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MIDD ADVISORY COMMITTEE EQUITY FRAMEWORK

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Table of Contents

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Consejo Counseling & Referral Services
Department of Community & Human Services
Downtown Emergency Service Center
HealthierHere
HERO House NW
Khmer Community of Seattle King County
King County Superior Court
Office of the King County Prosecuting Attorney
Peer Washington
Public Health - Seattle & King County
Sea Mar Community Health Centers
Seattle Counseling Service
Southeast Youth & Family Services
Snoqualmie Valley Community Network
Somali Health Board
UTOPIA Washington
Vietnamese Health Board
Washington State Hospital Association

Questions or comments?

We would love to hear from you!

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Introduction

Equity and Social Justice is a key initiative in King County, with the principle of "fair and just" as a cornerstone incorporated into the work of all aspects of King County government. This initiative recognizes that numerous communities in King County face inequities in economic, educational, and health outcomes depending on their race and ethnicity, gender and sexual identity, geographic location, income, immigration status, limited English proficiency, and physical disability. These inequities are driven by an array of factors including institutional and structural racism and sexism, unequal access to the determinants of equity, and subtle but pervasive individual bias.[1]

Since its inception, the MIDD behavioral health sales tax fund has been included equity and social justice in planning documents and operations. However, more recently, the MIDD Steering Committee recognized the need for the Advisory Committee to center equity and social justice more deliberately and intentionally in its role advising the King County Executive and Council on budget, policy, and programming recommendations related to MIDD.[2]

In January 2021, the MIDD Advisory Committee (AC) approved and adopted the MIDD AC Equity Framework (Appendix I). This development of the framework is an initial attempt to articulate goals and activities to ensure that all MIDD-funded programming is grounded in equity and, further, that equity is embedded in every recommendation made by the committee moving forward. The AC also completed a prioritization exercise in January during which they prioritized the following 2021-2022 Workplan goals and activities derived from the framework (Appendix II).[3]

Priority 1: Strengthen and Build Stakeholder Engagement and Community Partnerships to Inform and Maximize MIDD Priorities

1a. Engage community partners in participatory budgeting and policy processes.

1b. Prioritize centering community voices by inviting community to share.

Priority 2: Make Informed Decisions Related to MIDD Initiatives

2a. Develop an equity tool to apply to MIDD funding recommendation guidelines.

2b. Integrate AC members, providers, and community voices to develop data-informed equity-related programs and budget recommendations.

This project builds off of the work of the MIDD Steering Committee and is an initial attempt to support priority goal 2b - to develop preliminary programmatic recommendations based on input from committee members, providers, and community voices. Included in this goal, though not clearly articulated, is also a need to define what behavioral health equity means in the context of MIDD-funded services.

1 MIDD Service Improvement Plan, 2016
2 MIDD AC Equity Framework Draft Letter to Council [internal], 2021
3 MIDD AC Equity Framework 2021-2022 Workplan [internal], 2021

Methods

01. Literature Review

A detailed literature review was conducted to identify indicators of equity and strategic practices for advancing equity internally within an organization and externally within communities and alongside other agencies and organizations. Key sources that influenced this work are detailed in the Appendix and include the Human Impact Partners Project; the National Association of County and City Health Officials (NACCHO); the National Quality Forum (NQF); the Office of Minority Health (OMH); and the Substance Abuse and Mental Health Services Administration (SAMHSA). See Appendix III for a description of these sources. The literature review is also available upon request.

