



Addictions &  
Mental Health  
*ontario*

# Building An Equity, Anti-Racism & Anti-Oppression Framework For Addictions & Mental Health

Final Report Submitted To Addictions & Mental  
Health Ontario

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Building AMHO's Equity, Inclusion, Diversity, Anti-Racism & Anti-Oppression Framework

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## Executive Summary

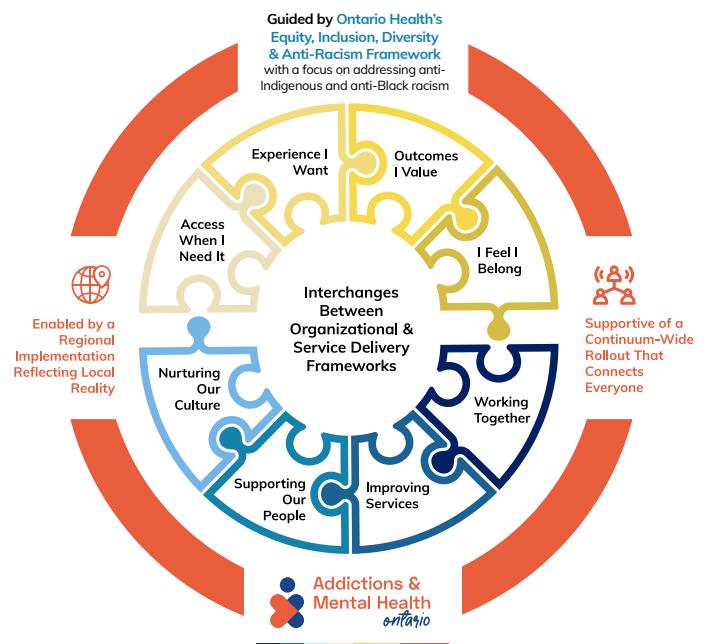
The Ontario Government has made a clear commitment – health services must be grounded in a strong foundation and a culture focused on equity, inclusion, diversity, and anti-racism. This is articulated in the Connecting Care Act, 2019; enabled by the Roadmap to Wellness; and guided by Ontario Health’s (OH) Equity, Inclusion, Diversity and Anti-Racism (EIDA-R) Framework. We all must acknowledge that long-standing, systemic issues related to equity, inclusion, diversity, and racism in our system must be addressed.

Addictions & Mental Health Ontario’s (AMHO) Board, Leadership and Members have responded with the position that equity, diversity, inclusion, anti-racism, and anti-oppression must not only be foundational principles in the delivery of care and services for all Ontarians, but they must also be grounded in how organizations that deliver these services function and operate. To address the needs of clients, AMHO established the Equity, Anti-Racism and Anti-Oppression Framework to provide advice and direction for how sector providers will advance equity, inclusion, diversity, anti-racism, and anti-oppression with a focus on Indigenous and Black populations.

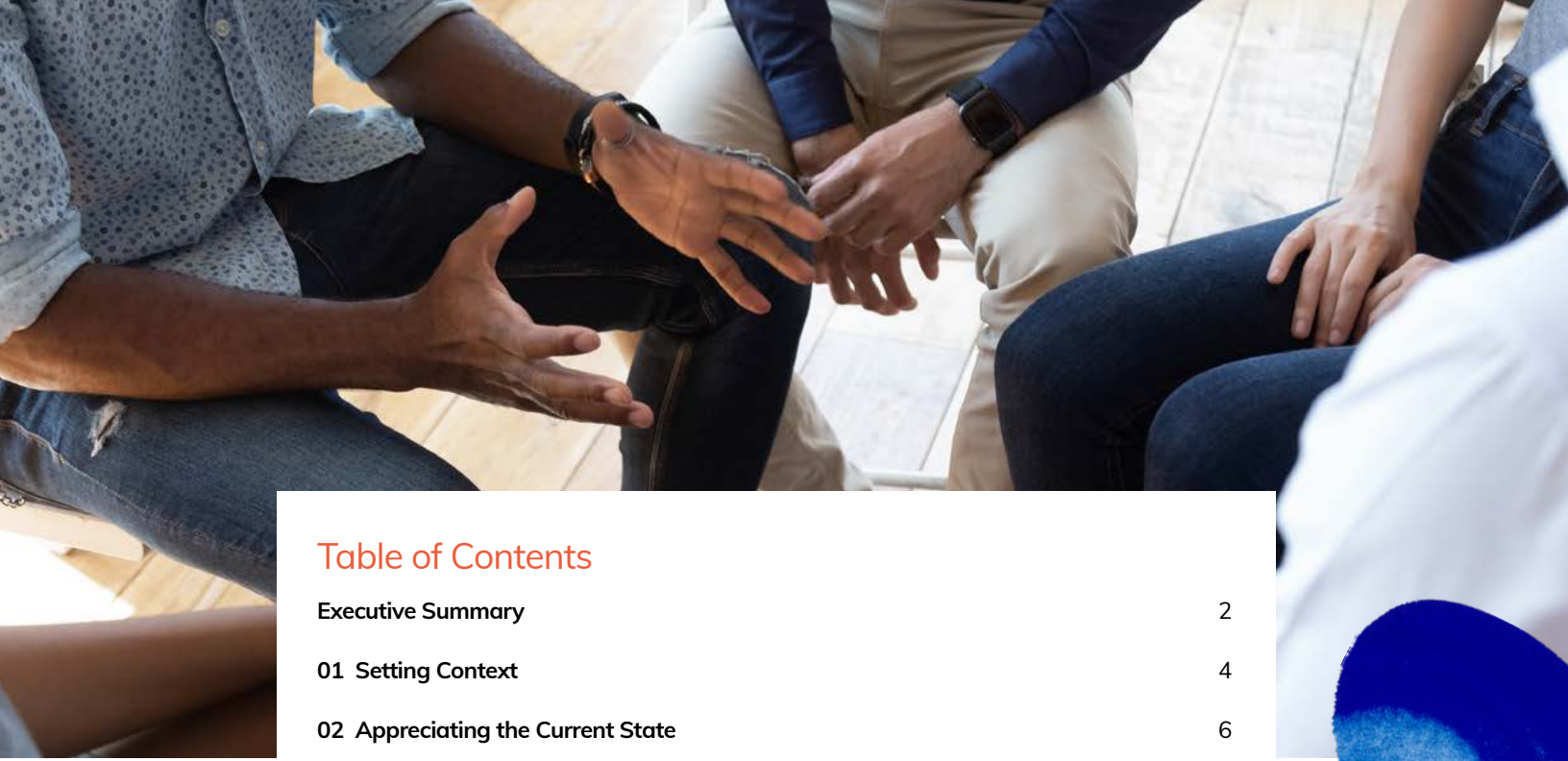
To design AMHO’s Framework, interviews and population specific focus groups (Peer Support, 2SLGBTQ+ people, Francophone people, Youth, Racialized people and Women) confirmed the need and priorities. Engagement with the Centre for Addiction and Mental Health’s (CAMH) Provincial Support Services Program (PSSP), a mental health stakeholder group, and an addictions stakeholder group ensured a client and family perspective informed the Framework and future planning efforts. Co-design and validation sessions with selected stakeholders and leaders identified the opportunities and priorities; and AMHO’s Steering Committee and the AMHO Board guided the work.

