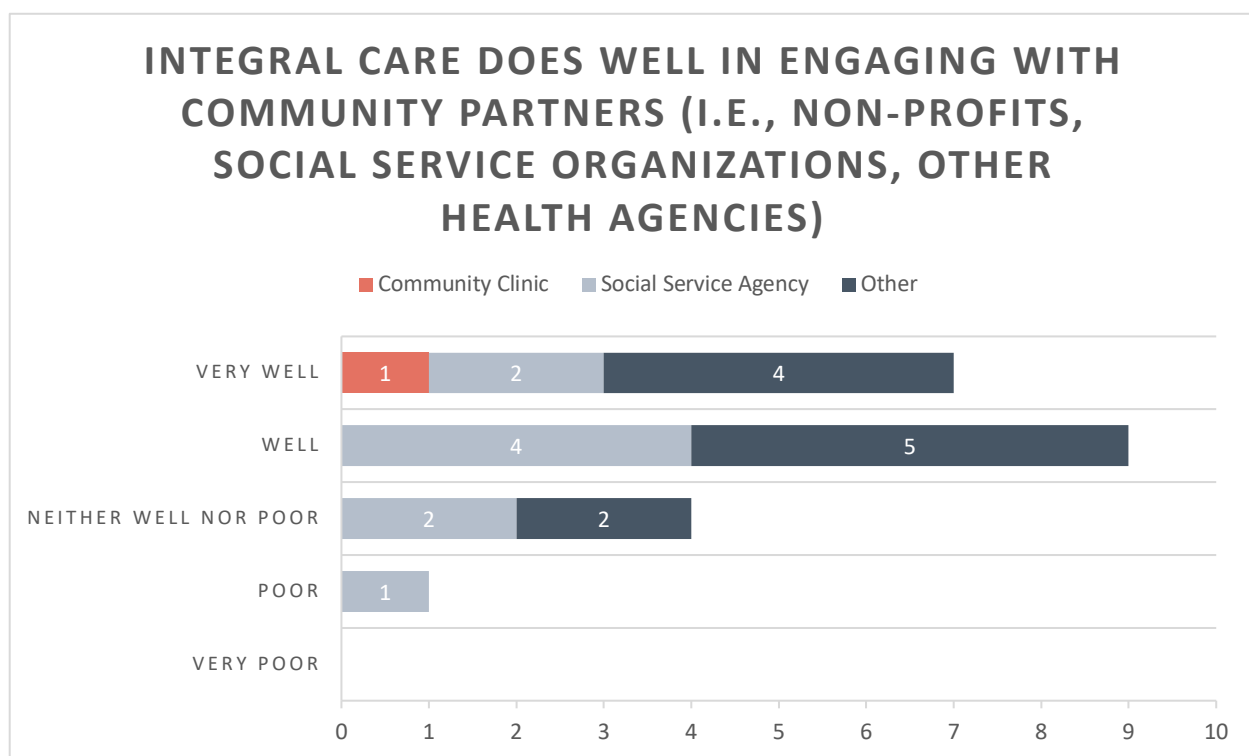NEITHER WELL NOR POOR: 2, 2
POOR: 1
VERY POOR:

Figure 9. Community Partner Survey Results: Integral Care does well in engaging with community partners

Community partners had mixed perceptions on how well Integral Care does as a leader of mental health equity in Austin-Travis County.
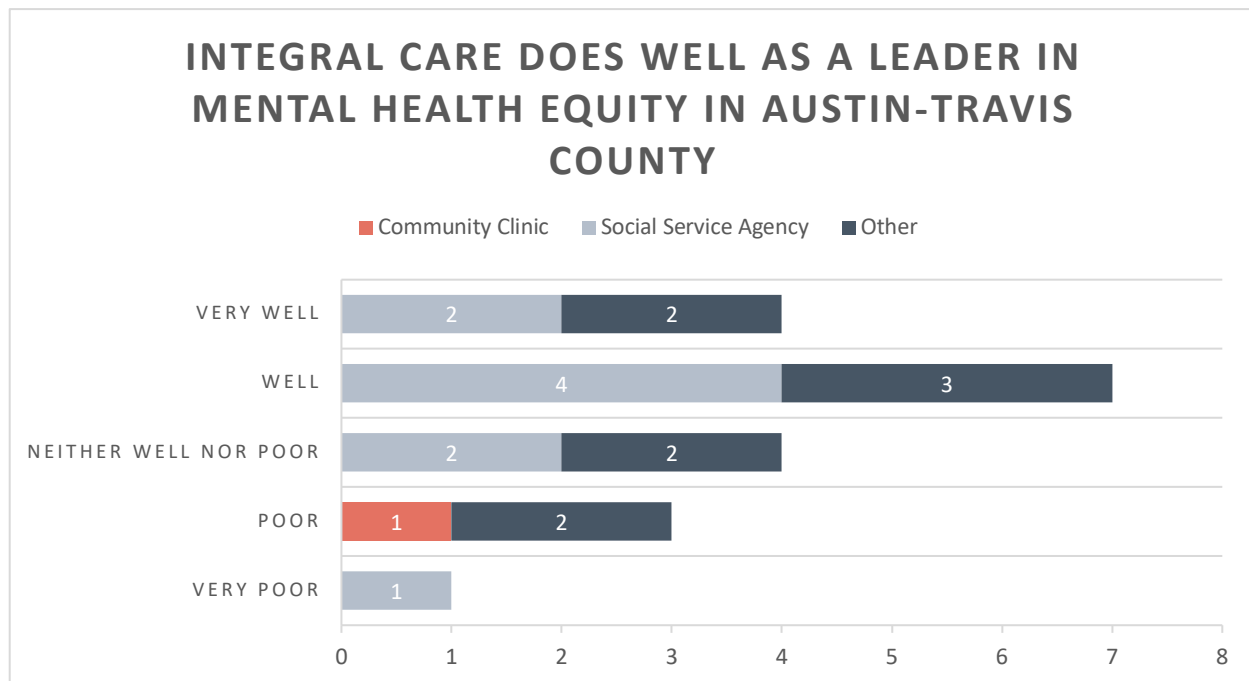
INTEGRAL CARE DOES WELL AS A LEADER IN MENTAL HEALTH EQUITY IN AUSTIN-TRAVIS COUNTY

Legend: ■ Community Clinic ■ Social Service Agency ■ Other

VERY WELL: Social Service Agency 2, Other 2
WELL: Social Service Agency 4, Other 3
NEITHER WELL NOR POOR: Social Service Agency 2, Other 2
POOR: Community Clinic 1, Other 2
VERY POOR: Social Service Agency 1

Figure 10. Community Partner Survey Results: Integral Care does well as a leader in mental health equity in Austin-Travis County

HOW SATISFIED ARE YOU WITH YOUR RELATIONSHIP WITH INTEGRAL CARE?

Legend: ■ Community Clinic ■ Social Service Agency ■ Other

VERY SATISFIED: Social Service Agency 1, Other 4
SATISFIED: Community Clinic 1, Social Service Agency 4, Other 5
UNSURE: Social Service Agency 2, Other 1
DISSATISFIED: Other 1
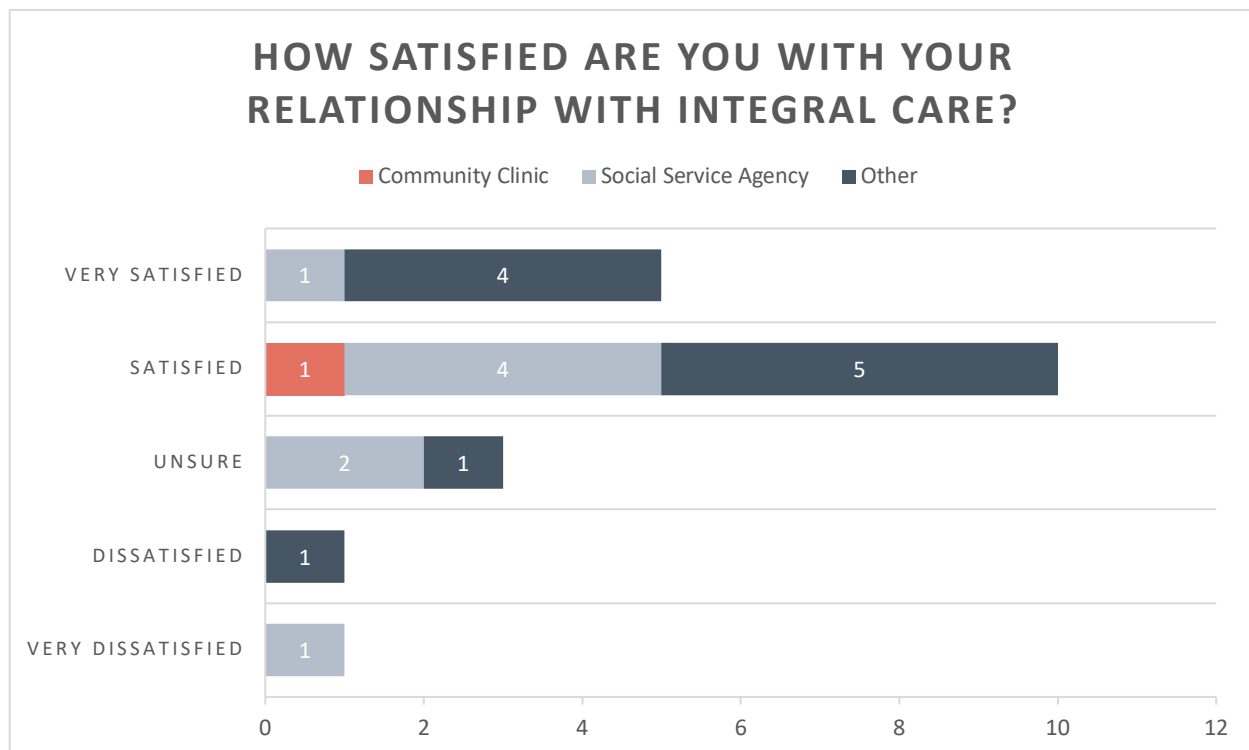VERY DISSATISFIED: Social Service Agency 1

Figure 11. Community Partner Survey Results: How satisfied are you with your relationship with Integral Care?

Community engagement is a key area for growth and reducing inequities at Integral Care.

Community partners found a lack of consistency in Integral Care's approach to community engagement. Community engagement includes engagement with clients, potential clients, and members of the Austin-Travis County mental health ecosystem. Some of the areas of growth included how they connect with clients beyond Facebook and other social media, reading literacy and health literacy considerations, and involvement in decision-making. Some partners noted that Integral Care has a consistent presence on Facebook, but their Facebook audience might not represent all of the community who needs to know about Integral Care's services. One partner said, "they tend to think everyone has access to Facebook, but even I am like 'when did that happen?'. It's those who 'need' the information that don't get it."

> *"Be very intentional about asking different communities what they need."*
- Community Partner A Interview

> *"People would be more willing to accept services if relationships are there."*
- Community Partner J Interview

> *"Stay plugged into these communities year-round. The annual African American conference is great but more has to happen. Sustain relationships."*
- Community Partner D Interview

> *"They can do a better job at not just talking about community focus."*
- Community Partner S Interview

> *"Show up in the community for Black and Brown things particularly if it is related to mental health."*
- Community Partner D Interview

> *"I don't see them doing anything in the community that tells me they are really invested."*
- Community Partner F Interview

Most community partners discussed the need for Integral Care to gather feedback from the clients it services through multiple modalities. One said, "If there are areas/zip-codes where they service clientele, [they need to be] making sure they are getting feedback from those individuals. Making sure you don't exclude a population by which online surveys is not their preferred means of participation." Another said, "We need to get involved with the every-day people in the community."

Finding 5: Community partners found that Integral Care lacked diversity and racial and cultural congruence for clients in their staffing.
Community partners consistently noted the lack of racial and cultural diversity among Integral Care providers and staff. The lack of diversity was directly linked to the ability to relate to patients and have sufficient cultural context to provide respectful and equitable care. Community partners identified increasing racial and cultural congruence among staff and providers as a major area of potential growth for Integral Care.

<table>
<tr><td>

Key Takeaways:
- *Clients said that Integral Care needs to hire more people representative of the community and their client community.*

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Table 7. Finding #5 key takeaways

Clients said that Integral Care needs to hire more people representative of the community and their client community.

Community partners frequently mentioned the need for Integral Care to hire more staff that are representative of the communities served and that have lived experience with mental health challenges for more peer support and greater cultural awareness. One community partner stated, "…the problem is if you look at the landscape for those who are getting the services and those who provide services, it's mostly white." Another community partner said, "Integral Care is very white. That goes for staffing from service providers and management."

> *"They seem to take offense to the idea that their approach or the person who serving isn't the right person. They're slow to acknowledge maybe there is something else we should be doing."*
- Community Partner N Interview

> *"If I came to an Integral Care clinic and from check-in 'til I leave I see no one like me, I am most likely to be misdiagnosed or not treated the best."*
- Community Partner G Interview

> *"We need to see more LGBTQ providers and more Black and Latinx providers around Integral Care. Can a middle age white woman relate to a Asian transwoman in her early thirties? We are not asking for perfection but some effort at helping clients be comfortable and continue to get the quality care and support they deserve."*
- Community Partner H Interview

> *"There are many things working against Integral Care in growing the diversity of their staff. People have to be interested in working there and they could probably get a higher wage elsewhere, and deal with less bureaucracy. However, Integral Care has to break through those barriers to give patients better outcomes."*
- Community Partner P Interview

Finding 6: Community partners noted various challenges working with Integral Care staff.
Community partners discussed wide-ranging challenges collaborating with Integral Care to support client care. Some of the issues include high turnover at Integral Care, difficulty in communicating issues, and coming to a satisfactory conclusion. For several community partners, the relational and capacity challenges they experience with Integral Care is a source of frustration that sparks some mistrust between the partner and the agency.

Table 8. Finding #6 key takeaways

The quality of client care is reduced by high turnover in Integral Care staffing.
Community partners found difficulty navigating client care due to high turnover and unfilled positions at Integral Care. One community partner stated, "We think peer support is great and IC provides that service; however, those positions are almost always vacant." Another community partner gave an example of how the turnover at Integral Care impacts care: "With the FACT Team or ACT Team, a different person goes out on visits so the client doesn't know who they will meet. This can lead the client [to] not using the service."

Community partners described difficulty communicating issues and coming to a satisfactory resolution when communicating with Integral Care about problems with client care.

INTEGRAL CARE PROVIDED A TIMELY RESPONSE WHEN AN ISSUE OR COMPLAINT WAS RAISED

Legend: ■ Community Clinic ■ Social Service Agency ■ Other

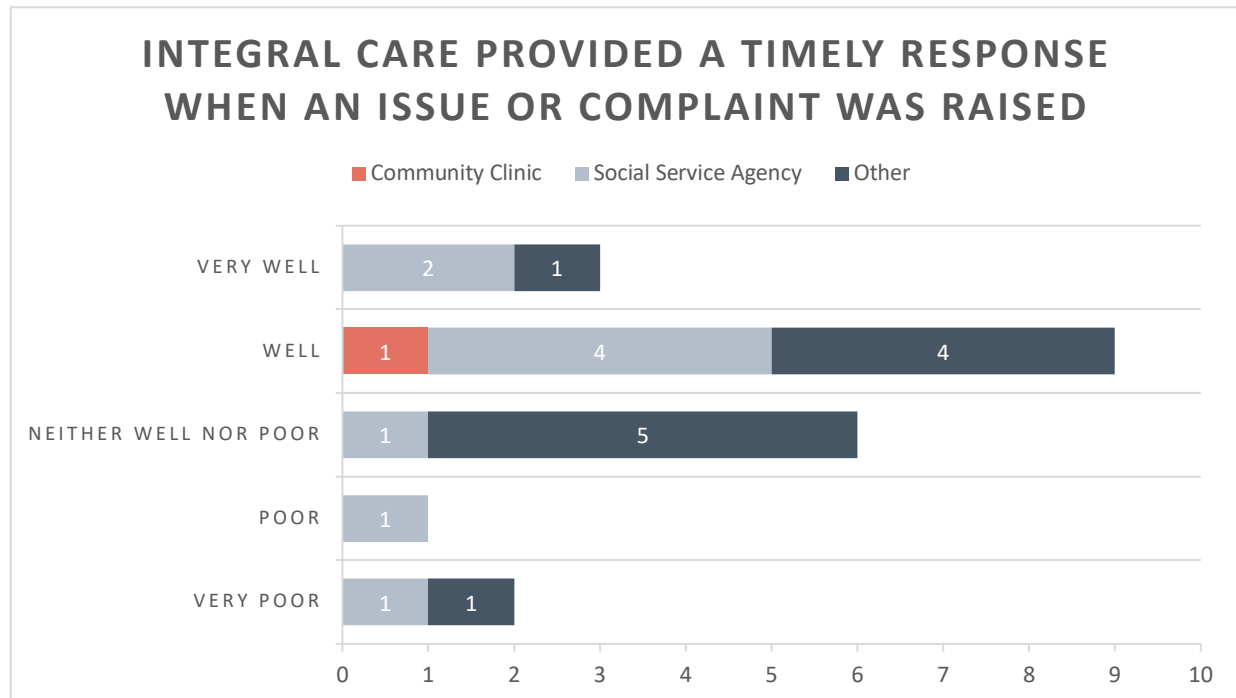| Rating	Community Clinic	Social Service Agency	Other
VERY WELL		2	1
WELL	1	4	4
NEITHER WELL NOR POOR		1	5
POOR		1	
VERY POOR		1	1

Figure 12. Community Partner Survey Results: Integral Care provided a timely response when an issue or complaint was raised

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Community partners who collaborate regularly with Integral Care on client care found that they had difficulty communicating issues, getting responses, and having the issues resolved. Several partners recalled advocating for clients and getting no response or a blanket response to their request for information or reconsideration.

> *"...I've gotten no response. Or they give a blanket or canned response of 'she didn't meet criteria' without telling you why. Was she too high functioning? Was she too low functioning? Was she not suicidal enough?"*
> - Community Partner D Interview

> *"Some people don't meet criteria only because Integral Care does not have the capacity to serve them, and they don't want to speak that out loud; they will blame it on the patient and say, 'does not meet criteria.'"*
> - Community Partner B Interview

> *"The people that don't easily engage with traditional methods they say 'she's not interested' [or] 'she didn't come to her appointment.' It's client blaming. I can't help but think how different things would be if there was more cultural and racial symmetry."*
> - Community Partner H Interview

This point is frustrating for community partners because, as many described, they are trying to get help for their clients and Integral Care is often the last resort. The community partners found that they were not able to always have an effective working relationship with Integral Care staff because they felt the staff were chained to the inflexibility of the systems that Integral Care subscribes to such as Medicaid funding and state laws.

Community partners also described the inflexibility in Integral Care's approach that requires clients to start processes over again.
The community partners described an Integral Care process where clients are ejected from services for missing a specific number of appointments or being deemed non-compliant. If a client wanted to re-engage in services, they were asked to complete another intake and repeat their stories again. This was described as repeating traumas that discouraged further engagement.

> *"Experiences of changing caseworkers- motivation to retell the story, and redo the intake, make people less motivated to continue care- staff turnover; creates barriers for people to say that they feel safe."*
> - Community Partner D Interview

> *"Miss certain number of appointments: repeat stories over and over again."*
> - Community Partner M Interview

> *"If you miss a certain number of appointments, you have to start intake over."*
> - Community Partner J Interview

"People get the passion beat out them. They start to say those rote statements 'he didn't meet the criteria for this and not providing any information.'"
- Community Partner R Interview

The community partners pressed for improvements in the process, including the recommendation for staff to review historical information that doesn't change prior to meeting with the client, so they do not have to repeat past traumas.

Finding 7: Community partners raised the need for greater reporting by race, ethnicity, language, sex, and other demographics to understand the quality-of-care clients receive at Integral Care.
Community partners want to see greater and more detailed reporting on client outcomes at Integral Care to understand how well Integral Care is doing in serving the community and areas for improvement.

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Key Takeaways:
- *Community partners called for regular reporting on client outcomes disaggregated by race, ethnicity, language, and other factors.*

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Table 9. Finding #7 key takeaways

Community partners called for regular reporting on client outcomes disaggregated by race, ethnicity, language, and other factors.
Community partners noted that this is the only true way to understand Integral Care's progress towards racial equity. The community partners described utilizing the client outcomes data as an opportunity to support Integral Care in its journey to becoming more equitable.

> *"I don't want client data to attack Integral Care. I want to understand what is going on and help them improve what they're doing."*
- Community Partner D Interview

> *"Asking to see how you're doing based on race shouldn't be a tall order. We should all be providing that information to each other to strengthen our work. These aren't easy issues we're dealing with, so we need as much info as possible."*
- Community Partner P Interview

> *"They are the local mental health authority, and we should be able to count on them to do things well. We need the data, for example, of the racial and ethnic background of people exited from services for failure."*
- Community Partner A Interview

Clients

The findings described in this section were gathered from an analysis of focus groups with various Integral Care client populations, client surveys administered between January 24th and February 28th, 2022, and a review of non-clinical patient data such as demographics by service area. Surveys were completed by 120 individual clients. Client responses to survey questions are reported in this section stratified by race and ethnicity. Complete, unstratified data of the complete survey is shared in **Appendix A**.
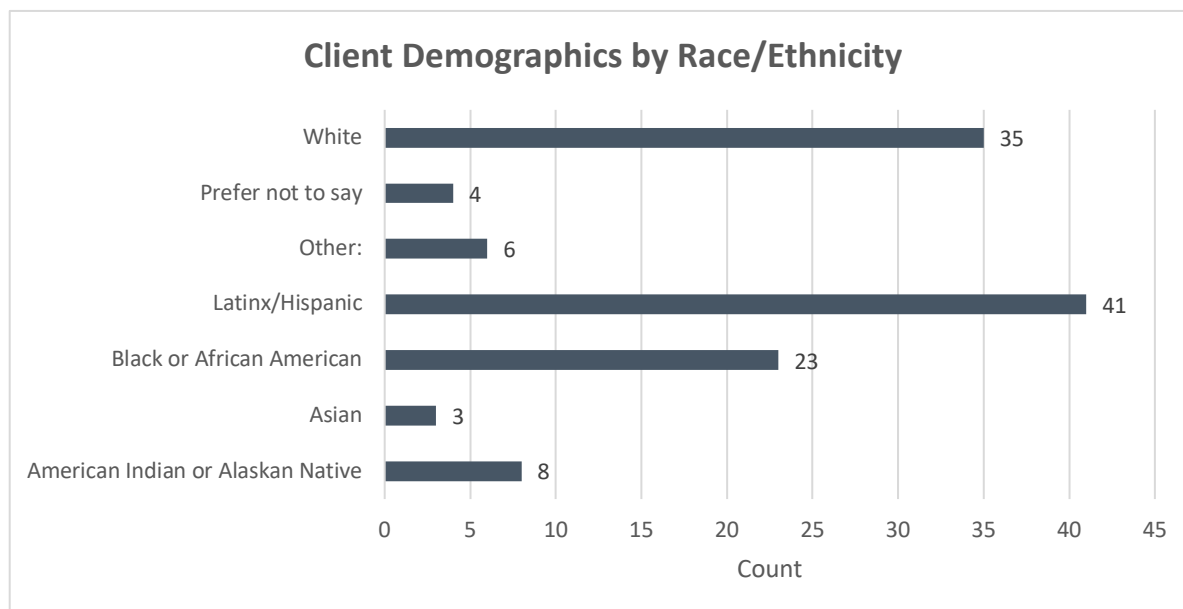

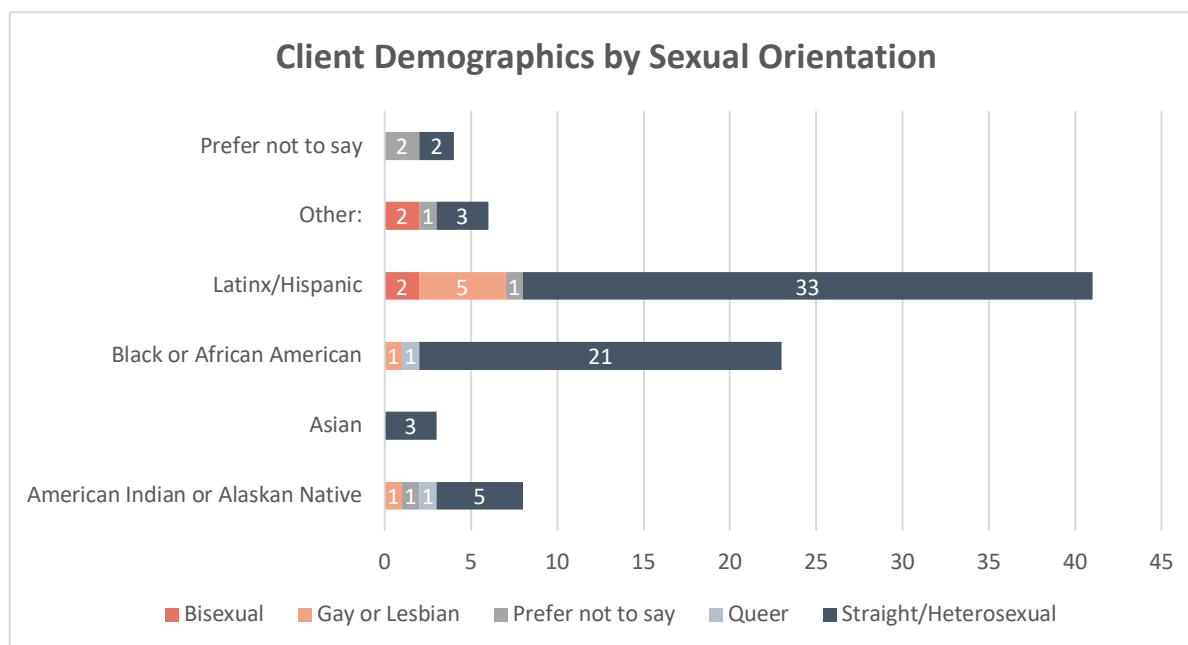*Figure 13. Client Survey Results: Client demographics by race*

Figure 14. Client Survey Results: Client demographics by sexual orientation

Finding 8: Integral Care clients reported experiencing quality and helpful care.
Integral Care clients largely reported that receiving care from Integral Care has improved their mental health.