02. Key Informant Interviews

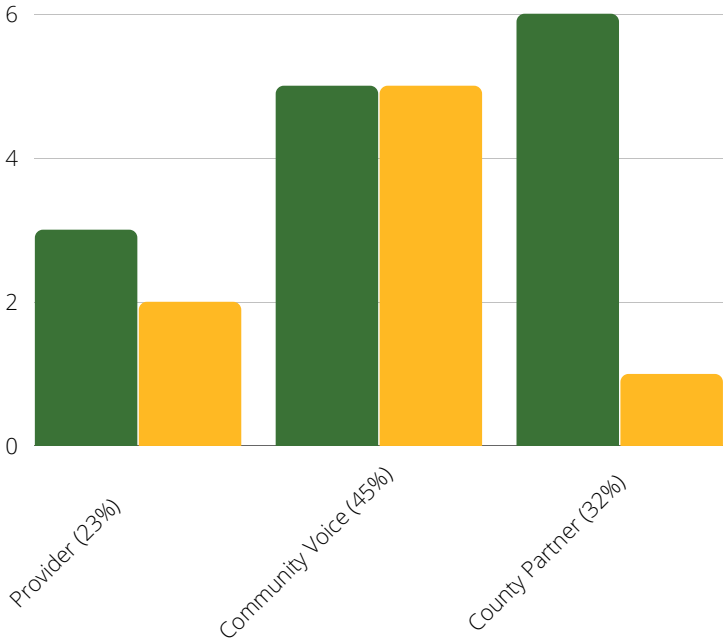
20 Semi-structured interviews lasting 30-45 minutes were conducted via telephone or Zoom with 22 MIDD stakeholders – including behavioral health service providers, community organizations, and county partners – between July 20th and August 20th, 2021. All stakeholders were well-positioned to answer questions about behavioral health equity at a high-level. See Appendix IV for a list of interview questions.

03. Draft Definition & Recommendations

Using information gathered from the literature review and key informant interviews, a proposed, draft definition of what equity means in the context of MIDD and recommendations to guide future budget and policy recommendations were developed.

Key Informant Interview Findings

Breakdown of Key Informants



MIDD AC member or designee (64%)
Non-MIDD AC member or designee (36%)

Due to the small sample size, demographic information was not collected from key informants in order maintain confidentiality.

In 2020, the MIDD Initiatives Community Driven Behavioral Health (SI-01)and Behavioral Health Services in Rural King County (SI-02) were launched. These two initiatives provided funding to community-based organizations through a small grant. Nearly all of the Key Informants categorized as "Community Voice" receive or received funding through one of these two initiatives.

What is MIDD doing well?

	Attention to equity	Flexible budget & services*	Including community organizations	Low-barrier requirements*	Range of services offered	Trust in fundees
Provider	X	X		X		
Community Voice	X	X	X	X		X
County Partner	X				X	

*compared to other funding sources

Interviewees were asked, "What do behavioral health services need to look like in order to be equitable to the communities that you serve?

WHO NEEDS TO PROVIDE SERVICES?

Culturally responsive and trauma-informed organizations, leaders, peers, and staff who reflect the various identities of the communities they serve

WHAT DO SERVICES NEED TO LOOK LIKE?

Abundant, client-centered, educational, flexible, high quality irrespective of insurance or ability to pay, low-barrier, relevant, and reflective and respectful of a person's identities and experiences

WHERE DO SERVICES NEED TO BE LOCATED?

Physically and emotionally safe spaces that are geographically accessible, ideally within one's own community

WHEN DO SERVICES NEED TO BE ACCESSIBLE?

On demand and without huge waitlists

WHY DO SERVICES NEED TO BE STRUCTURED THIS WAY?

Discrimination and bias, intergenerational trauma, different needs, preferences, and resources

WHAT ELSE?

Community as the primary holder of power and resources, financial support and incentives to grow and retain a more culturally competent provider network, and linked to the social determinants of health

"When we sit down and plan out what we think is best, particularly when we're not utilizing these voices of experiences, we often create things that are barriered."

Findings continued

Interviewees were asked, "Should all MIDD-funded initiatives have equity goals and strategies? If so, how should MIDD approach developing them?"

Unanimously, the Key Informants agree that all MIDD-funded initiatives should have equity goals and strategies. The following themes emerged when considering how to develop and measure equity goals and strategies.