### The Result ...

- AMHO’s Equity, Anti-Racism and Anti-Oppression Framework is:
  - Aligned to Ontario Health’s Equity, Inclusion, Diversity and Anti-Racism Framework;
  - Enabled by four Service Components to support member organizations to deliver person-centred care so a client has “access when I need it”, “experience I want”, “outcomes I value” and where “I feel I belong”;
  - Enabled by four Organizational Components to assist member organizations build equity into business operations by “nurturing our culture”, “supporting our people”, “improving our services”, and “working together” with other providers; and
  - Positioning AMHO to advocate for the Sector to ensure priorities are advanced collectively.



While the Framework has been developed for the Addictions and Mental Health Sector, it is AMHO’s hope that the Framework is useful to other health system partners, provider organizations, and in the implementation of health system priorities (e.g., Ontario Health Teams) to create a common approach for building a more equitable health care system that addresses long-standing, systemic issues.



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We acknowledge the use of stock photography in this report. We are working to develop a suite of images of real people and will appropriately compensate people for being included in these images.



## 01 Setting Context

The Ontario Government has made a clear commitment – health services must be grounded in a strong foundation and a culture focused on equity, inclusion, diversity, and anti-racism. This has been articulated in the *Connecting Care Act, 2019* which states that the public health care system should be guided by a commitment to equity and to the promotion of equitable health outcomes; enabled by the Roadmap to Wellness - a plan to build Ontario's mental health and addictions system; and further enabled by Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework which identified 11 building blocks and key priorities to build a more equitable system of care. As outlined in that Framework, Ontario Health recognizes that it cannot build a high-quality health care system without having equitable opportunities for health; and that building this system must start with creating a culture and environment within our healthcare provider organizations that promote equity and reduce disparities for its staff, with a further goal to translate this culture and supporting tools across the health care system.

The Addictions and Mental Health Sector has recognized that the people it serves also need a more equitable care delivery system. While there have been many efforts established to increase equity, inclusion and diversity within the sector over the years, the more recent events including COVID-19 disparities and other racist violence have raised the sense of alert that anti-racism and anti-oppression must be a priority. We all must acknowledge that long-standing, systemic issues related to equity, inclusion, diversity, and racism in our system must be addressed.

Addictions & Mental Health Ontario's (AMHO) Board, Leadership and Members have responded with the position that equity, diversity, inclusion, anti-racism and anti-oppression must not only be foundational principles in the delivery of care and services for all Ontarians, but they must also be grounded in how organizations that deliver these services function and operate. AMHO and its member organizations believe that only an entire sector solution can support equity, inclusion, diversity, anti-racism, and anti-oppression needs for its clients. While organization-specific strategies will have benefits, they will never meet the complex needs of the people addictions and mental health providers serve.

To address the needs of clients, AMHO is building an Equity, Anti-Racism and Anti-Oppression Framework. This Framework will provide advice and direction for how sector providers will advance equity, inclusion, diversity, anti-racism, and anti-oppression with a focus on Indigenous and Black populations; and directly builds on Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework to contribute to better outcomes for Ontarians. AMHO's Framework has three areas of focus:

- The **Organizational Focus** will guide how AMHO and its member organizations embed equity, anti-racism, and anti-oppression into their business operations. This focus identifies specific priorities and actions that sector providers must pay attention to in order to create organizations where there is a culture truly focused on equity, where staff thrive and are positively positioned and supported to deliver equitable services, and where providers are enabled to work together seamlessly to meet the needs of individuals seeking support;

- The **Service Focus** will guide how member organizations deliver equitable, anti-racist and anti-oppressive services and care for all Ontarians. This focus identifies specific priorities and actions that providers must support to advance services to better meet the needs of individuals seeking support; and create more welcoming environments that enable timelier access, a better experience, and the best outcomes possible; and
- The **System Leadership Focus** will identify how AMHO will support its member organizations and represent the sector to advance large-scale equity transformation of the addictions and mental health system along the broader continuum of care.

AMHO partnered with Corpus Sanchez International to facilitate a process to confirm the readiness to act through interviews and population specific focus groups (Peer Support, LGBTQ2S+, Francophone, Youth, Racialized and Women), co-design the AMHO Framework with selected stakeholders and leaders, and gain input and validation of the evolving model with the AMHO Leadership Forum, Steering Committee and the AMHO Board to ensure the Framework will meet the needs of clients and families. In addition, engagement with the Provincial Support Services Program (PSSP), a mental health stakeholder consultation, and an addictions stakeholder consultation was conducted to ensure a client and family perspective informed the Framework and future planning efforts.

To assist AMHO and its members in moving forward, this report summarizes key themes from current state consultations; presents the AMHO Framework; identifies key recommendations to advance the Framework; and establishes a Blueprint for Next Steps that defines key actions to help launch the Framework and ensure they are integrated into sector and provincial strategies.





## 02 Appreciating The Current State

As part of the assessment of the readiness to act, consultations were conducted with Clients & Families and System Leaders & Stakeholders to assess the sense of urgency and priorities for change.

### Clients, Families & Caregiver Priority Themes

The following summarizes key themes identified through consultations with clients and families.

- **Ensure providers and services/supports reflect the people we serve.** A significant part of receiving care is a feeling that there is a sense of understanding between clients and providers. To achieve this, a diverse and inclusive workforce helps to ensure a good connection with individuals so “nothing is missed in the translation”. Training and education are also important so providers understand how people want to be engaged; and focus on improving cultural awareness, sensitivity, and competence.
- **Support experiences that are inclusive and welcoming.** Individuals receiving care want to see people “like them and people they can relate to”. To build a more inclusive environment, “hiring practices need to change to specifically have people with lived experience as a qualification for service provision”. Need to ensure space creates a warm and welcoming environment through signs in different languages, diverse artwork, and décor. Individuals receiving care also expect providers to be working together on things like community engagement and joint programs so there is a sense of familiarity across organizations.
- **People want to be included in all aspects of care.** People want to be involved in their own care; they don't just want to be asked questions but be involved in the planning, delivery, and evaluation of services. Individuals want to be asked about their experiences, and know that their ideas are not just listened to but are also heard and lead to improvements. People from diverse communities want the choice to access services from the provider of their choice – and must not be told that they can only get services from a specific organization.
- **Respect and understand the importance of intersectionality.** All services must be “looked at through an intersectional lens recognizing that individuals have many experiences and needs, and those who have experienced multiple marginalizing factors (e.g., discrimination based on disability, racism, homophobia) will feel disparities to a higher degree”. Currently, addiction and mental health services are largely a “one size fits all approach”. We need to “better support a population that is more diverse in their identities and their needs”.