Key Takeaways:
• *Integral Care has helped to improve the mental health of clients.*
• *Integral Care clients feel that they have been treated with courtesy and respect.*

Table 10. Finding #8 key takeaways

Integral Care has helped to improve the mental health of clients.
Integral Care clients reported that Integral Care has helped them improve their mental health care. The clients reported using several Integral Care services including translation, peer support, counseling, and housing support. Their perception of improvement centered around receiving the prescriptions they needed, getting therapy, becoming more stable mentally and emotionally, and being able to cope with difficulties.
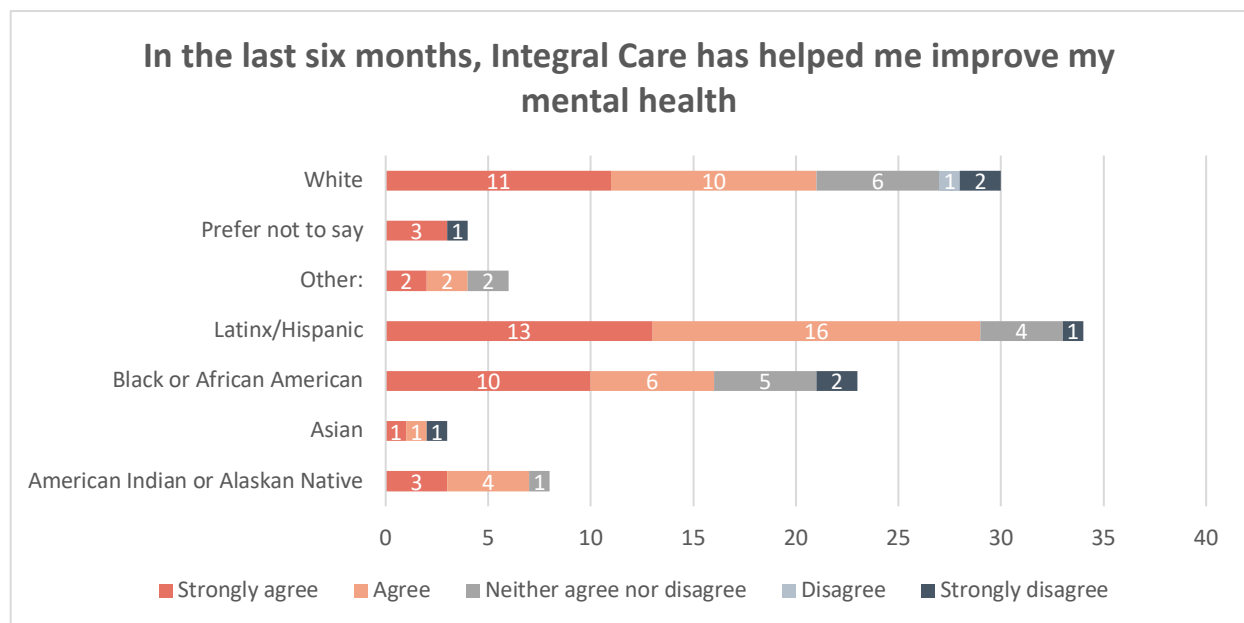

Figure 15. Client Survey Results: In the last six months, Integral Care has helped me improve my mental health

> *"My experience with Integral Care is that they are very good with deaf services and the case managers are always helpful. Anything I need they provide an interpreter for."*
> - Integral Care Client Focus Group Participant

"The counseling and peer support counseling is very good."
-   Integral Care Client Focus Group Participant

"If you need Integral Care, they are here for you."
-   Integral Care Client Focus Group Participant

"I feel welcome."
-   Integral Care Client Focus Group Participant

However, clients did report challenges with Integral Care while seeking treatment, including racial concordance, staffing, and Integral Care procedures. While most clients reported having good or helpful experiences at Integral Care, those who didn't noted that their poor experience came from a lack of comfort and connection with those assigned to work with them. Clients were clear that Integral Care is a largely white organization. Their ability to connect was often difficult which made it challenging to have effective conversations about their needs and care. One client from the LGBTQ+ focus group reported that they did not feel as though Integral Care was a safe space for them and that they had to "hide their true identity" while seeking care. Another client from the same focus group said, "I don't feel safe talking to them [Integral Care prescriber and therapist] while I am figuring out my gender identity."

Integral Care clients feel that they have been treated with courtesy and respect.
Most Integral Care clients reported being treated with courtesy and respect from various staff at Integral Care. They were able to speak to specific ways in which their needs were met and concerns were attended to.
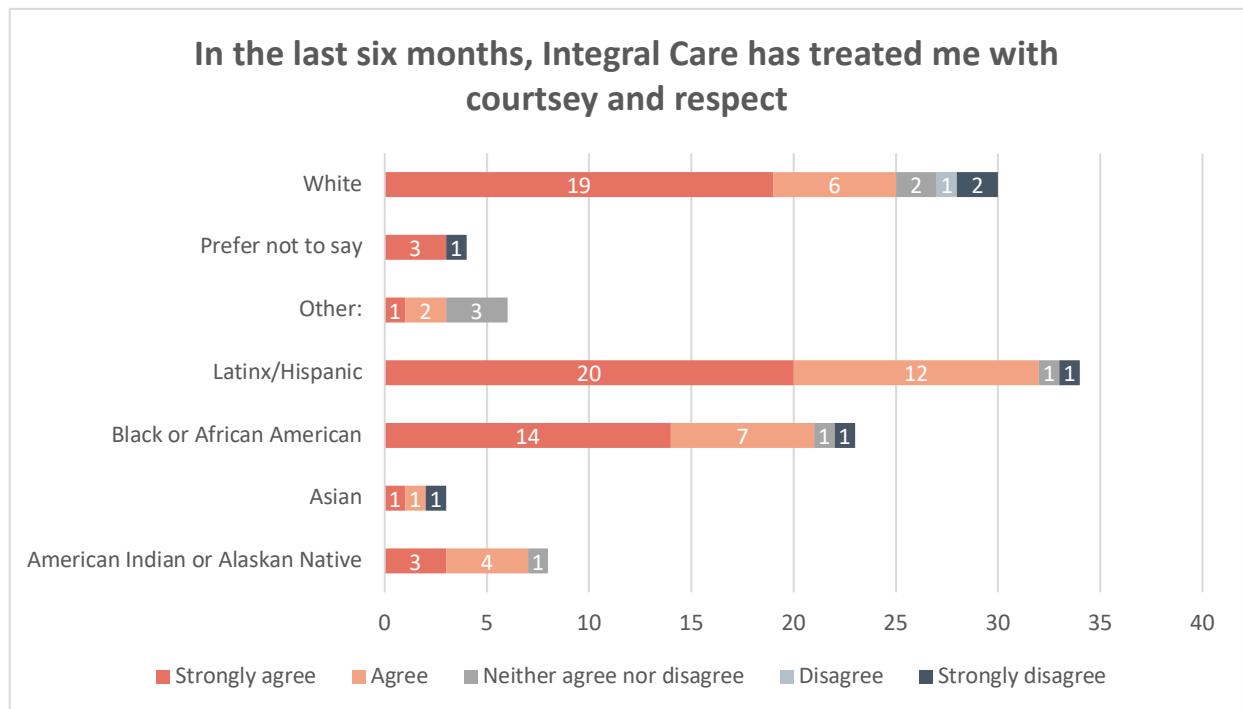
Figure 16. Client Survey Results: In the last six months, Integral Care has treated me with courtesy and respect

Clients who shared instances of not being treated with courtesy and respect by Integral Care included complaints about staff in waiting areas being rude and hostile, staff being fatphobic, and

the level of respect depending on how the client spoke and presented themselves. A client said, "Integral Care needs to be concerned with their entire staff, as there are multiple points of contact, this is impacting the client experience." Another client stated, "Respect is about introductions, greeting me in a respectful manner, not seeing me as below them."
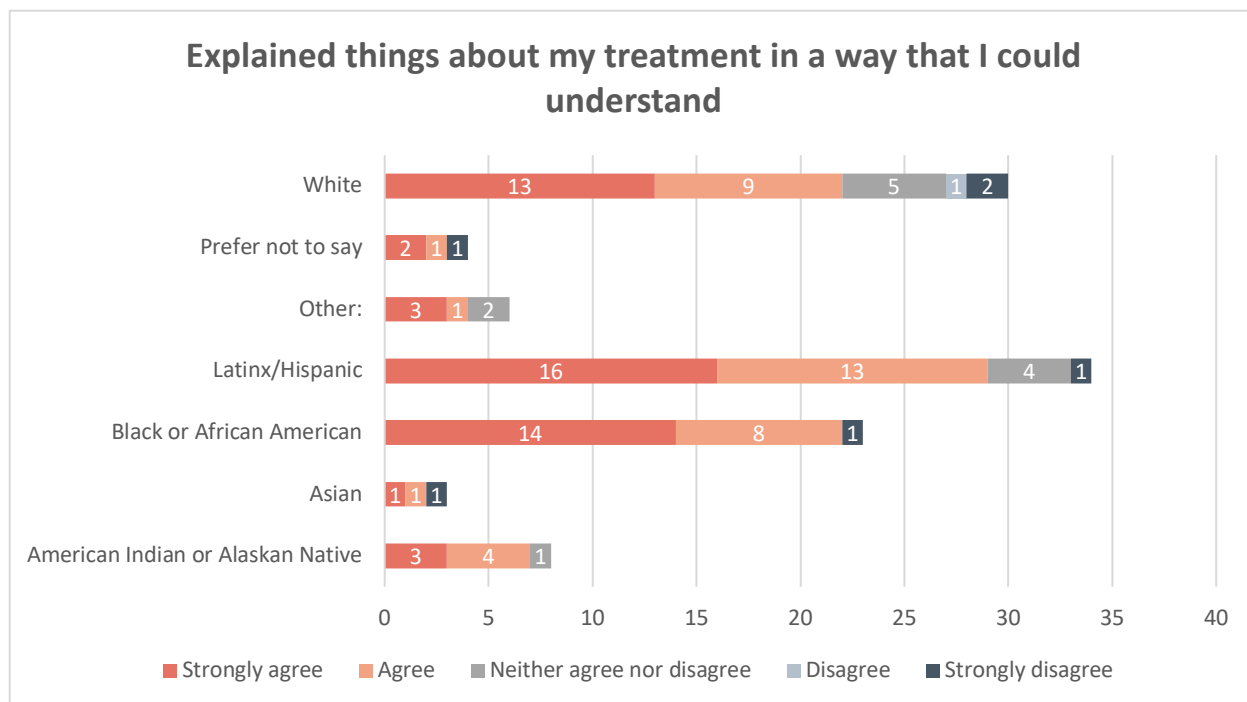
Figure 17. Client Survey Results: In the last six months, Integral Care has explained things about my treatment in a way that I could understand

Finding 9: Integral Care clients found that their race impacted their care in varying ways.
Integral Care clients did not identify or report major concerns relating to racism but found that they would be better served with greater diversity and cultural competence at Integral Care.

Key Takeaways:
- *Integral Care clients did not report major concerns about the care they received at Integral Care in relation to their race.*
- *Integral Care clients believed they would be better served if Integral Care improved their organizational diversity.*

Table 11. Finding #9 key takeaways

Integral Care clients did not report major concerns about the care they received at Integral Care in relation to their race.

While some clients reported that they felt their race impacted the care they received at Integral Care, most did not believe that their race played a role in the services and care they received.
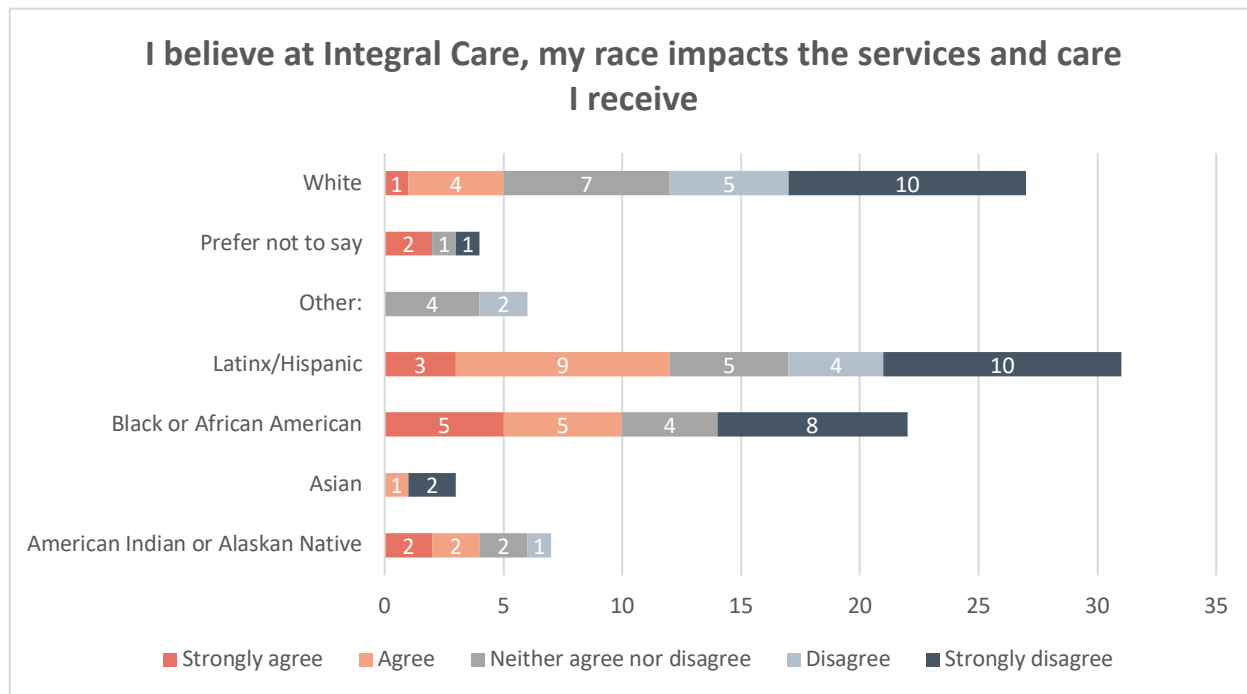
Figure 18. Client Survey Results: I believe at Integral Care, my race impacts the services and care I receive

Consistently, some Integral Care clients reported that they believed their race helped them receive better care while most did not believe it negatively impacted their care.
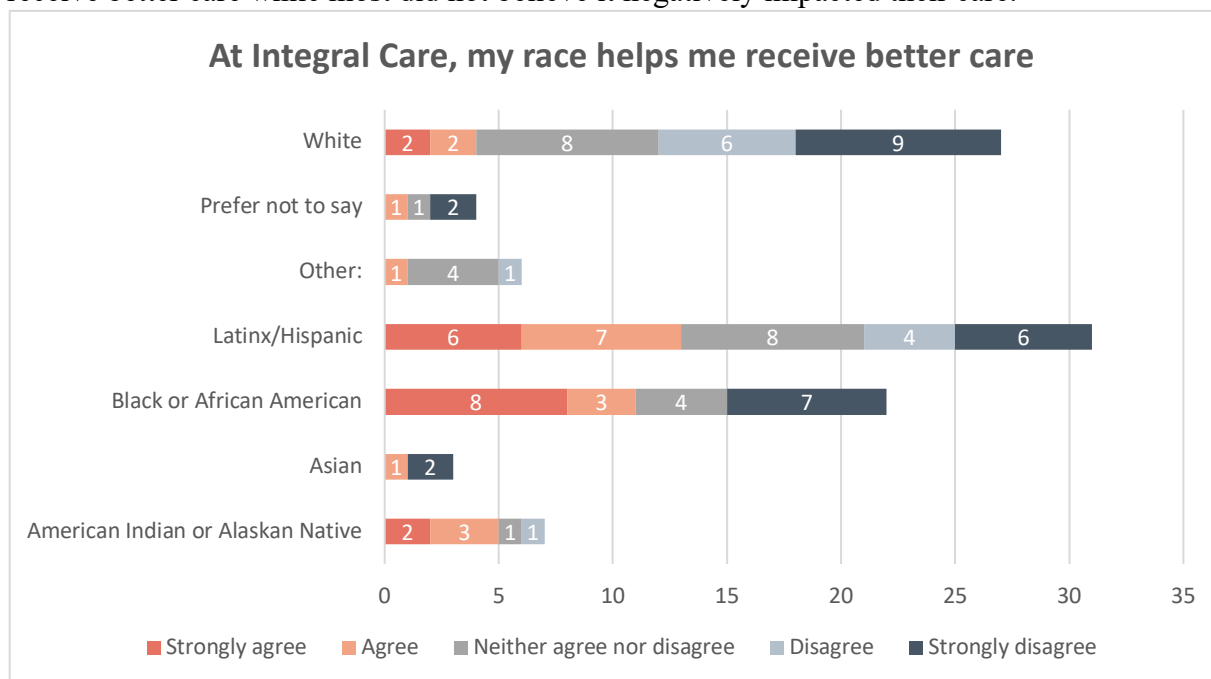
Figure 19. Client Survey Results: At Integral Care, my race helps me receive better care

Most Integral Care clients did not believe that their race impacted the medications they were prescribed.
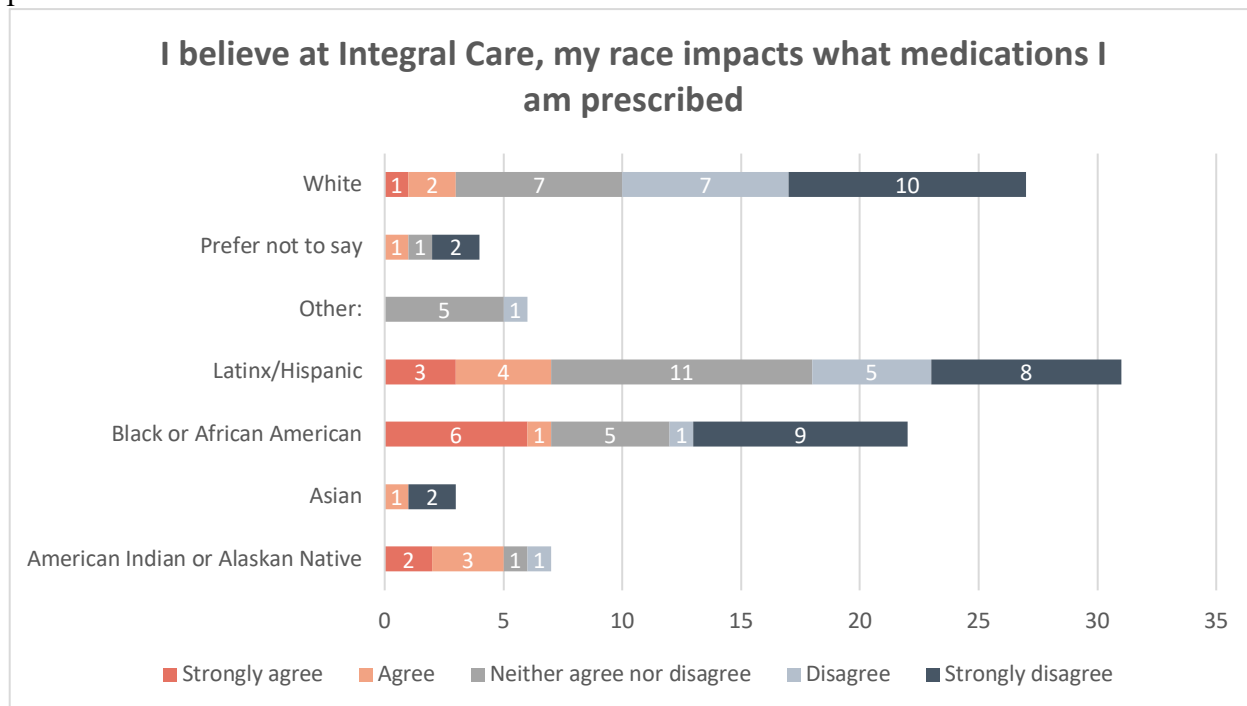
Figure 20. Client Survey Results: I believe at Integral Care, my race impacts what medications I am prescribed

Results were mixed regarding whether clients felt that their race does not impact the way they are treated and respected. White people largely disagreed that their race impacts the respect they receive at Integral Care. A larger proportion of Black people than whites believed that their race impacted their treatment.
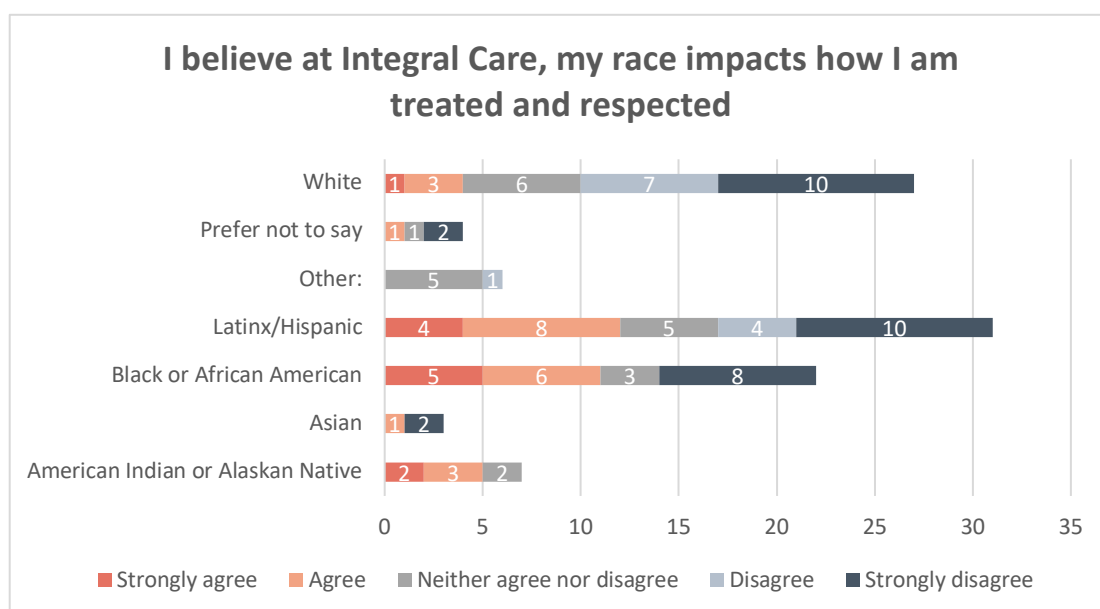
Figure 21. Client Survey Results: I believe at Integral Care, my race impacts how I am treated and respected

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I believe at Integral Care, my race impacts how I am spoken to

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
White	1	4	5	7	10
Prefer not to say	1	1	1	1	
Other:			5	1	
Latinx/Hispanic	4	7	6	4	10
Black or African American	6	6	2		8
Asian	1				2
American Indian or Alaskan Native	2	3	2		
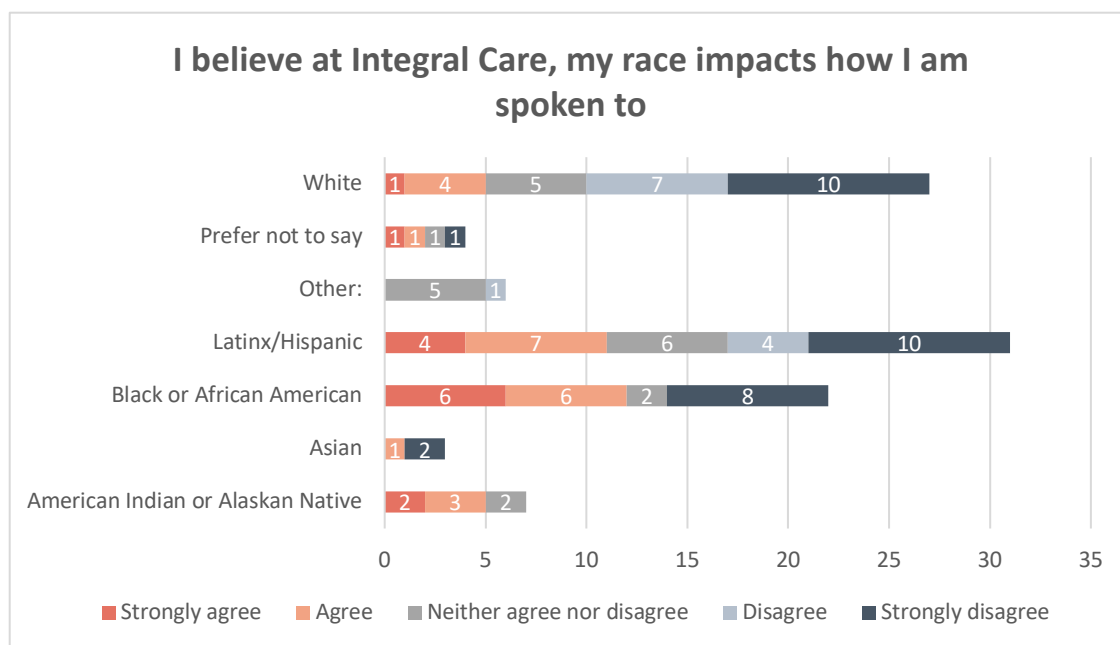
Figure 22. Client Survey Results: I believe at Integral Care, my race impacts how I am spoken to

Integral Care clients didn't feel that their race led them to have poorer health outcomes than other races. Whites largely didn't feel that their race impacted their health outcomes. Blacks and American Indian or Alaskan Natives were slightly more likely to believe that their race has led them to having poorer health outcomes.

I believe at Integral Care, my race leads to me having poorer health than other races

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
White			6	6	15
Prefer not to say		1	1		2
Other:			3	1	2
Latinx/Hispanic	2	5	8	5	11
Black or African American	3	2	2	3	12
Asian		1			2
American Indian or Alaskan Native	1	3	2	1	

Figure 23. Client Survey Result: I believe at Integral Care, my race leads me to having poorer health than other races

Integral Care clients mostly didn't believe that their race impacted their mental health diagnosis.

