

The SAMHSA Behavioral Health Disparities Impact Statement and The TA Partnership Blueprint for Reducing Disparities/Disproportionalities

Cultural Competence Action
Team of the Technical
Assistance Partnership
Webinar

September 24, 2013



The SAMHSA Behavioral Health Disparities Impact Statement and The TA Partnership Blueprint for Reducing Disparities/Disproportionalities

Presenters:

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Harris County Protective Services for Children and Adults

Ming Wang, Principal Investigator, Utah Division of Substance Abuse & Mental Health



Polling Question

What best describes your role?

Advocate
Child Welfare
Cultural/Linguistic Competence
Coordinator
Early Childhood
Education/Special Education
Evaluator/Researcher
Family Member/Caregiver
Federal Government
Health
Juvenile Justice

Lead Family Contact
Mental Health
National Organization
Principal Investigator/Project Director
Service Provider
Social Marketing/Communications
Substance Abuse
Technical Assistance Coordinator
Youth/Young Person
Youth Coordinator

Introduction

- Disparities and disproportionalities (D&D) are a social justice concern.
- Racial/ethnic differences and broader societal factors sometimes lead to differences in access to quality care and outcomes.
- Deconstructing D&D for racial/ethnic populations as well as for those other affected marginalized, un-/under-served populations is critical to reducing them.

National Strategy

- In 2011, the U.S. Department of Health and Human Services released its first-ever “*HHS Action Plan to Reduce Racial and Ethnic Health Disparities*”
http://www.minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf
- The SAMHSA Behavioral Health Disparities Impact Strategy and Disparities Impact Statement and CLAS Plan
- The TA Partnership’s CCAT *Blueprint for Using Data to Reduce Disparities/Disproportionalities in Human Services and Behavioral Health Care* (Blueprint)



SAMHSA's Behavioral Health Disparities Impact Strategy

Larke Nahme Huang, Ph.D.

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Administrator's Office of Policy, Planning and Innovation

Director, SAMHSA's Office of Behavioral Health Equity

Webinar on SAMHSA's Behavioral Health Disparities
Impact Strategy and TA Partnership Blueprint for
Reducing Disparities/Disproportionalities
September 24, 2013



Goals for Presentation

- Increase awareness of HHS Secretarial priority to reduce health disparities
- Understand the federal, national policy drivers
- Understand SAMHSA's approach to addressing behavioral health disparities
- Apply SAMHSA's framework of disparities in access, service use and outcomes to grant programs

SAMHSA's Office of Behavioral Health Equity (OBHE)

- **Legislated by Affordable Care Act**

- **Vision**

All populations will have equal access to high quality behavioral health care.

- **5 Key Strategies**

- Data Strategy
- Policy
- Communications
- Workforce Development & Quality Practice
- Customer Service

Website: www.samhsa.gov/obhe

Policy Drivers for Health Equity

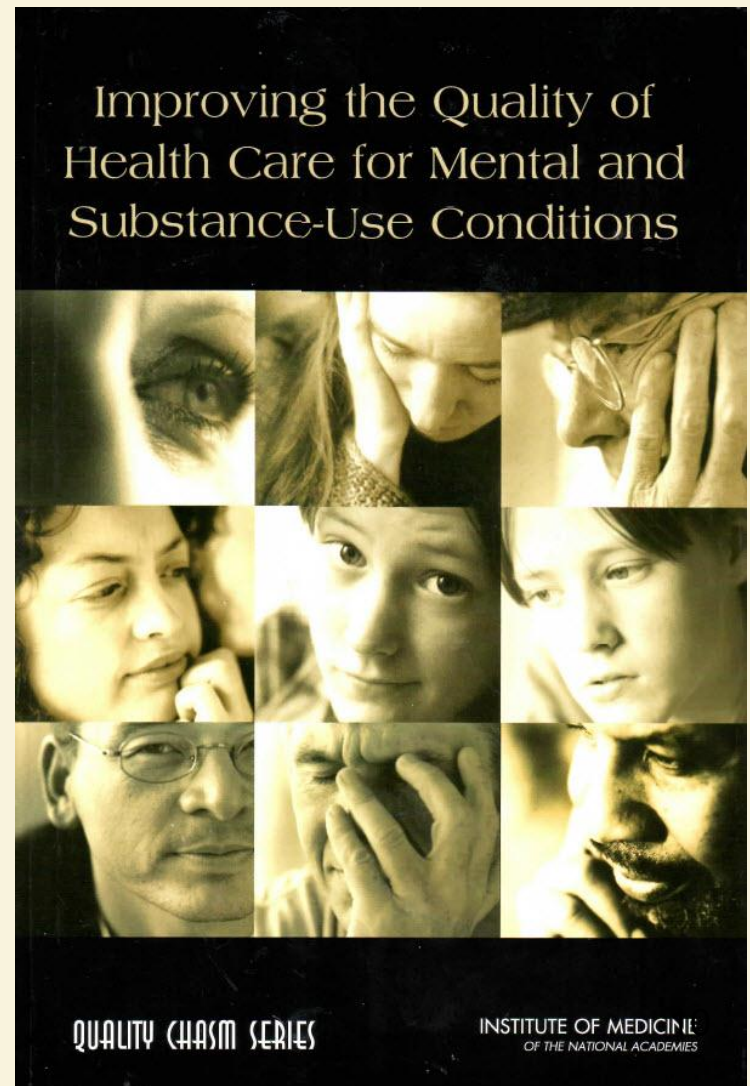
- IOM Quality Chasm
- National Quality Framework
- HHS Strategic Action Plan to Reduce Racial and Ethnic Health Disparities
- SAMHSA's Disparity Impact Initiative
- SAMHSA Grantee and Surveillance Data