- **Reduce the revolving door syndrome and ensure services are available when needed.** Need “providers to know not only what they do but also what others do so they can ensure clients are sent to the right provider and service” – need to reduce the revolving door syndrome. Must “enable access for individuals when they are ready for services (e.g., people who use substances) and avoid waitlists that only push individuals toward justice system”.
- **Need services closer and more accessible.** To enhance access, need to select locations for services that individuals can access (e.g., organizations setting up services in community spaces that are both accessible and familiar to individuals) and remove barriers to access (e.g. people not wanting to go through a centralized intake, or “not wanting to fill in a new application for services when they are asked to go to another provider”).
- **Ensure tools match the populations needs.** While we have many evidenced-based tools, it is important to understand that some tools need to be modified to better reflect the needs of the individuals. “Tools do not work in the same way for all people”. Need to ensure assessment tools have the ability to differentiate to meet needs based on culture, background, experiences, intersectionality etc.
- **Want leaders to advocate for change.** Want to see people in leadership positions that are advocating for equitable change. They note that they “don’t need representation for the sake of representation, but want to see people with decision making powers to ensure that existing systemic barriers are being removed”. This includes clinicians, management, and unions. Individuals expect organizations to partner with other agencies (e.g., Narcotics Anonymous and harm reduction agencies) to develop safe spaces for underserved groups.
- **Need to align mental health, addictions, and physical needs.** Need to build greater alignment and enable transitions to meet the holistic needs of people – this includes mental health, addictions, and physical needs. “It is critical that the whole person is served, including physical disabilities as some have both mental illness and more than one physical disability”. Also need to see “greater connections between health, social policy and the social determinants of health to better work together to address the oppression, racism, and marginalization”.



## System Leaders and Stakeholder Priority Themes

The following summarizes key themes identified through the consultations with provider stakeholders and leaders.

- **A focus on equity, anti-racism and anti-oppression is needed.** There is a need to appreciate and understand that equity seeks to identify and reduce disparities - gender, race, religion, geography, income etc. However, there is also a need to recognize that additional forms of discrimination that occur for specific groups must be included and addressed explicitly (e.g., racism against Indigenous Peoples and Black Peoples). Therefore, it is important to both focus on equity initiatives while also advancing anti-racism priorities.
- **Support for AMHO to lead work on behalf of the sector.** There is support from service providers for AMHO to advance this work on behalf of the Sector. AMHO must have a strong voice at provincial tables, advocate for the sector, and pay special attention to where there are the greatest disparities. AMHO should also develop a public voice around systemic issues (e.g., overdose crisis, police response to mental health, anti-racism positions).
- **Support for a focus on both provider organizations and the services they deliver.** There is support and value for the need for an equity, anti-racism and anti-oppression framework focused on Organizational and Service Delivery. There were other areas that were identified by stakeholders as being important (e.g., educational, research, system-level) and may be areas that AMHO may consider playing a role in as well.
- **Recognition there is work to do by all.** There is work to be done to build a more equitable, diverse, and inclusive system; to actively address racism and anti-oppression; and to ensure programs meet the needs of the communities they serve. For example, LGBTQ2S+ communities are often ignored; Black, Indigenous and people of colour are under-represented in the population being served; and programs for women are disproportionately low.
- **Willingness for providers to work together.** There is a willingness for provider organizations to continue to work together and not to reinvent the wheel. There is support for working together to co-develop tools and supports, and leveraging available resources, skills and capacity that have been developed by member organizations.
- **A need to work together using a regional approach.** Requests for partnerships, participation on committees, provision of training to other organizations, and responding to other surveys etc. places a huge burden on already underfunded, stretched organizations. It will be important to form networks to respond to these requests (e.g., regionally based), and request funding to carry out this work. There is an expectation that requesting organizations should have reviewed existing material; and requesting organizations must collectively be coordinated in their requests to reduce duplication.
- **Ongoing work to create inclusive environments.** There is clear recognition of the need to create more inclusive environments and engagement processes. Leadership from the Board is required to drive the agenda on equity. Existing staff need the time and set expectation that they will learn about the communities to clearly understand who is being served and not being served; what programs need to be developed to meet the needs; and what level of organizational culture change is required to better welcome staff and clients. A focus on addressing intersectionality must be a priority for organizations.



- **Need to address funding imbalances.** There is a recognition the entire addictions and mental health system is underfunded; and complexity of specialized services goes unrecognized and under-supported (e.g., women services, intergenerational trauma of Indigenous and Black communities, trauma experienced by refugees).
- **Need to advance research that helps to close the gap.** There is a need to advance research to develop methodologies and collect relevant data to make the case and support the necessary change. Past efforts have focused on reporting differences; future priorities must center on closing disparity gaps.
- **Need to improve the quality and access to equity data.** There is a critical need to address the lack of equity data available and the use of equity data within organizations to support decisions. There is a need to create standardized equity datasets at the regional and provincial levels since we need to clearly understand who we are supporting and who we are not supporting (or who is underserved).
- **Need to ensure access to high impact education.** Need to evaluate the impact of training by monitoring and evaluating behavioural changes by gathering information from clients and staff about their experiences and their observations.





## 03 Establishing The Equity, Anti-Racism & Anti- Oppression Framework

With the recognition that guides are needed to advance equity, inclusion, diversity, anti-racist and anti-oppression within the addictions and mental health sector, AMHO set out to not only establish foundational principles in the delivery of care and services for all Ontarians (Service Delivery Focus), but they must also be grounded in how organizations that deliver these services function and operate (Organizational Focus).

To build the Framework, it was recognized that this work must build on a number of initiatives:

- The first is the many efforts currently underway to address equity in the sector. These have been led by member organizations, AMHO and the Centre of Excellence, and must be supported and scaled where appropriate to ensure we are building on this great work. To help understand the current system efforts and priorities, a baseline electronic survey has been initiated to collect relevant member information; and
- The second is supporting the delivery on Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework. The Ontario Health Framework identifies system-level actions to deliver on the goals of greater collaborations and new ways of working both within the health care system and through partnerships across the broader system of social and support services to improve the lives of Ontarians. The AMHO Equity, Anti-Racism and Anti-Oppression Framework aligns and supports the system level imperatives, but identifies tactical level priorities and actions that will help transform how provider organizations achieve the vision of equitable, inclusive, diverse, anti-racist and anti-oppressive working and care environments. The Ontario Health and the AMHO Frameworks have been designed to build on each other – both are important, but each focuses on different areas of the health care system.





It was also recognized that the following changing priorities must be well understood and incorporated into planning efforts.