I believe at Integral Care, my race impacted my mental health diagnosis

Race	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
White	1	3	7	4	12
Prefer not to say		1	1	1	1
Other:			4	1	1
Latinx/Hispanic	2	5	9	5	10
Black or African American	5	4	5	1	7
Asian	1				2
American Indian or Alaskan Native	2	2	2	1	
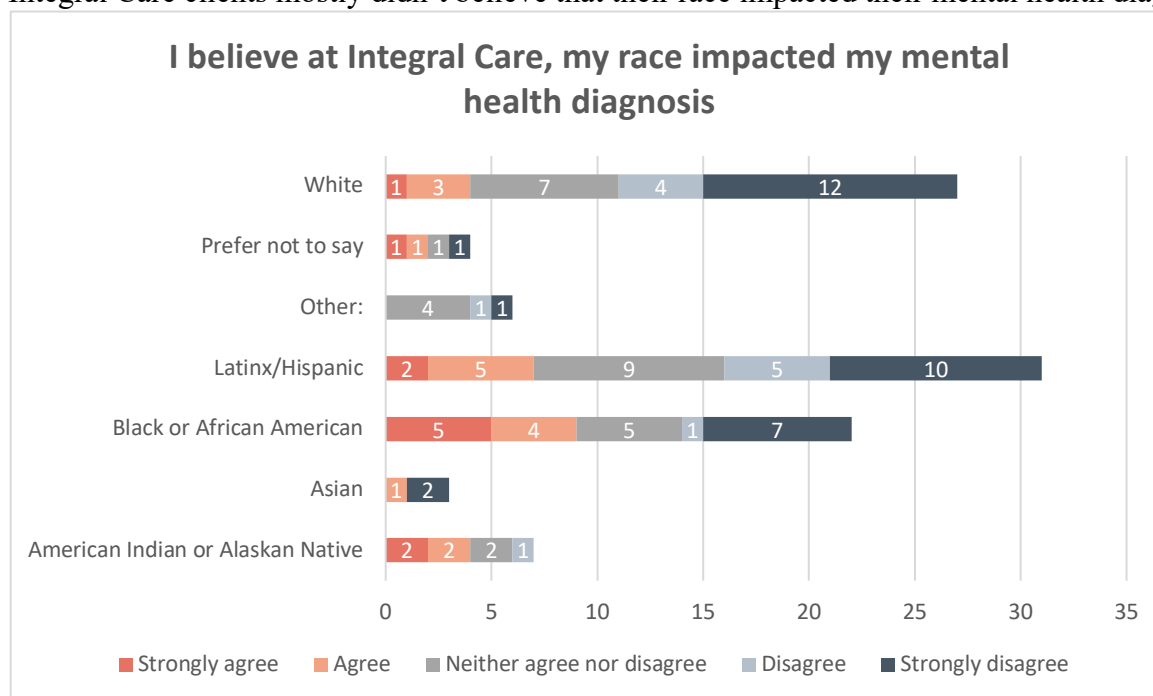
Figure 24. Client Survey Results: At Integral Care, I believe my race impacted my mental health diagnosis

Finding 10: Integral Care clients found that their care and experience at Integral Care would improve by improving diversity at all levels of the organization and increasing staffing.
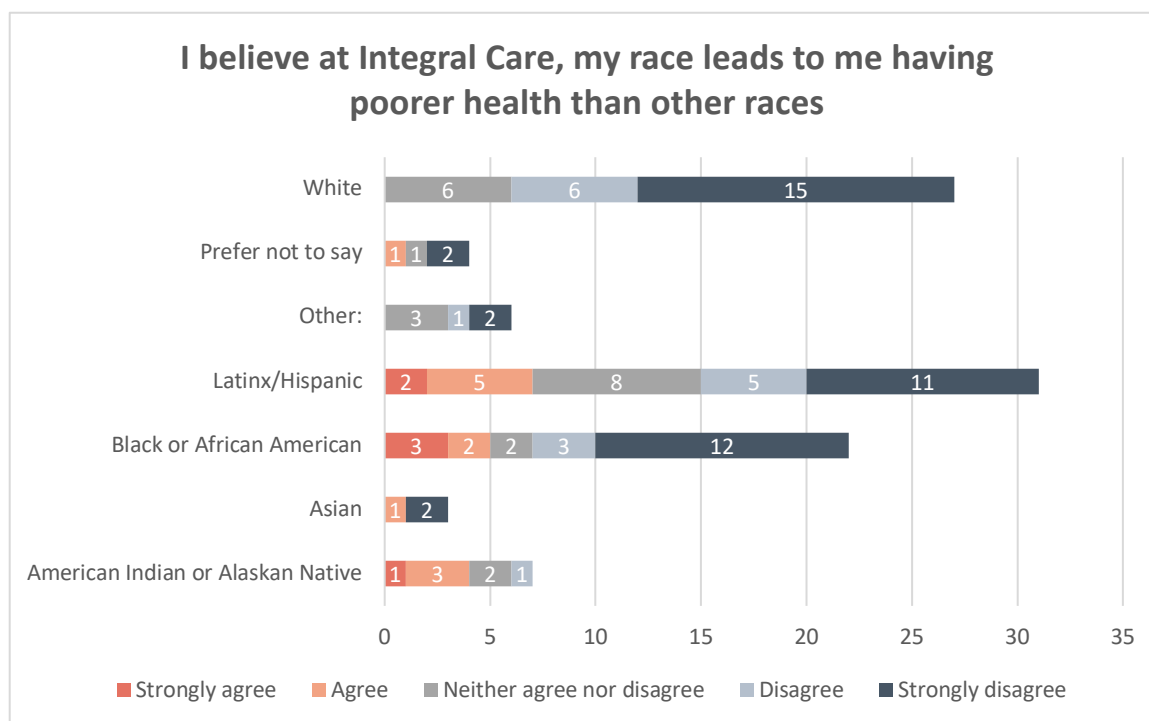
Integral Care clients reported that their care could be improved by increasing diversity among all staff ranks at Integral Care to include greater racial, gender identity, and lived experience diversity.

> Key Takeaways:
> - *Integral Care clients identified cultural competence as an area for growth.*
> - *Integral Care clients believed they would be better served if Integral Care increased staffing and staff diversity.*

Table 12. Finding #9 key takeaways

Integral Care clients identified cultural competence as an area for growth.
Most clients discussed the need for Integral Care staff to grow in their cultural competence. Client perspectives on cultural competence included lived experience with stigma and discrimination, understanding intersectionality, not stereotyping clients, and realizing that a staff member might not be the best to serve a client. A client from the deaf and hard of hearing focus group described the nuances of deaf culture and how only deaf people are familiar with this. Having a therapist who can converse with her regularly and come with this knowledge would

improve this care. A Spanish-speaking client who takes her children for services at Integral Care discussed how meaningful it is to have a counselor who speaks fluent Spanish and has cultural roots like hers. She said, "With my kids, my current counselor is Central American and speaks Spanish. We have conversations about missing aunts and uncles with her. She is more understanding about certain things we talk about."

> *"It's difficult to find a counselor that sort of gets it."*
> - Integral Care Client Focus Group Participant

> *"I think providers who aren't LGBTQ+ find it difficult to understand and empathize with their clients who are. This creates a barrier to communication and then to providing best services."*
> - Integral Care Client Focus Group Participant

> *"Some therapists should be enlightened about how they should relate."*
> - Integral Care Client Focus Group Participant

> *"Staff need ongoing training on how to respond appropriately and thoughtfully to queer people of color."*
> - Integral Care Client Focus Group Participant

Integral Care clients believed they would be better served if Integral Care increased staffing and staff diversity
Integral Care clients spoke frequently about the need for Integral Care to increase staffing. They discussed that it was important to reduce turnover and have more social workers who could work with them consistently. The clients praised the help they received from Integral Care social workers but described their access to them as too infrequent. They found that they could be more successful with continued support but acknowledged that their social worker carries a heavy caseload.

One client from the Black focus groups said, "I really like my social worker, but I know she's busy. When she is around to help, she helps. [If] I can get more it would be awesome." Another client explained that he was seeing the same social worker for six years, and it helped it him because the social worker was familiar with him, his life, and his progress. The clients also described the need to grow organizational diversity at Integral Care. The clients want to see more Black, Asian, Hispanic/Latinx and LGBTQ+ people working at Integral Care.

Finding 11: Client access to Integral Care services varied heavily on level of care.
Clients experiencing crisis were able to gain quicker access to Integral Care. Clients with less acute mental health challenges and non-emergencies found it difficult to navigate Integral Care and sought out alternatives while they waited for services.

Table 13. Finding #10 key takeaways

Clients who reported having an emergency found Integral Care to be very responsive to their needs in crisis
Clients experiencing a mental health crisis praised Integral Care for their quick response. In most cases, they were seen almost immediately and received same-day care. These clients were at a higher level of care where they were at risk of harming themselves or others. One client described having an experience and getting all the help he needed very quickly from Integral Care. One client stated, "I thought it was phenomenal that I was experiencing like a psychiatric emergency. And I was able to get it addressed all in the same day, like all in the same spot." Other clients who had crises described similar experiences with Integral Care.

Clients reporting less acute mental health challenges like depression or anxiety found Integral Care more difficult to navigate, especially without the support of a case manager or social worker
Clients with less acute mental health challenges described difficulty getting an appointment quickly, long waits, and needing to find alternative methods of support. Clients described difficulty getting an appointment with Integral Care if they are navigating the system on their own (without a case manager or social worker). One client said, "Going through [a] secondary party (like a case worker) to access an appointment makes it easier on [the] client to get an appointment." One client said, "I was trying to be proactive and read the website and I couldn't figure out what I needed to do to get help. It was frustrating because I already felt so bad." Another client stated something similar: "Getting an appointment during COVID has been an issue for me."

When clients did get appointments, they reported experiencing long wait times. The wait times were both for the actual appointment date and then waiting in the office. One client said, "I waited a month to be seen even though what I needed was immediate to me." Wait times varied. Clients with established relationships at Integral Care were seen quickly while others who needed to go through the intake process had to wait several hours. One client reported waiting two hours while another reported four to five hours.

> *"They make you wait so long to get an appointment and then when you do you have to wait HOURS [voiced raised] to be seen. It already puts you in a bad headspace before you even get started."*
> - Integral Care Client Focus Group Participant

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To manage the long waits, clients resorted to finding other ways to manage their challenges. Several clients found the Integral Care hotline helpful. Others described that they looked online for options to help them out. One client said, "I was in such a dark space, and I needed help but getting in at Integral Care wasn't really an option, so I looked online and on apps for help. It kinda helped but I was glad when my appointment finally rolled around at Integral Care."

Finding 12: Clients found it uncomfortable and problematic to re-explain their stories multiple times at Integral Care.
Clients discussed their discomfort and the lack of understanding that Integral Care clinical staff demonstrated in asking them to re-explain their stories, medical conditions, and past traumas that they had already described and that were documented in their case files.

Key Takeaways:
• *Clients being reassessed are regularly asked to repeat historical information that has already been provided to Integral Care, leading to discomfort and anguish.*

Table 14. Finding #11 key takeaways

Clients being reassessed are regularly asked to repeat historical information that has already been provided to Integral Care, leading to discomfort and anguish.
When asked about areas for improvement at Integral Care, clients described the repetition of their medical histories, background, and story to be problematic. Clients reported that all the information was previously shared with Integral Care.

> *"It feels like I'm reliving it all over again. I might stay composed on the outside but that doesn't mean that I'm composed. It is in my records."*
- Integral Care Client Focus Group Participant

> *"It's traumatizing. It's in my records and familiarize yourself with it so that I don't have to relive it again and you can ask better questions."*
- Integral Care Client Focus Group Participant

> *"When they ask me a lot of questions, I get frustrated."*
- Integral Care Client Focus Group Participant

> *"The constant turnover and having new social workers that don't understand the history and past of the situations I've been in."*
- Integral Care Client Focus Group Participant

> *"I would think that there should be notes added to the computer versus asking me the same questions over and over again and would make it a lot more efficient."*
- Integral Care Client Focus Group Participant

The clients didn't understand why this had to happen because this information is documented with Integral Care.

Staff

The findings from the staff survey demonstrate that Integral Care staff members are informed about racial equity, find it important to work on it, and experience an equitable workplace. Surveys were completed by 365 individual Integral Care staff members. The tables shown in this section are selected survey responses stratified by race and ethnicity. Complete, unstratified data of the complete survey is shared in Appendix B.

Finding 13: Integral Care staff are mostly white, heterosexual, and female.
Integral Care staff members are 44% white, 28% Latinx/Hispanic, 12% Black or African American, and 4.5% Asian. Integral Care staff members are 77% female, 17% male, .5% transgender, and 3% non-binary/non-gender conforming. Staff members' sexual orientation was 77% are heterosexual, 6% are gay or lesbian, 7% are bi-sexual, and 3% are queer.

Key Takeaways:
- *Of Integral Care staff, white employees (63%) make up most of the workforce at Integral Care, followed by Hispanic/Latinx and Black employees.*
- *77% of Integral Care staff are straight or heterosexual followed by 6.8% who are gay or lesbian and 7% bisexual.*
- *Integral Care staff members are 77% female, 17% male, .5% transgender, and 3% non-binary/non-gender conforming.*

Table 15. Finding #12 key takeaways

Of Integral Care staff, white employees (63%) make up most of the workforce at Integral Care, followed by Hispanic/Latinx and Black employees.
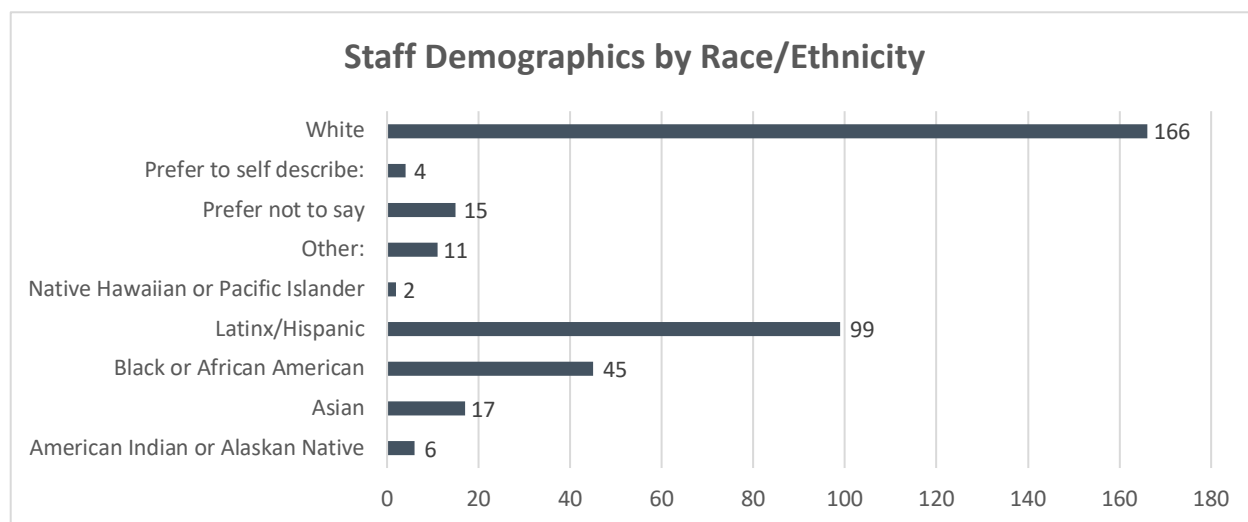
Figure 25. Staff Survey Results: Staff demographics by race

Staff Demographics by Sexual Orientation

White: 1 | 11 | 16 | 9 | 122 | 3 4
Prefer to self describe: 2 1
Prefer not to say: 1 8 5
Other: 1 9 1
Native Hawaiian or Pacific Islander: 1
Latinx/Hispanic: 11 | 8 1 | 78 | 1
Black or African American: 2 2 | 40
Asian: 1 | 16
American Indian or Alaskan Native: 2 3

Legend: ■ Asexual ■ Bisexual ■ Gay or Lesbian ■ Queer ■ Straight/Heterosexual ■ Prefer not to say ■ Prefer to self describe:

Figure 26. Staff Survey Results: Staff demographics by sexual orientation

At Integral Care, I am in the company of people of my race most of the time

White: 21 | 61 | 36 | 35 | 10
Prefer to self describe: 2 1
Prefer not to say: 4 3 3 5
Other: 3 1 4 1
Native Hawaiian or Pacific Islander: 1
Latinx/Hispanic: 4 | 21 | 29 | 32 | 11
Black or African American: 11 | 9 | 12 | 13
Asian: 1 4 | 12
American Indian or Alaskan Native: 4 2

Legend: ■ Strongly Agree ■ Agree ■ Neither Agree nor Disagree ■ Disagree ■ Strongly Disagree

Figure 27. Staff Survey Results: At Integral Care, I am in the company of people of my race most of the time

39

Finding 14: Integral Care staff members are involved in addressing racial equity.
Survey data revealed that Integral Care staff members are involved in addressing racial equity through knowledge, tools, and belief in its importance. Reports were consistent across racial groups.

Key Takeaways:
- *Some Integral Care staff members engaged in advancing racial equity within their work and teams.*
- *Most Integral Care staff members selected knowing how to identify examples of interpersonal/individual racism.*
- *Most staff members reported having tools to address institutional racism in the workplace.*
- *The majority of Integral Care staff members find it valuable to examine and discuss the impacts of race on the workplace.*

Table 16. Finding #13 key takeaways

Some Integral Care staff members engaged in advancing racial equity within their work and teams.
Of Integral Care staff members, 43% either 'Agreed' or 'Strongly Agreed' that they were involved in advancing racial equity in their work. However, 37% of staff members selected 'Neither Agree nor Disagree' in responding to this question.
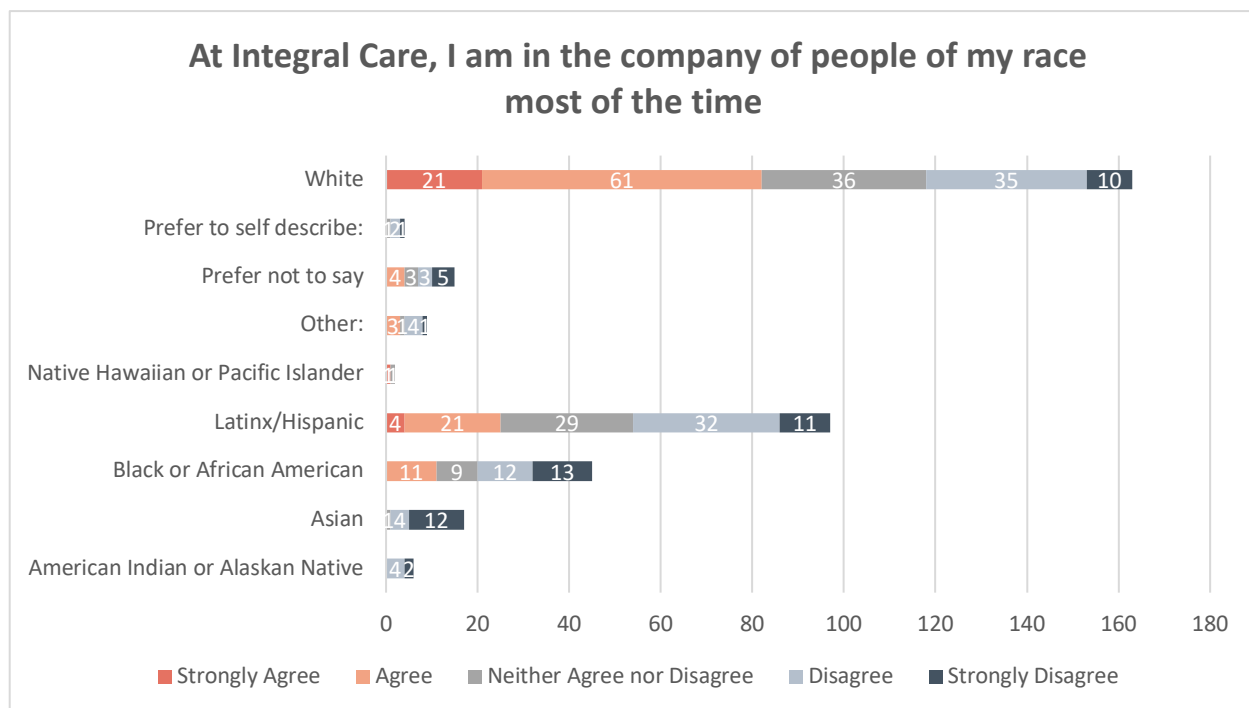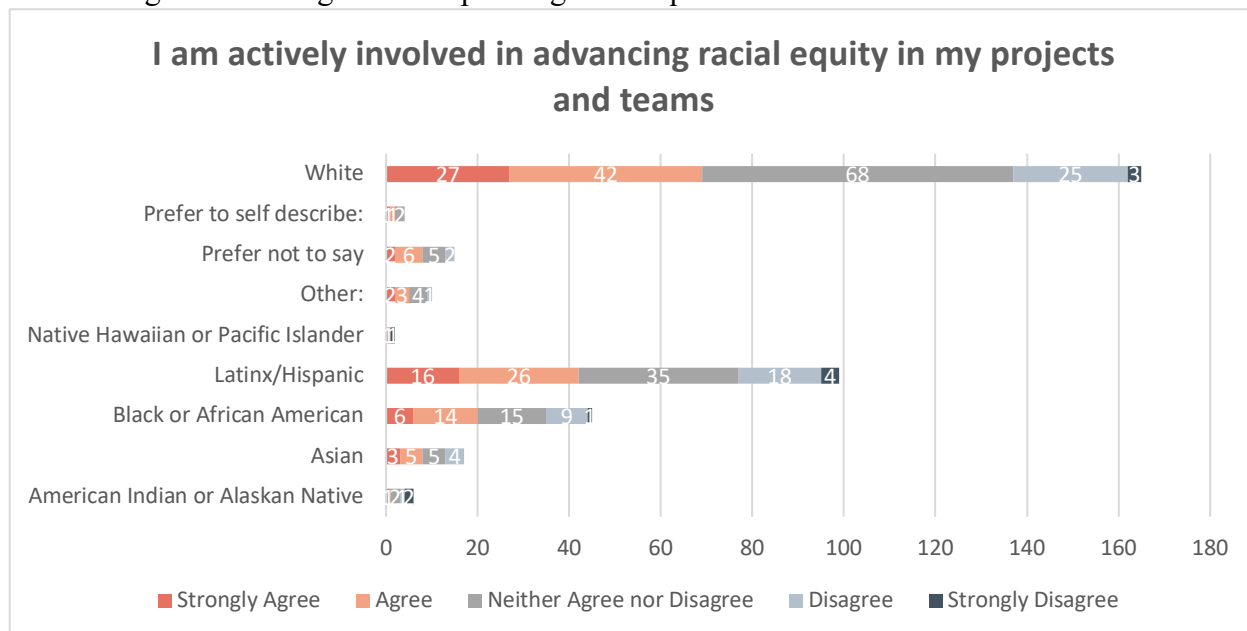

Figure 28. Staff Survey Results: I am actively involved in advancing racial equity in my projects and teams

Most Integral Care staff selected knowing how to identify examples of interpersonal/individual racism.
Out of Integral Care staff members, 29% and 46% 'Strongly Agreed' or 'Agreed,' respectively, that they could identify examples of racism between people.

I know how to identify examples of interpersonal/individual racism

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
White	42	77	30	13	3
Prefer to self describe:	3	1			
Prefer not to say	4	5	4	1	
Other:	2	8			
Native Hawaiian or Pacific Islander	1				
Latinx/Hispanic	31	41	21	6	
Black or African American	15	24	4	2	
Asian	5	9	2	1	
American Indian or Alaskan Native	3	3			

Figure 29. Staff Survey Results: I know how to identify examples of interpersonal/individual racism

Most staff members reported having tools to address institutional racism in the workplace.
Of Integral Care staff members, 56% either 'Strongly Agree' or 'Agree' that they have the tools to address institutional racism, 26% neither agreed nor disagreed and 17% either 'Disagreed' or 'Strongly Disagreed.'

I have the tools to address institutional racism in my workplace

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
White	22	72	42	24	5
Prefer to self describe:			1	1	
Prefer not to say	1	4	4	2	4
Other:	1	4	2	1	
Native Hawaiian or Pacific Islander		1			
Latinx/Hispanic	21	39	24	10	5
Black or African American	8	17	15	14	
Asian	1	7	7	1	
American Indian or Alaskan Native	4	1			

Figure 30. Staff Survey Results: I have the tools to address institutional racism in my workplace.

Most Integral Care staff find it valuable to examine and discuss the impacts of race on the workplace.

Out of Integral Care staff members, 62% strongly agreed and 29% agreed that it is valuable to examine and discuss the impact of race in the workplace.
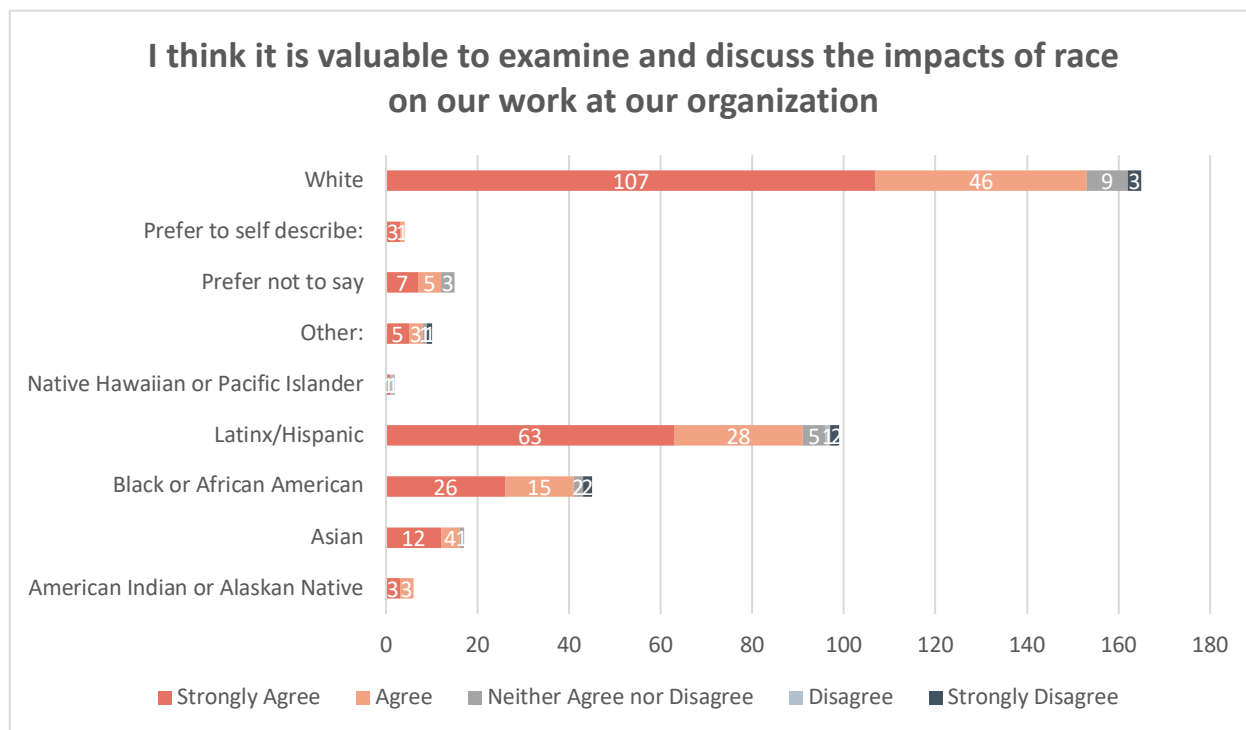
Figure 31. Staff Survey Results: I think it is valuable to examine and discuss the impact of race on our work at our organization
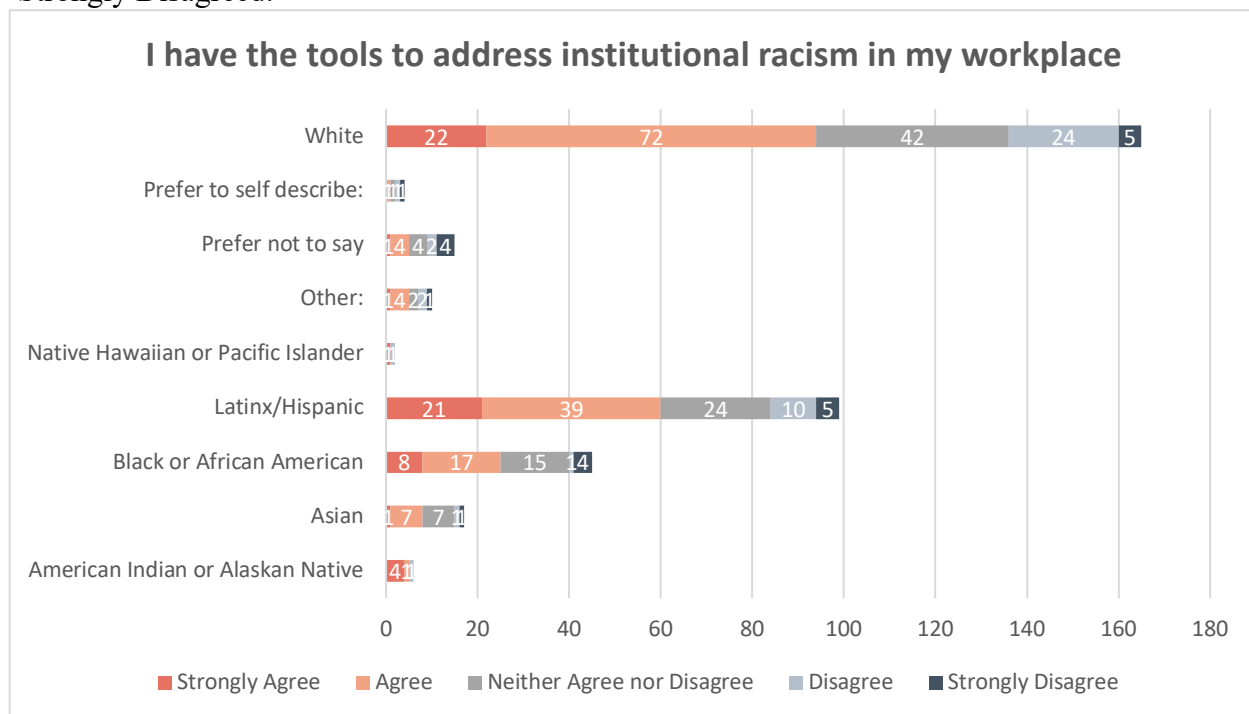
Finding 15: Knowledge of Integral Care's racial equity work is mixed.