IOM's Crossing the Quality Chasm Series

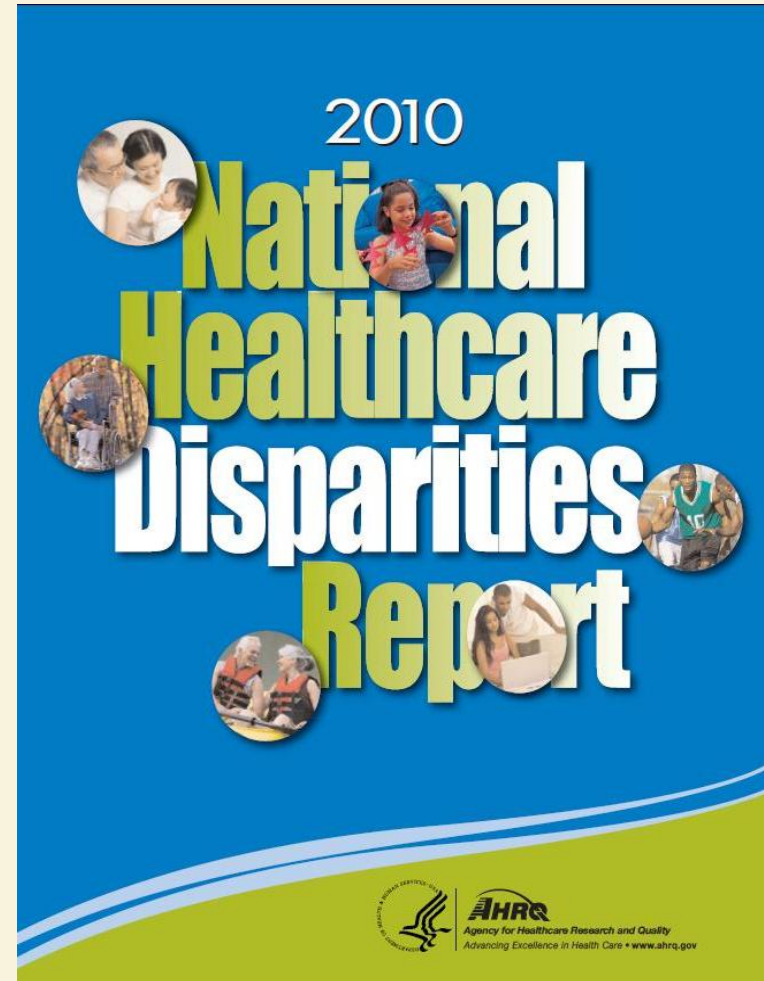
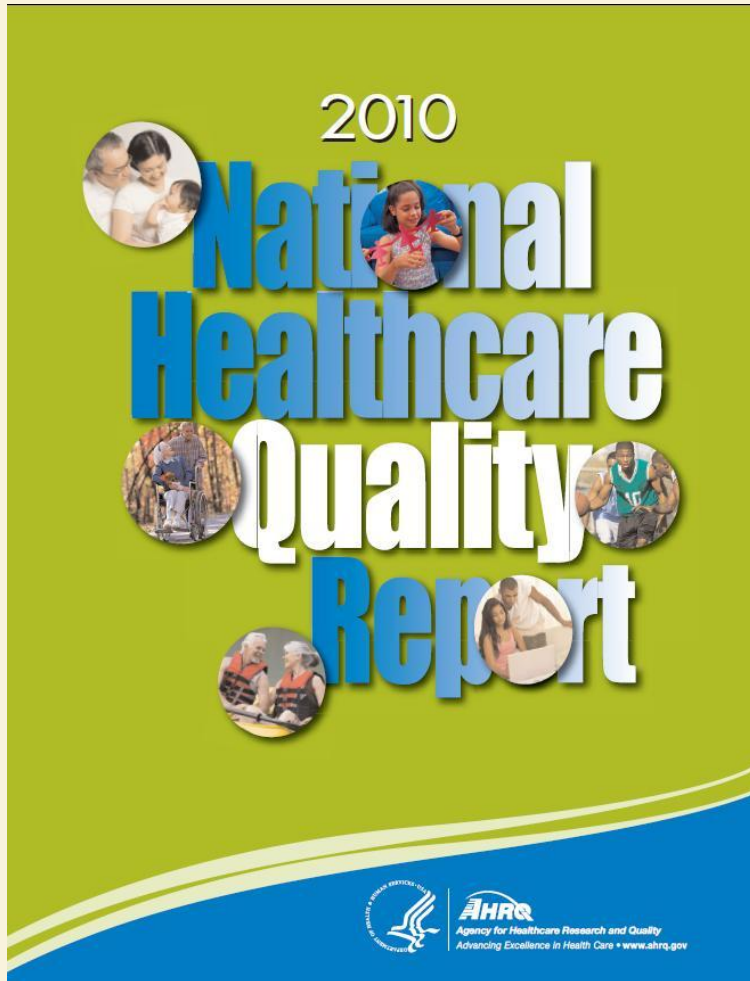
- ***Six Principles of Report***

1. Safe (do no harm)
2. Effective
3. Patient-centered
4. Timely
5. Efficient
6. **Equitable** – providing effective care based on clinical criteria that does not vary by gender, race, age, SES

Free from <http://www.iom.edu/Reports/2005/Improving-the-Quality-of-Health-Care-for-Mental-and-Substance-Use-Conditions-Quality-Chasm-Series.aspx>



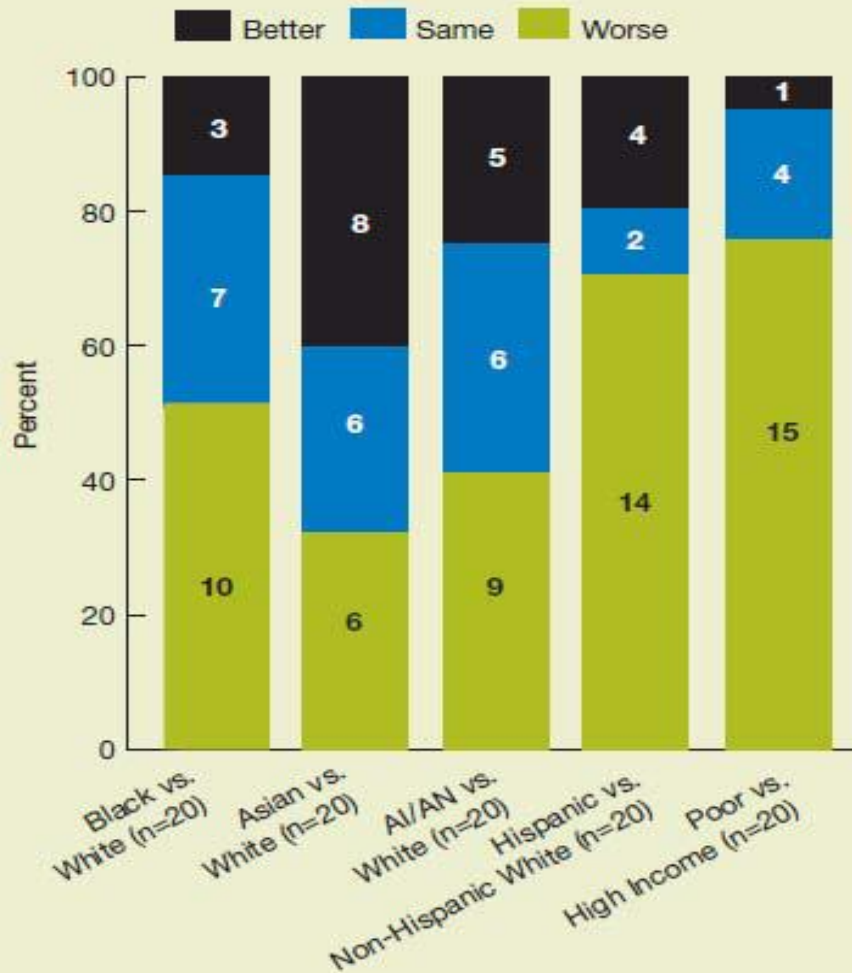
Released Annually in February
<http://www.ahrq.gov/qual/qdrdr10.htm>



