

CCBHC-E National Training and Technical Assistance Center

CCBHC Optimizing Data Learning Series

Session 1: Application of Data

May 16, 2023

CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

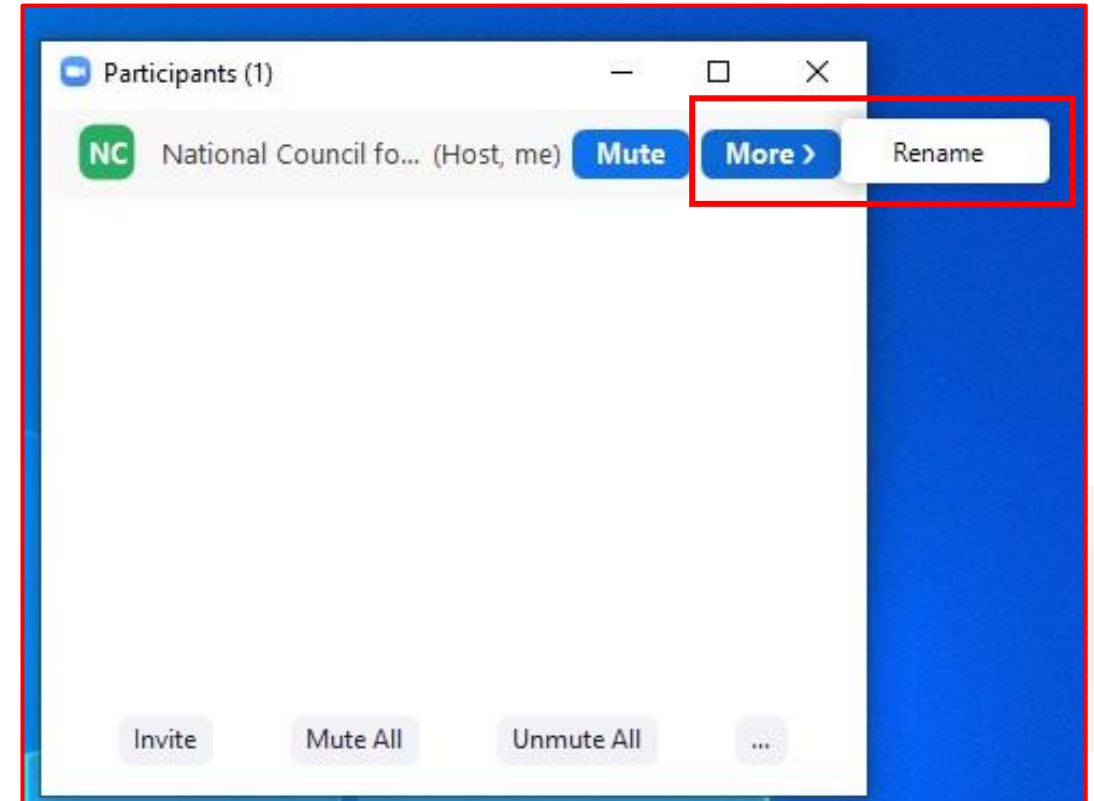
Acknowledgements and Disclaimer

This session was made possible by Grant Number 1H79SM085856 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions, or policies of SAMHSA, or the U.S. Department of Health and Human Services (HHS).



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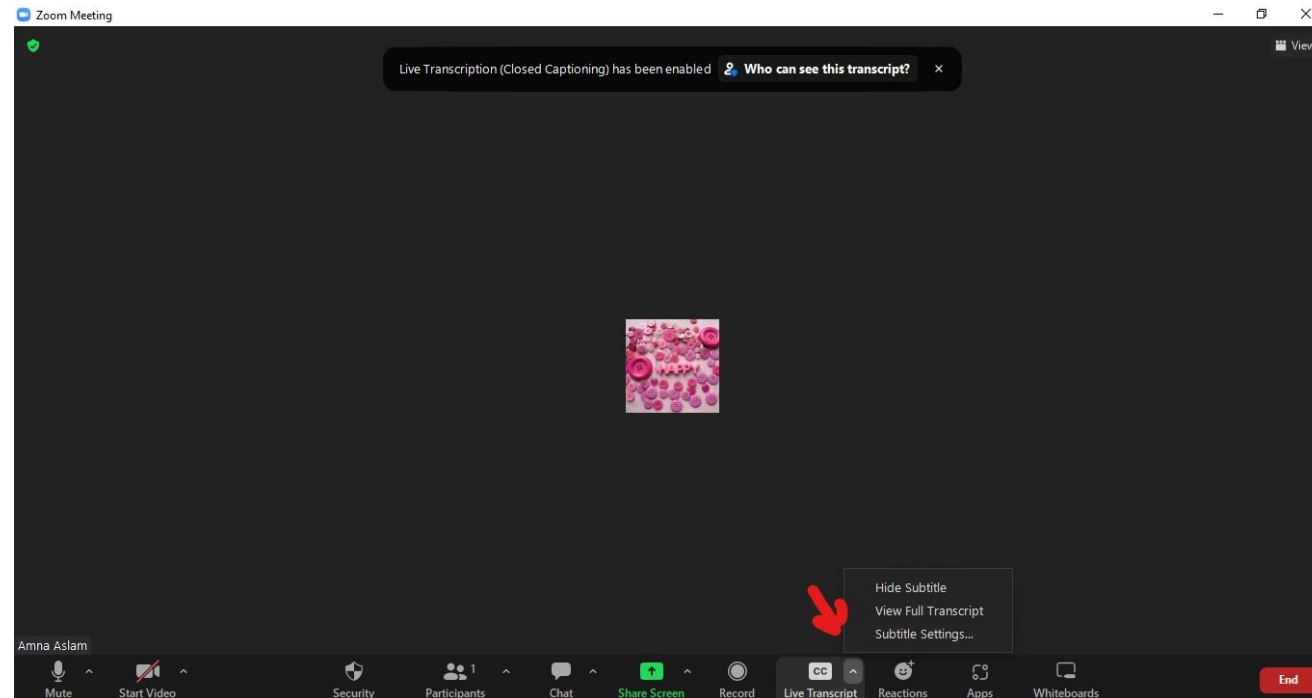
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Next to “Live Transcript,” click the arrow button for options on closed captioning and live transcript.