Integral Care staff's knowledge of racial equity was mixed. Most staff did indicate being knowledgeable about Integral Care's inclusion of community narratives, written plan for racial equity, and incorporation of racial justice knowledge and skills; however, a large section consistently identified that they neither agreed nor disagreed, signaling that they were unsure.

> Key Takeaways:
> - *Integral Care's incorporation of racial justice knowledge, skills, and practices is mixed.*
> - *Staff's perspectives on the provision of necessary tools to address disparities and achieve racial equity were mixed.*

Table 17. Finding #14 key takeaways

Integral Care's incorporation of racial justice knowledge, skills, and practices is mixed.

Most staff (52%) agreed that Integral Care does incorporate racial justice competencies in their work; over 34% indicated that they neither agreed nor disagreed. Responses were consistent across racial groups.
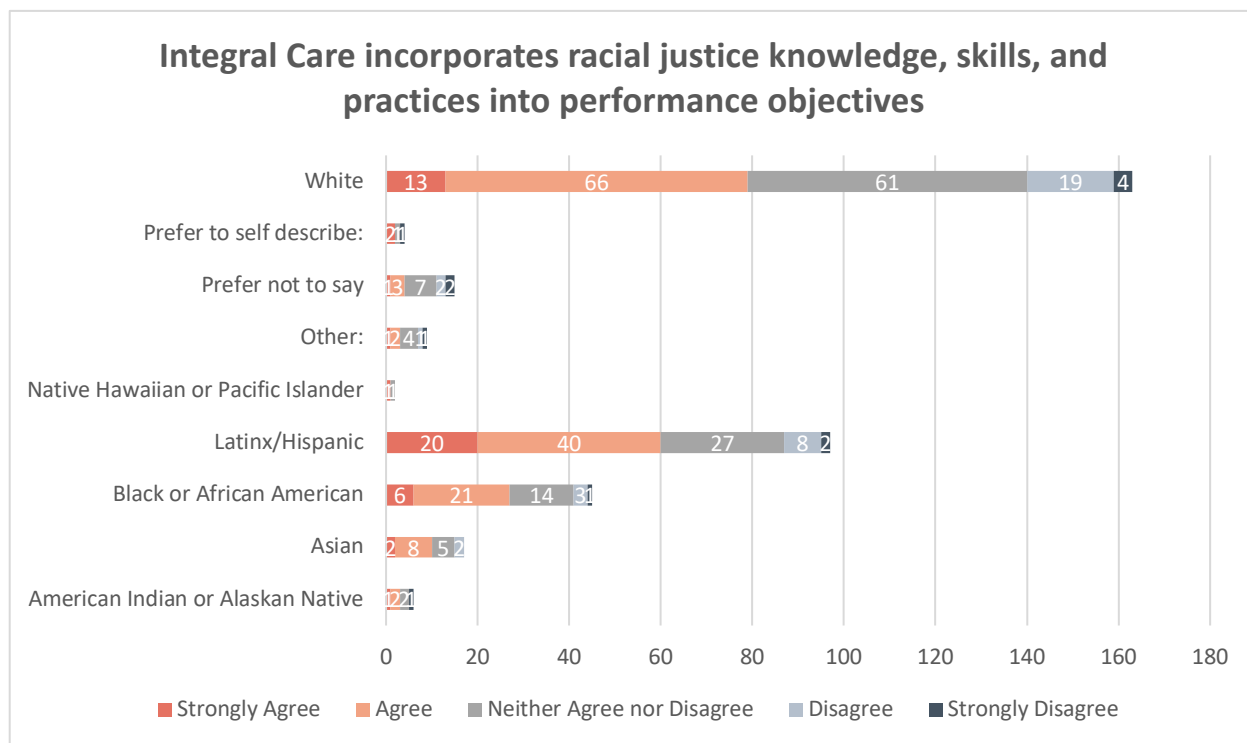
Figure 32. Staff Survey Results: 'Integral Care incorporates racial justice knowledge, skills, and practices into performance objectives.'
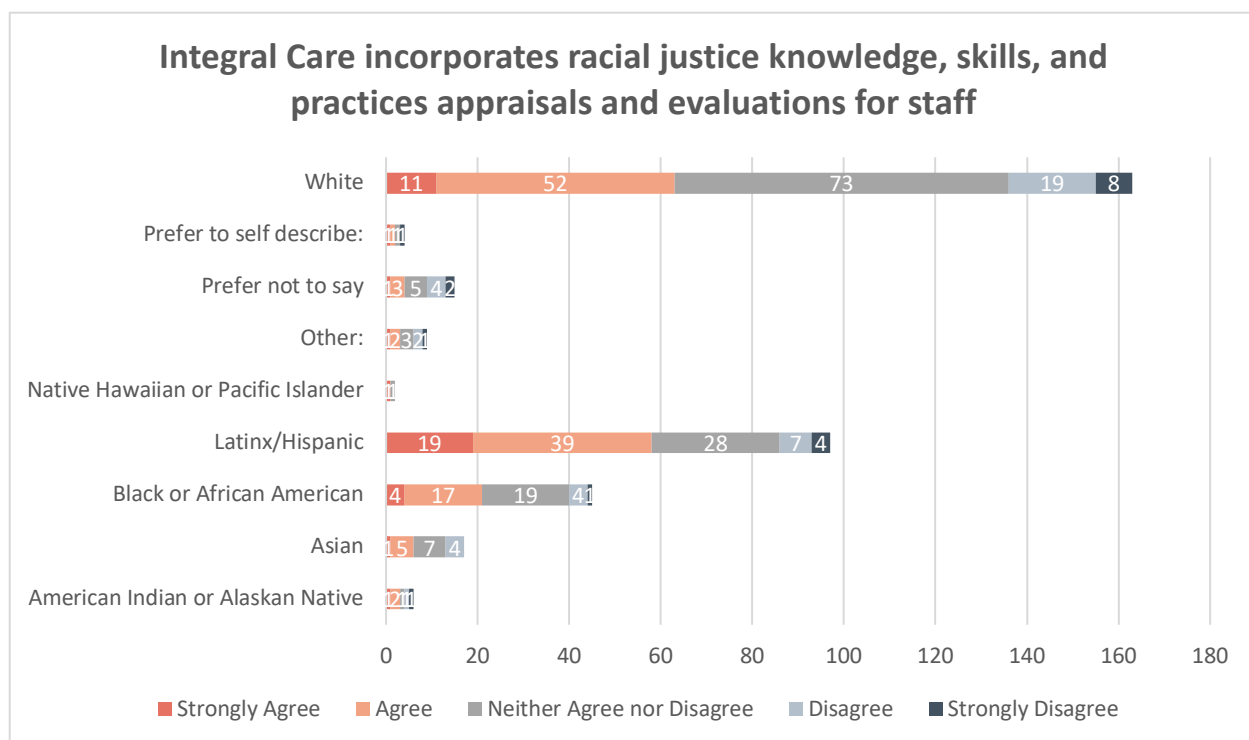
Figure 33. Staff Survey Results: Integral Care incorporates racial justice knowledge, skills, and practices appraisals and evaluations for staff
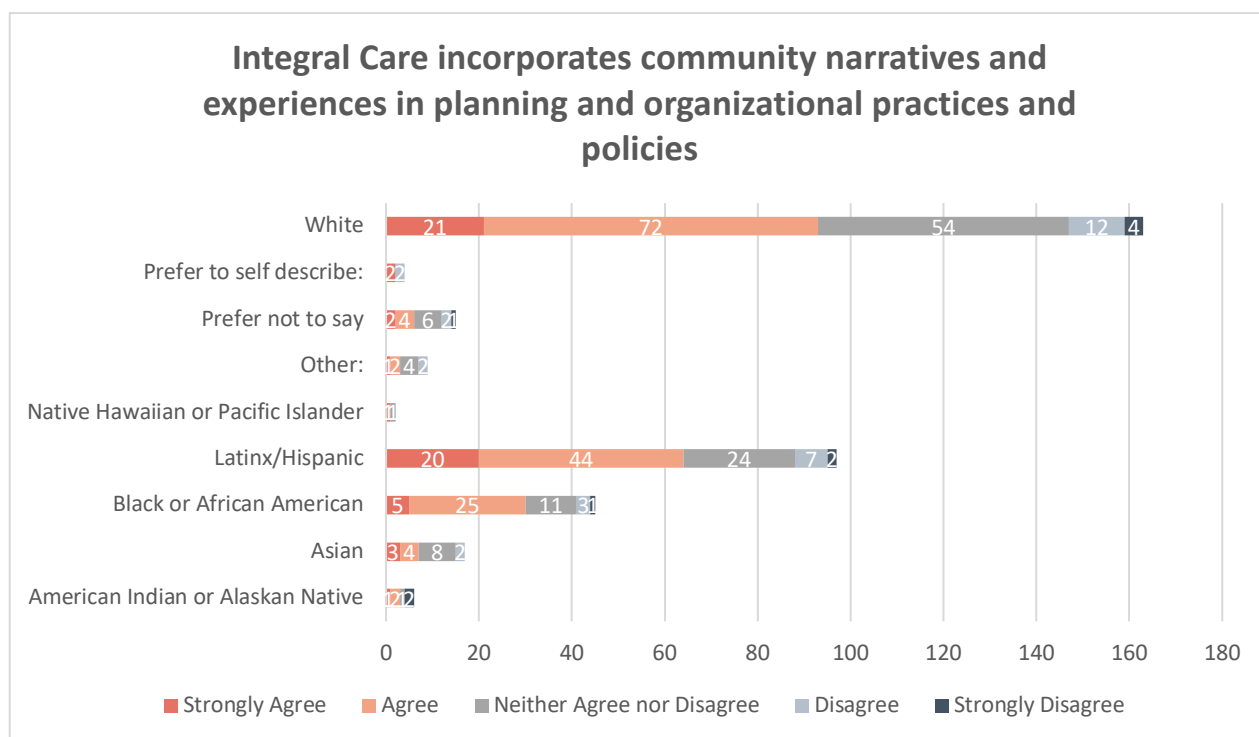
Figure 34. Staff Survey Results: Integral Care incorporates community narratives and experiences in planning and organizational practices and policies

Staff's perspectives on the provision of necessary resources to address disparities and achieve racial equity were mixed.

Of staff, 16% 'Strongly Agree' and 42% 'Agree' that Integral Care does provide the resources needed to conduct racial equity work. However, 30% 'Neither Agree nor Disagree' and 14% 'Strongly Disagree' or 'Disagree.' Responses were consistent across racial groups.
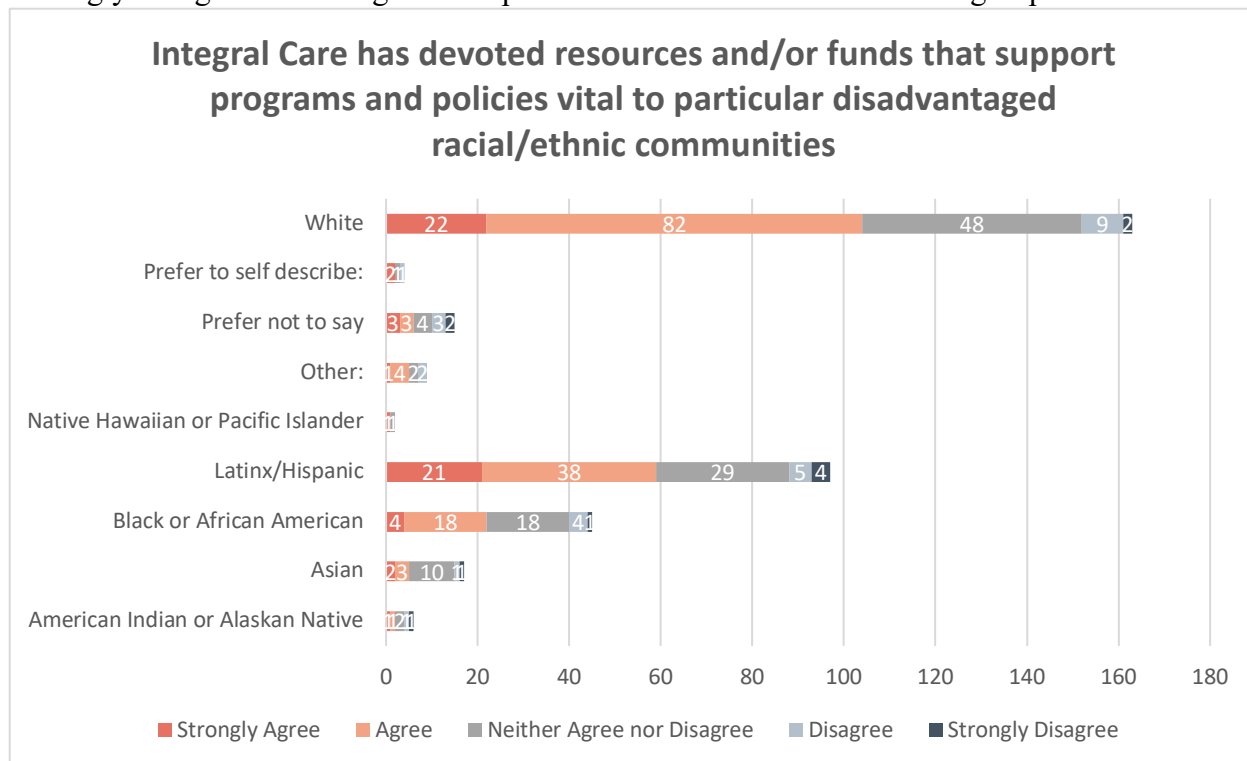
Figure 35. Staff Survey Results: Integral Care has devoted resources and/or funds that support programs and policies vital to particular disadvantaged racial/ethnic communities

Finding 16: Staff reported being satisfied with the Integral Care workplace and leadership.
Most Integral Care staff reported satisfaction with Integral Care workplace climate, environment, and their organizational leadership.

Key Takeaways:
- *73% of Integral Care staff members reported being 'very satisfied' or 'satisfied' with their office climate/environment.*
- *57% of Integral Care staff members agreed that Integral Care creates an environment where everyone has equal opportunity to advance.*
- *55% of Integral Care staff members indicated that Integral Care has courageous leadership (e.g., CEO, Board members, Directors) that have made a commitment to apply a racial equity lens to the treatment of clients; however, 33% neither agreed or disagreed.*

Table 18. Finding #15 key takeaways

Of Integral Care staff members, 73% reported being satisfied with their office climate/environment.
However, 16% were unsure. The distribution across racial groups is consistent.

How satisfied or dissatisfied are you with the overall office climate/environment that you have experienced at Integral Care within the past 12 months?
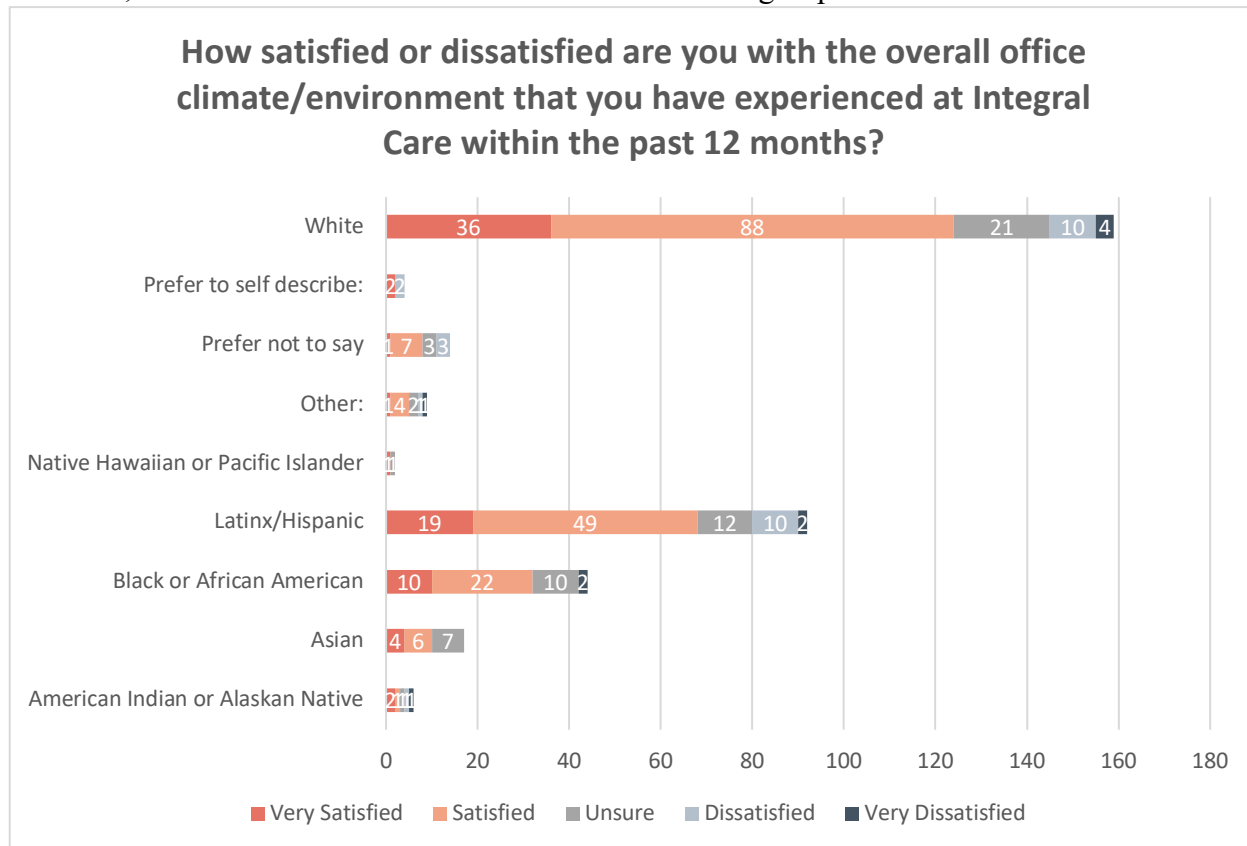
Figure 36. Staff Survey Results: How satisfied or dissatisfied are you with the overall office climate/environment that you have experienced at Integral Care within the last 12 months?

Of Integral Care staff members, 57% agreed that Integral Care creates an environment where everyone has equal opportunity to advance.
However, 24% were unsure. The distribution across racial groups is consistent.
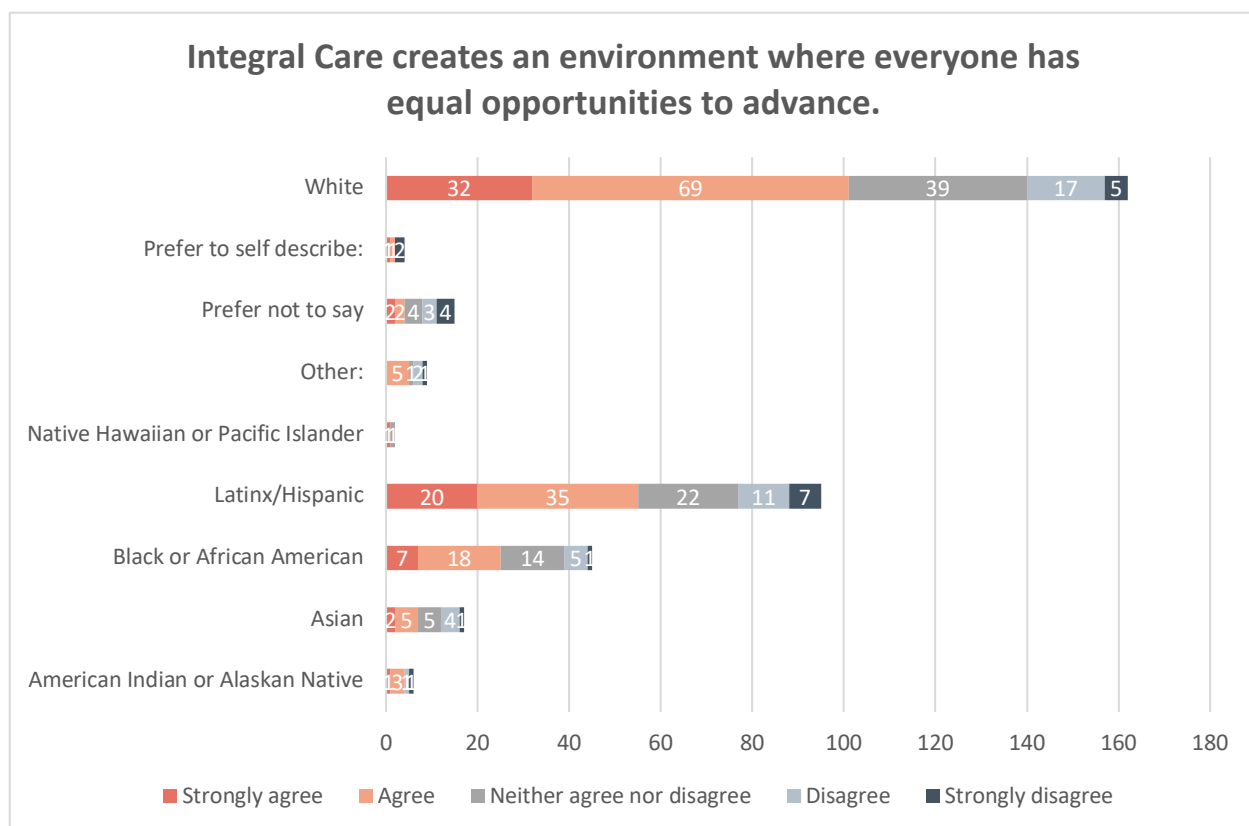
Figure 37. Staff Survey Results: Integral Care creates an environment where everyone has equal opportunities to advance

Of Integral Care staff, 55% indicated that Integral Care has courageous leadership (e.g., CEO, Board members, Directors) that have made a commitment to apply a racial equity lens to the treatment of clients.

However, 33% were unsure. The distribution across racial groups is consistent.

Integral Care has courageous leadership (e.g., CEO, Board Members, Directors) that have made a commitment to apply a racial equity lens to the treatment of clients.

Legend: Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

- White: 22 | 64 | 59 | 13 | 5
- Prefer to self describe: 1 | 1 | 1
- Prefer not to say: 14 | 6 | 2 | 2
- Other: 13 | 4 | 1
- Native Hawaiian or Pacific Islander: 1 | 1
- Latinx/Hispanic: 21 | 43 | 27 | 2 | 4
- Black or African American: 8 | 20 | 12 | 3 | 2
- Asian: 2 3 | 9 | 3
- American Indian or Alaskan Native: 1 | 2 | 2

Figure 38. Staff Survey Results: Integral Care has courageous leadership that have made a commitment to apply a racial equity lens to the treatment of clients

Finding 17: Integral Care staff have had limited experiences with overt rude or disrespectful behavior directed at them.
Most Integral Care staff reported not experiencing disrespectful or rude behavior at work.

> Key Takeaways:
> - *39% of Integral Care staff reported that they never experienced rude or disrespectful behavior while 27% said they don't experience it often.*
> - *42% of Integral Care staff reported that they never found it difficult to speak up when observing disrespectful behavior, while 25% said they don't experience it often.*

Table 19. Finding #16 key takeaways

Of Integral Care staff, 39% reported that they never experienced rude or disrespectful behavior while 27% said they don't experience it often.
However, 13% reported that they experience rude or disrespectful behavior often. The distribution across racial groups is consistent.
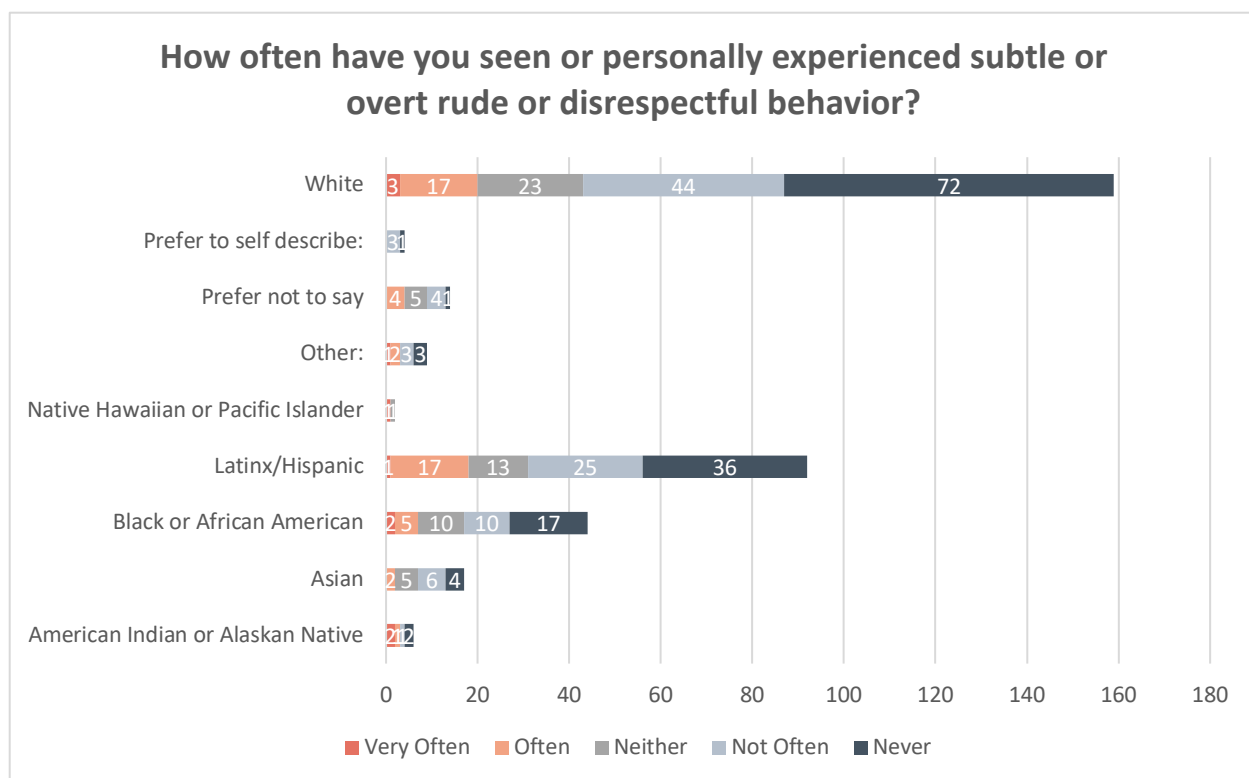
Figure 39. Staff Survey Results: How often have you personally experienced subtle or overt rude or disrespectful behavior?

Of Integral Care staff, 42% reported that they never found it difficult to speak up when observing disrespectful behavior while 25% said they don't experience it often.

However, 16% did find it difficult to speak up when observing disrespectful behavior often. The distribution across racial groups is consistent.

Figure 40. Staff Survey Results: 'How often have you personally found it difficult to speak up when observing disrespectful behavior?

