CANADIAN PSYCHOLOGICAL ASSOCIATION
SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

Canadian Psychology / Psychologie canadienne

ISSN: 0708-5591

2022, Vol. 63, No. 4, 500–510
https://doi.org/10.1037/cap0000336

Advancing Racial Equity, Diversity, and Inclusion in Ontario's Child and Youth Mental Health Sector: Perspectives of Agency Leaders

Julia Kurzawa[1], Evangeline Danseco[1], Gabrielle Lucente[1], Christal Huang[2], Purnima Sundar[1], and Aliya Allen-Valley[2]

[1] Knowledge Institute on Child and Youth Mental Health and Addictions, Ottawa, Ontario, Canada
[2] Children's Mental Health Organization, Toronto, Ontario, Canada

Systematic challenges in providing culturally responsive mental health and addictions services have produced widespread inequities for racialized service providers, clients, and communities. There is a pressing need for coordinated system-level change. In this article, we present findings from a cross-sectional mixed methods study examining current organizational practices in advancing racial equity in the child and youth mental health and addictions sector in Ontario. To understand current efforts and identify a path forward, we surveyed executive leaders from 102 agencies and conducted case studies with 10 agencies on their practices along five domains: organizational leadership, intersectoral partnerships, workforce diversity and development, client and community engagement, and continuous improvements. Leaders shared a strong desire to advance racial equity and had begun this work to varying degrees. Fifty-one percent of agencies had made a public commitment to racial equity; however, few had developed written plans to support these efforts. Over 60% of agencies had developed relationships with cross-sectoral and community partners to facilitate this work. Seventy-five percent of agencies had offered racial equity training to staff, and some had implemented targeted recruitment efforts for racialized staff. Over 69% of agencies provided translation services and referrals to other agencies, whereas only 39% provided clients the option to request service providers who reflected their cultural identity. Less than 29% of agencies collected and used race-based data routinely to inform their work. Our findings, in particular the domains examined and barriers and facilitators, can inform parallel efforts in related sectors across Canada and internationally.

Public Significance Statement
This study identifies current efforts underway to advance racial equity in the child and youth mental health and addictions sector in Ontario. We believe leaders can learn from the early successes and challenges of these agencies outlined in this article to create more innovative and culturally responsive mental health services for all.

Keywords: child and youth mental health services, antiracism, equity, diversity, and inclusion, organizational change

System-level barriers including a history of colonialism and a Eurocentric model of health care have produced inequities that disproportionately impact racialized service providers, clients, and communities. Recent studies examining the impact of racism on health equity in the child and youth mental health and addictions (CYMHA) system affirm that racialized communities experience reduced access to care (Aden et al., 2020; Alang, 2019) and greater mistrust of the health system (Fante-Coleman & Jackson-Best, 2020; Meléndez Guevara et al., 2021). These inequities have been amplified by the COVID-19 pandemic. Studies note that racialized individuals, or those who are assigned a particular race and are treated differently or discriminated against on that basis (Calgary Anti-Racism Education, n.d.; McKenzie et al., 2016), have experienced reduced access to health services (Ruprecht et al., 2021) and poorer health outcomes than White individuals during the pandemic (Magesh et al., 2021). Additionally, ongoing acts of racism, hate, and violence towards racialized persons as well as new understandings of historical injustices, such as the tragic discovery of mass graves at former residential school sites across Canada, have further shone a stark light on the existence of racism in our system, pushing us to become more responsive to these issues across settings.

Racial disparities in access to mental health and addictions care and outcomes are the result of multiple factors (Alegria et al., 2015). Institutional racism, or the structures, processes, and ideologies that

This article was published Online First July 11, 2022.
Julia Kurzawa https://orcid.org/0000-0002-9236-3962
Evangeline Danseco https://orcid.org/0000-0002-8326-5551
The authors would like to acknowledge the contributions of the advisory group, staff who were involved in various stages of this study, and stakeholders who provided feedback on the methods and recommendations of the evaluation. This study was funded by the Knowledge Institute on Child and Youth Mental Health and Addictions. The authors have no conflicts of interest to declare.
Correspondence concerning this article should be addressed to Evangeline Danseco, Knowledge Institute on Child and Youth Mental Health and Addictions, 695 Industrial Avenue, Ottawa, ON K1G 0Z1, Canada. Email: edanseco@cymha.ca

create and perpetuate inequities (Schouler-Ocak et al., 2021), plays a significant role in perpetuating racial disparities. Organizations have been increasingly called upon to address institutional racism and to promote racial equity, diversity, and inclusion (EDI; Abramovitz & Blitz, 2015; Shim & Starks, 2021). EDI refers to equitable processes and outcomes, representation of diverse characteristics and attributes, and the authentic inclusion of others across social, economic, demographic, or geographic characteristics. This includes visible characteristics, such as race, gender, and ethnicity; and nonvisible characteristics, such as sexual orientation, language, and religion (Canadian Race Relations Foundation, 2019; Ontario Human Rights Commission, 2013; Race Forward, n.d.; The Annie E. Casey Foundation, 2020). Racial EDI refers to the equitable processes, outcomes, representation of, and authentic inclusion of others across race identities (Race Forward, n.d.; The Annie E. Casey Foundation, 2020). Throughout this article, we use the term *racial equity* to refer to racial EDI.

While organizational practices may perpetuate racial inequities, they can also disrupt unfair policies and practices. In child welfare, education, and health care settings, organizational level interventions, such as staff and leadership training, enhanced recruitment strategies, and community engagement, have been shown to improve workforce and leadership racial diversity (Weech-Maldonado et al., 2018), awareness of racism and cultural safety (Browne et al., 2018), and the quality of culturally responsive services (Brar-Josan & Yohani, 2019; Cyril et al., 2015).

A recent growing understanding of the relationship between organizational practices and racial inequities has led to the development of guiding documents (Barksdale et al., 2014; Canadian Mental Health Association Ontario, 2017; Cénat, 2020), recommendations (Kirmayer & Jarvis, 2019), and tools (California Pan-Ethnic Health Network, 2018; Talley et al., 2021) to support organizational transformation in this area. For example, Cénat (2020) proposes guidelines for clinicians to provide antiracist mental health care, whereas the American Association for Community Psychiatry proposes a self-assessment tool to facilitate organizational change in community mental health settings (Talley et al., 2021).

While the latter are important contributions to the field of research on organizational practices to improve racial equity, there remain gaps in the literature. Notably, there is a lack of evidence evaluating the current state of organizational practices to advance racial equity within the CYMHA sector for community-based agencies (Gerlach & Varcoe, 2021). Assessing the current state is necessary to better understand the context of this work, facilitators and barriers to implementation, and promising practices that could be leveraged to address systemic racism and ensure more equitable mental health services for racialized service providers, clients, and communities. Furthermore, many of the existing tools home in on individual behaviours (Cénat, 2020; Talley et al., 2021) and do not examine organizational practices at large.

As part of the push to create more culturally responsive systems of care, the Knowledge Institute on Child and Youth Mental Health and Addictions (the Knowledge Institute) and Children's Mental Health Ontario (CMHO) embarked on an assessment of the current state of organizational practices in CYMHA agencies in Ontario to advance racial equity. The assessment was informed by a literature review of organizational practices to address institutional racism and improve racial equity in related settings such as child welfare, public health, and education (Lucente, Danseco, et al., 2021; Lucente, Kurzawa, et al., 2021). Five domains were identified, including: (a) organizational leadership and commitment, (b) interorganizational and multisectoral partnerships, (c) workforce diversity and development, (d) client and community engagement, and (e) continuous improvement. These domains are similarly reflected in other frameworks of organizational practices to advance racial equity in Canada (Canadian Mental Health Association Ontario, 2017) and the United States (Talley et al., 2021).