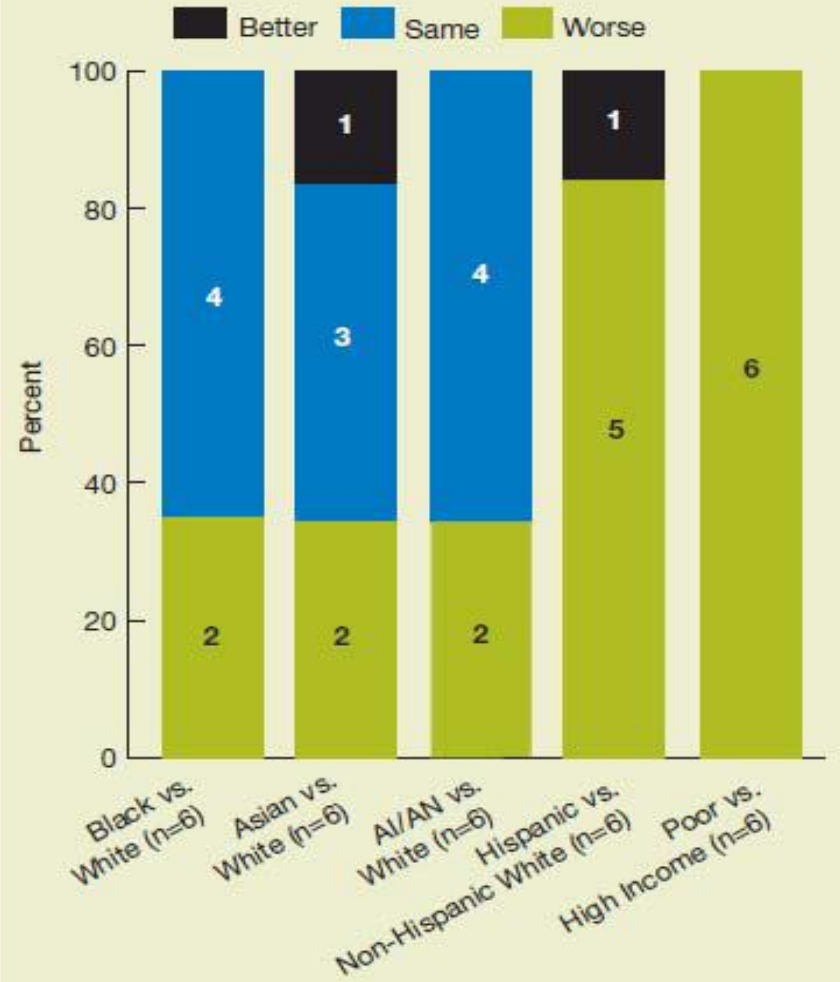
Disparities in 2009

(AHRQ, Natl Health Disparities Report, 2009)