- **The composition and demographics of a community are expected to change over time.** Organizations must ensure the decision makers and staff reflect the community served. This will inform how leaders and staff are recruited, oriented, retained, trained, and mentored. Service delivery leaders must ensure that services are provided to the appropriate community/population within their catchment, and that no population is underserved. This will inform service selection criteria to eliminate bias, and develop programs and services for emerging communities and underserved populations.
- **The needs and wants of a community are expected to change over time.** Organizations must track and recognize that populations change, and the needs of populations change over time. This will inform the design and implementation of processes and tools; and equity data collection, analysis and use to track, monitor, and adjust operational and staffing decisions to meet these changing needs. Service delivery leaders must ensure that services provided meet the needs and wants of the community/population within their catchment.
- **The differences in what is provided and what is needed creates the risk of disparities.** Organizations must understand the gaps in what they can deliver on their own and what is needed by clients. Organizations must seek to identify and appreciate organizational disparities within their own walls (e.g., staff, inclusion, experience, access, representation). This will inform decisions related to developing an equity strategy, setting organizational accountabilities relative to equity, and the creation and maintenance of policies as well as operational structures (e.g., HR policies, organizational/committee structures). Service delivery leaders must be enabled and supported to work with other providers to understand and address gaps in services to ensure care continuity, a good client experience, and positive patient outcomes by organizations working together. This will inform a focus on population health and engaging/partnering stakeholders across the continuum.

## AMHO’s Equity, Anti-Racism, Anti-Oppression Framework

AMHO’s Framework brings together four core components to enhance equity, inclusion, diversity, anti-racism, and anti-oppression, with a focus on anti-Indigenous and anti-Black racism for the addictions and mental health sector.

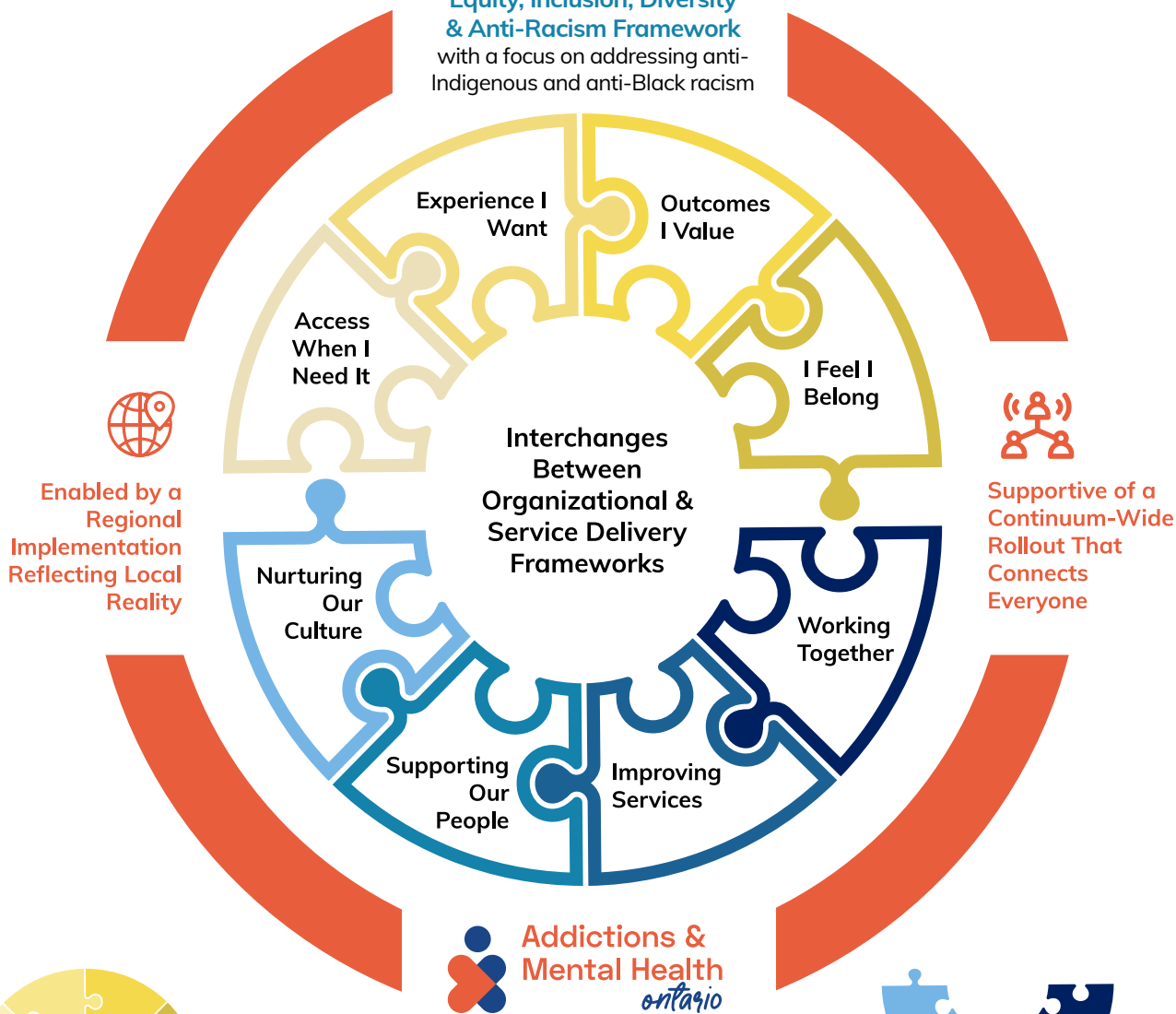
ONTARIO HEALTH	AMHO & MEMBER PRIORITIES		
Guided by Ontario Health’s Equity, Inclusion, Diversity and Anti-Racism Framework foundational and priority components.	Supported by AMHO’s <b>Service Focus</b> to ensure a welcoming, accessible, good experience and positives outcomes for Ontarians. Service Framework has 4 components.	Supported by AMHO’s <b>Organizational Focus</b> to nurture a culture, support staff, improve services and enable the system to work together. Organizational Framework has 4 components.	Enabled by AMHO’s <b>System Leadership Focus</b> to advocate and support member organizations by ensuring key priorities are supported and moved forward.



# AMHO's Equity, Anti-Racism and Anti-Oppression Framework

Ontario Health's Equity, Inclusion, Diversity & Anti-Racism Framework guides and is the foundation for AMHO's Framework

Guided by Ontario Health's Equity, Inclusion, Diversity & Anti-Racism Framework with a focus on addressing anti-Indigenous and anti-Black racism



The **Service Focus** guides how member organizations deliver equitable, anti-racist and anti-oppressive services and care for all Ontarians that delivers true "person-centred" care

**AMHO System Leadership Focus** advocates for the entire sector by ensuring priorities are advanced collectively

The **Organization Focus** guides how AMHO and its member organizations embed equity, anti-racism and anti-oppression into the business operations



To support AMHO and its member organizations advance the Framework, examples of relevant actions to support the advancement of the AMHO's Framework have been included and grouped into the following three areas: Policies & Practices, People and Roles, and Data Analysis, Metrics and Reporting.