This study is an initial step that CMHO and the Knowledge Institute are taking in creating a more equitable and responsive health system for racialized service providers, clients, and communities. In this article, we aim to describe the current state of what agencies in the CYMHA sector are doing to address racial equity, using a mixed methods approach to identify facilitators and barriers to this work and opportunities for advancement. While the primary audience of the study was leaders in the CYMHA sector in Ontario, we anticipate these results will be applicable to a wide audience of leaders in health care organizations across Canada and internationally.

Method

Context and Procedure

The government of Ontario provides funding to nonprofit community-based agencies to deliver mental health services across 33 service areas (Government of Ontario, 2015). The service areas are grouped into five regions, varying both in size and in the number of agencies within (Government of Ontario, 2022). For example, there are 30 agencies providing child and youth mental health services in the Toronto service area, which is also considered one region. Within each service area, there is a lead agency identified by the Ministry of Health to coordinate services. At the time of data collection, there were 173 publicly funded agencies providing child and youth mental health services, 31 of which were lead agencies (one agency is a lead agency in three service areas).

We used a cross-sectional mixed methods design, which included an organizational survey and case studies (key informant interviews with agency leaders and a document scan). An embedded design for mixed methods was used (Creswell & Plano Clark, 2007), with the organizational domains of the survey serving as the anchors for further exploration in the case studies. A case study approach allowed us to examine documents from the organizations to supplement information from responses to the survey (Stake, 2013; Yin, 2018). The various sources of information allowed for the triangulation of data and an in-depth understanding of the context of each agency's implementation efforts (Yin, 2018). These findings are part of a study conducted by the Knowledge Institute in collaboration with CMHO to better understand Ontario's CYMHA sector's racial equity efforts. A more detailed description of the methods and copies of the survey and interview guide can be found in our technical report, "We Journey Together" (Kurzawa et al., 2021). This study received ethics approval through the Research Ethics Board of CHEO (the Children's Hospital of Eastern Ontario).

The first and third authors conducted the English interviews, and the first author conducted the French interview with another bilingual staff member. The second author is a credentialed evaluator and oversaw the research process. All participants provided oral consent

via video. Data collection (surveys, interviews, document scan) was conducted online and took place from May through July 2021. Interviews lasted approximately an hour.

This study was facilitated by our existing relationships with agencies in the sector, since the Knowledge Institute and CMHO have been assisting with coordination and implementation of various system-level initiatives. An advisory committee comprised of executive leaders from child and youth mental health and addiction agencies across Ontario, as well as a young person and family member with lived experience, provided feedback on the framework, measures, and preliminary findings to ensure key stakeholder input.

As with all research, the process and findings of this study are not neutral and are influenced by our social location as either leads or contributors to the work. Members of both the writing team and the advisory committee reflect a mix of races, ages, and years of professional experience. There are many facets of our identity that contributed to the development of this research project, including intersectionalities of our races, gender, and various other identities.

Participants

Executive leaders from 173 publicly funded CYMHA agencies across Ontario were invited to participate in the survey. We received 118 survey responses from leaders on behalf of their respective agencies. After excluding duplicates ($n = 6$) and incomplete responses ($n = 10$), 102 survey responses remained for analysis. We considered a survey complete for the purposes of analyses when demographic data and responses in at least one domain were complete. The overall response rate was 59% ($N = 173$ agencies). Response rate by region ranged from 48.5% in the central region to 68.9% in the Toronto region. Respondents were agency leaders, either executive directors (65.3%), racial equity leads (17%), or "other" (17.8%), such as directors, racial equity coleads, or programme managers. A minority of leaders (12.7%) identified as racialized, whereas the vast majority did not (86.3%). One leader opted not to respond to the question related to their racial identity. A small group ($n = 10$) of these leaders participated in interviews, and some invited team members to join them, bringing the total number to 18 leaders. Inclusion criteria are expanded upon under the case studies subheading below.

Organizational Survey

We searched the literature to identify tools that assessed organizational activities in the five domains as they relate to racial equity (organizational leadership and commitment, interorganizational and multisectoral partnerships, workforce diversity and development, client and community engagement, and continuous improvement). We did not find any standardized tool assessing organizational practices that reported psychometric properties. We selected items from The Tool for Organizational Self-Assessment Related to Racial Equity (Coalition of Communities of Color and All Hands Raised, 2014), since it addressed organizational practices and included items from all the domains of our interest. Additional items were adapted from other racial equity organizational assessment tools (Halton Equity and Diversity Roundtable, n.d.; Marrie & Marrie, 2014; Mental Health Technology Transfer Center Network, 2018; The Annie E. Casey Foundation, 2006; Western States Center, n.d.). The items were tailored to the context of CYMHA in Ontario (e.g., using the term cross-sectoral).

The 47-item survey consisted of five items on demographics, 34 closed-ended items on the current state of their organization's racial equity efforts, and seven open-ended items on facilitators and barriers to this work. One closed-ended item prompted participants to indicate if they were interested in participating in the case study. Participants responded to survey items about organizational current state using a 5-point Likert scale to indicate if their organization had *not yet started work in this area* (1), *started planning/implementation* (2), *this was in place and there was evidence of its use* (3), *this was part of the routine and continued to improve* (4), or *this was an area of strength and they demonstrated effectiveness* (5). This rating scale is similar to that used in assessing practices on youth engagement in organizations where respondents were asked to rate the extent to which a practice was in place in their organization (Walker et al., 2018). If agencies responded with ratings from 3 to 5, we considered this to be in place to some degree of implementation. Open-ended items allowed participants to further explain their responses. The survey was open for approximately a month, from May 7 to June 11, 2021. More detailed description of the tool's psychometric properties and results from an exploratory factor analysis is discussed elsewhere (Danseco et al., 2022).

Case Studies

Leaders indicated their willingness to participate in the case studies through the survey or via email. Inclusion criteria for the case studies were executive leaders who were aware of and/or involved in racial equity efforts in their agency, agencies who completed the organizational survey, and agencies who obtained high scores relative to other survey respondents in one or more domain. Agencies needed to have obtained a mean score of 3.0 in at least one of the domains to limit case studies to agencies who were further along in their implementation efforts and could speak to the facilitators and barriers. To understand the various facilitators and barriers present and the unique trajectories among different types of organizations, we recruited at least one agency from a small service area, one from a large service area, one from a northern region, and one Francophone serving agency.

Key informant interviews were held from June 9 to July 7, 2021. We spoke with 18 leaders from 10 agencies and reviewed over 90 documents. Data saturation was reached when no further themes were mentioned during the interviews (Saunders et al., 2018), consistent with interviews of 8–12 participants yielding sufficient qualitative information (Guest et al., 2006). Documents included in the scan were organizational policies, position statements, reports, terms of reference for EDI committees, and work plans that illustrated activities relating to racial equity. The interview guide consisted of 14 items asking for further details about the agency's racial equity efforts, including specific events that highlighted the need to address racial equity at their organization, types of partnerships agencies engaged in to support this work, facilitators and barriers, and future efforts.