Quality of Care



Access to Care

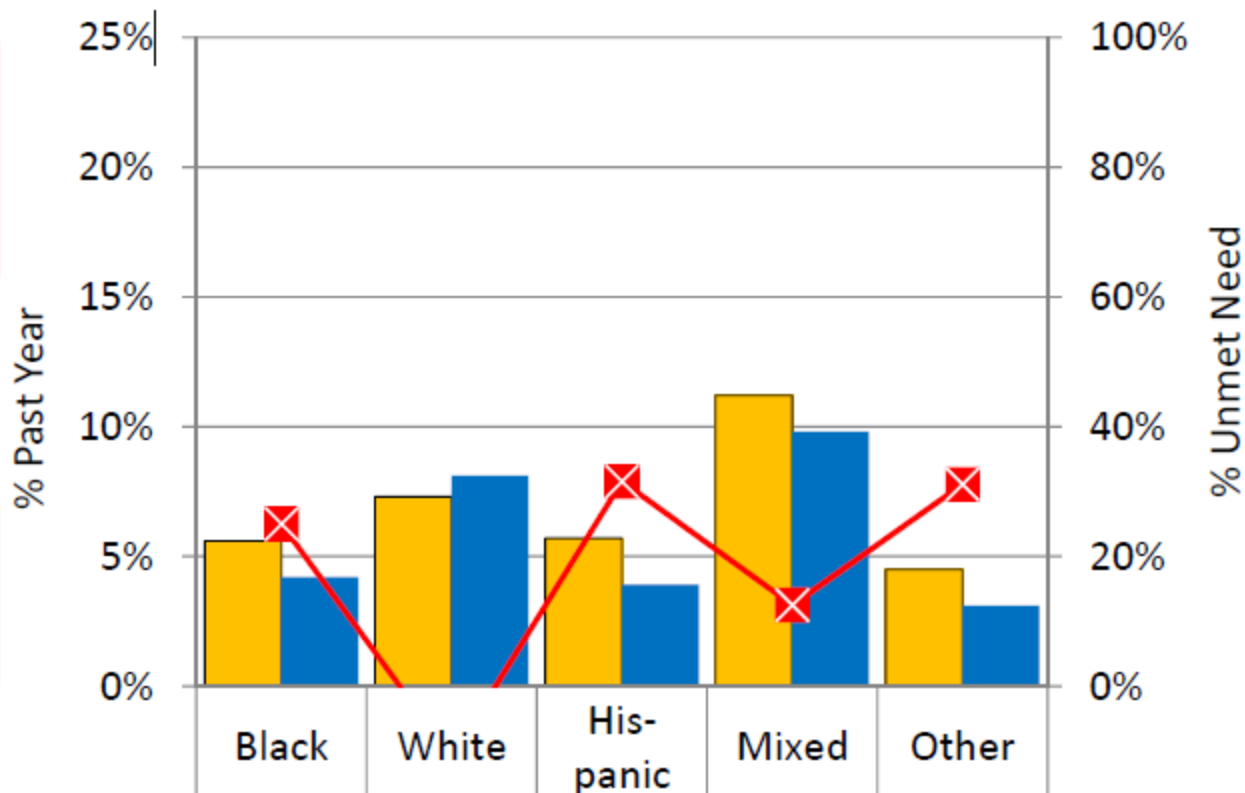


SAMHSA Data: Major Depressive Episode & Treatment by Race

Source: SAMHSA 2008 National Survey on Drug Use and Health

Higher rates of unmet need for Black, Hispanic & Other

Higher rates of need for White & Mixed



Major Depressive Disorder

Treatment

Unmet Need

5.6%

7.3%

5.7%

11.2%

4.5%

4.2%

8.1%

3.9%

9.8%

3.1%

25.0%

-11.0%

31.6%

12.5%

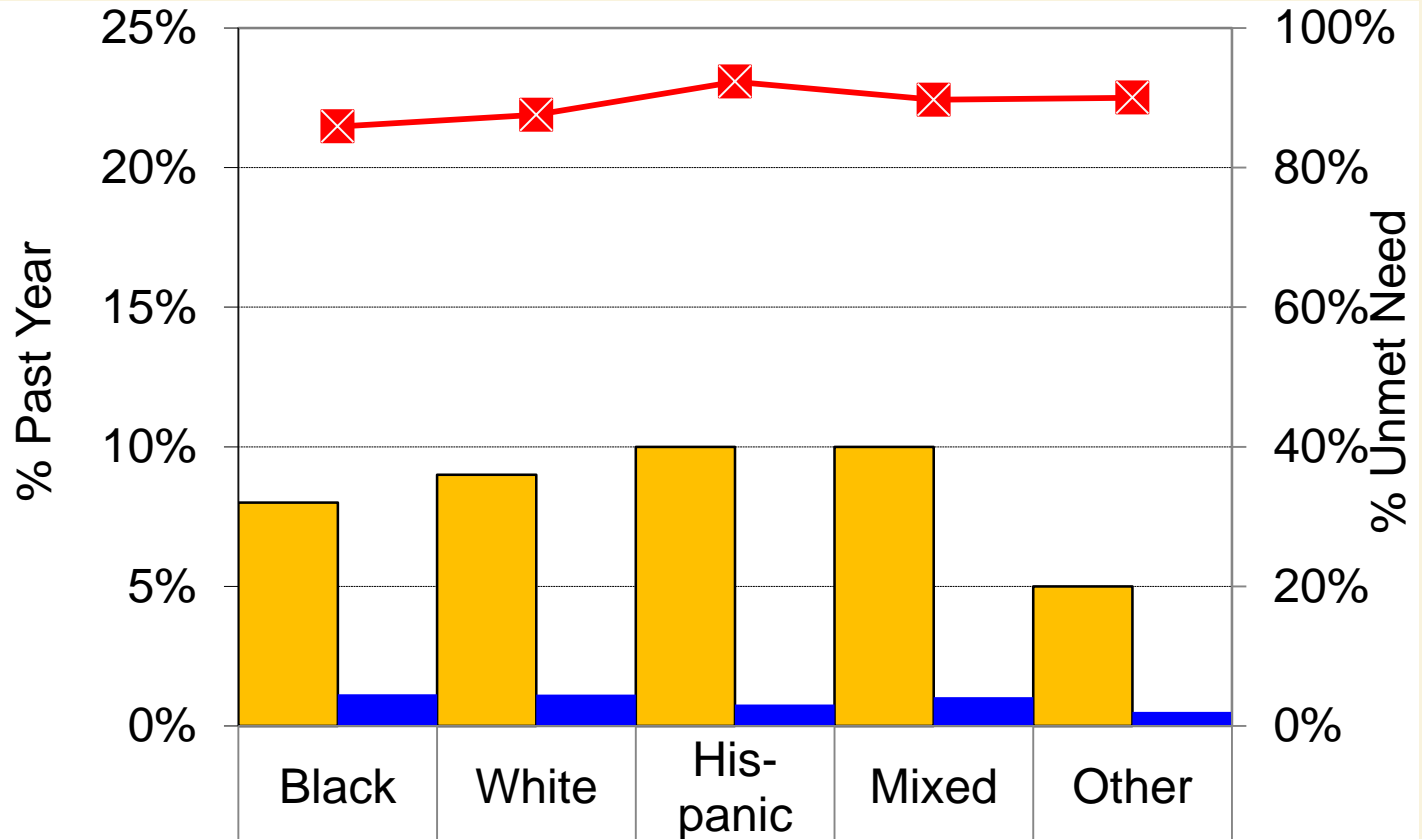
31.1%

Substance Use Disorder & Treatment by Race

14

Higher rates of unmet need for Hispanic, Mixed, & Other

Higher rates of need for Hispanic & Mixed

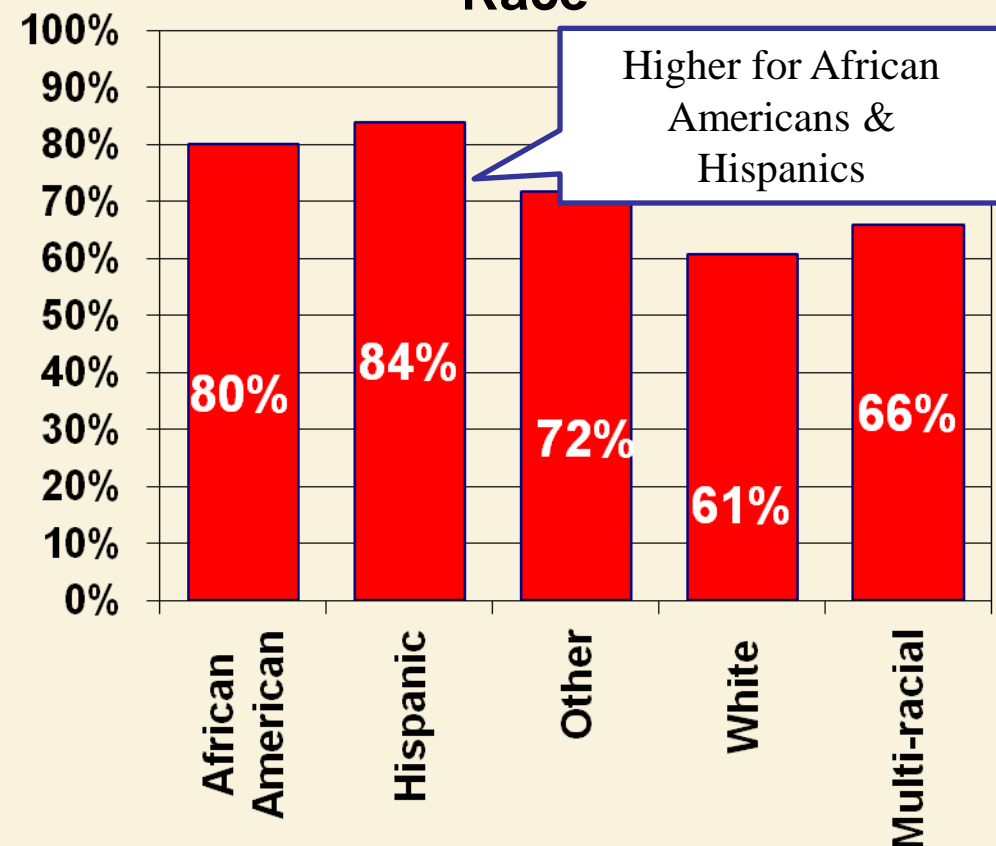


■ Substance Use Disorder	8%	9%	10%	10%	5%
■ Treatment	1.1%	1.1%	0.8%	1.0%	0.5%
✕ Unmet Need	86%	88%	92%	90%	90%