Document Review

A review of Integral Care documents was completed as part of this REA to understand and examine explicit and implicit messages communicated through official documents, to become aware of the ways in which race is treated in documents. A rubric was created to evaluate the purpose, language, target population, equity-minded language, welcoming/unwelcoming language, gendered language, and efforts to create stronger messages (e.g., examples, frequently asked questions, contact information). The documents listed in Figure 39 were reviewed utilizing this rubric. Multiple members of the team reviewed the documents individually and then together to identify common themes.

Document Name	Document Description
Equal Employment Opportunity	Human Resources equal opportunity policy
Grievance and Internal Dispute Resolution	Process for employees to submit disputes
Client Satisfaction Dashboard	Results of client satisfaction survey
Recovery language	Person centered, nonjudgmental language to use with clients
Integral Care Strategic Plan **FY2022**	Integral Care Strategic Plan FY2022 incorporates shifts that Integral Care needs to make in response to changing conditions and priorities in our community.
Authority Services Focus: Client Satisfaction and Concerns (Goal 3)	PowerPoint deck describing Integral Care client satisfaction and concerns from the Ombudsman and Quality Experience Administrator
Client demographic data by service area (shared via email on December 21, 2021)	Client demographic data by service area
National Standards for Culturally and Linguistically Appropriate Services (CLAS) **FY 2021** (Goal 1-3)	PowerPoint deck of Integral Care's FY 2021 CLAS report detailing language access broken down by services and organizational position
Care for Culture – Culturally Responsive Care Training	PowerPoint deck of virtual four-hour cultural competency training provided to Integral Care staff
Ombudsman Data	Excel Spreadsheet of client complaints

Figure 41. Documents reviewed

The review of each document yielded an overall finding that Integral Care documents could be improved to include language that describes Integral Care's commitment to equity and the pathway to achieving it. The lack of this content in these documents likely stem from the fact that Integral Care is building institutional knowledge and practices to inform these documents. Nonetheless, greater details need to be infused across Integral Care documents.

Findings & Recommendations
Each document in this review had a different targeted viewer and purpose. With that in mind, the findings and recommendations should be taken with the understanding that the reviewed documents are not all internal or external facing documents.

Document Name	Findings	Recommendations
Equal Employment Opportunity	• Content is very vague and heavy in jargon, but the overall message is easy to understand. • Document provides specific guidance on policies related to discrimination. • No focus on equity. • No contact information.	• A contact person should be listed for anyone with questions or concerns, or for additional information. • Include information about Integral Care's work to reduce racial inequities and append to document.
Grievance and Internal Dispute Resolution	• Very technical. • Somewhat difficult to understand. • Full of jargon and legalese.	• Address equity concerns that people in the organization who might lack power or visibility might be concerned about. This can be a 'frequently asked questions' and contact information of a neutral person to help navigate this process. Information on concerns can be gleaned from a small employee focus group or analysis of previous complaints. • Be mindful of literacy levels. • Clearly outline or define terms (e.g., define regularly budgeted employees). • A contact person should be listed for anyone with questions or concerns, or for additional information.
Client Satisfaction Dashboard	• Depending on the intended audience, someone without a baseline understanding of data many not fully understand the information presented. • Language used 'combined average,' 'combined percentage,' 'average,' and 'score trend' need to be explained. • No demographics. • No interpretation of the data.	• Questions should be enhanced because they are skewed to positive responses. • Responses need to be stratified by race. • A contact person should be listed for anyone with questions or concerns, or for additional information.
Recovery language	• Clear and concise. • Easy to comprehend. • Utilizes some mental health terminology.	• A contact person should be listed for anyone with questions or concerns, or for additional information.
Integral Care Strategic Plan FY2022	• Provides organizational status and motivations for goals. • Goals and objectives are outlined well. • Describes racial equity.	• A contact person should be listed for anyone with questions or concerns, or for additional information.

	• Describes racial equity task force. • Describes future work that will be guided by the racial equity plan. • Provides a brief overview of the disproportionate impacts on minoritized populations by the system.	
Authority Services Focus: Client Satisfaction and Concerns (Goal 3)	• Describes Integral Care's commitment to understanding client experience to inform practice and quality. • Slides include abbreviations not previously defined. • Mentions Integral Care's commitment to trauma-informed, equity-focused, and person-centered care. • Provides contact name but no contact information.	• Consider reviewing the structure of client reports and client feedback. Specifically, do not refer to it as positive or negative. • Feedback should be stratified by race and gender. • A contact person should be listed for anyone with questions or concerns, or for additional information.
Client demographic data by service area (shared via email on December 21, 2021)	• Report describes client demography by race/ethnicity, age, primary language, percentage of services received by each division (stratified by race/ethnicity).	• A contact person should be listed for anyone with questions or concerns, or for additional information.
National Standards for Culturally and Linguistically Appropriate Services (CLAS) FY '21 (Goal 1-3)	• Unclear of intended audience. There were many abbreviations that need definition and it needs greater detail on who would fall into each category. If meant for internal view only, this might not be an issue. • Slides reviews data but provides little interpretation of data.	• Interpret data with an equity lens to identify places where Integral Care is succeeding and areas of improvement. • Describe how data are being used to improve practice and quality. • A contact person should be listed for anyone with questions or concerns, or for additional information.
Care for Culture – Culturally Responsive Care Training	• Training has some stereotypical imagery (e.g., Native American picture). • Training materials reflect information on culturally appropriate care but lack real application and examples for the participant.	• Remove all stereotypical images. • Provide case studies for participants. • Provide examples of meaningful culturally appropriate care. • A contact person should be listed for anyone with questions or concerns, or for additional information.
Ombudsman Data	• Unclear about length of time to resolve cases. • There were many outstanding cases.	• More complete information is needed to understand the timeliness and quality of resolutions to complaints.

• Cases with no assigned date to track length of time it has been open and/or unresolved. • No demographic information to help understand who is filing complaints. • Standards on the process for resolving complaints are not detailed (e.g., working days within which a complaint should be resolved).	• Complaints should be stratified by race and gender. • Clearly describe the process and standards for resolving complaints. • Consider adding completeness of data report to Ombuds' performance evaluation. • Data collection does not appear to be systematic; this should be reviewed. • A contact person should be listed for anyone with questions or concerns, or for additional information.

The overall themes of the recommendations centers creating greater context and information for the viewer to tangibly use to access resources or gain a better understanding of how Integral Care's services and policies serve them. Context should include ongoing updates about Integral Care's racial equity work, updates to policies, and interpretation of data. In several instances, data are presented without interpretation. Opportunities to interpret data with an equity lens to show how data can be applied to informing Integral Care's practice are useful. Doing so adds another layer of commitment and accountability to the work Integral Care has committed to.

Furthermore, each document recommendation has consistent advice to add a contact person who anyone can contact with questions, concerns, or for additional information. This recommendation goes beyond simply listing someone's name and contact information but also advice to ensure that each person has content expertise in the specific issue and is well-versed in racial equity. This person should be able to field questions and concerns and talk through ideas and opportunities without needing to refer it to someone else.

Discussion

The purpose of this REA is to evaluate the racial impact of Integral Care's organization structure, facilities, budget, public documents, and policies and obtain meaningful input from racial and ethnic minority groups to identify racial equity gaps and needs within these focal groups. The findings from this assessment identify important areas for further study and improvement for Integral Care. Integral Care plays in an important role in the Austin-Travis County mental health ecosystem. Clients have access to a plethora of services at a variety of sites throughout the city.

Client Satisfaction

This assessment revealed that clients are, overall, pleased with the care they receive at Integral Care. Clients did not report outright or blatant issues of bias and discrimination; however, racial inequities were revealed that can be addressed in Integral Care's operation. Perhaps the most glaring client highlight was the timeliness of treatment which is heavily determined by their level of care. A client's level of care is a type of sorting tool that helps place a client in a care level based on seriousness. A lower level of care can start with a support group or periodic therapy for a person with diagnosed depression or anxiety. The highest level of care can result in hospitalization. To reach the highest level of care, an individual could be at suicide risk, have a history of arrest, or be a danger to others.

Integral Care clients have highlighted that Integral Care does an excellent job in emergency situations. However, for clients with lower levels of care there are challenges with timeliness. At times it can take a few days, weeks, or months to get an appointment for clients. Factors like referrals from another community agency can help speed up the process. Research demonstrates that timely treatment[3] is an important predictor of attendance.[viii] The literature shows that delays in waiting for an appointment could significantly decrease the rate of keeping the first appointment.[i] Researchers found that the odds of a patient canceling their appointment or not showing up increase by 12% for every day of delay between their initial contact and appointment.[ix]

The timeliness of services for Integral Care clients touches on racial inequity for a variety of reasons. Historically and currently, Blacks and Latinos are less likely than white adults to receive treatment for depression. Additionally, mental health support is often compounded with many social or structural determinants of health such as healthy food, transportation, health care, or inadequate housing that can potentially affect their mental health. In the last two years, we have witnessed BIPOC individuals most impacted by the COVID-19 pandemic in deaths, morbidity, loss of income, and poorer mental health. These collective experiences are examples of racial traumas that undoubtedly impact mental health.[x]

Patient Advocacy

Community partners discussed in detail the lack of patient-centered care at Integral Care as a key inequity because many patients are BIPOC. Patient-centered care is in the domain of quality of care and emphasizes consideration of the patient's individual needs and preferences in clinical decision-making. Integral Care's standardized approach to client care was described as a serious

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[3] The amount of time between a patient's initial contact with mental health providers and their first appointment.

issue because it did not consider the realities of the patient or their needs. As a result, client-facing community partners reported that they were constantly advocating for patients to get what they need from Integral Care. On the surface, patient advocacy might not seem problematic. In essence, patient advocacy is defending the client's rights, protecting their interests, and speaking up for the vulnerable. However, constant patient advocacy does not solve the broader problems which are systematic problems of care.

For someone to advocate for another, there must appear to be powerlessness, lack of knowledge, or lack of capacity to act on one's behalf. The community partners repeatedly described situations where Integral Care clients were sent away or denied a specific service. In those instances, the community partners had to 'fight' for their clients. In many cases, community partners described fighting for their client and having a decision reversed. The type of advocacy that partners described alluded to a disconnect between the client population and proper engagement with populations with complex needs. The distinction can be cultural, institutional, or systemic. Regardless, serious attention to these issues to understand the root causes is important to better care for and establish trusting relationships with community partners and clients.

Integral Care Staffing: Turnover, Racial Concordance, and Cultural Competence
Clients and community partners alike found that Integral Care experiences high turnover that impacts how some services are rolled out. Across the U.S., rates of turnover within the behavioral health workforce are persistently high.[xi] A study of providers' intentions to leave their job and actual turnover found that job stressors (e.g., high workload, emotional exhaustion, reduced job satisfaction) were related to providers' intentions while provider characteristics were related to actual turnover.[xii] Provider who were most likely to leave their job were found to be younger, early-career providers who are open to outside job opportunities. Consistently, a study of substance abuse providers found that new job opportunities were among the highest reasons for leaving their position.[xiii] For clients experiencing high turnover at Integral Care, this means not enough access to case managers who typically have caseloads of 700 clients, longer waits, and new people added to their cases.

Compounding the difficult reality of high turnover at Integral Care is the lack of racial and cultural diversity among Integral Care providers and staff. Clients reported that there weren't many people at Integral Care that looked like them. Moreover, they discussed in detail the lack of cultural competence. Culture is the mechanism through which people learn who to be, how to behave, and what to value. It is the foundation for quality health care delivery.[xiv] Effective care integrates the beliefs and cultural values of people and does not impose on them predetermined ways of being.[xv] Clients envisioned their experiences at Integral Care being even better if there was more diversity and cultural congruence.

Research has shown that racial concordance[4] and cultural competence improves health outcomes across most areas of health care.[xvi,xvii,xviii] Researchers have found that mortality among female heart attack patients is reduced in hospital settings where gender matching between doctors and

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[4] A shared identity between a physician and a patient regarding their race whereas racial discordance refers to patients and physicians having different racial identities.

patients occurs.[xix] In another study, research found that Black patients were more likely than non-Black patients to rate their physicians of the same race as excellent. The same study also found that Hispanic patients were more likely than non-Hispanic patients to be very satisfied with their overall health care with a provider of the same race.[xx] Other studies showed that racial concordance supported better communication, improved health care, and lower expenditures.[xxi,xxii] The majority of literature on racial concordance emphasized the importance of focusing on improving patient-centeredness, information-giving, patient engagement in the decision process, and partnership building.

The benefits of racial concordance and cultural competence can propel an organization to expand the diversity of its workforce. Increasing diversity within a workforce has many variables that can make this difficult. The attractiveness of the agency, the cost of living, salary, work-life balance, benefits, flexibility, and other job opportunities all combine to make expanding diversity difficult. However, there are issues deeper than this. BIPOC people are still poorly represented in behavioral health professions. For example, according to the American Psychological Association in 2019, the average age of a psychologist was 48 years old and 83% were white, 7% were Hispanic, and 3% were Black.[xxiii] The attractiveness of the organization is also important. A survey completed by 189 mental health providers of color in Michigan revealed that barriers to retention included limited opportunities for advancement.[xxiv] In addition, 78% of those providers were qualified for leadership roles but only 35% expressed interest in pursuing them.

Community Engagement
Integral Care's community partners described the ways in which they worked with the agency. Many collaborated with Integral Care to support their clients in getting the services they need. Others function as funders, peripheral partners on conferences and specific programs, and groups that wanted to engage more. Consistently, the partners referenced the significant work that Integral Care does in the Austin-Travis County community but mentioned that they could be doing more to reduce inequities. This point is consistent with many similar organizations who seek to engage more deeply and meaningfully with the community but fall short.

Organizations can fall short in their engagement of the community for many reasons but, perhaps, the most prominent is due to superficial engagement. Superficial engagement is the type of community engagement where the community is denied access to decision-making processes and are often told about plans without community consultation.[xxv] Authentic community engagement is an intentional process of co-creating solutions to inequities in partnership with people who know the barriers to good health best through their own knowledge. This type of engagement is grounded in building relationships based on mutual respect and that acknowledge each person's added value to the developing solutions. It also centers patients and community partners in advancing and empowering the community by challenging existing power hierarchies, elevating local and cultural knowledge, and shifting roles from professional-client to equal participants.[xxvi,xxvii]

The shift to deep, meaningful community engagement can be a difficult and even painful transition for large health and human services organizations. These types of organizations usually engage in more tokenistic ways with the community due to their size, policies, and laws.

Moreover, this type of engagement also proliferates under the notion that if the agency treats individuals through their programs and services then community health will improve.[xxviii] However, this perspective does not take into consideration the pervasive institutional and structural inequities that exist in society and communities that proliferate beyond individual levels. Taking an individualistic approach to community engagement limits meaning and value.

Recommendations

The findings of this REA reveal opportunities for growth for Integral Care and more equitable services for clients of color. The recommendations provided in this section are offered as steps to reduce and eliminate the impact of structural and institutional racism and elevate equity-mindedness moving into the future.

Key Recommendations:
1. Conduct an in-depth study of racial inequities across racial groups in intake, diagnosis, Level of Care classification, and engagement in services and programs to understand barriers and develop strategies for remediation.
2. Develop and adopt a model of authentic community engagement with Integral Care clients, community partners, and the Austin-Travis County mental health ecosystem stakeholders.
3. Develop long-term strategies for recruiting a more diverse workforce.
4. Consider reporting client outcomes disaggregated by race and ethnicity to the community.
5. Review client intake and information gathering processes to reduce time spent repeating past traumas.
6. Build cultural competence goals and design regular strategies to achieve those goals.

Table 20. Key recommendations

Recommendation 1: Conduct an in-depth study of racial inequities across racial groups in intake, diagnosis, Level of Care classification, and engagement in services and programs to understand barriers and develop strategies for remediation.

It is recommended that Integral Care conduct an in-depth analysis of racial differences in their client intake, diagnosis, Level of Care classification, and engagement in services to understand inequities in the process. Racial differences in clinical diagnoses likely reflect two factors: (1) the social and environmental factors that impact the likelihood of a racial group arriving more susceptible to a specific disorder and (2) factors that affect the judgement of clinicians in diagnostic decisions.[xxix] This study should focus on the latter. Moreover, it should include feedback from clients and community partners.

Misdiagnosis among people of color is not uncommon. Blacks are more likely to be diagnosed with severe mental illnesses like schizophrenia. Research has shown that bias and lack of cultural competence is present in these situations. Researchers at Rutgers University conducted an electronic medical record review of 1,657 patients at community behavioral outpatient clinics and found that Blacks were more likely than whites to be diagnosed with schizophrenia and major depression.[xxx] The findings reflected the underemphasizing of mood symptoms among Blacks compared to other groups. Similar to other studies on misdiagnosis of people of color, issues of bias and racism lead to quick and often misinterpretations of conditions. Furthermore, it suggests greater emphasis on psychotic symptoms rather than depressive symptoms for people of color. Treatment for a misdiagnosed condition is harmful and further perpetuates inequities.

Recommendation 2: Develop and adopt a model of authentic community engagement with Integral Care clients, community partners, and the Austin-Travis County mental health ecosystem stakeholders.

It is recommended that Integral Care develop a model of authentic community engagement with clients, community partners, and other relevant stakeholders to guide future work. Authentic community engagement is an intentional process of co-creating solutions to inequities in partnership with people who know the barriers to good health best through their own knowledge of them. The connection between community and equity is inseparable. The model should identify the ways in which clients and other stakeholders will be engaged for feedback and decision-making processes, setting policy and budget priorities, and defining equity measures. Moreover, the model will aid in growing trust between clients and partners and drive transformational change.

The process of establishing a model of engagement is challenging. Expect tension. It is difficult and requires difficult truths to be spoken and power to be shared. In figure 42, Aguilar-Gaxiola and colleagues reflect a pathway for achieving health equity through systems transformation with community engagement at the core.
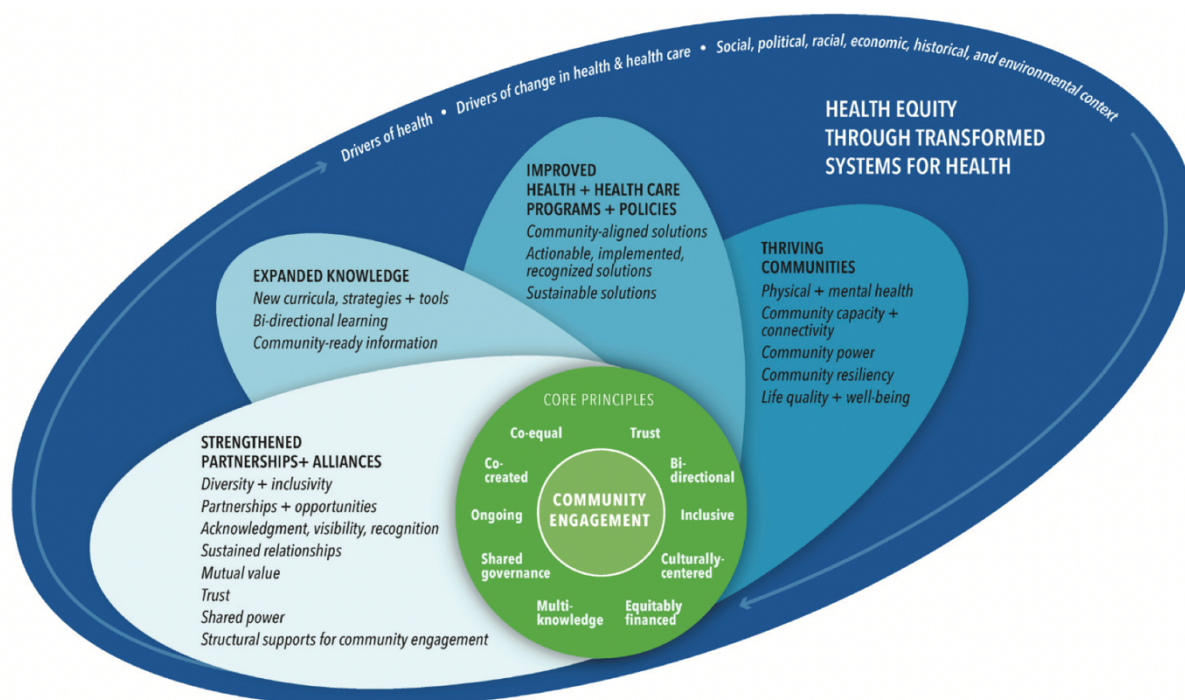
Figure 42. Model for achieving health equity and systems transformation through community engagement. Auguilar-Gaxiola et al. (2022).

The process should be led by a skilled facilitator and with the full support of Integral Care's leadership. Resources must be dedicated to this process. Additionally, evaluation of Integral Care's community engagement should be done regularly and should be based on metrics co-developed with partners.

Recommendation 3: Develop long-term strategies for recruiting a more diverse workforce.
It is recommended that Integral Care develop long-term strategies toward recruiting a more diverse workforce. This includes racial as well as cultural and linguistic diversity. The difficulties of achieving a diverse workforce are well-established. There is increased demand for mental health services without enough people to fulfill the need. The impact of the demand and shortage has been heightened by COVID-19. Integral Care has existing relationships with universities in the Austin-Travis County area. Finding opportunities to expand relationships and dedicate resources to pipeline programs, trainings, peer support programs, practicums, internships, and mentorship will be key to diversifying the workforce. Additionally, ensuring Integral Care is a great place to work will also support this work.

Recommendation 4: Consider reporting client outcomes disaggregated by race and ethnicity to the community.
It is recommended that Integral Care strongly consider reporting client outcomes disaggregated by race and ethnicity and making the findings public. Disaggregation of client data refers to breaking down data about clients into smaller groups such as gender, race, and ethnicity. Understanding health disparities and inequities through high-quality data to identify problems, aid in guiding design, and tracking progress is key to achieving equity. Having high-quality, accurate data about how various groups are being treated and their outcomes is critical to understanding important equity-related issues. Consistent with authentic community engagement, community voices should be included in the design process of client outcomes data reporting.[xxxi] Integral Care has begun this work but it is largely reported to funders and not the community.

Recommendation 5: Review client intake and information gathering processes to reduce time spent repeating past traumas.
It is recommended that Integral Care review client intake and information gathering processes to reduce clients' time spent repeating past traumas. Several clients discussed that they were asked on several occasions at Integral Care to repeat historical information that had already been shared. Through investigation with staff at Integral Care, it was found out that the repetition of historical information is done purposefully. Data are not pulled forward so client files can be updated. Identifying new pathways for historical information to be accessed would be helpful to improving the patient experience and reducing opportunities for them to relive past traumas.

Recommendation 6: Build cultural competence goals and design regular strategies to achieve those goals.
It is recommended that Integral Care build out cultural competence goals for the workforce. Through this REA, clients and community partners discussed a lack of diversity and cultural competence. Culturally competent care is essential to reducing and eliminating disparities and inequities.[xxxii] Research has shown that culture plays a critical role in how patients create meaning, cultural components of their illness, and help-seeking behaviors. There cannot be an assumption that all patients share the cultural values of the people on their care team.[xxxiii] In fact, research has shown that trauma treatments tend to lack cultural relevance for many people of color.[xxxiv,xxxv,xxxvi] Care teams need greater context for engaging with individuals regarding the effects of racial trauma.[xxxvii]

Cultural competence is learned over time thus training must be continuous. Increasing knowledge, skills, and awareness are competencies that health care providers should grow.[xxxviii] Developing realistic goals and training strategies is key to building professional quality of care across the organization. It is recommended that part of the strategies for reaching these goals is to evaluate employees' transfer of learning from their training to their job and client experience.[xxxix] Additionally, clients and community partners should be included in this process. They will likely be able to provide feedback on specific subject matter, goals, and strategies.

Conclusion

The legacy of structural racism and its effects on health is undeniably pervasive and persistent. The data show that the United States is home to stark and persistent racial and ethnic disparities where racial and ethnic minority groups experience poorer health outcomes such as higher rates of illness and death across a wide array of health conditions, including diabetes, hypertension, obesity, and heart disease, when compared to their white counterparts. Poor health outcomes are not a reflection of biological differences from white people but the drastically different treatment and policies they have experienced since they were born. A racial equity assessment allows organizations to understand their impact as opposed to their intentions. Integral Care plays an important role in the Austin-Travis County mental health ecosystem. They fill a gap for clients who are at the most vulnerable point in their lives. Integrating equity in every aspect of their operation is key to helping enhance client experience and outcomes and improving community health.