Analysis

Responses to the close-ended questions in the organizational survey were analyzed using IBM SPSS software (Version 27) for

descriptive statistics. Responses to the open-ended survey questions and interviews were analyzed using NVivo (Version 12). Interviews were recorded, transcribed, and anonymized. Coding for the interviews and open-ended survey responses was led by the first and third authors, who built a codebook for interview data and a codebook for open-ended survey data informed by areas assessed by the survey. These authors conducted a codebook thematic analysis of the data (Braun & Clarke, 2022; Roberts et al., 2019), meeting frequently to ensure consistency, resolve differences in coding, and make revisions as necessary (Patton, 2015). When an agreement could not be reached or support was needed, the second author was brought in to obtain consensus (Patton, 2015). The codebook evolved throughout the analysis process to capture themes from the data, with corresponding refinements to the coding based on the constant comparison method (Dye et al., 2000; Greckhamer et al., 2018). For each of the organizations participating in the case studies, case summaries were prepared that synthesized information from the interviews and survey responses by domain. These were reviewed and revised by the participants where needed. The iterative coding process and reviews by case study participants helped ensure the reliability of the coding. Finally, for the document scan, documents were compiled and a descriptive list of these was developed. Documents were then reviewed and assessed for inclusion in the technical report as examples of emerging practice; however, this is outside the scope of this article.

Preliminary findings were presented to the advisory committee and their feedback was integrated, as is common with utilization-focused evaluation approaches (Patton & Campbell-Patton, 2022). Results are presented together, an accepted manner of reporting mixed methods findings (Creswell & Plano Clark, 2007; Davidson, 2007). In this way, the data are used to form a more cohesive snapshot of the status of organizational practices to advance racial equity in the CYMHA sector. Results are presented by organizational domain, followed by the themes from the facilitators and barriers.

Results

What Are Agencies Doing to Advance Racial Equity?

Survey results demonstrated that all agencies had begun work on addressing racial equity and were at varying levels of implementation. As shared during the interviews, racial equity had always been a focus for some agencies, but for others, this was a recent focus, prompted by the death of George Floyd and the Black Lives Matter movement (McLaughlin, 2020). Changes in community demographics and organizational mergers also presented opportunities for agencies to integrate racial equity into their strategic directions, policies, and programmes in a more comprehensive manner.

Agencies were involved in various activities to advance racial equity. The average mean of each domain from the survey ranged from 2.09 to 2.97 on a 5-point scale, indicating that most agencies were just beginning to plan or implement these activities. Across the sector, the highest mean score was in the interorganizational and multisectoral partnerships domain while the lowest mean score was in the continuous improvement domain. Table 1 provides an overview of mean scores and reliability indices by domain showing good internal consistency. Detailed results from each of the domains are presented below.

Table 1
Means and Standard Deviation of Organizational Practices to Advance Racial Equity, Diversity, and Inclusion

Domain	*N*	*M*	*SD*	Cronbach's α
Organizational leadership and commitment	102	2.33	0.82	.93
Multisectoral partnerships	99	2.97	1.03	.81
Workforce diversity and development	97	2.40	0.82	.83
Client and community engagement	96	2.45	0.73	.84
Continuous improvement	102	2.09	0.78	.87

Note. Scores are based on a 5-point rating scale. 1 = We have not started work yet; 2 = we have started planning and or implementation; 3 = this is in place and there was evidence for its use; 4 = this is part of our routine and we continue to improve; 5 = this is an area of strength and we demonstrate effectiveness. *SD* = standard deviation.

Organizational Leadership and Commitment

This domain examined agencies' commitment to antiracism through resource allocation such as staffing and funding, written documents and plans, and the cultivation of a supportive organizational climate. Subdomains include organizational values and culture, organizational policies and procedures, board policies and procedures, and accountability.

The sector is working to create a more supportive organizational climate for racial equity initiatives. For example, over a third of leaders (38.2%) reported that their agency acted consistently on racial equity by allocating sufficient resources. Just over half (57.8%) of agencies indicated that they support or encourage difficult conversations around race in a safe and confidential space. In addition to creating safer spaces for racialized staff, agencies reported on efforts to create more inclusive environments. Some mental health agencies were colocated with Indigenous CYMHA agencies and had agreements in place to share culturally responsive spaces, such as sweat lodges and roundhouses. Another agency planned to build a multifaith prayer and meditation room for clients and staff to access anytime.

About half (51%) of agencies made public commitments to racial equity, including antiracism position statements. Interviews highlighted that publicly stated commitments to antiracism from leadership were a necessary precursor to embedding racial equity into the organizational culture and establishing a common understanding of its meaning. Leaders also reflected on and brought awareness to days of recognition such as National Day for Truth and Reconciliation and Black History Month on social media and through agency-wide newsletters. Posts or articles commonly included relevant resources on the topic.

To support these efforts, agencies developed and revised policies to align with racial equity efforts. They developed guiding documents such as strategic plans, antiracism or antioppression statements, and lists of relevant terminology that could be found on the agency website and in policy documents and reports. Some (20.6%) agencies developed racial equity work plans that detailed objectives, activities, and timelines, indicating that the remainder of agencies were in the early stages of coordinating these efforts.

Leaders discussed the development and/or updating of policies pertaining to antidiscrimination, antiracism, antioppression, time off

for cultural or faith-based days, hiring practices, and conflict resolution. About half of agencies (52.9%) had procedures in place for clients and staff to report complaints related to race. Through the case studies, a handful of leaders reported that their agencies are engaging in a comprehensive review of policies from a racial equity lens. A template to guide this work, among others, is featured in our technical report (Kurzawa et al., 2021).

Another structure that can support racial equity efforts is equity committees. All agencies interviewed had equity committees, with the exception of agencies serving primarily Indigenous communities, as they imbed racial equity into their work through all levels of the organization. Typically, membership on these committees was volunteer-based and open to all staff. Member responsibilities included coordinating training efforts, developing work plans, and reviewing policies from a broad EDI lens.

Boards of Directors can also facilitate this work. About a third of agencies provided board members with racial equity training (35.3%) or implemented policies to recruit racialized board members (36.3%). For agencies that were further along in these efforts, leaders spoke on how the board's endorsement of racial equity efforts was critical in enabling this work.

Accountability measures, such as collecting and analyzing health equity data, can ensure agencies are moving in the right direction to advance racial equity. Sector-wide, few agencies (13.7%–14.7%) had accountability measures in place, though many recognized it was a crucial next step. Accountability (e.g., health equity data) is further explored in the continuous improvement domain.

Interorganizational and Multisectoral Partnerships

This domain examined how agencies collaborated with others in the community to advance racial equity. In the sector at large, this was an area of strength. Most agencies (59.6%–64.7%, $N = 99$) had established cross-sectoral and local partnerships with stakeholders in healthcare, education, child welfare, public safety, and settlement sectors. They collaborated to deliver staff and community member training, streamline referral processes, and implement system-level initiatives. Leaders reported that these partnerships have resulted in tangible benefits such as more inclusive spaces for racialized clients and families, securing additional funding for racial equity initiatives, and fostering mutual capacity building between agencies. For partnerships to flourish, leaders emphasized the importance of trust and authenticity. A case study participant shared with us how this facilitated their racial equity work:

> And we have some expertise … that some of their counselors may not have. So, we can provide those type of training materials. So [our partnership] became kind of that collaborative relationship and building of trust as well. And we've been part of their ceremonies in a big way. So that, again, got us in the community that we were supporting, and we participated in those types of healings that are helpful to them, so that it was the kind of … it's a give and take type of relationship in a very positive way.