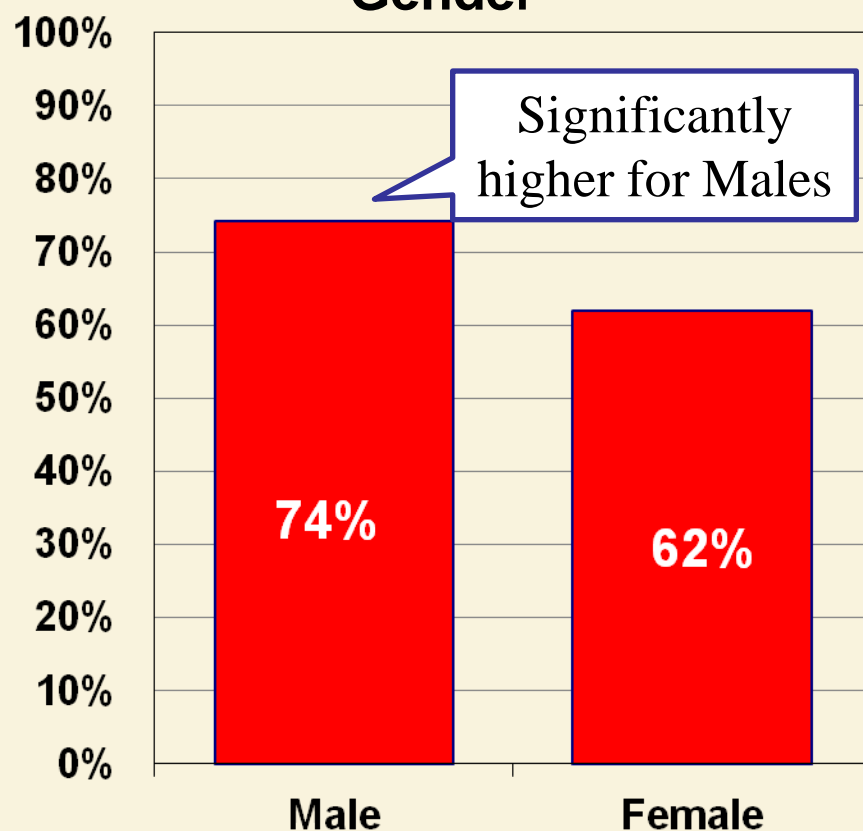
Source: SAMHSA 2009 National Survey on Drug Use and Health

Unmet Need for Mental Health Treatment by 3 Months

Race*



Gender*

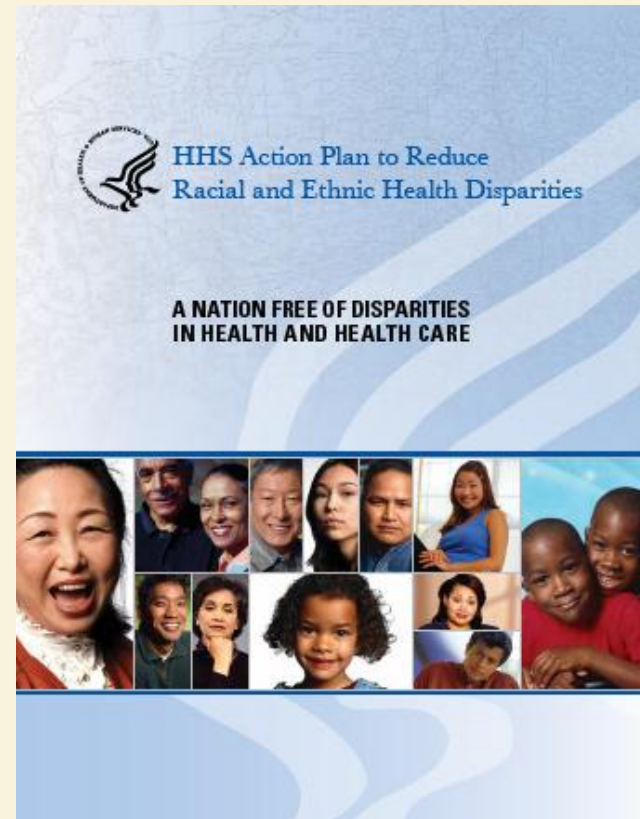


* $p < .05$

SAMHSA 2011 GAIN SA Data Set subset to has 3m Follow up (n=14,358)

A Policy Initiative

Translating a Secretarial Policy to SAMHSA Policy and Practice



Secretarial Priority #1

Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities. HHS leadership will assure that:

*(c) Program grantees, as applicable, will be required to submit **health disparity impact statements** as part of their grant applications. Such statements can inform future HHS investments and policy goals, in some instances, could be used to score grant applications if underlying program authority permits*

Disparity Definition

- *“A population is a health disparity population if there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates in the population as compared to the health status of the general population.”*

Minority Health and Health Disparities Research and Education Act
United States Public Law 106-525 (2000), p. 2498

- SAMHSA focus is on ***differences in access, use, and outcomes*** in grant programs.