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Appendix A - Client Survey Raw Data

Q1 - Gender Identity (select all that apply):
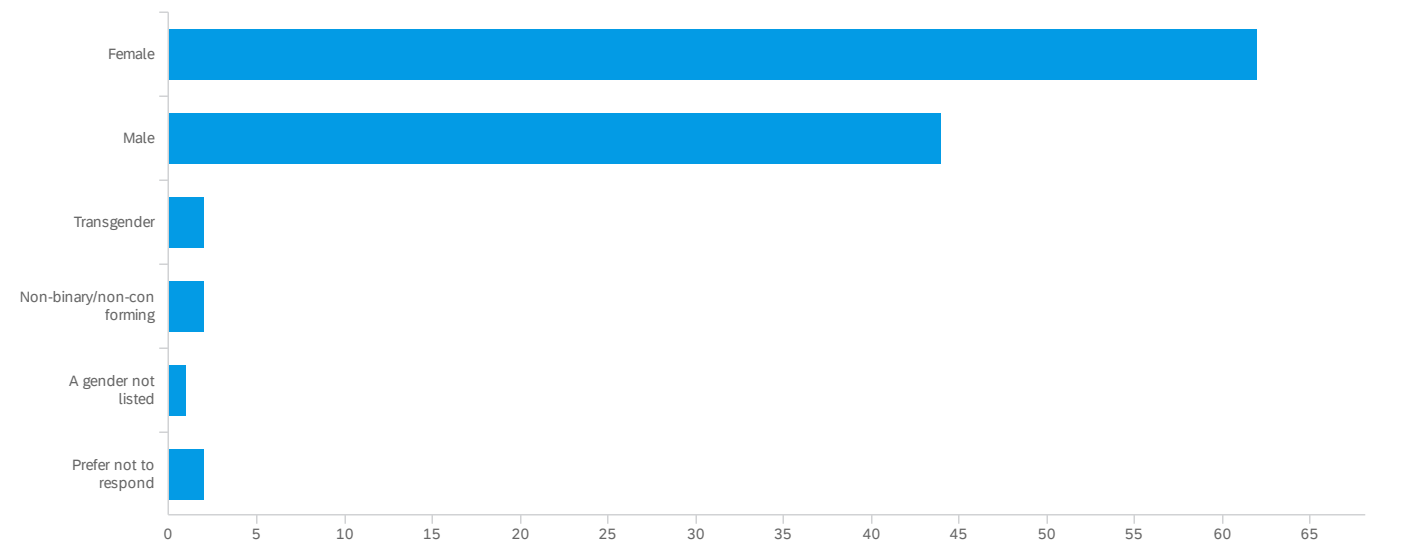
#	Field		Choice Count
1	Female	54.87%	62
2	Male	38.94%	44
3	Transgender	1.77%	2
4	Non-binary/non-conforming	1.77%	2
5	A gender not listed	0.88%	1
6	Prefer not to respond	1.77%	2
			113

Showing rows 1 - 7 of 7

Q2 - Sexual Orientation:
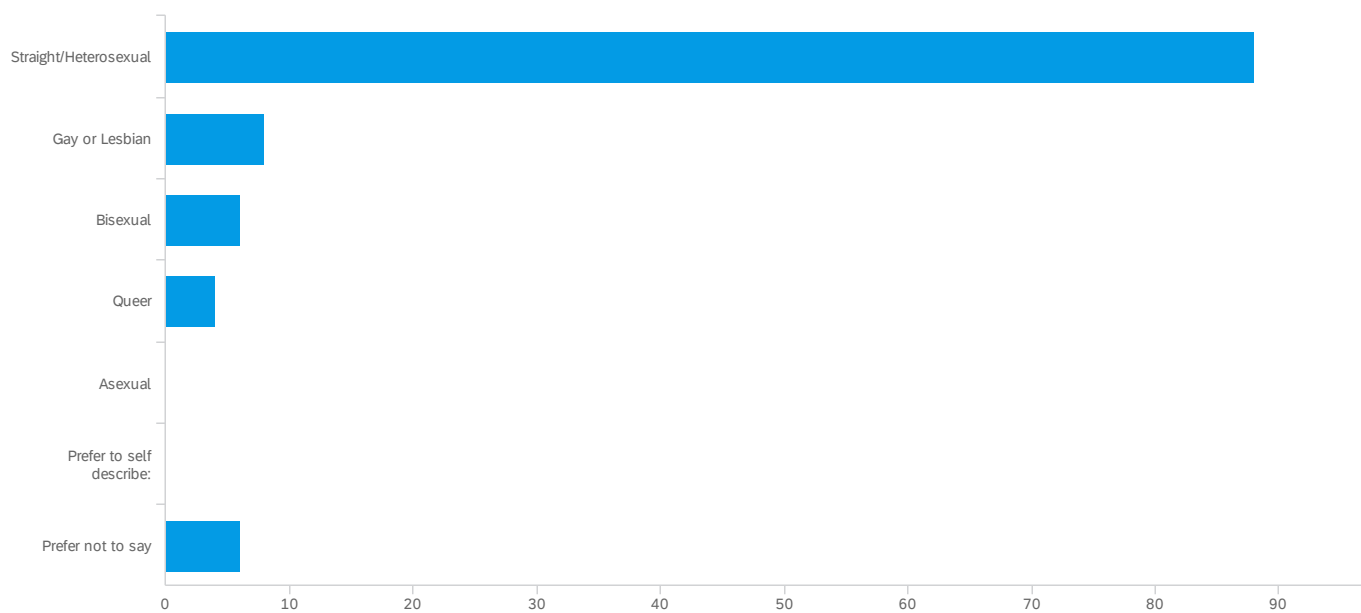
#	Field		Choice Count
1	Straight/Heterosexual	78.57%	88
2	Gay or Lesbian	7.14%	8
3	Bisexual	5.36%	6
4	Queer	3.57%	4
5	Asexual	0.00%	0
6	Prefer to self describe:	0.00%	0
7	Prefer not to say	5.36%	6
			112

Showing rows 1 - 8 of 8

Q3 - Race:
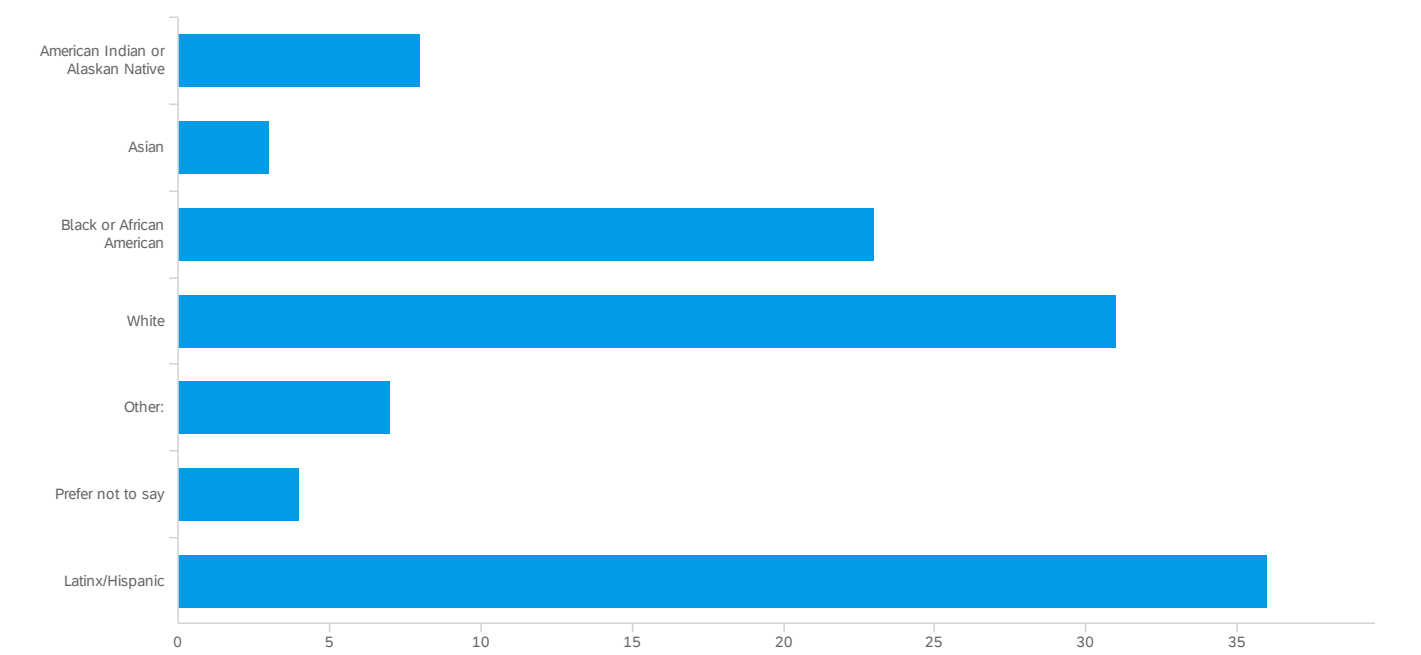
#	Field		Choice Count
1	American Indian or Alaskan Native	7.14%	8
2	Asian	2.68%	3
3	Black or African American	20.54%	23
5	White	27.68%	31
6	Other:	6.25%	7
8	Prefer not to say	3.57%	4
9	Latinx/Hispanic	32.14%	36
			112

Showing rows 1 - 8 of 8

Other:

Human race, black culture

All races

mixed 2 or more races

African American/White

Multi-racial

Human

Q5 - What is your age?

#	Field	Choice Count	
1	18-24 years old	16.07%	18
2	25-34 years old	27.68%	31
3	34-54 years old	41.96%	47
4	Over the age of 55	12.50%	14
5	Prefer not to respond	1.79%	2
			112
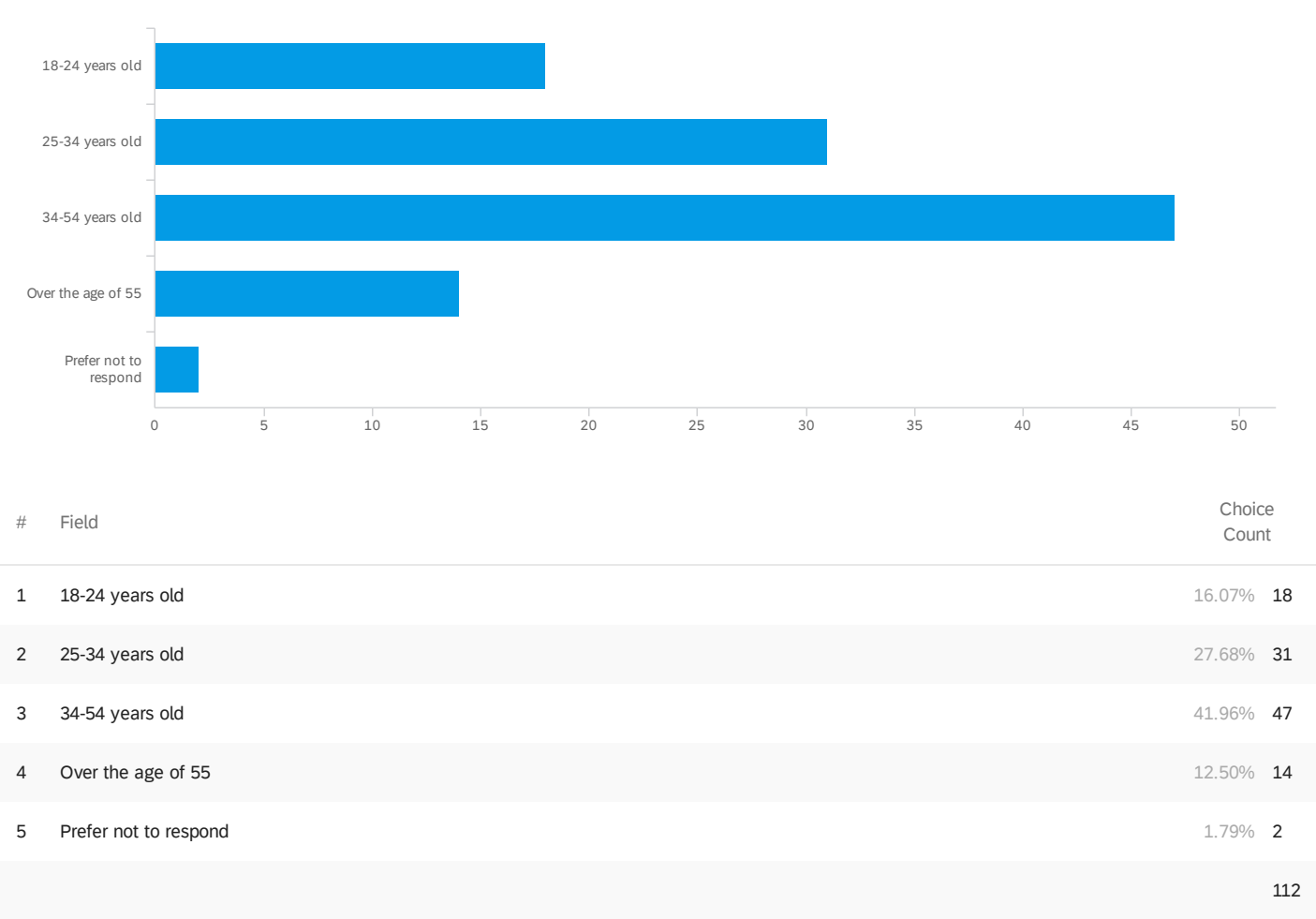
Showing rows 1 - 6 of 6

Q6 - What is your marital status?
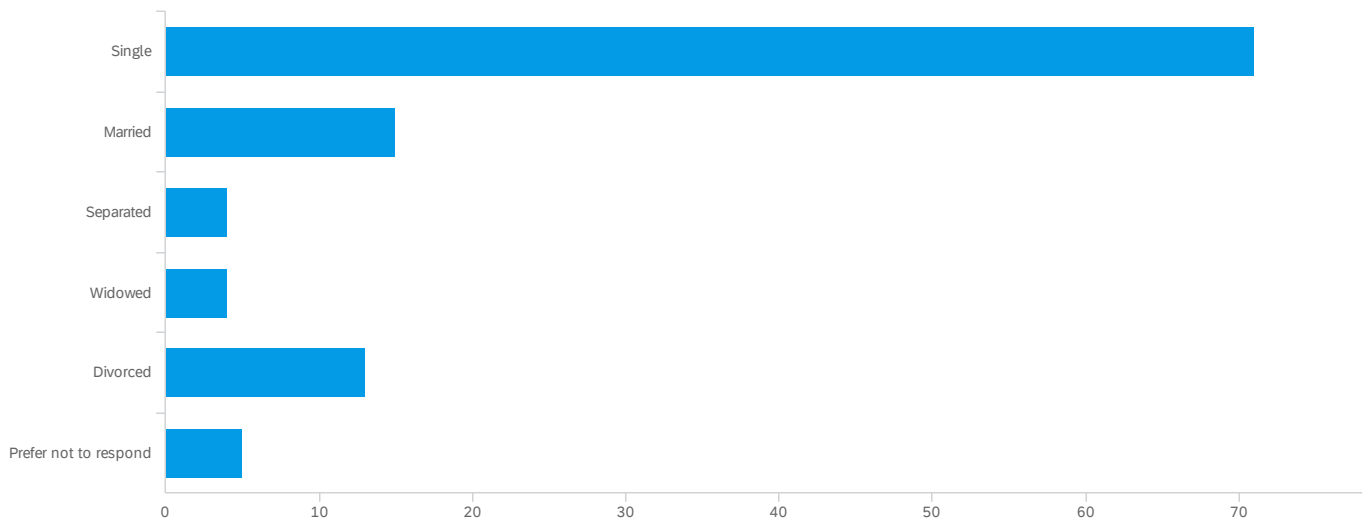
#	Field		Choice Count
1	Single	63.39%	71
2	Married	13.39%	15
3	Separated	3.57%	4
4	Widowed	3.57%	4
5	Divorced	11.61%	13
6	Prefer not to respond	4.46%	5
			112

Showing rows 1 - 7 of 7

Q7 - Select which best describes your employment status
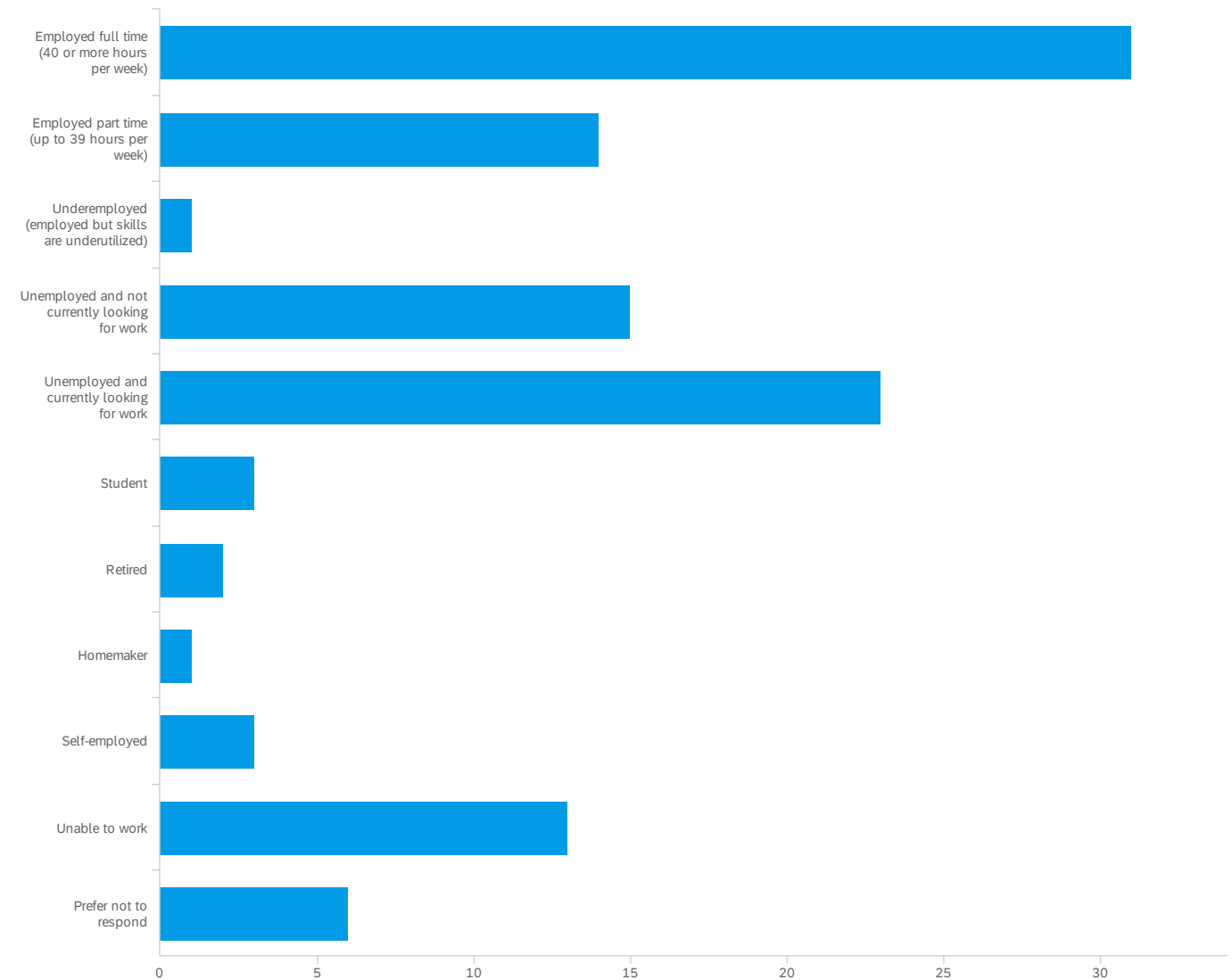
#	Field		Choice Count
1	Employed full time (40 or more hours per week)	27.68%	31
5	Unemployed and currently looking for work	20.54%	23
4	Unemployed and not currently looking for work	13.39%	15
2	Employed part time (up to 39 hours per week)	12.50%	14
10	Unable to work	11.61%	13
11	Prefer not to respond	5.36%	6
6	Student	2.68%	3
9	Self-employed	2.68%	3
7	Retired	1.79%	2
3	Underemployed (employed but skills are underutilized)	0.89%	1
8	Homemaker	0.89%	1
			112

Showing rows 1 - 12 of 12

Q8 - Are you currently covered by any of the following types of health insurance or health coverage plans?

#	Field	Choice Count	
1	Medicare, Medicaid, Children's Health Insurance Program (CHIP)	40.18%	45
2	Military (TRICARE, VA, CHAMP-VA)	3.57%	4
3	Private Insurance (HMO, PPO, POS)	22.32%	25
4	Uninsured	22.32%	25
5	Prefer not to respond	11.61%	13
			112
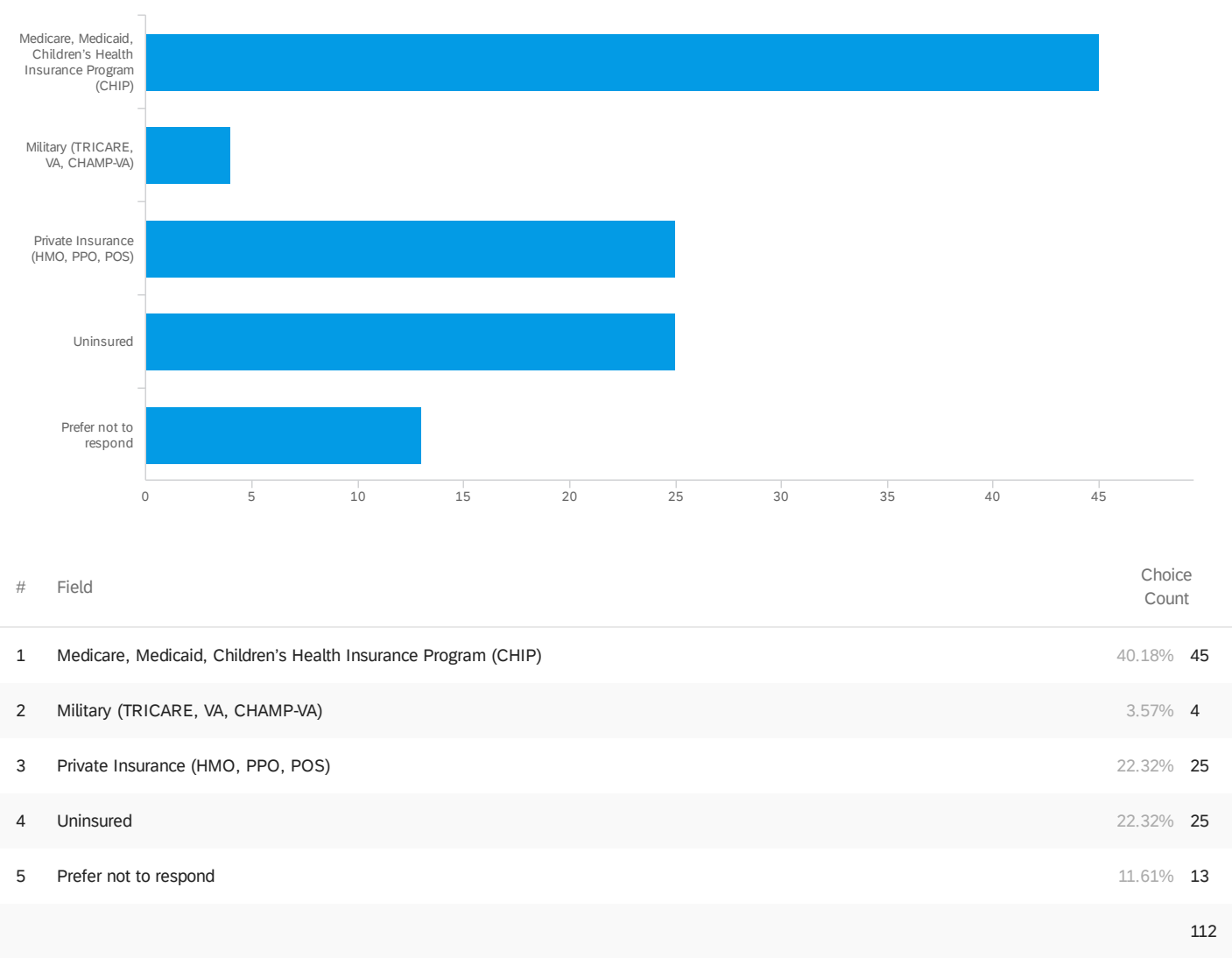
Showing rows 1 - 6 of 6

Q9 - What is the highest degree or level of school you have completed? If currently

enrolled, highest degree received.
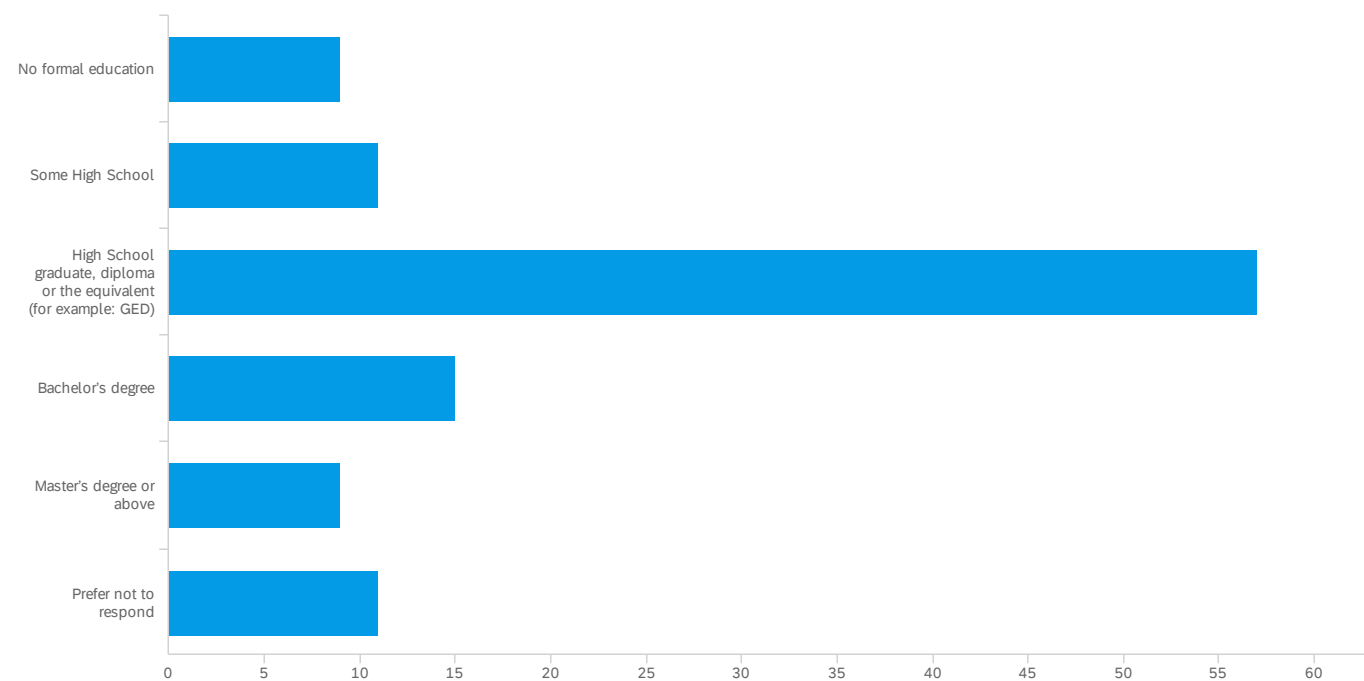
#	Field		Choice Count
1	No formal education	8.04%	9
2	Some High School	9.82%	11
3	High School graduate, diploma or the equivalent (for example: GED)	50.89%	57
4	Bachelor's degree	13.39%	15
5	Master's degree or above	8.04%	9
6	Prefer not to respond	9.82%	11
			112

Showing rows 1 - 7 of 7

Q10 - In the last 6 months, how often have you done the following:
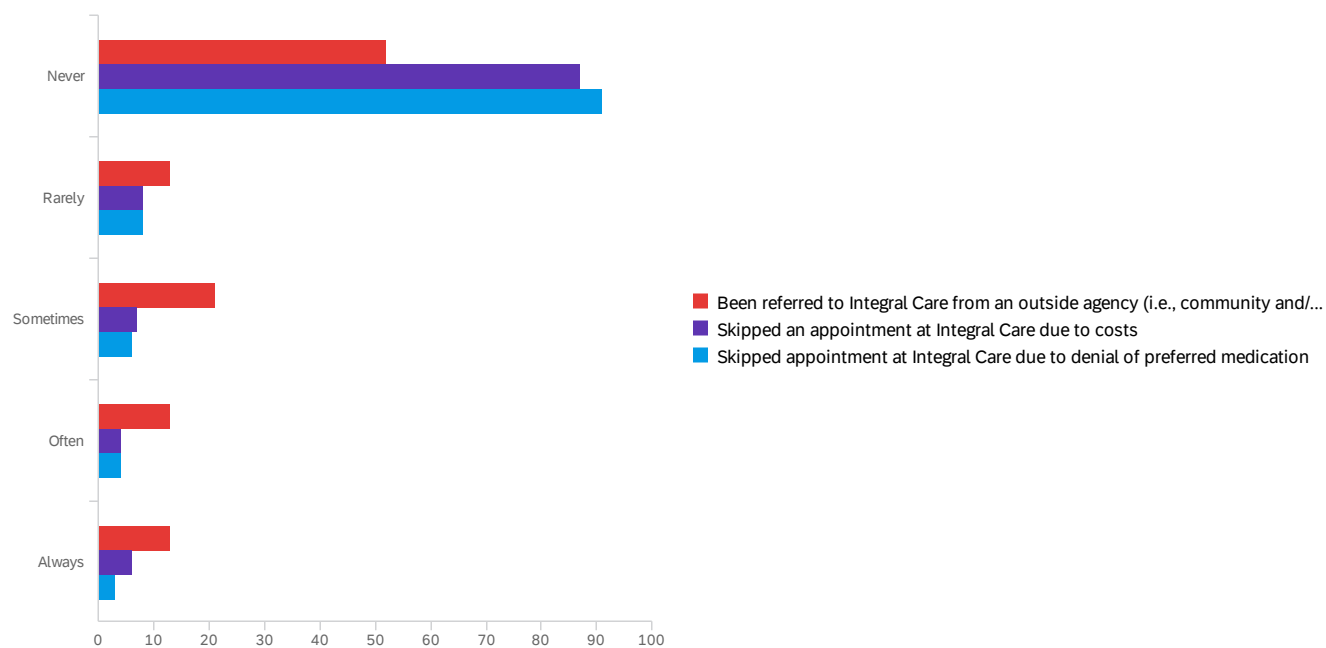
#	Field	Never		Rarely		Sometimes		Often		Always		Total
1	Been referred to Integral Care from an outside agency (i.e., community and/or social services agency)	46.43%	52	11.61%	13	18.75%	21	11.61%	13	11.61%	13	112
2	Skipped an appointment at Integral Care due to costs	77.68%	87	7.14%	8	6.25%	7	3.57%	4	5.36%	6	112
3	Skipped appointment at Integral Care due to denial of preferred medication	81.25%	91	7.14%	8	5.36%	6	3.57%	4	2.68%	3	112