100%

of interviewees agree that all MIDD-funded initiatives should have equity goals and strategies.

01. Inequities among organizational capacity to meet requirements

Many community-based organizations do not have the capacity to meet reporting requirements due to a lack of adequate resources and historical underinvestment by government and other institutions.

02. Varying scopes of work

Defining a universal set of equity measures and imposing them upon all grant recipients is a very mainstream approach to evaluation and is typically driven by the dominant Western ideology. Universal metrics and rigid reporting requirements are often meaningless and disadvantage organizations whose scope of work deviates from that of mainstream behavioral health organizations.

"There needs to be recognition that some of this work is not measurable at the moment; some of the work is setting the stage for future outcomes."

03. Enable organizations to co-create their own goals and strategies

Enabling organizations to co-create their own goals and strategies in collaboration with MIDD would be empowering and help build organizational capacity. That said, it would be reasonable for MIDD to request basic information such as concordance between staff/leadership demographics and the demographics of the organization's service population in accordance with public bidding procedures.

04. Meaningful cultural change takes time

Creating meaningful culture shifts within the community takes a considerable amount of time and it may be years before it is possible to measure outcomes. As a result, there is often a discrepancy between needing to assure taxpayers that their dollars are being invested wisely versus the time it takes to create cultures of equity.

"When MIDD began, they put out requests for proposals; but after, leadership just picked and chose what they wanted to fund. There is no application process. They should be putting out an RFP and considering all applicants."

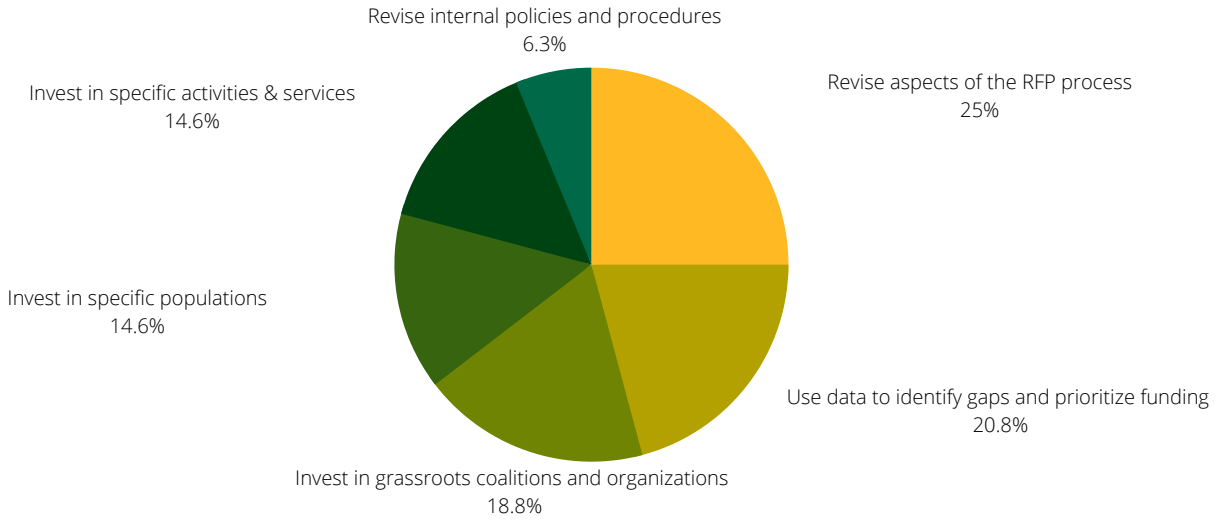
05. More transparency from MIDD

Ultimately, equity needs to start with MIDD. It is encouraging that the MIDD AC is having these conversations and discussions. Yet, this is only the first step. Overall, the MIDD AC needs to be more transparent about what equitable values and measures they are holding themselves to, how recommendations are being made, and whether a conflict-of-interest process exists for committee members who are involved in decision-making. Along these lines is the need to be clearer about how a vast majority of MIDD 1 initiatives were continued into MIDD 2, which has created a lot of confusion for some about how organizations can apply to receive MIDD funding and has led to questions as to why there are so few RFPs issued – other than for small grants offered through two initiatives.