SAMHSA's Disparity Impact Strategy

- Using GPRA Data, disaggregated by race/ethnicity to determine differences in:
 - Access: who are the subpopulations being enrolled in the program?
 - Service Use: what subpopulations get what types and dosages of services?
 - Outcomes: given the specified outcomes of the program, how do these vary by subpopulations?
 - Quality Improvement strategy to reduce disparities

Technical Changes to RFA:

Sample of New RFA Language

- **Statement of Need:** *“Discuss the relationship of your population of focus, including sub-populations, to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.”*
- **Implementation of DIS Statement & Action Plan:** *“Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.” (including subpopulations as described in Section A.)*

Technical Changes to RFA: Sample of New RFA Language

Performance Assessment & Data:

- *“Describe the data driven process by which changes in sub-population disparities, if any, in access/use/outcomes of your provided services will be tracked and assessed.”*
- *“Describe how data will be used to manage the project and assure continuous quality improvement, including consideration, if any, of access/use/outcomes disparities of identified sup-populations.”*

Appendix:

- *One-pager description of DIS, QI and CLAS Standards.*

Disparity Impact Statement and Plan of Action for Grantees - 3 Parts

I. Populations/Subpopulations of Focus

- Who intend to serve/reach; populations and subpopulations of focus
- Using data and understanding CLAS Standards

II. Measure Development: Assumptions

- Standard definition of Disparity
- No new data burden
- No change of primary programmatic intent
- Focus on how programs perform in regard to racial/ethnic/LGBT subpopulations

III. Quality Improvement

- Data on racial/ethnic/LGBT subpopulations used for QI
- Strategies for how grant programs can improve performance for racial/ethnic/LGBT subpopulations

Key GPRA Measures: Disaggregated by Race and Ethnicity for Services Grants

- Who is enrolled in the grant program? Who are you serving? (**access**)
- What services are being used? Who's getting what dosages of services? (**service use**)
- How are enrollees in the program doing (by agency- and grant-specific selected outcome measures)? (**outcomes**)

Key GPRA Measures for Infrastructure Grants

- What populations/subpopulations are you reaching?
- What populations/subpopulations are involved/recipients of trainings, workforce development?
- How do collaborations support outreach, engagement, involvement of disparity-vulnerable populations?
- How does the network of providers align with populations/subpopulations of focus?

Data to be Tracked at Grantee Level

(standard collection of LGBT data pending)



- Disparities across racial and ethnic populations in the grantee in terms of:
 - **Access** (# enrolled in grant program; grantees required to project # served in total and #specific to racial ethnic populations as percentage of their service catchment area)
 - **Use** (#services used)
 - **Outcomes** (# retained; performance on outcome measures disaggregated by race/ethnicity)
- **Referent Group:**
 - Highest performing group?
 - Total population average?
 - Comparison with majority population?
 - **Historically advantaged group**
(Betancourt, J. et al, 2012)

Quality Improvement Efforts

Objective: Strategies for how grant programs can improve performance for racial/ethnic (LGBT, where data collected) subpopulations

1. Regular GPRA data reports to Government Project Officers using disparity data to identify areas for performance improvement
2. Shared/discussed with relevant Grantee Staff
3. Develop subpopulation-specific strategies to address disparities in access/use/outcomes
4. Use this as opportunity to inform about CLAS standards as a strategy to reduce disparities

Using Data Feedback Loops

- Use program data to understand and improve outcomes for racial, ethnic and sexual minority populations:
 - change processes to promote positive health outcomes, e.g. training, program adjustments
 - Adjustments in client outreach, engagement and retention strategies
 - Application of National CLAS Standards to ensure cultural and linguistically appropriate services

National CLAS Standards

The National Culturally and Linguistically Appropriate Services Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.