Showing rows 1 - 3 of 3

Q11 - In the last 6 months, Integral Care has done the following well:

Legend:
- Staff and providers at Integral Care care about helping me be well (e.g., h...
- Integral Care has helped me improve my mental health
- Provided language services to meet my needs during appointments
- Treated me with courtesy and respect
- Listened carefully to me
- Explained things about my treatment in a way that I could understand
- Helped me feel comfortable and supported
- Involved me in decisions about my care and/or treatment
- Made it easy to obtain follow-up information and care (e.g., test results, ...
- Have a providers and staff who look like me
- Have a convenient location to access my care
- Have convenient hours to access my care
- Easy access to mental health services in emergencies
- Easy access to mental health services in non-emergencies

Y-axis categories: Strongly disagree, Disagree, Neither agree nor disagree

#	Field	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree		Total
1	Staff and providers at Integral Care care about helping me be well (e.g., have good stable mental health)	5.56%	6	2.78%	3	6.48%	7	36.11%	39	49.07%	53	108
2	Integral Care has helped me improve my mental health	6.48%	7	0.93%	1	16.67%	18	36.11%	39	39.81%	43	108
3	Provided language services to meet my needs during appointments	5.56%	6	1.85%	2	29.63%	32	28.70%	31	34.26%	37	108
4	Treated me with courtesy and respect	5.56%	6	0.93%	1	7.41%	8	29.63%	32	56.48%	61	108
5	Listened carefully to me	5.56%	6	1.85%	2	9.26%	10	29.63%	32	53.70%	58	108
6	Explained things about my treatment in a way that I could understand	5.56%	6	0.93%	1	11.11%	12	34.26%	37	48.15%	52	108

#	Field	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree		Total
7	Helped me feel comfortable and supported	5.56%	6	1.85%	2	9.26%	10	37.96%	41	45.37%	49	108
8	Involved me in decisions about my care and/or treatment	5.56%	6	0.93%	1	10.19%	11	35.19%	38	48.15%	52	108
9	Made it easy to obtain follow-up information and care (e.g., test results, medications, care instructions)	5.56%	6	2.78%	3	15.74%	17	35.19%	38	40.74%	44	108
10	Have a providers and staff who look like me	11.11%	12	4.63%	5	28.70%	31	29.63%	32	25.93%	28	108
11	Have a convenient location to access my care	6.48%	7	3.70%	4	8.33%	9	38.89%	42	42.59%	46	108
12	Have convenient hours to access my care	6.48%	7	2.78%	3	12.96%	14	37.04%	40	40.74%	44	108
13	Easy access to mental health services in emergencies	6.48%	7	5.56%	6	16.67%	18	35.19%	38	36.11%	39	108
14	Easy access to mental health services in non-emergencies	6.48%	7	1.85%	2	15.74%	17	34.26%	37	41.67%	45	108

Showing rows 1 - 14 of 14
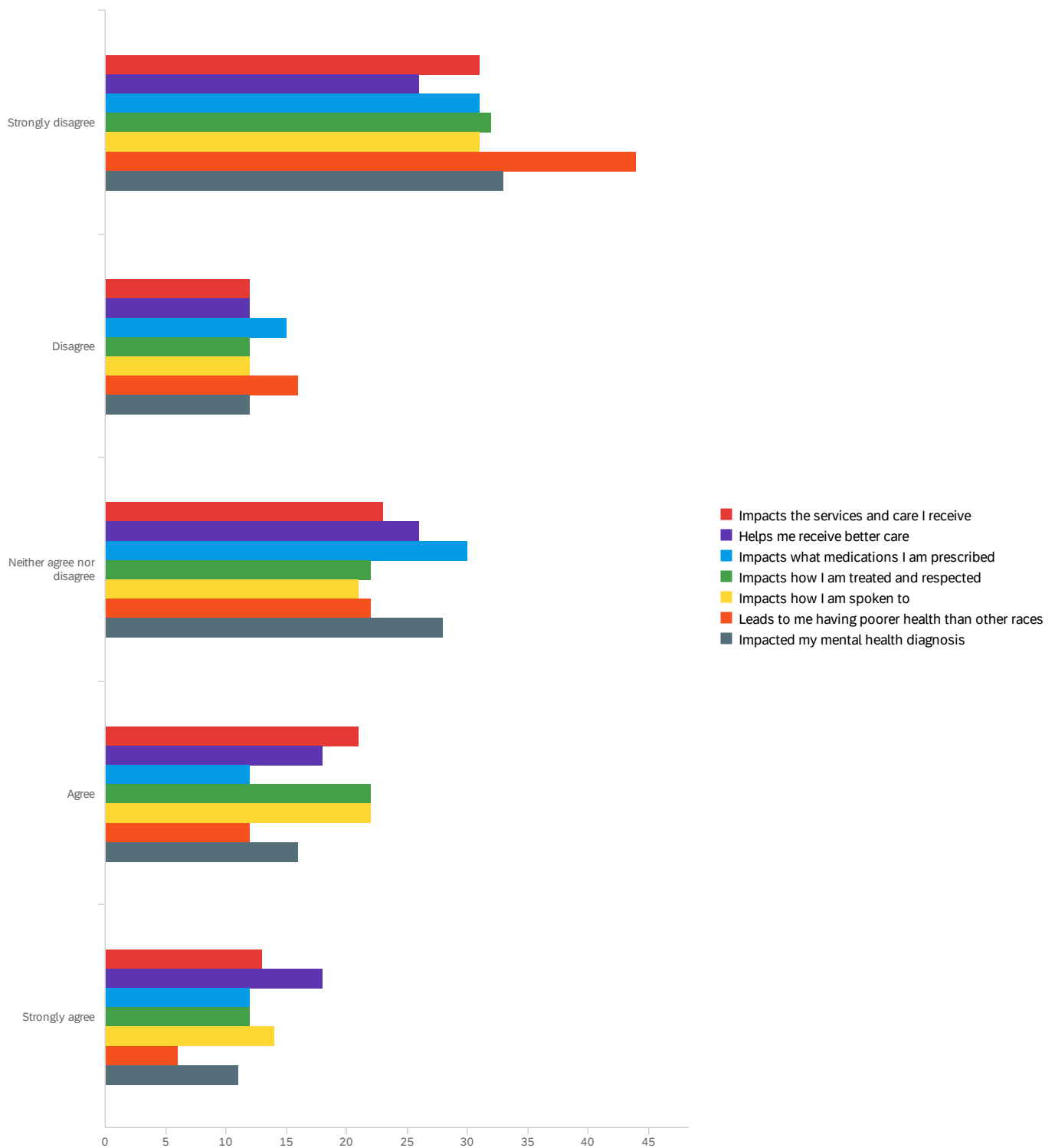
#	Field	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total

Q12 - I believe at Integral Care, my race…

#	Field	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree		Total
1	Impacts the services and care I receive	31.00%	31	12.00%	12	23.00%	23	21.00%	21	13.00%	13	100
2	Helps me receive better care	26.00%	26	12.00%	12	26.00%	26	18.00%	18	18.00%	18	100

#	Field	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree		Total
3	Impacts what medications I am prescribed	31.00%	31	15.00%	15	30.00%	30	12.00%	12	12.00%	12	100
4	Impacts how I am treated and respected	32.00%	32	12.00%	12	22.00%	22	22.00%	22	12.00%	12	100
5	Impacts how I am spoken to	31.00%	31	12.00%	12	21.00%	21	22.00%	22	14.00%	14	100
6	Leads to me having poorer health than other races	44.00%	44	16.00%	16	22.00%	22	12.00%	12	6.00%	6	100
7	Impacted my mental health diagnosis	33.00%	33	12.00%	12	28.00%	28	16.00%	16	11.00%	11	100

Showing rows 1 - 7 of 7

Q13 - Do you experience any of the following below? Check all that apply.
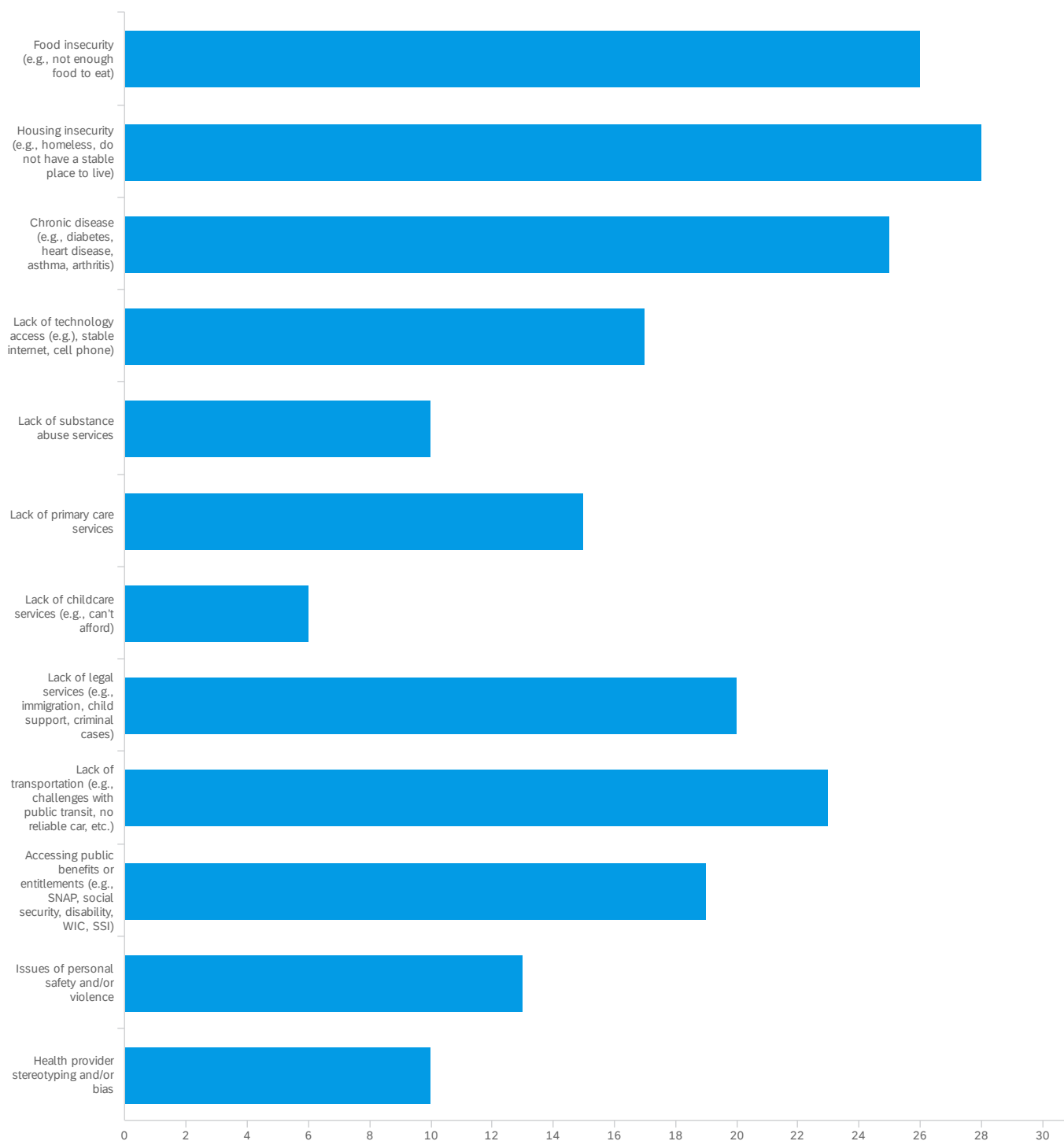
#	Field	Choice Count	
1	Food insecurity (e.g., not enough food to eat)	12.26%	26
2	Housing insecurity (e.g., homeless, do not have a stable place to live)	13.21%	28
3	Chronic disease (e.g., diabetes, heart disease, asthma, arthritis)	11.79%	25

#	Field	Choice Count	
4	Lack of technology access (e.g.), stable internet, cell phone)	8.02%	17
5	Lack of substance abuse services	4.72%	10
6	Lack of primary care services	7.08%	15
7	Lack of childcare services (e.g., can't afford)	2.83%	6
8	Lack of legal services (e.g., immigration, child support, criminal cases)	9.43%	20
9	Lack of transportation (e.g., challenges with public transit, no reliable car, etc.)	10.85%	23
10	Accessing public benefits or entitlements (e.g., SNAP, social security, disability, WIC, SSI)	8.96%	19
11	Issues of personal safety and/or violence	6.13%	13
12	Health provider stereotyping and/or bias	4.72%	10
			212

Showing rows 1 - 13 of 13

Q14 - In what ways do the experiences from the above question impact your mental

health? Check all that apply.

#	Field		Choice Count
1	Stress	18.06%	56
2	Anxiety	18.06%	56
3	Depression	17.10%	53
4	Substance use (e.g., alcohol, pain medications, illegal drugs)	6.13%	19
5	Self-Harm	5.48%	17
6	Gambling	1.61%	5
7	Self-blame	8.06%	25
8	Isolation	11.61%	36
9	Loneliness	13.87%	43
#	Field		Choice Count
			310

Showing rows 1 - 10 of 10
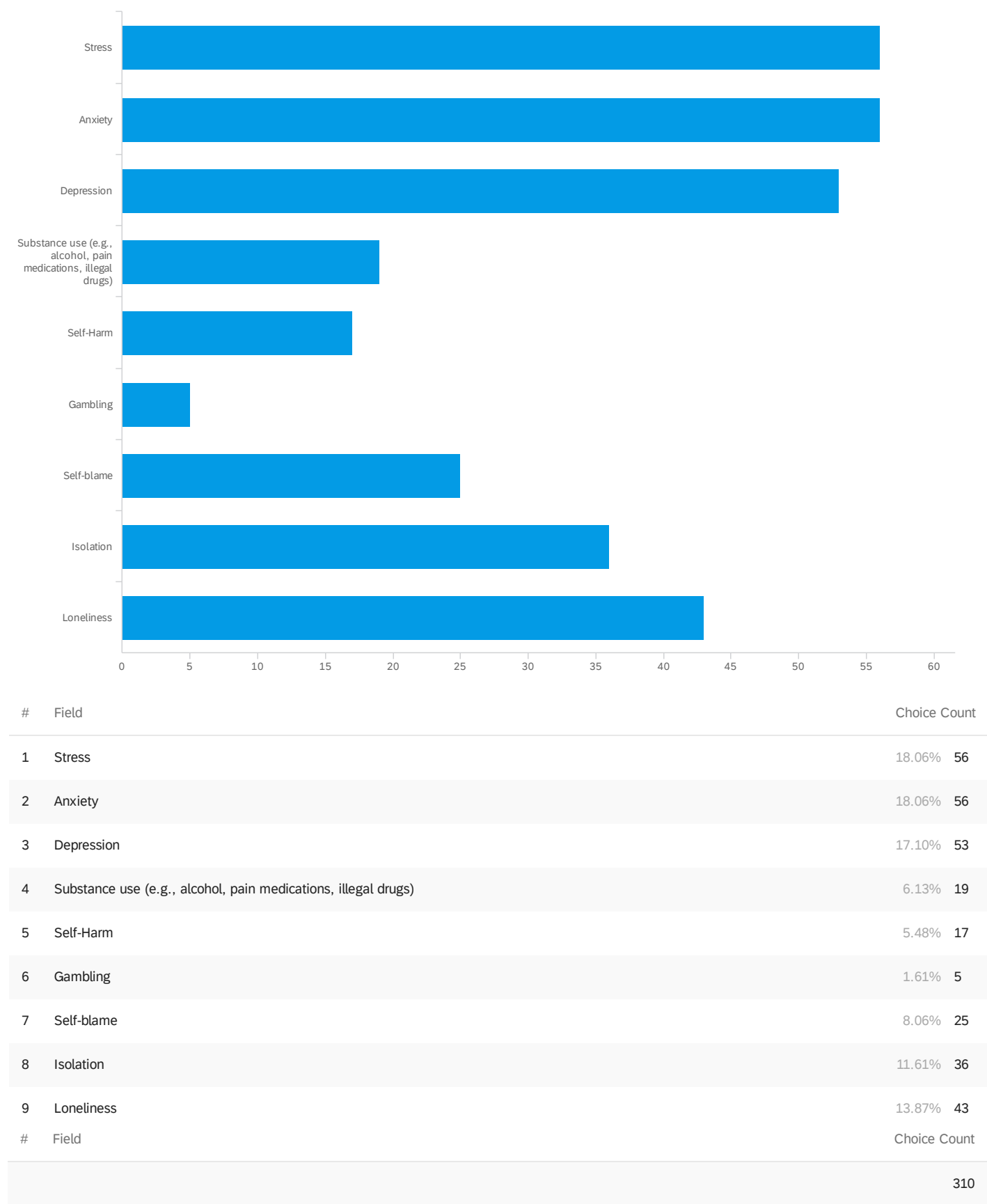
Q15 - What can Integral Care do to improve your health?

What can Integral Care do to improve your health?

Let me make my appointments at the office

Buy me a bus

Just need help with intellectual disabilities and life stability.

Nothing y'all are doing great

Provide support

Give me tools to better my day to day thought process

Nothing you guys are doing great.

Maybe, stop bugging me about my bill since I'm unemployed

Na

No comment

Na

Ellos me ayudan en todo lo que se puede

Nada. ya están haciendo todo lo que pueden hacer para ayudarme

healthy information

Nothing no improvements

When a counselor quits, don't take months to assign another counselor. It could be detrimental to a persons mental health.

N/a

Nothing

N/A

Continue to work with my child on his depression.

nothing

N-A

Continue to check in with my family

Be here when I actually need them, not when I dont.

Continue providing me with the services that I have received.

They need more funding and better pay for staff.

Help with snap

Integral Care needs more providers who can provide transportation.

Providing more mental health care treatment options.

continue to provide interpreters of different languages. continue to provide access to exercise help continue to help others cease smoking Have easy way to make appointments. To depend on a client to call for appt is the dumbest solution I have seen recently. We are not all that young in mind to recall things like that. The "call later for appt." is wrong on many levels. Also when the staff knows about a big change like that. A small note paper explaining the change to clients is necessary. What in the world IS THIS!! Whoever thought that was a good idea for clients to call "later" to get an appointment. should go to Austin State Hospital to be evaluated. LoL.

show more compassion and equality

Keep up the tremendous work!

Have information about services more accessible. I feel like I don't have a good understanding of what types of services are available to me.

I don't know.

Keep at it.

Na

Integral Care has been a lifeline for me on more that one occasion.

Maybe prioritize the appointments on the day of services, also have the front desk people look like they enjoy what they are doing for millions of people. This company has really helped me and just because it is government funded i feel like I am a little judged just because I'm "another person on benefits" I know it gets tiring of the community that mis-use these options, but Integral has changed my life and if it wasn't for the government my life would not be able to change. I am beyond grateful for the staff and all the last minute changes they've been able to accommodate by me and for me.

Reduce my case-worker's work load so I can be seen.

I would like to know I'm advance how I will be seeing

Mas recursos que cubra la aseguransa

N/A

Stay in touch more

What can Integral Care do to improve your health?

Meds

I want "home health care, someone to take me to grocery store, and help me get a job." And better understanding of medication.

I am a mom to an autistic adult, wife and teacher. My work space is full of tasks to do and my home space is relatively small for 3 adults and I have no place to be alone to debrief most times. I would really benefit from a meditation space to be able to be in self guided quietness.

Integral Care has been an amazing resource for my family. I have seen my son guided through some difficult adolescent issues which has helped me to focus on our relationship. We have much more communication and respect than I had in my own adolescent. Integral Care makes a generational difference.

Develop better testing to catch early signs of depression and stress. Building a good rapport with clients as a whole team.

Continue to support me

Keep staff accountable. Make sure to be sensitive of others gender orientation.

Provide additional resources for mental health services.

I feel good about Integral Care.

NO, make things better for the clients and stuff like that.

Integral Care is providing me with adequate services at the moment

Treatment

Integral Care could provide a location closer to Westlake/Spicewood/Lake Travis.

Not be on hold on the phone for a long time

Na

Na

Help me to obtain a place to stay an the living circumstances that I'm experiencing

N/a

Offer help and direct me to the best services available

Keep helping.

They did everything they could do

Help me with my heallness

Keep doing the great job. Encourage everyone and not be negative

Nothing

Refill my medication

I feel they pretty much do very well in all aspects. I am very happy with their service.

Keep up the good work. Both my kids are patients and their providers are great.

Already have

Be here for my advocacy.

Just continue being patient with me thanks

Okay

Keep my injection coming?!!!

Help me get a good COUNSELOR.

Be real with me and offer me kindness friendship and maybe a "special" cute guy to keep me company.

Get bed at rehab. Keep services after rehab.

Become sober

Counselor and meds

Help me out with my schizing

Continue with the support that they are giving. I really believe that Integral care is very helpful and is helping me to change my life completely.

What they are doing

THEY'RE DOING A WONDERFUL JOB

They can listen

Integral care has helped me keep up with my mental health

I am very comfortable with my therapist, James J. Burns has help me so very much. In the beginning I was insecure in opening up about my mental issues, but my therapist is so understanding. Now I share everything with him, this is how much I trust in him.

They already have

I am grateful to Integral Care for my mental and physical heath abilities and insuring me for them. I am happy with my medical and psychiatric and therapy providers for the services I am received up to now.

What can Integral Care do to improve your health?

More providers offering EMDR.

access to health records

Become a stronger person and better my self for me and my children please

End of Report

Appendix B - Staff Survey Raw Data

Q1 - Gender Identity (select all that apply):
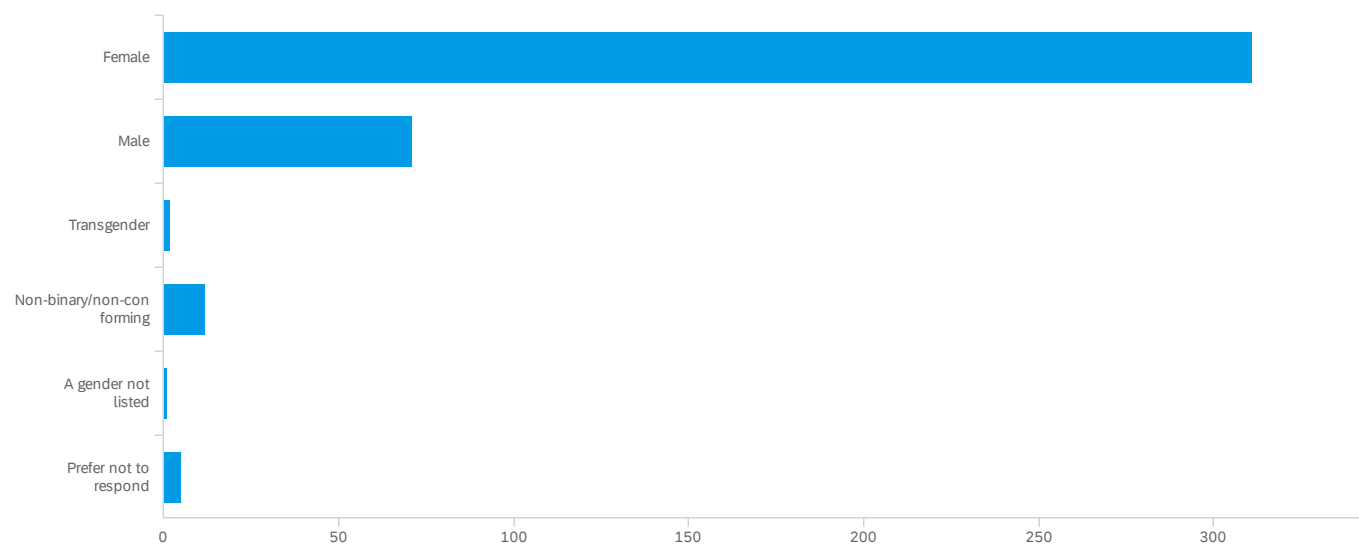
#	Field	Choice Count	
1	Female	77.36%	311
2	Male	17.66%	71
3	Transgender	0.50%	2
4	Non-binary/non-conforming	2.99%	12
5	A gender not listed	0.25%	1
6	Prefer not to respond	1.24%	5
			402

Showing rows 1 - 7 of 7

Q2 - Sexual Orientation:
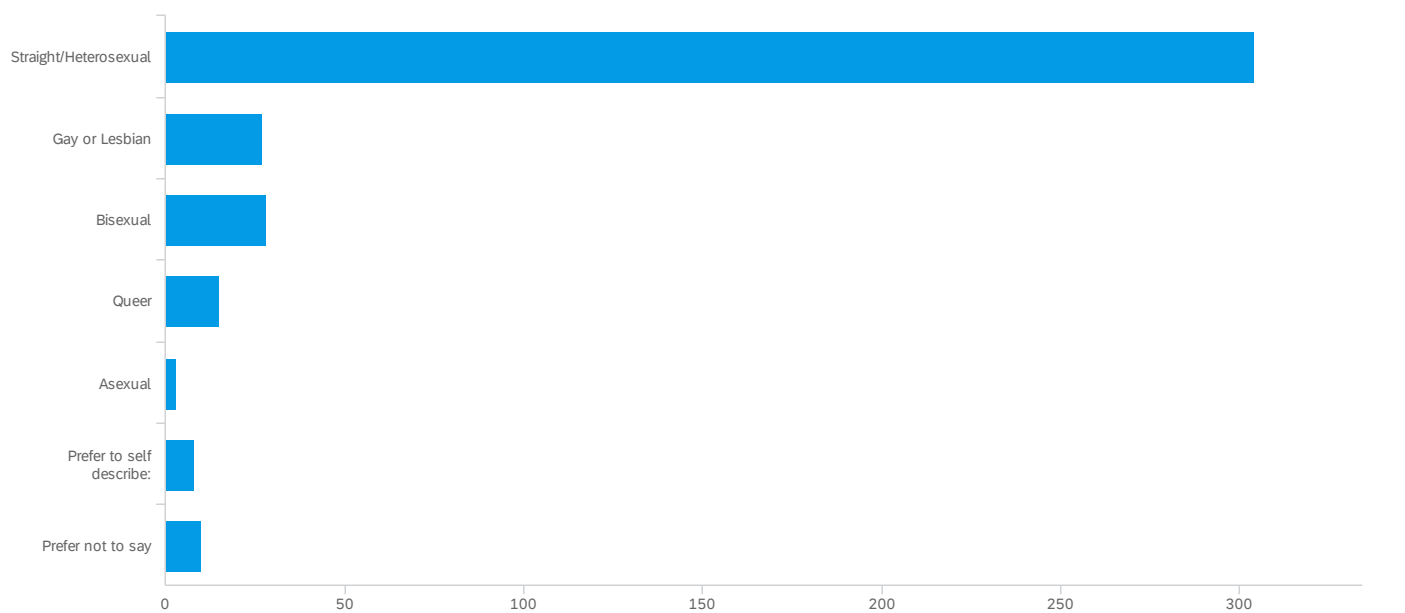
#	Field		Choice Count
1	Straight/Heterosexual	76.96%	304
2	Gay or Lesbian	6.84%	27
3	Bisexual	7.09%	28
4	Queer	3.80%	15
5	Asexual	0.76%	3
6	Prefer to self describe:	2.03%	8
7	Prefer not to say	2.53%	10
			395