## Demonstrating How AMHO's Framework Works

To help to build a clear understanding for how the AMHO Framework works, it is crucial that the pieces work together to support alignment. Key opportunities for alignment include:

1. All work is guided by Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework which has 11 components.
2. Advancing Equity must also build on existing initiatives at various levels. This includes efforts by provider organizations (e.g., community mental health and addiction agencies); system leaders like the Mental Health and Addictions Centre of Excellence; and other system change efforts like Ontario Health Team deployment.
3. AMHO recognizes that the foci of the Framework – the Service Delivery focus, the Organizational focus and AMHO's role as a system leader are not independent, but rather have a number of critical interchanges that require the pieces of the Framework to work together.

To help describe how the various foci and the pieces of the Framework work together, it is important to appreciate the interchanges across AMHO member organizations and itself. The following examples have been developed to demonstrate how the “pieces” fit together.

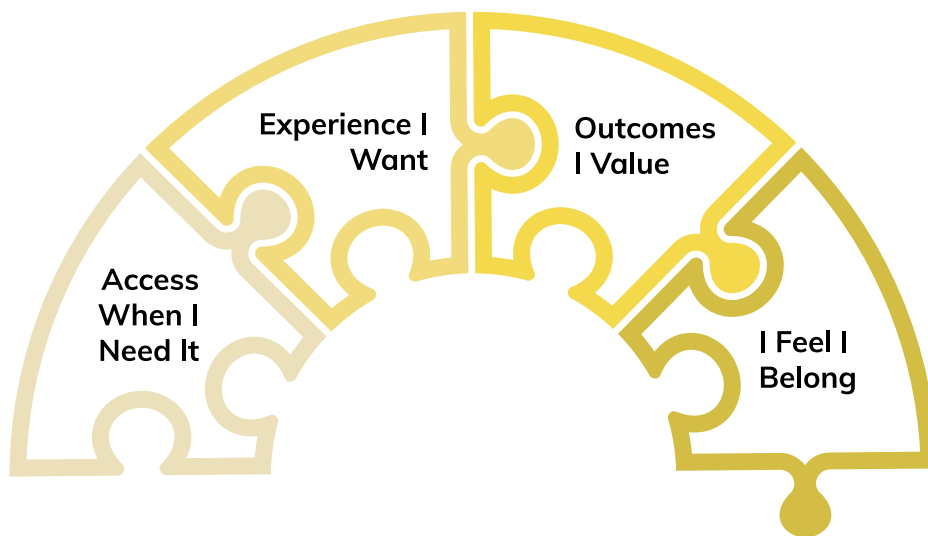
- **Situation: Front line staff notice that the assessment tool is not culturally appropriate** – Identified by Client Experience Survey and reflected in Outcomes Reports. Providers from a member organization take the concern to leadership, who works with other peer organizations under the Working Together philosophy who then approach AMHO. AMHO establishes a position paper as part of their System Leadership Role, in partnership with other member organizations, to advocate to create a culturally-supported assessment tool that are deployed across the sector.
- **Situation: An organization recognizes that there are not enough women’s beds** – identified through Access measures. Under the Improving Our Services focus, the organization turns to AMHO to advocate on the system’s behalf in partnership with these organizations to build capacity as a system initiative.
- **Situation: Frontline staff identify the need for additional supports and training** – identified under the Supporting Our People focus. Staff empowered by their Culture of Equity and Inclusivity raise this to leaders, who reach out to peer providers through the Commitment to Work Together to create shared integrated service plans as part of the Improving Our Services focus; while AMHO works with training partners to ensure Priorities are Addressed Quickly Under a System Model by identifying and making accessible high quality training programs to be used across the system.





## AMHO's Service Delivery Focus

The Service Framework guides how member organizations deliver equitable, anti-racist and anti-oppressive services and care for all Ontarians. This framework also identifies specific priorities and actions that sector providers must focus on to advance services to better meet the needs of individuals seeking support by creating a more welcoming environment to enable more timely access, a better experience, and the best outcomes possible.



## Service Framework Component I: Access When I need It

“I get the care I need, how I want It and when I need it”

The following provides examples of relevant actions to support advancement of the AMHO Framework

POLICIES & PRACTICES	PEOPLE & ROLES	DATA ANALYSIS, METRICS & REPORTING
<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• <b>Support Ontario Health’s Mental Health &amp; Addictions Centre of Excellence minimum dataset of equity data elements</b> by supporting the collection of relevant and meaningful data to help identify gaps in services that are negatively impacting individuals seeking care and/or creating barriers to care. Ultimately, data must be collected using standard tools; and support capacity to centrally manage data in a data warehouse to enable greater efficiency of collection, application of data.</li> <li>• <b>Complete a review of organizational polices to identify where an organization’s eligibility criteria create barriers to service</b> for people seeking care and services (e.g., individual must obtain mental health diagnosis to get services). Develop processes/practices to address criteria barriers.</li> <li>• <b>Establish partnerships with health service providers, service provider organizations and the community to identify local/regional indicators and measures</b> that are incorporated into accountability agreements to help wrap services from multiple organizations around a person.</li> </ul>	<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• <b>Establish a role to oversee the evaluation of issues and/or concerns raised</b> by people receiving and delivering care and services.</li> <li>• <b>Establish roles and supports to reach out to underserved communities</b> to co-design strategies to improve access for people needing care and services.</li> <li>• <b>Create multiple pathways to services and communicate these pathways</b> to providers and the public so that people have multiple ways to accessing services in a way that meets their needs.</li> </ul>	<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• <b>Complete data analysis by organization to understand who is in the community who is being served and is not being served</b> to ensure people wanting care are able to get it.</li> <li>• <b>Develop a racial profile of clients</b> to better understand who is receiving care so services can be designed to better meet people’s needs.</li> <li>• <b>Complete data analysis to understand time from Referral to Assessment; and time from Assessment to Treatment/ Services</b> to support comparative analysis of service responsiveness.</li> </ul>



## Service Framework Component II: Experience I Want

“I have a care experience I value, and would seek care again from this provider”

The following provides examples of relevant actions to support advancement of the AMHO Framework