Re-issued by U.S. Dept HHS, 2013

National CLAS Standards

Standard 1

Principal Standard

Standards 2-4

Governance, Leadership & Workforce

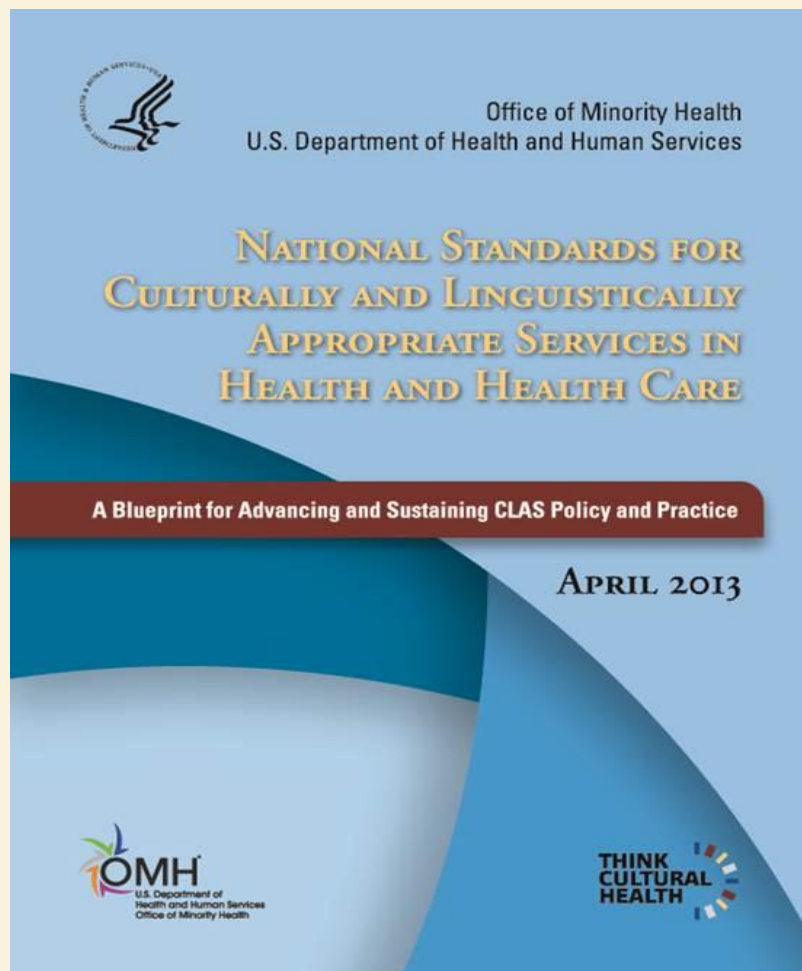
Standards 5-8

Communication & Language

Standards 9-15

Engagement, Continuous Improvement & Accountability

National CLAS Standards: *The Blueprint*



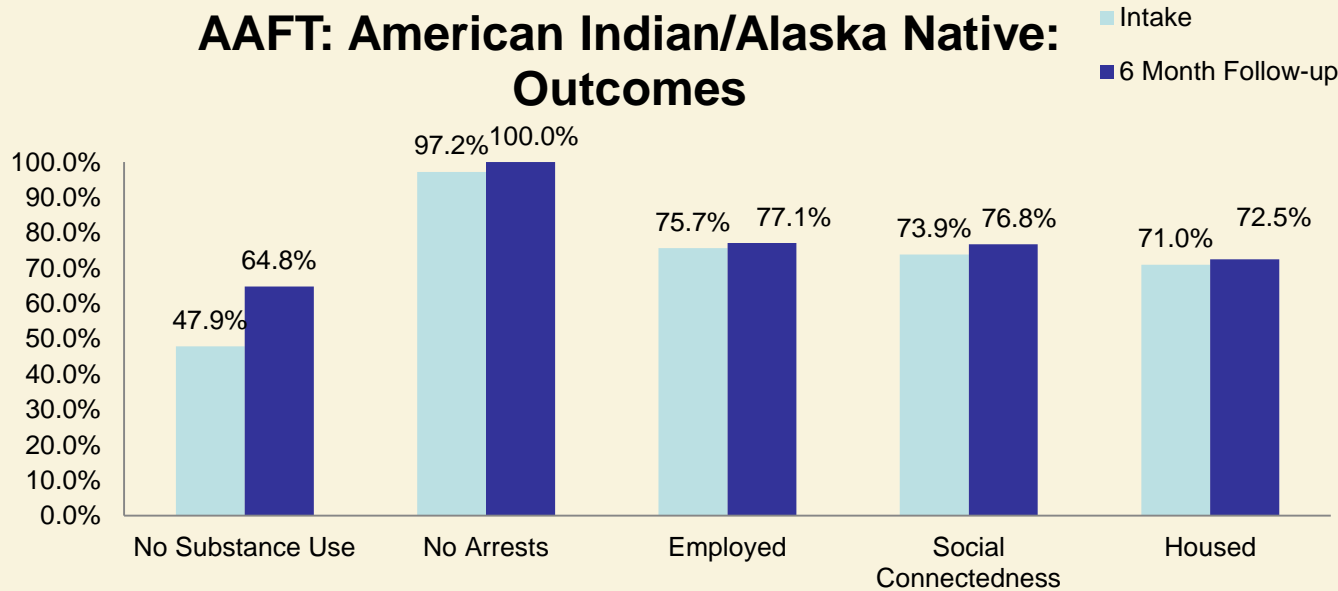
The Case for CLAS The Enhancements Standard by Standard chapters:

- Purpose
- Description
- Strategies
- Resources

Grant Example

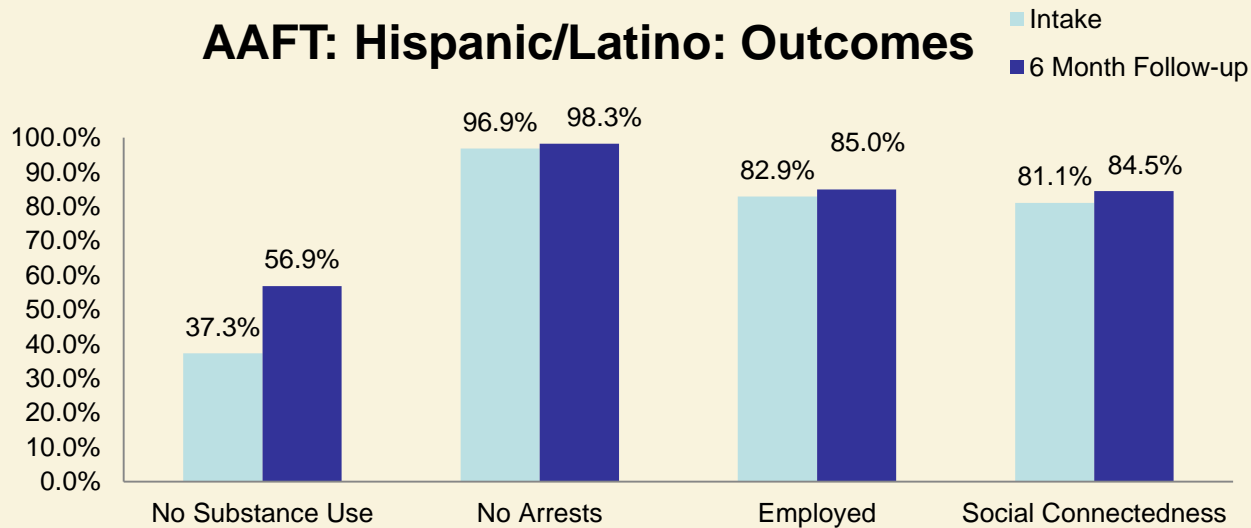
- Jail Diversion Program
- Evaluation Data
- Demographics of Diverted Population
 - 79% white
 - 21% African American
- Educational Level
- Disproportionate representation of males of color in criminal justice system: how is this reflected in grantee population?
- Action Taken: Trainings on Disproportionate Minority Contact (DMS) with CJ system

Grant Example: AAFT- American Indian/Alaska Native: Outcomes



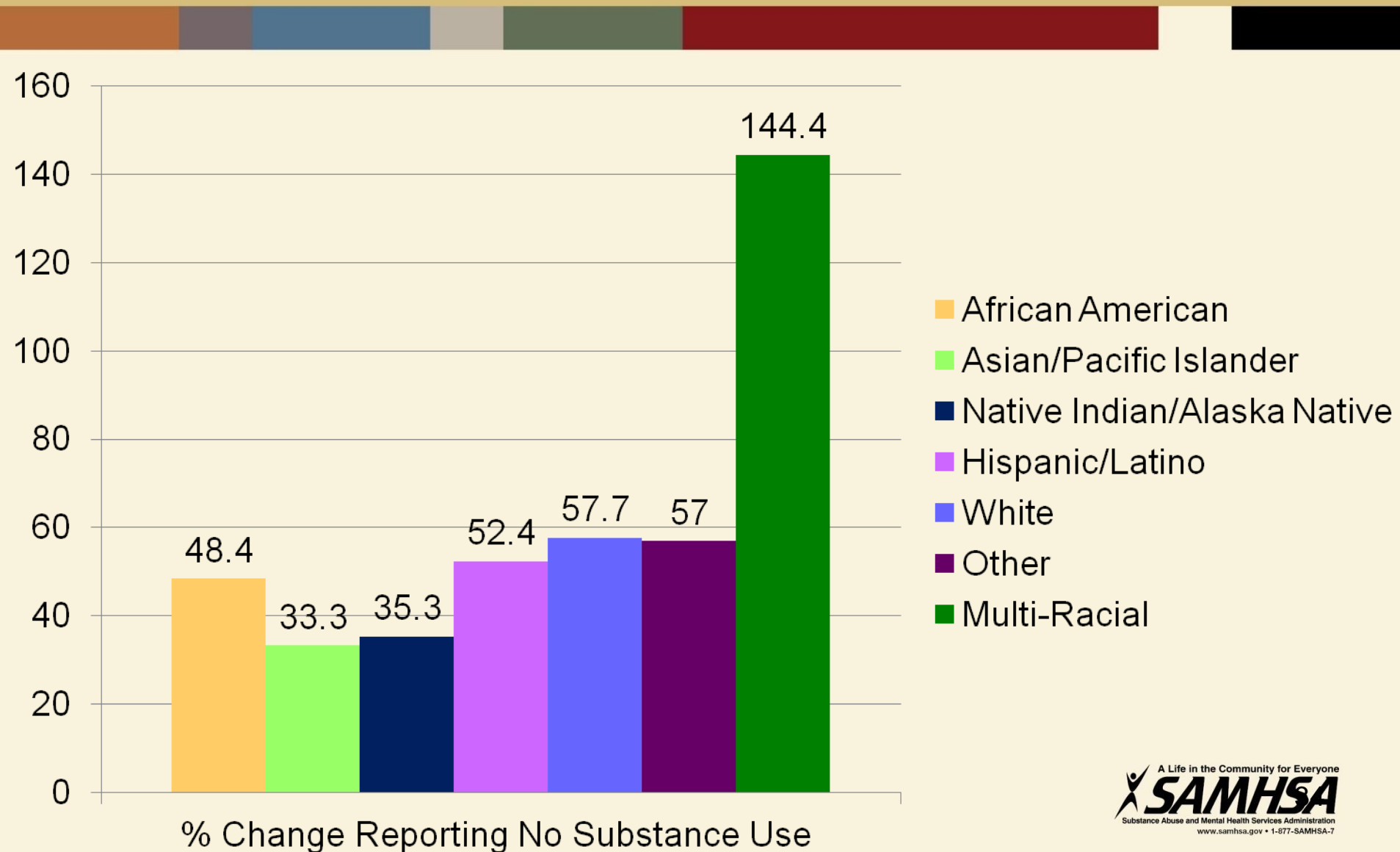
- The percentage of clients reporting no substance use increased 35.3%
- The percentage of clients reporting no arrests increased 2.9%
- The percentage of clients reporting being employed increased 1.9%
- The percentage of clients reporting being socially connected increased 3.9%
- The percentage of clients reporting being housed increased 4.8%