While most agencies had begun work in this area, there were few supporting documents identified in the document scan related to partnerships. This is likely a reflection of the fact that work was relational and not procedure or process driven. Where documents did exist, these included memorandums of understanding outlining the nature, extent, and objectives of the partnership.

Workforce Development and Diversity

This domain examined how agencies built, retained, and engaged racially diverse teams and provided training opportunities for staff to expand their understanding of related topics. Training was a strength for the sector. Most agencies (75.3%, $N = 97$) made racial equity training available to staff; some agencies (21.6%) started planning or implementation; and only 3.1% of agencies did not provide or begin planning any training related to racial equity. Most common topics offered were antiracism and antioppression training, as presented in Table 2. Some agencies also provided training on Indigenous knowledge, cultural safety, inclusive leadership, and trauma-informed care. One agency delivered training on health equity data collection. Agencies typically offered both voluntary and mandated training opportunities throughout the year. These were focused on building individual and collective knowledge and skill set on the topic.

Beyond training, agencies shared that they introduced new roles in their teams to support racially diverse workforces, such as EDI officers. A few agencies shared in the interviews that they hired external consultants to support this work. About half of agencies (48.5%) implemented strategies to promote job openings to racialized populations, whereas only 20.6% implemented policies to support recruitment, retention, and promotion of racialized individuals. One of the most cited recruitment strategies for racialized individuals was the inclusion of a statement in a job posting, specifying preference for knowledge or lived experience as a member of a racialized community. Other recruitment and promotion strategies included integrating inclusive language in interview questions, ensuring a racially diverse hiring committee, and offering opportunities for leadership or career progression for racialized staff members where desired.

In addition to staff training and recruitment and retention policies, the literature suggests that integrating knowledge and skills on racial equity into staff performance objectives can be a promising way to keep organizations accountable for making improvements on racial equity (Soldan & Nankervis, 2014). Fewer than half of agencies (45.4%) had started planning to incorporate this into job descriptions, work plans, or performance appraisals.

Client and Community Engagement

This domain examined how agencies engaged and collaborated with racialized clients and communities. Most agencies (68.8%–79.2%) reported providing translation services and referrals to other agencies, and more than half of agencies (57.3%) reported providing culturally responsive services. About a third of agencies (38.5%) offered clients the option to request service providers who reflect their cultural identity, indicating an area for improvement.

Table 2
Staff Training Topics Conducted Among Agencies

Training topic	*n* (%)
Antiracism	76 (74.5%)
Antioppression	66 (64.7%)
Cultural responsiveness	65 (63.7%)
Implicit bias	50 (49%)

Note. $N = 102$.

Through the interviews, we learned that agencies engaged with communities by offering culturally responsive services, such as cultural brokers. Cultural brokers bridge culture gaps between providers and clients. They advocate for the client and provide additional context to the provider regarding how a client's culture can influence their care and needs (Kirmayer & Jarvis, 2019).

In contrast to the sector at large, case study agencies worked closely to recruit and retain service providers from various backgrounds and contract these services when they were not available in-house. One agency partnered with an Indigenous children's mental health agency to contract a therapist to provide services for Indigenous young people and families. Another agency embarked on a partnership with an Indigenous children's mental health agency to build a roundhouse and have a shared space centred around traditional Indigenous practices.

While survey results indicated that agencies were meeting clients' cultural and linguistic needs, and case study agencies were implementing various strategies to offer culturally responsive services, only about a third of agencies (37.5%) reported engaging racialized young people and families in engagement activities, and only 27.1% of agencies gathered satisfaction feedback from racialized communities. This highlights an area of need in terms of client and community engagement.

Case study agencies shared how they were engaging with family and young people by hosting informal community events, employing family and youth members as advisors, participating on committees and taskforces related to racial equity, and seeking feedback from racialized clients and community members via satisfaction surveys, focus groups, and interviews. Agencies talked about the role that trust played in building authentic relationships with the community. They felt that participation in related committees and taskforces demonstrated their commitment to these efforts and facilitated engagement. Consistent with survey results, case study agencies shared that despite efforts to build these relationships, few opportunities existed for racialized young people and families to cocreate mental health programmes and services.

Continuous Improvements

This domain examined data collection for continuous improvement and accountability.

The sector at large is early in the process of collecting and analyzing race-based or health equity data. Survey results demonstrated that less than a third of agencies (20%–29.2%) collected and analyzed race-based data. In contrast, a common theme among case study agencies was that these data were collected but there was not yet a rigorous plan for how to use the data. Data were collected using a variety of methods such as intake assessments, satisfaction surveys, staff census, and metrics on service use.

Through open-ended survey responses and interview data, leaders identified their next steps to advance work in this area. These included developing comprehensive work plans examining health equity data and exploring user-friendly tools and technology to make data collection more efficient.

One agency stood out as being particularly advanced in its collection and use of health equity data. In an interview, a leader from this agency shared with us how they built their system to "tag race, sexual orientation, gender identify, to number of missed appointments, where they went to every single service they access in the system." This allowed their agency to compare client demographic data to metrics such as wait times, service use, and missed appointments. A team member reviewed health equity data weekly and shared with the leadership team to address challenges and inform resource allocation. The aim was to improve equity of access and service experience for clients from racialized communities.

Facilitators in Advancing Racial Equity

Open-ended survey responses and interview data provided insight into the conditions that helped agencies to advance racial equity. These include a supportive organizational climate, leadership support for these efforts, racially diverse teams, trust and humility, and meaningful engagement with the community.

Identifying equity as a strategic priority gave leaders leverage to allocate resources towards these efforts. As shared during the interviews, some agencies capitalized on organizational mergers to place equity at the forefront of their work. Many of the case study agencies created dedicated positions focused on EDI, whereas others hired external consultants to lead this work or added this to an existing team member's responsibility.

Agencies highlighted the importance of having racially diverse teams and ensuring their voices were heard at the leadership level. For agencies where this was the case, this was a significant strength and helped to push this work forward in an authentic way.

Tied to this concept is the importance of establishing trust and being responsive to sector needs. Agencies that embraced the journey towards racial equity and acknowledged that it presented opportunities for individual and collective growth and that it required humility and honesty, indicated that this approach facilitated their work and helped secure support in the community.

In addition to relying on internal capacity to push this work forward, agencies looked to their community partners in healthcare, education, and settlement sectors with expertise in this area to advise and provide support and resources.

Challenges in Advancing Racial Equity

Common challenges that emerged from our conversations and open-ended survey questions with leaders ranged from systemic to organizational to individual-level barriers. Systemic barriers included the challenge of transforming existing structures and processes from a Eurocentric, colonial model of health care to a more culturally responsive and innovative system. Leaders acknowledged that this was a complex and sensitive topic. They also shared that meeting staff and community expectations was challenging, particularly regarding the pace of planned work. Competing priorities tied to the pandemic slowed progress in many instances.