Findings continued

Interviewees were asked, "What are the top three things MIDD should prioritize in order to advance behavioral health equity?"

Note that these estimates are imperfect; 86% of participants answered this question and not all participants provided three responses. Thus, raw values for each individual response have been provided below.



01. Revise aspects of the RFP process

This includes expanding the scope of how funding can be used (n=7); simplifying the application and contract requirements (n=3); revising the framework for selection (n=1); and evaluating how MIDD dollars are being spent (n=1).

02. Use data to identify gaps & prioritize funding

This includes disaggregating demographic data (n=2); identifying regional gaps in service provision (n=3); taking a data-driven approach to awarding funding (n=2); awarding funding based on the highest need (n=2); community-based participatory research (n=1).

03. Invest in grassroots community-based coalitions and organizations

This includes earmarking a higher percentage of funding for grassroots coalitions and organizations (n=4); inviting more to apply for funding (n=2); investing in long-term organizational sustainability and capacity building (n=2); and providing resources for evaluation (n=1).

04. Invest in specific populations

This includes investing in young people (n=3); BIPOC individuals with dual mental health and substance disorder (n=2); BIPOC individuals (n=1); ESL communities (n=1); and tribes (n=1).

05. Invest in specific activities & services

This includes investing in cultural responsiveness training for providers (n=2); outreach services for unhoused populations (n=2); prevention services for new arrivals (n=1); community education (n=1); and access to on-demand services (n=1).

06. Revise internal policies and procedures

This includes being more strategic about advising Council (n=1); developing a pro-equity agenda that begins with MIDD (n=1); and collaborating with other agencies to address the social determinants of health (n=1).

Recommendations

Proposed Draft MIDD Definition of Behavioral Health Equity for Consideration

MIDD is continually working internally, with communities, and alongside other government agencies in a dynamic process to create a culture of behavioral health equity in King County.

We acknowledge that the mainstream model of behavioral health care is rooted in historical and contemporary systems of oppression and power imbalances that have caused avoidable health disparities and an uneven distribution of benefits and burdens in our communities.

We believe that all community members should have access to behavioral health services that view their unique beliefs, cultures, identities, languages, lived experiences, and notions of health and well-being as strengths to promote recovery and resiliency.

Through targeted investments and partnerships with organizations committed to equity, MIDD aims to address disparities and improve behavioral health outcomes by allocating resources to the people and places that have the greatest need for them.

01. Modify internal policies and processes

""The MIDD can be a proponent of making sure that we are equitable in our distribution of services and that we're reaching those communities and places that have not been reached in the past and have historically been neglected."

There is a lot of confusion about how MIDD issues RFPs. A handful of interviewees reported that many grassroots community-based organizations (CBOs) aren't aware of MIDD funding, don't meet the minimum application requirements, or don't have the capacity to complete an extensive application. Further, they reported a lack of transparency around selection criteria as it pertains to decision-making. The reality is that currently, there is little opportunity for these organizations to apply for funding through a competitive RFP process because the majority of MIDD 1 initiatives were carried over to MIDD 2. In recognition of the desire to support more grassroots CBOs, MIDD should determine what opportunities exist to shift the distribution of funding for MIDD 3 to ensure that coalitions and organizations that provide non-traditional and peer support services are eligible for funding. Finally, in preparation for MIDD 3, MIDD should also implement a decision-making tool driven by data and health and racial equity lenses and conduct an independent analysis of how its dollars have been spent to determine whether resources are being allocated to those with the greatest need.

02. Leverage data to identify gaps

"Being able to have disaggregated data really tells the story that represents a community. Right now, my community doesn't have that, and without it, we can't justify the resources that we're entitled to and should have."