AAFT: Hispanic/Latino: Outcomes



- The percentage of clients reporting no substance use increased 52.4%
- The percentage of clients reporting no arrests increased 1.4%
- The percentage of clients reporting being employed increased 2.5%
- The percentage of clients reporting being socially connected increased 4.2%

AAFT: Comparison of Group Outcomes for “No Substance Use”



Examples of Strategies to Reduce Disparities

- Culturally and Linguistically Appropriate Services (CLAS) Standards
- Culturally appropriate screening and assessment to identify need
- Clinical decision support systems to recommend appropriate services
- Data-based performance monitoring by subgroups
- Innovative, cultural-specific outreach and engagement efforts

Q&A Session

Please type your questions into the Q&A box to the right.

A Blueprint for Using Data to Reduce Disparities/Disproportionalities in Human Services and Behavioral Health Care

Ken Martinez

Ming Wang

Larry D. Brown Jr.

Karen Francis

Jeffrey M. Poirier

Blueprint strategies

- The Blueprint describes a framework and multistep process to successfully develop and implement strategies to reduce D&D in your community or state. The steps are (1) readiness, (2) community engagement, (3) identification, (4) assessment, (5) intervention, and (6) evaluation/continuous quality improvement.

Readiness, Community Engagement and Collaboration

Ming Wang
Larry D. Brown, Jr.

Readiness

SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats)

- ✓ Timing
- ✓ Leadership
- ✓ Vision
- ✓ Investment and Resources
- ✓ Barriers

Community Engagement

- Who is your audience?
- What is your message?
- How do you communicate?
- How do you reach the whole community?
- What could go wrong?
- How can you improve?

Collaboration

- Who are my partners?
 - ✓ Formal and informal leaders
 - ✓ Youth and Family
 - ✓ Evaluators
- How do you institutionalize collaboration?

Identification of Disparities and/or Disproportionalities

- Search for the data sources
- The Institute of Medicine, in 2009, issued the *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement Report*.
(<http://www.iom.edu/~media/Files/Report%20Files/2009/RaceEthnicityData/Race%20Ethnicity%20report%20brief%20FINAL%20for%20web.pdf>)
- As of October 31, 2011, the Department of Health and Human Services has new survey standards that require granular level collection of race and ethnicity data as well as data on gender, primary language and disability status as part of enforcing Section 4302 of the Affordable Care Act (<http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.pdf>).
- For example: All states are required to develop and submit a Disproportionate Minority Contact (DMC) Plan to OJJDP

Assessment: Gathering, Disaggregating, Analyzing, and Synthesizing Local/State Quantitative and Qualitative Data

- Use data that is already available - Government Performance and Results Act (GPRA) data (<http://www.samhsa.gov/grants/tools.aspx>)
- Disaggregate the data by the variable you want to focus on, such as ethnicity and race.

Assessment: Gathering, Disaggregating, Analyzing, and Synthesizing Local/State Quantitative and Qualitative Data (Continued)

- Generate possible explanations for the D&D which may include:
 - 1) lack of access/availability of mental health and substance abuse prevention programs;
 - 2) lack, or insufficient number, of treatment services or other community resources that are alternatives to system involvement;
 - 3) differential and/or discretionary jurisdictional decision points at various levels about placement, referral, dismissal;
 - 4) legislative, policy, regulation, and procedural processes and mandates...

Assessment: Gathering, Disaggregating, Analyzing, and Synthesizing Local/State Quantitative and Qualitative Data (Continued)

- Validate the explanations
- Partner in the data gathering, analysis and interpretation activities
- Share data with your stakeholders and the community

Intervention: Designing Intervention Strategies

- Developing an intervention plan and identifying intervention strategies must be a data-driven process
- Review existing national reform initiatives
 - Juvenile Justice
 - Child Welfare
 - Mental health
 - Education
- Design the intervention strategies
- Assess resources needed to carry out intervention strategies

Chat Question

Given your population of focus, and the disparity that you identify, what interventions would you suggest developing? What information and resources would you need to develop those interventions?

Continuous Quality Improvement

Jeffrey M. Poirier
Karen Francis

Continuous Quality Improvement

- Purpose
- Focus
 - Process evaluation
 - Outcomes evaluation
 - Impact evaluation

Continuous Quality Improvement (Continued)

- Plan components
 - Continuous quality improvement (CQI) questions
 - Data sources (determine who holds the data needed to address D&D)
 - Data methods
 - Who is responsible for collecting the data
 - CQI reporting

Replication

- Deciding on area(s), location or jurisdiction that will be included in replication efforts
- Identifying staff who will be responsible for implementing replication strategies
- Developing materials
- Developing and implementing a communications strategy
- Building partnerships and securing and sustaining funding
- Developing and implementing a data collection system

Sustainability

- Achieving sustainability at different levels
 - Policy
 - Financing
 - Organizational cultures
 - Practice changes
 - Evaluation

Q&A Session

Please type your questions into the Q&A box to the right.

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