Showing rows 1 - 8 of 8

Q2_6_TEXT - Prefer to self describe:

Prefer to self describe:

Hetero-queer

STRAIGHT

Mostly straight

Hetero-queer

STRAIGHT

Pansexual

Q3 - Race:
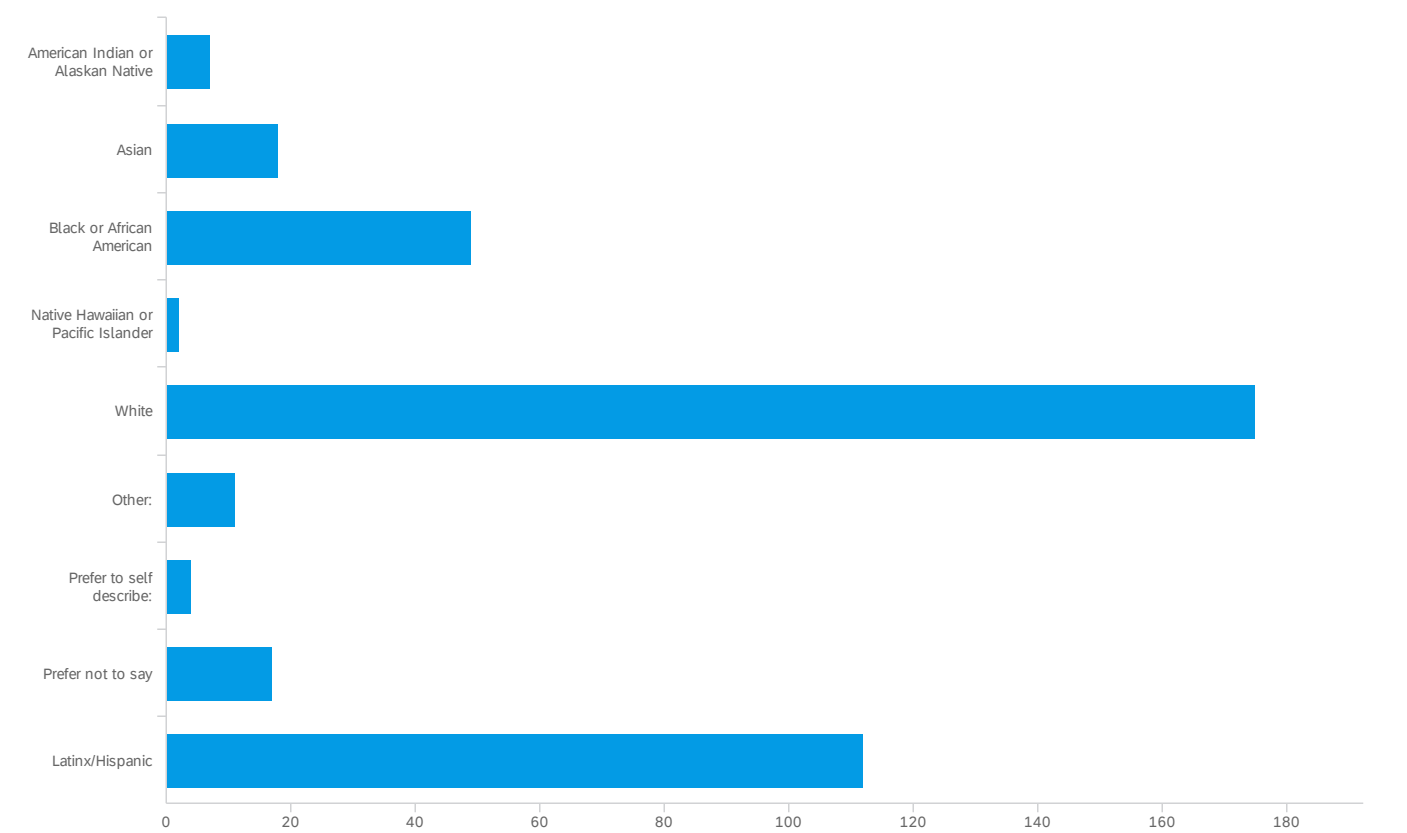
#	Field	Choice Count	
1	American Indian or Alaskan Native	1.77%	7
2	Asian	4.56%	18
3	Black or African American	12.41%	49
4	Native Hawaiian or Pacific Islander	0.51%	2
5	White	44.30%	175
6	Other:	2.78%	11
7	Prefer to self describe:	1.01%	4
8	Prefer not to say	4.30%	17
9	Latinx/Hispanic	28.35%	112
			395

Showing rows 1 - 10 of 10

Q3_6_TEXT - Other:

caucasian

White/Asian

Race does not exist

caucasian

Other

Texan

Multi-racial

West Indian

European American

Mixed Race

One quarter hispanic

Egyptian-I usually mark other as I do not feel like I fit neatly in the other categories

biracial (black & white)

multiracial.

Q3_7_TEXT - Prefer to self describe:

Prefer to self describe:

from a Caribbean Island

Indian/Guyanese

biracial - should've been an option to choose more than one - otherness is not culturally responsive

Multiracial

Q5 - Considering your experiences over the past 12 months, please indicate your level of agreement with each of the following statements.

Legend:
- I think it is valuable to examine and discuss the impacts of race on our wo...
- I have the tools to address institutional racism in my workplace.
- I am comfortable when others talk about race.
- I have to work harder than others to be valued equally at Integral Care.
- I know how to identify examples of interpersonal/individual racism (e.g., u...
- I have taken the time to read, attend workshops, watch films and educate my...
- I am actively involved in advancing racial equity in my projects and teams.

#	Field	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total

#		Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total
1	I think it is valuable to examine and discuss the impacts of race on our work at our organization.	2.20%	8	0.55%	2	5.79%	21	28.93%	105	62.53%	227	363
2	I have the tools to address institutional racism in my workplace.	5.79%	21	11.85%	43	26.17%	95	39.94%	145	16.25%	59	363
3	I am comfortable when others talk about race.	3.03%	11	3.58%	13	9.92%	36	47.11%	171	36.36%	132	363
4	I have to work harder than others to be valued equally at Integral Care.	19.56%	71	29.48%	107	25.90%	94	12.95%	47	12.12%	44	363
5	I know how to identify examples of interpersonal/individual racism (e.g., using coded language, questioning someone's competence based on their race or ethnicity).	1.93%	7	5.79%	21	16.80%	61	46.28%	168	29.20%	106	363
6	I have taken the time to read, attend workshops, watch films and educate myself about what people of color experience in this country and how I can advance racial equity in my current position.	1.38%	5	4.13%	15	7.16%	26	46.56%	169	40.77%	148	363
7	I am actively involved in advancing racial equity in my projects and teams.	3.03%	11	16.53%	60	37.47%	136	26.72%	97	16.25%	59	363

Showing rows 1 - 7 of 7

At integral care, I am in the company of people of my race most of the time…
At Integral Care, I feel comfortable being who I am.
Integral Care has devoted resources and/or funds that support programs and …
Integral Care incorporates community narratives and experiences in planning…
Integral Care has courageous leadership (e.g., CEO, Board Members, Director…
Integral Care has a written racial equity plan that includes clear actions …
Integral Care has a written racial equity plan with people responsible for …
Integral Care incorporates racial justice knowledge, skills, and practices …
Integral Care incorporates racial justice knowledge, skills, and practices …
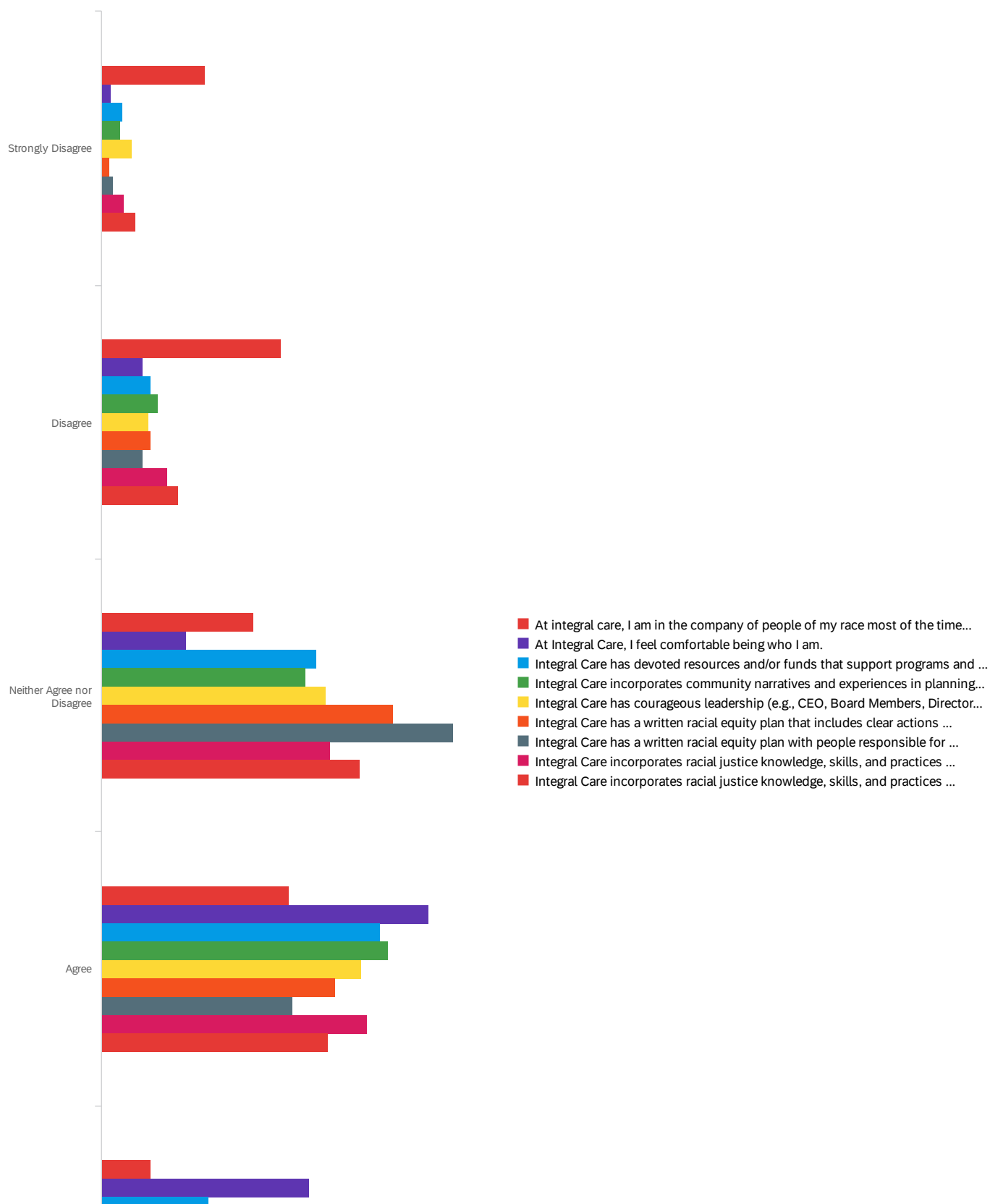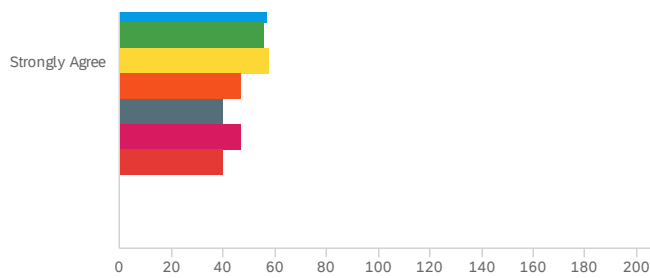
Strongly Agree

#	Field	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total
1	At integral care, I am in the company of people of my race most of the time.	15.36%	55	26.82%	96	22.63%	81	27.93%	100	7.26%	26	358
2	At Integral Care, I feel comfortable being who I am.	1.40%	5	6.15%	22	12.57%	45	48.88%	175	31.01%	111	358
3	Integral Care has devoted resources and/or funds that support programs and policies vital to particular disadvantaged racial/ethnic communities	3.07%	11	7.26%	26	32.12%	115	41.62%	149	15.92%	57	358
4	Integral Care incorporates community narratives and experiences in planning and organizational practices and policies.	2.79%	10	8.38%	30	30.45%	109	42.74%	153	15.64%	56	358
5	Integral Care has courageous leadership (e.g., CEO, Board Members, Directors) that have made a commitment to apply a racial equity lens to the treatment of clients.	4.47%	16	6.98%	25	33.52%	120	38.83%	139	16.20%	58	358
6	Integral Care has a written racial equity plan that includes clear actions and timelines.	1.12%	4	7.26%	26	43.58%	156	34.92%	125	13.13%	47	358
7	Integral Care has a written racial equity plan with people responsible for each action.	1.68%	6	6.15%	22	52.51%	188	28.49%	102	11.17%	40	358
8	Integral Care incorporates racial justice knowledge, skills, and practices into performance objectives (such as job descriptions and work plans).	3.35%	12	9.78%	35	34.08%	122	39.66%	142	13.13%	47	358
9	Integral Care incorporates racial justice knowledge, skills, and practices appraisals and evaluations for staff.	5.03%	18	11.45%	41	38.55%	138	33.80%	121	11.17%	40	358

Showing rows 1 - 9 of 9

Q7 - Please indicate your level of agreement with each of the following statements.
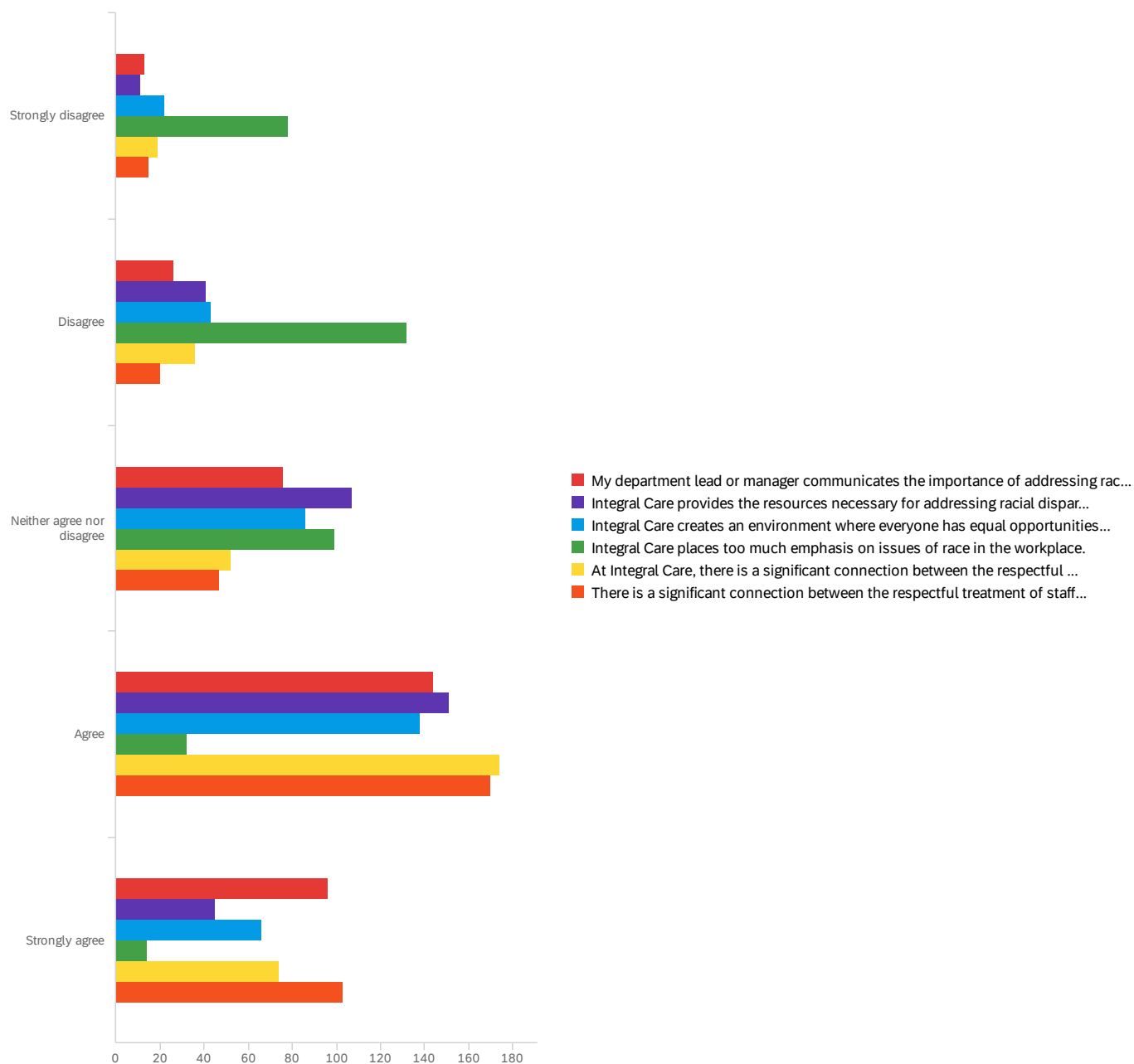
Legend:
- My department lead or manager communicates the importance of addressing rac...
- Integral Care provides the resources necessary for addressing racial dispar...
- Integral Care creates an environment where everyone has equal opportunities...
- Integral Care places too much emphasis on issues of race in the workplace.
- At Integral Care, there is a significant connection between the respectful ...
- There is a significant connection between the respectful treatment of staff...

#	Field	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree		Total
1	My department lead or manager communicates the importance of addressing racial inequities and achieving racial equity in our daily work.	3.66%	13	7.32%	26	21.41%	76	40.56%	144	27.04%	96	355
2	Integral Care provides the resources necessary for addressing racial disparities and achieving racial equity in my work.	3.10%	11	11.55%	41	30.14%	107	42.54%	151	12.68%	45	355
3	Integral Care creates an environment where everyone has equal opportunities to advance.	6.20%	22	12.11%	43	24.23%	86	38.87%	138	18.59%	66	355

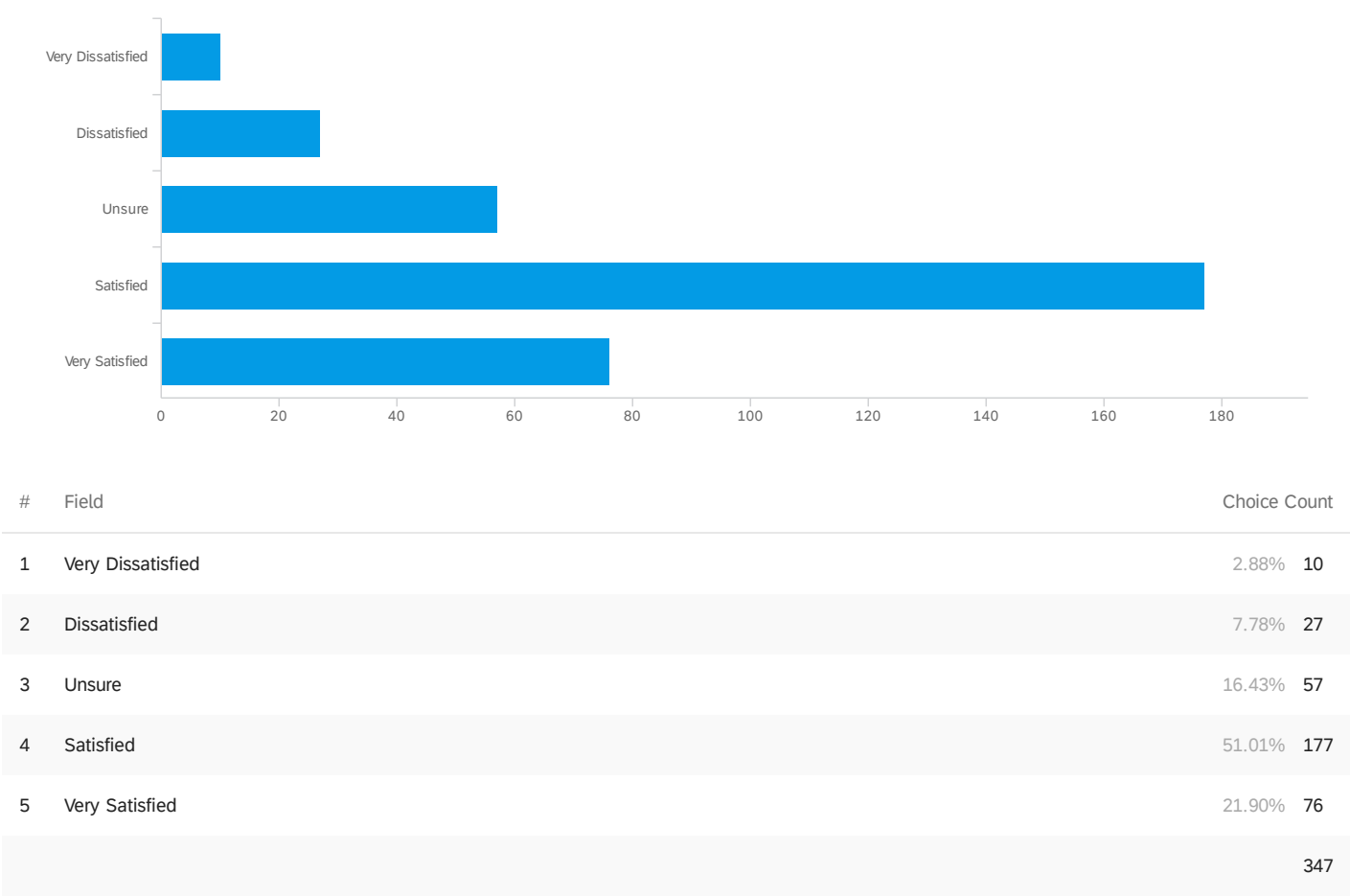| #	Field	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree		Total
4	Integral Care places too much emphasis on issues of race in the workplace.	21.97%	78	37.18%	132	27.89%	99	9.01%	32	3.94%	14	355
5	At Integral Care, there is a significant connection between the respectful treatment of staff and the respectful care of clients.	5.35%	19	10.14%	36	14.65%	52	49.01%	174	20.85%	74	355
6	There is a significant connection between the respectful treatment of staff and the respectful care of clients.	4.23%	15	5.63%	20	13.24%	47	47.89%	170	29.01%	103	355

Showing rows 1 - 6 of 6

Q8 - How often have you seen or experienced the following behaviors in the last six months?
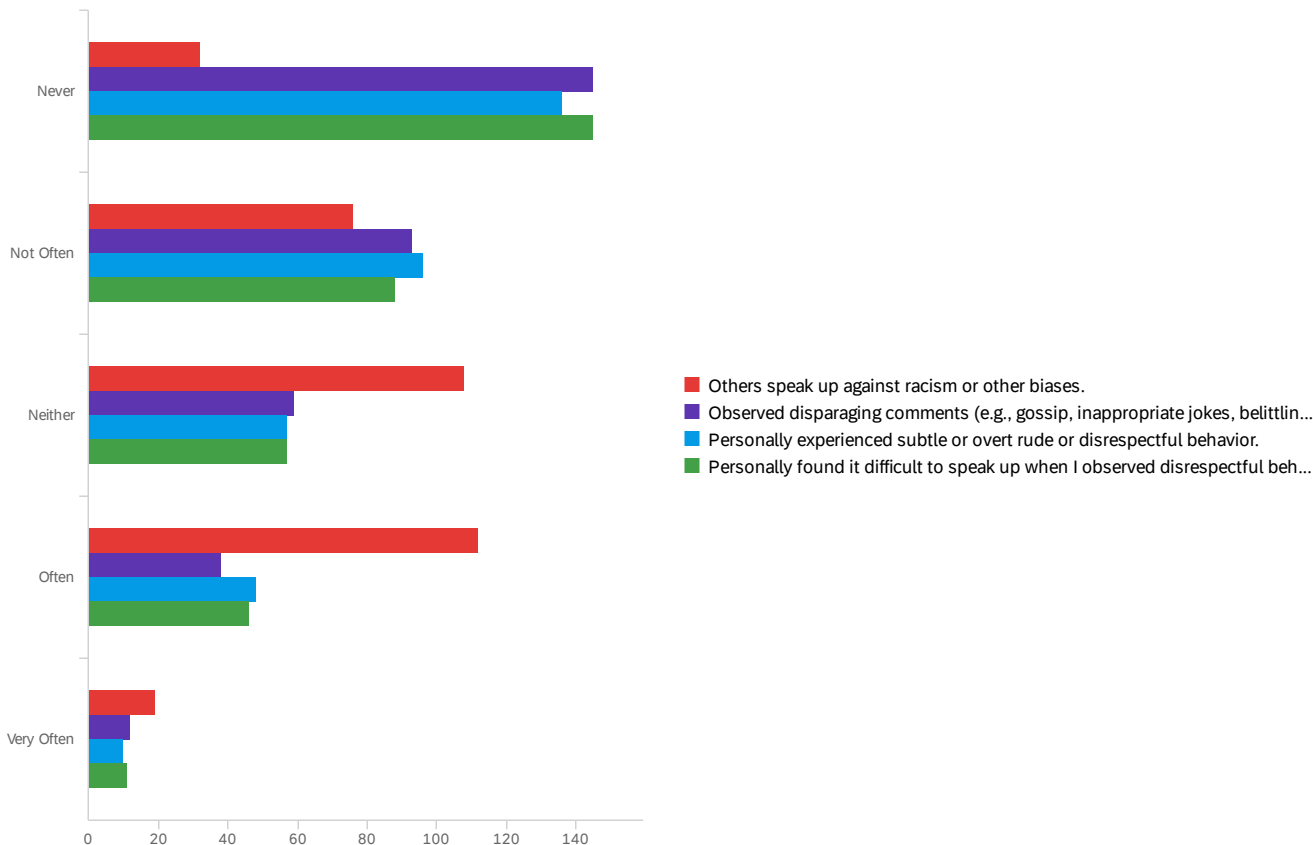
#	Field	Never		Not Often		Neither		Often		Very Often		Total
1	Others speak up against racism or other biases.	9.22%	32	21.90%	76	31.12%	108	32.28%	112	5.48%	19	347
2	Observed disparaging comments (e.g., gossip, inappropriate jokes, belittling one's skills, microaggressions) about other staff.	41.79%	145	26.80%	93	17.00%	59	10.95%	38	3.46%	12	347
3	Personally experienced subtle or overt rude or disrespectful behavior.	39.19%	136	27.67%	96	16.43%	57	13.83%	48	2.88%	10	347
4	Personally found it difficult to speak up when I observed disrespectful behavior.	41.79%	145	25.36%	88	16.43%	57	13.26%	46	3.17%	11	347

Showing rows 1 - 4 of 4

Q9 - How satisfied or dissatisfied are you with the overall office climate/environment that you have experienced at Integral Care within the past 12 months?

#	Field	Choice Count	
1	Very Dissatisfied	2.88%	10
2	Dissatisfied	7.78%	27
3	Unsure	16.43%	57
4	Satisfied	51.01%	177
5	Very Satisfied	21.90%	76
			347

Showing rows 1 - 6 of 6

End of Report