Broad categories of demographic data obscure the unique challenges and needs of communities and neighborhoods. In order to ensure that resources are reaching the communities with the highest need for them, data should be disaggregated with sufficient detail – including a breakdown of racial/ethnic subgroups by age, gender, geography, and language – and structural indicators (i.e., geographic access to services) that help contextualize individual-level indicators such as health outcomes. MIDD should also leverage qualitative data and community-based participatory research to inform various aspects of service planning, delivery, and evaluation. These data should be presented to communities in order to ensure that they accurately reflect the experience of the community. Finally, MIDD should conduct an analysis of where behavioral health services are located to identify regional gaps in service provision and identify new arrival groups who are not currently being served and could benefit from prevention/early intervention services.

03. Build capacity in the community

"There's not a lot of funding that goes straight towards capacity building. We're always trying to fund a program or an initiative; something that is always forgotten about is human resources. If we don't have the human resources, we won't be able to move anything forward."

Grassroots community-based organizations (CBOs) and coalitions are the heart of many historically underserved communities, meeting people where they are in a way that traditional behavioral health organizations cannot do despite a lack of funding. Yet, MIDD is not always able to meet these organizations where they are. While most community voices believe that MIDD is more community-focused, flexible, and low-barrier compared to other funding sources, they also recognize that many grassroots CBOs doing great work are overlooked for funding because they do not have the infrastructure or capacity to provide direct behavioral health services, are not able to bill Medicaid and/or do not serve a large volume of clients. By increasing funding available to grassroots CBO's and transitioning from a short-term to a longer-term funding model, MIDD can address existing geographic and cultural competency gaps in service provision while helping organizations build capacity to provide direct behavioral health services in the future. Further, enabling organizations to co-create their own short- and long-term goals in collaboration with MIDD rather than imposing MIDD-created goals and metrics on them would be another opportunity to promote capacity-building. Ultimately, it would be the most worthwhile for organizations to propose their own goals as they have a deeper understanding of what measures of progress are most meaningful to their organization and community.

04. Work across agencies and government

"We have an obligation as an organization to learn as an organization. We need to be able to share lessons and tools that we've developed across departments and divisions so we're not starting from scratch."

The link between the social determinants of health and behavioral health is well-established. Yet, thinking about how to braid MIDD funding with other revenue streams is a challenge. MIDD should be more strategic about braiding funding with other revenue sources and county agencies, including corrections, economic development, education, housing, labor, public safety, and transportation, to address the social determinants of health and determine how to maximize upstream investments. In addition, MIDD program officers should connect with other program officers of different initiatives in cases where there is overlapping funding to develop a comprehensive picture of how funding investments are working together in different regions to address equity. Finally, MIDD should promote the bidirectional sharing of equity lessons learned, resources, and tools with other King County agencies and organizations to promote collaboration and integration. This also includes exploring the standardization of important definitions and contracting requirements – such as how race/ethnicity and income are defined – in order to enhance administrative efficiency and generate more reliable data.

05. Strengthen the MIDD Advisory Committee

"When you carry out a good process, and also raise the voice of community in alignment with the values elected officials espouse, it becomes very difficult for a body like Council not to accept. It's not an easy process to get there with a group but when you can, it's really powerful."

The MIDD Advisory Committee should uphold the same governance standards as is expected of the organizations it funds. This means being more intentional about ensuring that individuals with different identities and lived experiences – particularly BIPOC, LGBTQIA+, and individuals with behavioral health conditions – have the opportunity to sit on the MIDD Advisory Committee. Because committee members bring different personal, professional, and academic experiences to their roles, a required committee-wide training would enable everybody to have a minimum common foundation when it comes to making decisions about equity. Ideally, the committee would contract with an impartial organization that has expertise in behavioral health and integrated care. Another way to assure equitable outcomes in funding would be for the committee to review the King County Employee Code of Ethics. Because board members are considered King County employees for ethics purposes, it is a conflict of interest for board members to vote on whether or not their program gets funded and should recuse themselves from any discussion or vote regarding funding their programs.[1] Applying this code of ethics to future decision-making will also enhance transparency around how decisions are made. Finally, being more strategic about using community voices, shared values, and data to advise Council will strengthen the impact of the AC's recommendations and promote a stronger working relationship.