Barriers at the agency level included a lack of commitment to the effort amongst leadership and resource and time constraints. Leaders reflected on the challenges of advancing racial equity without additional funding or resource allocation. They also reflected on challenges building a culture of trust and openness within and across organizations.

Within agencies, leaders shared that different levels of knowledge and awareness of the subject matter amongst team members challenged them to find ways to grow both collective and individual understanding of racial equity issues and to begin implementing

related initiatives. Leaders also reported that white fragility, such as discomfort or defensiveness on the part of a White person when presented with information about racial inequity (Diangelo, 2018), significantly hindered efforts to advance racial equity efforts.

Discussion

Our findings highlight that CYMHA agency leaders across Ontario are beginning work to advance racial equity across all organizational domains included in the study. However, there is still much work to be done to build foundational knowledge and understanding of the impact of systematic racism on the mental health status of and services available to racialized children, young people, and families. In addition, there needs to be a cohesive plan with clear direction and objectives to build capacity to advance racial equity within organizations rather than a piecemeal approach.

Notable areas of strength included public commitment to racial equity, facilitation of difficult conversations related to race, partnerships with other CYMHA and cross-sectoral agencies, offering racial equity training, providing referrals to culturally responsive services, and offering services in languages other than English or French. Our study also indicated areas for improvement, such as the development of written plans to address racial equity, the integration of knowledge and skills on racial equity into performance objectives and appraisals, the codevelopment of services with racialized clients and communities, and the collection and analysis of race-based data. Agencies also need to put in place accountability measures to report on their progress in advancing racial equity to staff and their community. Clearly, the foundational elements for a deeper emphasis on racial equity at all levels of organizations and the system are in place, and agencies are eager for support to move to the next level.

Leadership plays a key role in driving organizational change and implementing evidence-based programmes (Aarons et al., 2015; Gifford et al., 2006). The critical role of leadership emerged from both the surveys and interviews, as leaders expressed that public commitments to racial equity and a culture of openness and innovation contributed to their efforts to advance racial equity. For example, Garcia et al. (2015) discuss how feeling aligned with and supported by their supervisors contributes to their own confidence in delivering mental health care in innovative ways. During the interviews, some leaders shared that their Boards of Directors were actively involved in the organization's racial equity initiatives. This was an interesting finding as there is scarce evidence about the role of the Board of Directors in the literature (Lucente, Danseco, et al., 2021). Finally, a few leaders elaborated on the value of collaborative models of leadership in encouraging openness to change and working with community partners. One leader specified that resistance to power sharing was a barrier. This could be explored in more detail as another barrier to advancing racial equity.

There is a general lack of racial diversity among leadership and staff, suggesting a need for system-level change. For example, only 12.7% of our survey respondents identified as racialized persons. Racially diverse representation in leadership teams is associated with more equity initiatives, demonstrating leadership commitment and greater attention to the perspectives that racialized persons bring to the table (Herrin et al., 2018). At the service delivery level, cultural and/or linguistic matching between provider and client can contribute to positive health outcomes for racialized individuals (Handtke et al., 2019); however, other essential characteristics such as skills of the service provider and workplace and organizational culture must also be in place (Hussain et al., 2020). Clearly, ensuring and supporting racially diverse leadership and staff is a critical foundational element for serving multiracial and cultural communities.

Some agencies cited that there were difficulties recruiting racialized staff from communities described as largely White. This was shared through qualitative feedback in the survey and in the interviews and focus groups. Hence, recruitment strategies and methods need to be more intentional when hiring racialized individuals. In addition, it is possible agency leaders hold a common misconception that there are few qualified racialized individuals, which is further compounded by biased hiring practices (McDonald, 2021) or the reality that racialized individuals can make White staff uncomfortable when discussions of racial equity surface in the workplace (Hecht, 2020). For workforce racial diversity to improve, agency leaders will need to critically review their recruitment and hiring practices and challenge assumptions they have (Livingston, 2020; McDonald, 2021). Attention needs to be paid as well to the impact of intersectionality in recruitment and retention efforts, for example, the experiences of women of colour (Liu et al., 2019).

In our study, most agencies worked to advance racial equity by ensuring the availability of racial equity training for staff and leadership. The presence of a shared understanding among staff through training activities on antiracism, antioppression, and trauma-informed approaches was considered a critical and ongoing process rather than a one-time event. Adopting an intentional and broad approach to training helped create safe spaces, clarified the importance of the challenges faced by racialized staff and clients, surfaced assumptions and misperceptions, and engendered discussions on how to address barriers. Indeed, creating these "disruptions" in understanding and behaviour can surface tensions, which can prompt an increased awareness and confidence to challenge the status quo and enable change (Browne et al., 2018). In contrast, a lack of shared understanding can surface the perception that racial equity initiatives are a problem and not a solution (Livingston, 2020).

Providing culturally responsive programmes and services can play a critical role in improving access, utilization, effectiveness, and equity for racialized clients (Kirmayer & Jarvis, 2019; Moore, 2018). In our study, most agencies indicated that clients were referred to culturally responsive services if they were available, with leaders citing a lack of capacity and resources in providing such services within their organizations. Cultural brokers bridge communication between clients and staff and can fill the gaps in agencies (Kirmayer & Jarvis, 2019), as some agencies in our study indicated. Such individuals work to facilitate referrals and provide education about context and culture, which can help produce positive outcomes for clients (Brar-Josan & Yohani, 2019). In addition to individual-level relationships, partnerships between organizations can increase equity and enhance the service experience for racially diverse clientele (Bromley et al., 2018). In our work, few agencies had begun engagement with racialized clients and communities to codevelop services, and thus mental health services may be perceived as less relevant and their effectiveness uncertain for racialized clients. Building these community-wide coalitions/partnerships may help to begin to bridge this gap (Hankerson et al., 2018).

Collecting race-based data are needed to inform racial equity efforts; develop culturally responsive services; and continuously

evaluate client, staff, and organizational outcomes (Abdi et al., 2020). Our study showed that few agencies were collecting and analyzing race-based data, indicating this as an area of improvement for the sector. Although leaders were implementing organizational practices to advance racial equity within their agencies, a lack of data presented challenges to evaluating the outcomes of these initiatives and to promoting accountability.

Strengths and Limitations

Strengths of the Study

This study reached a large audience of CYMHA agencies in Ontario, brought about by the partnership of the two sponsoring organizations for this study. The overall response rate of the racial equity survey was 59.3%, which is well above the typical response rate of approximately 36% for organizational studies (Baruch & Holtom, 2008). We believe this reflects the value placed on racial equity in this sector.

An advisory committee informed the study design, survey questions, interview guide, and preliminary findings. Members of this group included leaders involved in racial equity in this sector and those with lived experience. Their knowledge and experiences helped to inform and enrich our interpretation of the findings.

Through a mixed methods design, we were able to capture current efforts across the CYMHA sector that advance racial equity for children, young people, families, and staff. Culturally responsive mental health programmes were framed within the larger context that included factors such as leadership, community partnerships, workforce development, and reporting of race-based data. This information will support a more coordinated approach across the sector. The areas for improvement identified in this study will also be used to develop resources and tools to move the sector forward together.