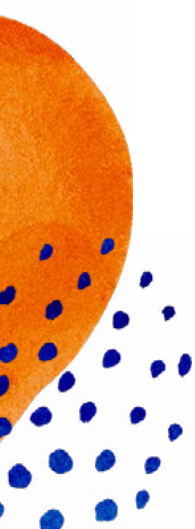
POLICIES & PRACTICES	PEOPLE & ROLES	DATA ANALYSIS, METRICS & REPORTING
<p>Examples of initiatives include:</p> <ul style="list-style-type: none"><li>• <b>Develop standards for care, access, experiences, and outcomes for poorly served racialized populations to reduce disparities</b> by using a population health focus and systematically embedding an equity lens in all services.</li><li>• <b>Bring services closer to people</b> by encouraging organizations to deliver services in community spaces where people are more comfortable with because these spaces are part of their community.</li></ul>	<p>Examples of initiatives include:</p> <ul style="list-style-type: none"><li>• <b>Develop supporting education and training to ensure staff feel well-equipped to provide appropriate services to individuals seeking care from different backgrounds.</b> Assess the effectiveness of training (e.g., survey staff to gain a better understanding of what knowledge gaps exists and what training can be provided to help close the gaps).</li><li>• <b>Train staff to respectfully engage with individuals including education to understand cultural sensitivities and preferences.</b> Staff should appreciate that clients should be asked about their experience, and be encouraged to participate in program design and evaluation.</li></ul>	<p>Examples of initiatives include:</p> <ul style="list-style-type: none"><li>• <b>Standards must be supported by establishing targets and performance expectations that are integrated into performance reports to an organization's boards</b> that helps to determine whether people are receiving the experience they want. Establish monitoring and reporting tools to ensure accountability.</li></ul>

## Service Framework Component III: Outcomes I Value

“I have the best outcomes”

The following provides examples of relevant actions to support advancement of the AMHO Framework

POLICIES & PRACTICES	PEOPLE & ROLES	DATA ANALYSIS, METRICS & REPORTING
<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• <b>Data and analysis to be used to inform decisions including identification of appropriate programs/services and allocation of resources</b> to reduce disparities in the workplace and identify services that best meet the needs of people receiving care and services.</li> <li>• <b>Co-develop appropriate policies and data governance practices to accompany the collection of equity data</b> and ensure periodic reporting of client outcomes and findings (e.g., to member organizations, to system leaders, to the public).</li> </ul>	<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• <b>Identify and address disparities (e.g., geographic, race, gender, gender identity, sexual orientation, disability)</b> for any underserved and marginalized client groups by applying an equity lens to all reports.</li> </ul>	<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• <b>Collect and analyze baseline equity data to enable the measurement and tracking of disparities/gaps within client groups organization (e.g., disability, race, religion, sexual orientation, gender identity).</b> Used data to identify disparities at the service level, and develop strategies to address.</li> <li>• <b>Develop Client-based metrics that ask clients if their needs are met</b> and report findings in a timely manner that enable action.</li> </ul>



## Service Framework Component IV: I feel I belong

“There is nothing that makes me feel like I don’t belong”

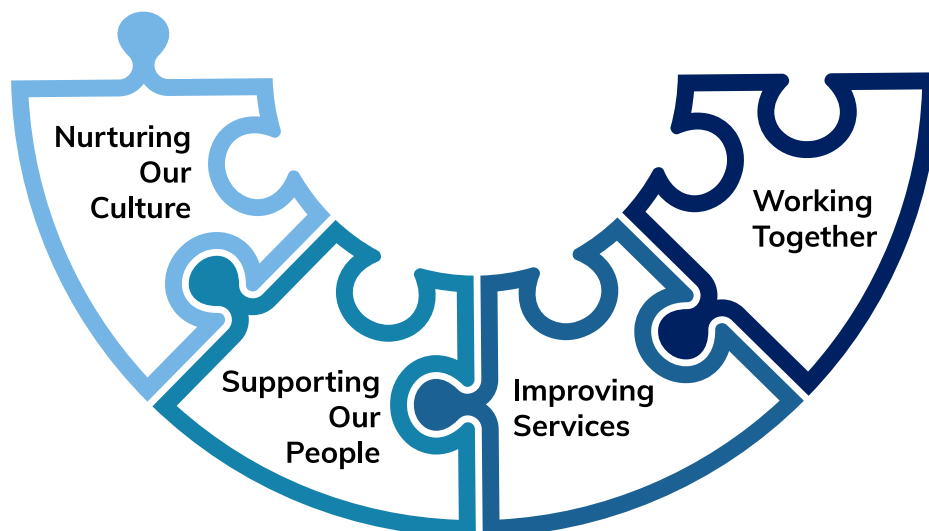
The following provides examples of relevant actions to support advancement of the AMHO Framework

POLICIES & PRACTICES	PEOPLE & ROLES	DATA ANALYSIS, METRICS & REPORTING
<p>Examples of initiatives include:</p> <ul style="list-style-type: none"><li>• <b>Establish policies to ensure clients are served in their language of choice</b> (e.g., develop pamphlets in Mandarin).</li><li>• <b>Establish a policy to ensure all programs are focused on the needs of the people we serve</b>, and therefore include individuals with lived experience and where appropriate their families/ caregivers in the design, implementation, and evaluation of all services.</li><li>• <b>Establish a policy that supports services to be delivered in locations and with other institutions</b> (e.g., faith-based institutions) that are familiar to clients to increase access to services and supports.</li><li>• <b>Develop communication material and supporting tools</b> to ensure timely access to information that are available in multiple formats/mediums (e.g., websites, web-based applications) to support the needs of a range of clients.</li><li>• <b>Develop services that are accessible</b> in locations close to where people live, during times that are more convenient (e.g., after hours, weekends), and designed to meet the needs of the individual (e.g., physical accessibility, language, 2SLGBTQ positive organization).</li></ul>	<p>Examples of initiatives include:</p> <ul style="list-style-type: none"><li>• <b>Review physical space, décor and other experiential influences</b> that may potentially create barriers to access services by individuals seeking supports.</li><li>• <b>Employ staff that can meet the varying needs of clients</b> (e.g., hire staff that can speak languages of clients served, provide language training to staff).</li></ul>	<p>Examples of initiatives include:</p> <ul style="list-style-type: none"><li>• <b>Launch satisfaction and experience surveys to be completed by clients</b> to ensure their voices are heard and listened to. Results are to be periodically reported to clients, member organizations, boards, and the public; and action plans developed and implemented to improve satisfaction and experience levels.</li></ul>



## AMHO's Organizational Focus

The Organizational Framework guides how AMHO and its member organizations embed equity, anti-racism, and anti-oppression into the business operations. This framework identifies specific priorities and actions that sector providers must focus on to create organizations where there is a culture truly focused on equity, where staff thrive and are positively positioned and supported to deliver more equitable services, and providers work together seamlessly to meet the needs of individuals seeking support.