1 King County Employee Code of Ethics, Chapter 3.04, n.d.

Conclusion

This project was an initial attempt to support the newly approved Equity Framework priority goal 2b - to develop preliminary programmatic recommendations based on input from committee members/designees, providers, and community voices to ensure that all MIDD-funded programming is grounded in equity. Included in this goal, though not well-articulated, was the need to define what behavioral health equity means in the context of MIDD. Twenty-two MIDD stakeholders provided rich feedback about what equity means in the context of behavioral health services; how MIDD should develop and implement equity goals and strategies; and what MIDD should prioritize in order to advance behavioral health equity in King County.

Thematic findings resulting from these interviews spanned five domains and included modifying internal practices and policies; leveraging data to identify gaps; building capacity in the community; working across government; and strengthening the MIDD Advisory Committee. See page 14 for a table including all recommendations. A notable finding was related to interviewees' perception that MIDD is not always transparent about how they award funding. Whether this be related to a lack of publicity about the selection criteria, a perceived bias towards larger agencies, or for other reasons entirely, most interviewees did not seem to be aware that there is little opportunity to apply for funding through a competitive RFP process because the majority of MIDD 1 initiatives were carried over to MIDD 2.

While it is not possible for MIDD 2 to fundamentally disrupt the MIDD 2 Implementation Plan, these findings should be used to inform the planning for MIDD 3. Major considerations should include how to invest more in coalitions and organizations who provide non-traditional and peer support services, including an intentional investment in organizational infrastructure and capacity building.

This project had notable limitations, including the short timeframe (<3 months); the inability to thematically code each piece of data; the inability to include all stakeholder feedback in this report; and the exclusion of behavioral health service recipients from the community. However, there are plans to speak to this stakeholder group in the future. Additional future directions include determining how to proceed with the proposed recommendations and revising the equity definition to be more actionable. Because definitions are often left open to interpretation, it is important to revise the proposed definition based on input from the broader MIDD Advisory Committee and discussion about what MIDD can ultimately commit to.

Although a step-by-step set of instructions to advance behavioral health equity does not exist and opinions differ on how to approach certain decisions and strategies, stakeholders agreed that this is a unique opportunity for MIDD to dismantle antiquated and unaccountable systems and norms to create a more proactive, pro-equity, non-prescriptive cultural shift that will result in long-term equitable behavioral health outcomes.

"Equity isn't a finish line. It's a cultural shift."

Conclusion continued

Recommendation #1 Modify internal practices and policies

1a. Determine what opportunities exist to shift the distribution of MIDD 3 funding to ensure that more grassroots community-based organizations and coalitions are eligible to apply
1b. In preparation for MIDD 3, conduct an independent analysis of how MIDD dollars are being spent to determine whether resources are being allocated to those with the greatest need
1c. Implement a tool for decision-making to assure equitable funding

Recommendation #2 Leverage data to identify gaps

2a. Disaggregate demographic data in greater detail
2b. Leverage qualitative data and community-based participatory research to inform various aspects of service planning, delivery, and evaluation
2c. Share data and confirm findings with communities
2d. Identify regional gaps in service provision to inform funding
2e. Identify new arrival groups who are not currently being served

Recommendation #3 Build capacity in the community

3a. Increase funding available to grassroots community-based coalitions and organizations
3b. Support long-term funding that will help build organizational infrastructure and capacity to provide behavioral health services
3c. Enable organizations to co-create their own goals in collaboration with MIDD