Limitations of the Study

As a first step to assessing organizational efforts in racial equity, we targeted leaders such as executive directors and those leading EDI efforts within their organizations. Notably, leaders were predominantly White, a reflection of the current makeup of leadership across the CYMHA sector in Ontario. Leaders provided their perspectives but did not provide evidence to support their ratings. As with most self-reported measures, social desirability bias may have influenced participants' responses. While the case studies offered key insights into how agencies were conducting this work, staff, client, and community perspectives needed to be integrated for a more comprehensive understanding of the current state, as they may differ from the perspectives of leaders. This approach would likely reduce effects of social desirability bias and ensure that a broad group of racialized community members inform the findings.

In addition, though the scope of the current work was intended to focus on racial equity, future studies should examine equity from a broader lens than race and culture. Intersectionality and other areas of equity such as ableness, gender, and sexual diversity will also need to be addressed.

The present study may not have been as relevant for primarily Indigenous-serving agencies as it was for other CYMHA agencies because agencies mandated to provide services to Indigenous communities embed racial equity and cultural responsiveness throughout their work already. Further research is needed to understand the role of agencies with a specific focus on serving racialized communities in this work and how best to integrate their experiences.

Another limitation pertains to terminology that continues to evolve. At the beginning of the study, we used the term Black, Indigenous, and People of Colour (BIPOC). Respondents told us that the term *racialized* was preferred since the term BIPOC grouped together unique populations. Furthermore, the case studies and open-ended responses in the survey provided leaders an opportunity to further explain nuances in their organizational approaches towards addressing anti-Black, anti-Indigenous, and/or anti-Asian racism.

A final limitation is that most respondents were in the initial stages of their journey towards racial equity and, as such, may have a biased reflection of their efforts to date. Further research at multiple time points will provide more information and insight into sector progress over time.

Conclusion

Addressing racism and working towards cultural responsiveness in mental health services requires a comprehensive, systemic approach. Mental health agencies have a strategic role in advancing racial equity given our relationships with community members and system leaders and our unique knowledge and skills in promoting behaviour change and using implementation science approaches for innovations and evidence-based practices. In this study, we examined the current efforts that agency leaders reported across five domains. By examining organizational efforts across these domains, we gleaned areas that many agencies have moved forward with and identified areas where coordinated provincial efforts are still needed. Our two sponsoring organizations are well-positioned to support continued provincial efforts and advance racial EDI together.

While we reported on the experiences of CYMHA agencies in Ontario, we know that parallel work is ongoing across Canada and internationally to disrupt systemic racism and ensure racially equitable systems of care. We all have a role to play in building a more culturally responsive psychology, and the organizational domains and lessons learned from this study can inform these efforts. Leaders have a particular opportunity as agents of change to mobilize these findings and put them into place at their respective agencies. As we move forward, it will be important to build on the momentum and the early successes that have already been achieved.

Résumé

Les difficultés systématiques à fournir des services de santé mentale et de toxicomanie adaptés à la culture ont entraîné des inégalités généralisées pour les fournisseurs de services, communautés et client racialisés. Il y a un besoin urgent de changements coordonnés à l'échelle du système. Dans cet article, nous présentons les résultats d'une étude transversale à méthodes mixtes portant sur les pratiques organisationnelles actuelles en matière de promotion de l'équité raciale dans le secteur de la santé mentale et de la toxicomanie des enfants et des jeunes en Ontario. Afin de comprendre les efforts actuels et d'identifier une voie à suivre, nous avons interrogé les dirigeants de 102 agences et mené des études de cas auprès de 10 agences sur leurs pratiques dans cinq domaines : leadership organisationnel, partenariats intersectoriels, diversité et développement

de la main-d'œuvre, engagement des clients et de la communauté, et améliorations continues. Les dirigeants partageaient un fort désir de faire progresser l'équité raciale et avaient commencé ce travail à des degrés divers. Cinquante et un pour cent des agences s'étaient engagées publiquement en faveur de l'équité raciale; cependant, peu d'entre elles avaient élaboré des plans écrits pour soutenir ces efforts. Plus de 60 % des agences avaient développé des relations avec des partenaires intersectoriels et communautaires pour faciliter ce travail. Soixante-quinze pour cent des agences avaient offert une formation sur l'équité raciale à leur personnel, et certaines avaient mis en place des efforts de recrutement ciblés pour le personnel racialisé. Plus de 69 % des agences fournissent des services de traduction et d'orientation vers d'autres agences, alors que seulement 39 % offrent aux clients la possibilité de demander des fournisseurs de services qui reflètent leur identité culturelle. Moins de 29 % des organismes ont recueilli et utilisé régulièrement des données fondées sur la race pour orienter leur travail. Nos conclusions, en particulier les domaines examinés et les obstacles et facilitateurs, peuvent orienter des efforts parallèles dans des secteurs connexes au Canada et à l'étranger.

Mots-clés : services de santé mentale pour enfants et adolescents, antiracisme, équité, diversité et inclusion, changement organisationnel

References

Aarons, G. A., Ehrhart, M. G., Farahnak, L. R., & Hurlburt, M. S. (2015). Leadership and organizational change for implementation (LOCI): A randomized mixed method pilot study of a leadership and organization development intervention for evidence-based practice implementation. *Implementation Science : IS*, *10*, Article 11. https://doi.org/10.1186/s13012-014-0192-y

Abdi, S., AbuAyyash, C. B., & Leece, P. (2020, June). *Training and resources: Introduction to race, income, and language data collection* [PowerPoint slides]. Public Health Ontario. https://www.publichealthontario.ca/-/media/Event-Presentations/2020/introduction-to-race-income-language-data-collection.pdf?sc_lang=en

Abramovitz, M., & Blitz, L. V. (2015). Moving toward racial equity: The undoing racism workshop and organizational change. *Race and Social Problems*, *7*(2), 97–110. https://doi.org/10.1007/s12552-015-9147-4

Aden, H., Oraka, C., & Russell, K. (2020). *Mental health of Ottawa's Black community*. Ottawa Public Health. https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/MHOBC_Technical-Report_English.pdf

Alang, S. M. (2019). Mental health care among blacks in America: Confronting racism and constructing solutions. *Health Services Research*, *54*(2), 346–355. https://doi.org/10.1111/1475-6773.13115

Alegria, M., Green, J. G., McLaughlin, K. A., & Loder, S. (2015). *Disparities in child and adolescent mental health and mental health services in the U.S*. William T. Grant Foundation. https://wtgrantfoundation.org/library/uploads/2015/09/Disparities-in-Child-and-Adolescent-Mental-Health.pdf

Barksdale, C. L., Kenyon, J., Graves, D. L., & Jacobs, C. G. (2014). Addressing disparities in mental health agencies: Strategies to implement the National CLAS Standards in Mental Health. *Psychological Services*, *11*(4), 369–376. https://doi.org/10.1037/a0035211

Baruch, Y., & Holtom, B. C. (2008). Survey response rate levels and trends in organizational research. *Human Relations*, *61*(8), 1139–1160. https://doi.org/10.1177/0018726708094863

Brar-Josan, N., & Yohani, S. C. (2019). Cultural brokers' role in facilitating informal and formal mental health supports for refugee youth in school and community context: A Canadian case study. *British Journal of Guidance & Counselling*, *47*(4), 512–523. https://doi.org/10.1080/03069885.2017.1403010

Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, *9*(1), 3–26. https://doi.org/10.1037/qup0000196