## Organizational Framework Component I: Nurturing Our Culture

“I am proud we value people’s experience, celebrate diversity & support lifelong learning”

The following provides examples of relevant actions to support advancement of the AMHO Framework

POLICIES & PRACTICES	PEOPLE & ROLES	DATA ANALYSIS, METRICS & REPORTING
<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• Adopt an Organization Policy that <b>entrenches Equity, Inclusion, Diversity, Anti-Racism and Anti-Oppression as principles and guidelines</b> within the organization. Ensure mechanism to allow staff of all levels to provide ongoing feedback and suggestions for these policies.</li> <li>• Establish <b>accountability for the implementation, measurement and reporting of the organization’s achievement of Equity, Inclusion, Diversity, Anti-Racism and Anti-Oppression strategies</b> (e.g., focus on Equity is translated into executive level accountability at the CEO and Senior Team level to ensure ownership and accountability; Equity, Inclusion, Diversity, Anti-Racism and Anti-Oppression deliverables are incorporated in organizational strategic plans).</li> <li>• Establish a <b>Board process that ensures Board members receive an annual report</b> that outlines the work completed to date, actions taken and results.</li> </ul>	<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• Ensure <b>all decision-making bodies, staff and service providers reflect the community.</b></li> <li>• Ensure <b>all board members and staff receive ongoing training</b> in anti-racism, equity, and diversity (e.g., integral part of orientation for employees).</li> <li>• Establish <b>supports for Board members, leaders, and staff to receive orientation.</b></li> <li>• Creating a <b>work environment for staff</b> that supports an anti-racism culture and wellness.</li> </ul>	<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• <b>Collect baseline equity data to enable the measurement and tracking of disparity/gaps</b> within the organization (e.g., disability, race, religion, sexual orientation, gender identity). Used data to identify disparities at the staffing level and at the service level.</li> <li>• <b>Develop organizational reports that report on specific cultural indicators</b> to demonstrate year over year improvements (e.g., increasing employee retention).</li> <li>• <b>Enhance organizational accountability through public and organizational-specific reporting and communications</b> of Equity, Inclusion, Diversity, Anti-Racism and Anti-Oppression progress and impact (e.g., annual reports) to demonstrate the changes made year over year. All reports include diverse images with appropriate language.</li> <li>• <b>Metrics that measure if providers (Board/staff) are becoming more representative of underserved and/or marginalized groups</b></li> </ul>



## Organizational Framework Component II: Supporting Our People

“I feel supported, safe & know my voice is heard so I may thrive in my job”

The following provides examples of relevant actions to support advancement of the AMHO Framework

POLICIES & PRACTICES	PEOPLE & ROLES	DATA ANALYSIS, METRICS & REPORTING
<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• <b>Commit to dismantle systemic and individual racism</b>, in all forms and at all levels, to ensure every individual is treated equitably and fairly. Policies, processes, and accountability safeguards are established to understand, empower, confront, and take action to change deeply entrenched behaviours, structures and cultures that maintain and perpetuate inequity.</li> <li>• <b>Creating a safe environment for staff that supports an anti-racist culture</b> and supports dialog. Initiate a review of all Human Resource policies and practices and identify transformation strategies.</li> <li>• <b>Establish policies and data governance practices</b> to accompany the collection of equity data.</li> <li>• <b>Establish policies to support staff from equity seeking groups</b> (e.g., develop policy to address experiences of microaggressions reported by staff).</li> <li>• <b>Develop process for optional exit surveys to understand why staff depart</b> (e.g., questions to ensure departures are not related to equity related issues).</li> </ul>	<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• <b>Review recruitment processes</b> to ensure recruitment into identified equity gaps to support diverse workplaces</li> <li>• <b>Launch recruitment strategies to build a diverse staff</b> (recruitment pipeline)</li> <li>• <b>Develop mentoring programs for staff</b> to provide supports and guidance to ensure success. Since organizations will be of varying sizes, they may consider collaborating with other providers/organization to support meaningful mentorship.</li> <li>• <b>Advance and invest in training and professional development</b> to shift culture and practice by adopting a culture of learning. Specific, cost-effective recommendations will be provided to staff and boards.</li> </ul>	<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• <b>Launch satisfaction and experience surveys to be completed by staff</b> to understand how supported people feel; results to be periodically reported to staff and action plans developed and implemented</li> <li>• <b>Collect sociodemographic and equity data from staff</b>, track, and report periodically.</li> <li>• <b>Co-develop a data governance structure</b> with key stakeholders (e.g., Centre of Excellence, member organizations). Follow EGAP principles.</li> </ul>



## Organizational Framework Component III: Improving Our Services

“We deliver the best services for our clients by holding steadfast to ‘nothing about us without us’”

The following provides examples of relevant actions to support advancement of the AMHO Framework

POLICIES & PRACTICES	PEOPLE & ROLES	DATA ANALYSIS, METRICS & REPORTING
<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• <b>Establish a policy and expand “engagement” approaches and methods to be more inclusive of time limited, fit-for-purpose community advisory panels</b> to ensure we hear the voices, needs and experiences of the broader community. Need to ensure meaningful engagement of individuals with diverse, lived experience.</li> <li>• <b>Establish standardized anonymous client experience surveys</b> to include information about experiences with Equity, Inclusion, Diversity, Anti-Racism and Anti-Oppression. Use diverse client feedback and evidence of the need to change.</li> </ul>	<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• <b>Ensure any planning related to service design, implementation, evaluation must include staff from diverse backgrounds</b> and include traditionally disadvantaged groups to design appropriate solutions. Leverage co-design approaches to transform who and how services can be delivered.</li> </ul>	<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• <b>Identify any gaps and ensure service appropriateness to population needs</b> by periodically reviewing the census data of the community served and staffing. Equity data collected should be disaggregated.</li> </ul>

## Organizational Framework Component IV: Working Together Seamlessly

“We work with other providers to ensure seamless transitions for our clients”

The following provides examples of relevant actions to support advancement of the AMHO Framework

POLICIES & PRACTICES	PEOPLE & ROLES	DATA ANALYSIS, METRICS & REPORTING
<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• <b>Develop partnerships with agencies serving communities and populations where their voices need to be better heard</b> (e.g., LGBTQ2S+, disabled, religious, newcomer, Indigenous, Black, other racialized communities).</li> <li>• <b>Acknowledge and seek to reduce power imbalances across providers</b> through the creation of structures and provision of supports that ensure providers are collectively working together to meet needs of communities.</li> <li>• <b>Establish collaborations across organizations to build system capacity and support</b> by ensuring better-resourced agencies (e.g., hospitals) with capacity are able to support and enable other smaller organizations to support the development and implementation of tools and supports.</li> <li>• <b>Build collaborative care practices with other organizations</b> who are advancing anti-racism and anti-oppression efforts.</li> </ul>	<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• <b>Collectively support organization capacity and competency by working with partner organizations to advance relationships</b> to understand and gain commitment from leaders and organizations to work together to bring expertise, capacity and resources (e.g., develop common/joint/ programs in anti-racism).</li> <li>• <b>Work with educational institutions to develop new programs to enhance the resource pipeline</b> for historically disadvantaged groups.</li> <li>• <b>Promote communication between boards of other service providers</b> to share learnings, challenges, and strategies to advance Equity, Inclusion, Diversity, Anti-Racism and Anti-Oppression (e.g., AMHO host virtual board to board meetings to guide governance and promote networking opportunities).</li> <li>• <b>Collaborate with local organizations to provide culturally appropriate treatment options</b> (e.g., access to sweat lodges and other Indigenous led healing options).</li> </ul>	<p>Examples of initiatives include:</p> <ul style="list-style-type: none"> <li>• <b>Work with other organizations/partners to collect and analyze data to identify organizational gaps and identify system solutions to address these gaps.</b></li> </ul>