Recommendation #4 Work across agencies and government

4a. Align MIDD funding with other funding streams to maximize investments and address the social determinants of health
4b. Enhance communication between program officers of different initiatives
4c. Promote bidirectional sharing of equity lessons learned, resources, and tools with other King County agencies and organizations
4d. Standardize important definitions and requirements to enhance administrative efficiency

Recommendation #5 Strengthen the MIDD Advisory Committee

5a. Ensure that individuals with different identities and lived experiences have the opportunity to sit on the MIDD AC
5b. Build core competencies and capacities through equity training
5c. Review the King County Employee Code of Ethics to determine future conflict-of-interest processes for AC members who are applying for or already receive funding
5d. Be more strategic about the committee's role advising the King County Executive and Council by using community voices, shared values, and data to inform recommendations

Appendices

I — MIDD AC Equity Framework

II — MIDD Equity Framework Workplan 2021-2022

III — Primary Literature Review Sources

IV — Key Informant Interview Guides

Appendix I - MIDD Equity Framework

Goal	Proposed Actions & Activities	Indicator Measurable Result	Outcome	Value
Education & Awareness: Deepen AC members understanding of equity, historical oppression, and bias in current policy and systems	• Hold state of behavioral health equity and inequity at MIDD AC meetings • Include member-led discussions and/or readings at MIDD AC meetings • Integrate under-represented communities to expand effective community-driven/responsive strategies • Include an equity grounding exercise on monthly agendas • Hold formal trainings, inviting experts to present and having member led discussions and readings at MIDD AC meetings	• [Number of] Community partners/under- represented community groups engaged in MIDD AC work • Established community engagement approach in development of MIDD strategies and programming	• Expansion and sharing of cross knowledge from member organizations • Build AC member capacity to bring learnings from AC meetings back to their organizations	• Foster cultural humility and safety • Focus on equity and dismantling systemic racism
Build Equity through Member Collaboration: Increase member-to-member collaboration/ discussion opportunities	• Identify and schedule MIDD AC member presentations on areas of expertise and knowledge regarding racism; inequitable systems and system change • Establish time for discussion of how to apply presentation information to MIDD strategies/initiatives, funding guidelines and program evaluation	• [Number of] equity-focused presentations during AC meetings • [Amount of] Time allocated in monthly meetings towards application of resources	• Increase collaboration opportunities among members • Increase knowledge and utilization of resources that members can leverage to improve equity skills	• Cross-system partnership and collaboration
Make informed recommendations related to MIDD initiative impacts: develop recommendations and tools to assure equitable outcomes and funding	• Review and assess equity opportunities in MIDD programs, services, and operations • Make recommendations to improve equity and reduce inequities throughout MIDD programs, services, and operations • Develop an equity tool to apply to MIDD funding recommendation guidelines • Develop and implement strategies to integrate MIDD AC, agency providers, and community voices to develop data informed equity related decisions and budget recommendations	• Equity recommendations developed and integrated into MIDD programs, services, and operations • Established equity tool kit for initiative funding and evaluation decisions • Evaluation-focused equity subcommittee or approach developed • Equity impact goals for providers and scopes of work	• Increase opportunities to collaborate on policy and system change, development and improvements	• Focus on equity and dismantling systemic racism
Strengthen and build stakeholder and community partnerships to inform and maximize MIDD priorities	• Develop and implement standing community ad hoc workgroup • Engage community partners in making budget recommendations and in policy development process • Prioritize centering community voices by inviting community to share • Add regular community led briefings to agenda	• Increase opportunities for people with lived experience to contribute • Community and consumer workgroup established and integrated into budget process • [Number of] community presentations in AC meetings • Community briefing integrated into agenda	• MIDD policy goals and initiatives represent community and stakeholder priorities	• Commitment to transparency • Integration of under-represented community voice and their recommendations