Bromley, E., Figueroa, C., Castillo, E. G., Kadkhoda, F., Chung, B., Miranda, J., Menon, K., Whittington, Y., Jones, F., Wells, K. B., & Kataoka, S. H. (2018). Community partnering for behavioral health equity: Public agency and community leaders' views of its promise and challenge. *Ethnicity & Disease*, *28*(Suppl. 2), 397–406. https://doi.org/10.18865/ed.28.S2.397

Browne, A. J., Varcoe, C., Ford-Gilboe, M., Nadine Wathen, C., Smye, V., Jackson, B. E., Wallace, B., Pauly, B. B., Herbert, C. P., Lavoie, J. G., Wong, S. T., & Blanchet Garneau, A. (2018). Disruption as opportunity: Impacts of an organizational health equity intervention in primary care clinics. *International Journal for Equity in Health*, *17*(1), Article 154. https://doi.org/10.1186/s12939-018-0820-2

Calgary Anti-Racism Education. (n.d.). *Racialization*. The Alberta Civil Liberties Research Centre. https://www.aclrc.com/racialization

California Pan-Ethnic Health Network. (2018). *California reducing disparities project: Strategic plan to reduce mental health disparities*. https://cpehn.org/publications/california-reducing-disparities-project-strategic-plan-reduce-mental-health-disparities/

Canadian Mental Health Association Ontario. (2017). *Advancing equity in mental health: An action framework*. https://ontario.cmha.ca/wp-content/uploads/2016/07/PPE-0001-Advancing-Equity-in-Mental-Health-2.pdf

Canadian Race Relations Foundation. (2019). *CRRF glossary of terms*. https://www.crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1

Cénat, J. M. (2020). How to provide anti-racist mental health care. *The Lancet Psychiatry*, *7*(11), 929–931. https://doi.org/10.1016/S2215-0366(20)30309-6

Coalition of Communities of Color and All Hands Raised. (2014, January). *Tool for organizational self-assessment related to racial equity*. https://racc.org/wp-content/uploads/buildingblocks/foundation/CCC%20-%20Tool%20for%20Organizational%20Self-Assessment%20Related%20to%20Racial%20Equity.pdf

Creswell, J. W., & Plano Clark, V. L. (2007). *Designing and conducting mixed methods research*. Sage Publications.

Cyril, S., Smith, B. J., Possamai-Inesedy, A., & Renzaho, A. M. N. (2015). Exploring the role of community engagement in improving the health of disadvantaged populations: A systematic review. *Global Health Action*, *8*(1), Article 29842. https://doi.org/10.3402/gha.v8.29842

Danseco, E., Lucente, G., & Kurzawa, J. (2022). *Organizational Practices Advancing Racial Equity (OPARE): Development of an organizational tool using an implementation approach* [Manuscript in preparation]. The Knowledge Institute on Child and Youth Mental Health and Addictions.

Davidson, E. J. (2007). Unlearning some of our social scientist habits [Editorial]. *Journal of Multidisciplinary Evaluation*, *4*(8), iii–vi. https://www.alnap.org/system/files/content/resource/files/main/68-226-1-pb.pdf

Diangelo, R. (2018). *White fragility: Why it's so hard for white people to talk about racism*. Beacon Press.

Dye, J. F., Schatz, I. M., Rosenberg, B. A., & Coleman, S. T. (2000). Constant comparison method: A kaleidoscope of data. *Qualitative Report*, *4*(1), 1–10. https://doi.org/10.46743/2160-3715/2000.2090

Fante-Coleman, T., & Jackson-Best, F. (2020). Barriers and facilitators to accessing mental healthcare in Canada for Black youth: A scoping review. *Adolescent Research Review*, *5*(2), 115–136. https://doi.org/10.1007/s40894-020-00133-2

Garcia, A. R., Circo, E., DeNard, C., & Hernandez, N. (2015). Barriers and facilitators to delivering effective mental health practice strategies for youth and families served by the child welfare system. *Children and Youth Services Review*, *52*, 110–122. https://doi.org/10.1016/j.childyouth.2015.03.008

Gerlach, A., & Varcoe, C. (2021). Orienting child- and family-centered care toward equity. *Journal of Child Health Care*, *25*(3), 457–467. https://doi.org/10.1177/1367493520953354

Gifford, W. A., Davies, B., Edwards, N., & Graham, I. D. (2006). Leadership strategies to influence the use of clinical practice guidelines. *Nursing Leadership*, *19*(4), 72–88. https://doi.org/10.12927/cjnl.2006.18603

Government of Ontario. (2015). *Community-based child and youth mental health, programs, guidelines and requirements 01: Core services and key processes*. http://www.children.gov.on.ca/htdocs/English/documents/specialneeds/mentalhealth/pgr1.pdf

Government of Ontario. (2022). *Regional offices for the Ministry of Children, Community and Social Services*. https://www.ontario.ca/page/regional-offices-ministry-children-community-and-social-services

Greckhamer, T., Furnari, S., Fiss, P. C., & Aguilera, R. V. (2018). Studying configurations with qualitative comparative analysis: Best practices in strategy and organization research. *Strategic Organization*, *16*(4), 482–495. https://doi.org/10.1177/1476127018786487

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, *18*(1), 59–82. https://doi.org/10.1177/1525822X05279903

Halton Equity and Diversity Roundtable. (n.d.). *Organizational self-assessment tool for equity, diversity and inclusion*. http://hedroundtable.com/organizational-self-assessment-tool/#1486653426610-20c632e4-af47

Handtke, O., Schilgen, B., & Mösko, M. (2019). Culturally competent healthcare—A scoping review of strategies implemented in healthcare organizations and a model of culturally competent healthcare provision. *PLOS ONE*, *14*(7), Article e0219971. https://doi.org/10.1371/journal.pone.0219971

Hankerson, S. H., Wells, K., Sullivan, M. A., Johnson, J., Smith, L., Crayton, L., Miller-Sethi, F., Brooks, C., Rule, A., Ahmad-Llewellyn, J., Rhem, D., Porter, X., Croskey, R., Simpson, E., Butler, C., Roberts, S., James, A., & Jones, L. (2018). Partnering with African American churches to create a community coalition for mental health. *Ethnicity & Disease*, *28*(Suppl. 2), 467–474. https://doi.org/10.18865/ed.28.S2.467

Hecht, B. (2020). Moving beyond diversity toward racial equity. *Harvard Business Review*, 2–7. https://hbr.org/2020/06/moving-beyond-diversity-toward-racial-equity?autocomplete=true

Herrin, J., Harris, K. G., Spatz, E., Cobbs-Lomax, D., Allen, S., & León, T. (2018). Hospital leadership diversity and strategies to advance health equity. *Joint Commission Journal on Quality and Patient Safety*, *44*(9), 545–551. https://doi.org/10.1016/j.jcjq.2018.03.008

Hussain, B., Sheikh, A., Timmons, S., Stickley, T., & Repper, J. (2020). Workforce diversity, diversity training and ethnic minorities: The case of the UK National Health Service. *International Journal of Cross Cultural Management*, *20*(2), 201–221. https://doi.org/10.1177/1470595820938412

Kirmayer, L. J., & Jarvis, G. E. (2019). Culturally responsive services as a path to equity in mental healthcare. *Healthcare Papers*, *18*(2), 11–23. https://doi.org/10.12927/hcpap.2019.25925