## 04 Launching The Equity Framework

To assist AMHO and its member organizations in moving forward, there must be a catalyst for change. This is the recognition that there is need and readiness to focus on equity, inclusion, diversity, anti-racism, and anti-oppression. Following this, it is advised that AMHO formally endorse the Equity, Anti-Racism and Anti-Oppression Framework, and support the following actions:

- AMHO adopt existing strategies that support the Framework and not duplicate efforts unnecessarily
- AMHO establish an inventory of available tools and resources that can be leveraged to support the rollout
- AMHO establish a baseline of where member organizations are today so progress can be measured
- AMHO be visible at key tables and communicate its intent to rollout the Framework in partnership
- AMHO be a champion in the collection of equity data by working with equity data leaders
- AMHO support the development of evaluation metrics and report at the member, public and funder levels

Upon formal approval of the above recommendations, AMHO and its member organizations should invest in efforts to advance the Framework from the conceptual idea to an actionable plan by investing in the following high-level approach, structures, and activities.

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**FOCUS****PROPOSED ACTIVITIES**

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**Positioning for Success**

An early first step must be to position the sector for the change by ensuring AMHO members are well aligned to its regional partners and stakeholders. This includes:

- Release the Framework within the sector and to leaders across the continuum
- Use OH's/LHINs definition of regions to allocate AMHO member organizations to regions
- Identify Ontario Health Teams in the regions; identify OHT members/leads to liaise with
- Each Region to determine tables that AMHO members should have representation on

CSI recommends that this work occurs within 1 month of report endorsement

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**Developing an Implementation Plan**

The next immediate step must be to set a clear implementation plan that builds on existing efforts, sets clear expectations of roles and responsibilities for the various stakeholders, and establishes detailed activities that are resourced and supported. This includes:

- Communicate expectations of the sector (e.g., use Mental Health & Addictions Centre of Excellence data gathering tool); AMHO to build on what exists and not re-invent
- Establish a new Steering Committee to oversee the implementation; members will be reflective of the various regions to ensure effective coverage of Ontario
- Collect equity-related data from AMHO member organizations to build an equity data baseline to support future evaluation and impact assessment.
- Collect a summary of services to inform a system inventory of resources.
- Develop table of contents for the tool kit and set priorities. Using the table of contents, and various tools collected as part of the inventory will be incorporated into the toolkit
- Identify AMHO's and specific provider organizations' roles and priorities to support the rollout. Identify other supporting resources and supports that need to be engaged.
- Identify specific Member Organizations that will help to lead (roles and priorities)

CSI recommends that this work occurs within 3 months of report endorsement

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**Rolling Out the Implementation Plan**

A multi-phase implementation plan that is rolled out at a regional-specific level will ensure change initiatives are reflective of local needs, integrated into regional priorities and efforts, and are linked into provincial and system opportunities. The Implementation Plan should include activities, timelines, resources required, key leads; required supports (e.g., training, education); and the development of process delivery and outcome metrics to assess success.

CSI recommends development of an Implementation Plan occur within 3 months of report endorsement; and implementation begins once the Plan has approval and support. It is expected that implementation will take 2-3 years.

## Acknowledgements

AMHO would like to thank Camille Orridge and Nash Syed of Corpus Sanchez International© for partnering with us to develop the Equity, Anti-Racism and Anti-Oppression Framework and report. Thank you for your advice and direction for how organizations and sector providers can advance equity, inclusion, diversity, anti-racism, and anti-oppression with a focus on addressing anti-Indigenous and anti-Black racism.

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**Aseefa Sarang**

**Pam Hill**

**Jill Shakespeare**

**Nancy Chamberlain**

**Marinna Read**

**Sara Dias**

**Patrick Kolowicz**

**Danielle Wilson**

**James Partanen**

**Vaughan Dowie**

**Don Mahleka**

**Baldev Mutta**

**Wangari Muriki**

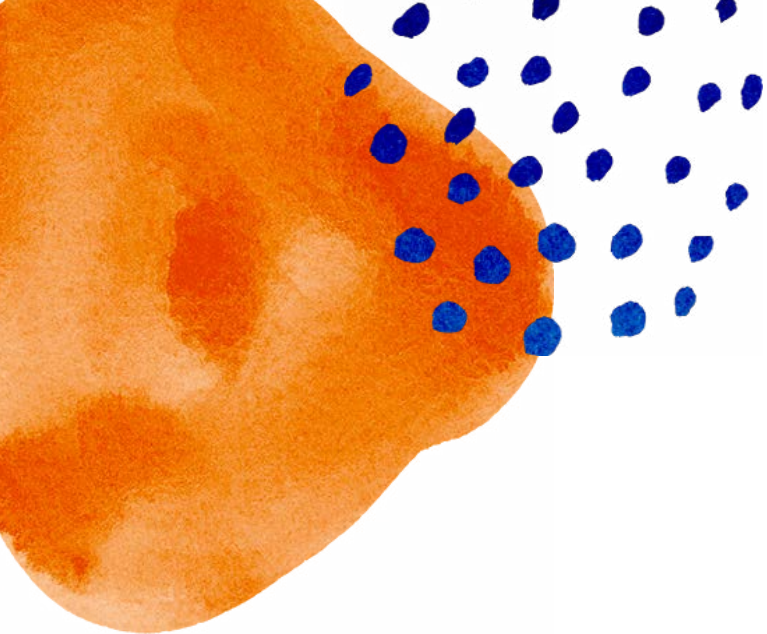
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**Nicole Loreto**

We are indebted to all the people who participated in our focus groups and consultations to inform the framework's development. We understand that some people's voices are not always heard, and we cannot thank you enough for sharing your lived experiences. We have taken each of your contributions into account and incorporated it into the Equity, Anti-Racism and Anti-Oppression Framework. Thank you to the participants of the population specific focus groups (people accessing Peer Support, LGBTQ2S+ people, Francophone people, Youth, people who are racialized and Women) and the Centre for Addiction and mental Health (CAMH)'s Provincial Support Services Program (PSSP)'s People with Lived Experience Panel. Thank you to all other individuals and key stakeholders who also provided insights on advancing this work and developing the framework.

AMHO cannot begin to express our thanks to our membership of addictions and mental health providers. Thank you for your inputs into the framework and your continued commitment to advancing equity, anti-racism, and anti-oppression across the entire sector. AMHO looks forward to working with each of you to lead change not only across the addictions and mental health sector, but across Ontario to improve the experiences of people who work in the sector and the outcomes for the people we serve.





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Mental Health  
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