Appendix II - MIDD Equity Framework Workplan 2021-22

2021 Priority Goals	Focus Activities	Next Steps
Strengthen and build stakeholder engagement and community partnerships to inform and maximize MIDD priorities	1a. Engage community partners in participatory budgeting and policy processes	• Coordinate with PHSKC and PSB on efforts related to other participatory budgeting processes • Develop transparent process, articulating opportunities and limitations • Earmark MIDD funds to this effort, specific dollars that can be specified to respond to community priorities • Consider capacity building grants for small organizations
	1b. Prioritize centering community voices by inviting community to share	• Include a community-based presentation (BIPOC, lived-experience, MIDD or non MIDD funded programs) on relevant topic on the MIDD AC agenda every other month
Make informed decisions related to MIDD initiatives	2a. Develop an equity tool to apply to MIDD funding recommendation guidelines	• Develop baseline understanding of how equity is integrated into existing initiatives • Articulate equity expectations for existing MIDD initiatives • Conduct inventory of existing equity tools (related to policy as well as evaluation) • Measure initiative performance related to integration of equity expectations
	2b. Integrate AC members, providers, and community voices to develop data-informed equity-related programs and budget recommendations	• Establish Evaluation Subcommittee that includes a diversity of voices

Appendix III - Primary Literature Review Sources

Source	Title	Description
Paula Braveman[1]	A New Definition Of Health Equity To Guide Future Efforts And Measure Progress	Elements to consider when drafting a definition of health equity
Human Impact Partners Project (HIPP)[2]	Health Equity Guide	Strategic practices to advance health equity
The National Association of County & City Health Officials (NACCHO)[3]	Principles of Health Equity & Social Justice	Principles of equity and social justice to incorporate into everyday practice in order to eliminate health disparities
National Quality Forum (NQF)[4]	A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency	Preferred practices for providing culturally competent care
Office of Minority Health (OMH)[5]	The National CLAS Standards	Action steps intended to advance health equity, improve quality, and help eliminate health care disparities
Substance Abuse and Mental Health Services Administration (SAMHSA)[6]	Concept of Trauma and Guidance for a Trauma-Informed Approach	Framework for public institutions and service systems to address trauma-related issues
Substance Abuse and Mental Health Services Administration (SAMHSA)[7]	Tips for Improving Cultural Competence	Multidimensional model for developing cultural competence that can be applied across behavioral health settings

1 Braveman, 2014
2 Human Impact Partners, 2017
3 NACCHO, 2015
4 NQF, 2009
5 OMH, 2018
6 SAMHSA, 2014
7 SAMHSA, 2014

Behavioral Health Providers

- How do you think equity applies to behavioral health and the work you do?
- Has your organization defined what equity means in the context of the services you provide?
- Thinking more deeply about your experiences,
  - Can you provide examples of how your organizations and other organizations you know of have successfully integrated principles and practices of equity into behavioral health programming and service delivery? What made them successful?
  - What has not been successful, and why?
- Do you think all MIDD-funded initiatives should have equity goals and strategies?
  - If so, how do you think MIDD should approach developing the goals and/or strategies? As a provider, would you be willing to partner on this? What other stakeholders should be included?
  - Do you foresee any issues or challenges with your organization tracking and working towards equity goals and strategies? If so, what kind of support would you need from MIDD to address those issues and challenges?
- What do you think are the top most important types of activities, programs, and services that MIDD should prioritize and/or consider funding to advance behavioral health equity in King County?
- Is there anything else these questions brought up that you would like to share?

Community & County Partners

- What does equity mean to you?
- What do behavioral health services need to look like in order to be equitable to the communities that you serve?
- What types of mental health and substance use activities and services do you think are most needed to support the wellness of the communities you serve?
  - Are these services available and accessible in King County? Who provides them?
  - If not, what are the barriers to accessing these services?
- What role do you think MIDD can play in advancing equity in behavioral health programming?
  - Do you think MIDD-funded initiatives should be held accountable to meet certain equity metrics/measurements or strategies?
- What do you think are the top three things MIDD should prioritize for funding to advance behavioral health equity in King County?
- Is there anything else these questions brought up that you would like to share?