Kurzawa, J., Lucente, G., Danseco, E., & Sundar, P. (2021). *We journey together: How Ontario's child and youth mental health agencies are addressing racial equity*. The Knowledge Institute on Child and Youth Mental Health and Addictions. https://www.cymha.ca/Modules/ResourceHub/?id=911258f3-0310-4fa0-8329-e4f17c3560c8

Liu, S.-N. C., Brown, S. E. V., & Sabat, I. E. (2019). Patching the "leaky pipeline": Interventions for women of color faculty in STEM academia. *Archives of Scientific Psychology*, *7*(1), 32–39. https://doi.org/10.1037/arc0000062

Livingston, R. (2020). How to promote racial equity in the workplace. *Harvard Business Review*. https://hbr.org/2020/09/how-to-promote-racial-equity-in-the-workplace

Lucente, G., Danseco, E., Kurzawa, J., & Sundar, P. (2021). *Advancing racial equity together: A review of the literature on effective organizational practices*. The Ontario Centre of Excellence for Child and Youth Mental Health. https://www.cymha.ca/Modules/ResourceHub/?id=b9e88f13-0ad5-4fdf-be1d-47dd48dda5e0

Lucente, G., Kurzawa, J., & Danseco, E. (2021). Moving towards racial equity in the child and youth mental health sector in Ontario, Canada. *Administration and Policy in Mental Health*, *49*(2), 153–156. https://doi.org/10.1007/s10488-021-01153-3

Magesh, S., John, D., Li, W. T., Li, Y., Mattingly-App, A., Jain, S., Chang, E. Y., & Ongkeko, W. M. (2021). Disparities in COVID-19 outcomes by race, ethnicity, and socioeconomic status: A systematic review and meta-analysis. *JAMA Network Open*, *4*(11), Article e2134147. https://doi.org/10.1001/jamanetworkopen.2021.34147

Marrie, H., & Marrie, A. (2014). *A matrix for identifying, measuring and monitoring institutional racism within public hospitals and health services*. Bukal Consultancy Services.

McDonald, A. (2021). The racism of the 'hard-to-find' qualified Black candidate trope. *Stanford Social Science Innovation Review*. https://ssir.org/articles/entry/the_racism_of_the_hard_to_find_qualified_black_candidate_trope

McKenzie, K., Agic, B., Tuck, A., & Antwi, M. (2016). *The case for diversity: Building the case to improve mental health services for immigrant, refugee, ethno-cultural and racialized populations*. Mental Health Commission of Canada. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2016-10/case_for_diversity_oct_2016_eng.pdf

McLaughlin, E. C. (2020). How George Floyd's death ignited a racial reckoning that shows no signs of slowing down. *CNN*. https://www.cnn.com/2020/08/09/us/george-floyd-protests-different-why/index.html

Meléndez Guevara, A. M., Lindstrom Johnson, S., Elam, K., Hilley, C., Mcintire, C., & Morris, K. (2021). Culturally responsive trauma-informed services: A multilevel perspective from practitioners serving Latinx children and families. *Community Mental Health Journal*, *57*(2), 325–339. https://doi.org/10.1007/s10597-020-00651-2

Mental Health Technology Transfer Center Network. (2018, December). *Assessing workforce diversity: A tool for mental health organizations on the path to health equity*. http://www.cars-rp.org/_MHTTC/docs/Assessing-Workforce-Diversity-Tool.pdf

Moore, K. L. (2018). Mental health service engagement among underserved minority adolescents and young adults: A systematic review. *Journal of Racial and Ethnic Health Disparities*, *5*(5), 1063–1076. https://doi.org/10.1007/s40615-017-0455-9

Ontario Human Rights Commission. (2013). *Glossary of human rights terms*. https://www.ohrc.on.ca/en/teaching-human-rights-ontario-guide-ontario-schools/appendix-1-glossary-human-rights-terms

Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). Sage Publications.

Patton, M. Q., & Campbell-Patton, C. E. (2022). *Utilization-focused evaluation* (5th ed.). Sage Publications.

Race Forward. (n.d.). *What is racial equity?* https://www.raceforward.org/about/what-is-racial-equity-key-concepts?csi=1

Roberts, K., Dowell, A., & Nie, J. B. (2019). Attempting rigour and replicability in thematic analysis of qualitative research data; a case study of codebook development. *BMC Medical Research Methodology*, *19*(1), Article 66. https://doi.org/10.1186/s12874-019-0707-y

Ruprecht, M. M., Wang, X., Johnson, A. K., Xu, J., Felt, D., Ihenacho, S., Stonehouse, P., Curry, C. W., DeBroux, C., Costa, D., & Phillips Ii, G. (2021). Evidence of social and structural COVID-19 disparities by sexual orientation, gender identity, and race/ethnicity in an urban environment. *Journal of Urban Health*, *98*(1), 27–40. https://doi.org/10.1007/s11524-020-00497-9

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity: International Journal of Methodology*, *52*(4), 1893–1907. https://doi.org/10.1007/s11135-017-0574-8

Schouler-Ocak, M., Bhugra, D., Kastrup, M. C., Dom, G., Heinz, A., Küey, L., & Gorwood, P. (2021). Racism and mental health and the role of mental health professionals. *European Psychiatry*, *64*(1), Article e42. https://doi.org/10.1192/j.eurpsy.2021.2216

Shim, R. S., & Starks, S. M. (2021). Covid-19, structural racism, and mental health inequities: Policy implications for an emerging syndemic. *Psychiatric Services*, *72*(10), 1193–1198. https://doi.org/10.1176/appi.ps.202000725

Soldan, Z., & Nankervis, A. (2014). Employee perceptions of the effectiveness of diversity management in the Australian public service: Rhetoric and reality. *Public Personnel Management*, *43*(4), 543–564. https://doi.org/10.1177/0091026014533093

Stake, R. E. (2013). *Multiple case study analysis*. Guilford Press.

Talley, R. M., Shoyinka, S., & Minkoff, K. (2021). The Self-assessment for Modification of Anti-Racism Tool (SMART): Addressing structural racism in community behavioral health. *Community Mental Health Journal*, *57*(6), 1208–1213. https://doi.org/10.1007/s10597-021-00839-0

The Annie E. Casey Foundation. (2006, January 12). *Race matters: Organizational self-assessment*. https://www.aecf.org/resources/race-matters-organizational-self-assessment

The Annie E. Casey Foundation. (2020). *Equity vs. equality and other racial justice definitions*. https://www.aecf.org/blog/racial-justice-definitions

Walker, J. S., Masselli, B. M., Blakeslee, J., Baird, C., & Thorp, K. (2018). Development and testing of an assessment of youth/young adult voice in agency-level advising and decision making. *Children and Youth Services Review*, *94*, 598–605. https://doi.org/10.1016/j.childyouth.2018.08.040

Weech-Maldonado, R., Dreachslin, J. L., Epané, J. P., Gail, J., Gupta, S., & Wainio, J. A. (2018). Hospital cultural competency as a systematic organizational intervention: Key findings from the national center for healthcare leadership diversity demonstration project. *Health Care Management Review*, *43*(1), 30–41. https://doi.org/10.1097/HMR.0000000000000128

Western States Center. (n.d.). *Racial justice organization assessment*. https://institute.coop/sites/default/files/resources/Western%20States%20Center%20-%20Racial%20Justice%20Organization%20Assessment.pdf

Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). Sage Publications.

Received December 3, 2021
Revision received June 3, 2022
Accepted June 3, 2022 ■