Today's Session: Slides and Recording

Slides and the session recording link will be available on the [CCBHC-E NTTAC website](#) under “Training and Events” > “Past Events” within 2 business days.

The screenshot displays the website interface for the CCBHC-E National Training and Technical Assistance Center. On the left, a navigation menu lists several options: 'About Us', 'Resources', 'Training & Events' (highlighted with a red arrow), 'Learning Communities', 'On-Demand Modules/Lessons', 'Learning and Action Series', and 'Request Training/Assistance'. To the right of the menu, a section titled 'Relias' is partially visible. Further right, a 'Calendar of Events' section contains search filters for 'Search', 'Start Date', 'End Date', and 'Select Event'. Below these filters, a dropdown menu is open, showing 'Future Events' and 'Past Events' (highlighted in blue). A red arrow points from the 'Past Events' option to the main content area. An 'Apply' button is located below the dropdown menu.

CCBHC Advanced Optimizing Data Learning Series

Purpose:

Designed for CCBHC grantees interested in learning about the advanced principles of leveraging data to advance consumer health outcomes, the four-session CCBHC Advanced Optimizing Data Learning Series will explore applying data to identify disparities, operationalizing data to expand screening, and integrating data to improve practice activities.



Learning Series Topics

Date	Topic	Summary
May 16	Application of Data	Provide overview of National Standards for Culturally and Linguistically Appropriate Services (CLAS) and discuss how to use data to identify and address disparities.
June 20	Integrating Data Systems	Increase knowledge of data to support chronic disease management and identify opportunities for improved health outcomes.
July 18	Operationalizing Data	Increase understanding of screening tools and opportunities to address social determinants of health.
August 15	The Role of Data in Practice Improvement	Provide overview of measurement-based care (MBC) and discuss how to build organizational readiness to implement MBC.

Today's Agenda



- Introduce Optimizing Data Learning Series
- Review CLAS Standards
- Provide Case Examples of How to Use Data to Identify and Address Disparities
- Group Discussion



Your Learning Series Team



Jeff Capobianco, PhD,
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Matter Expert



Clement Nsiah, PhD, MS
Director



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Project Manager



Kathryn Catamura, MHS
Project Coordinator



Today's Presenters



Michele R. Guzmán, PhD
Principal, TriWest Group



Laurie Schlueb, MS
CCBHC Project Director,
Western Montana Mental Health Center



Michelle Kveum LPC, CTTS
Clinical Director, Ouachita
Behavioral Health & Wellness



Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

- Improve the quality of services provided to all individuals
- Reduce health disparities
- Respect the whole individual and respond to the individual's health beliefs, practices, needs and preferences
- Eliminate health inequities by tailoring services to an individual's culture and language preferences
- Close the gap in health outcomes



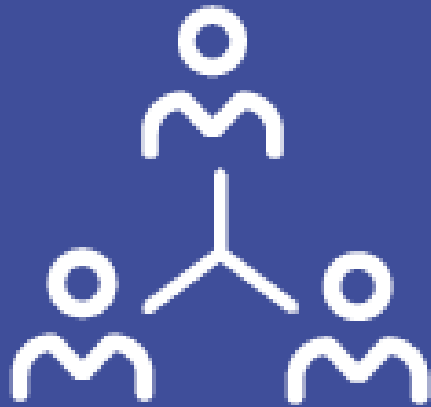
CCBHC Disparity Impact Statement

SECTION II. Addressing Disparities Using the Funding Opportunity

- Using the [Behavioral Health Implementation Guide](#), identify one or more of the CLAS standards that your organization plans to meet, expand, or improve through this grant opportunity. Include an explanation on any activities, policies, and procedures that your organization will undertake to ensure adherence.



CLAS Standards: 15 Action Steps



Governance, Leadership,
and Workforce



Communication and
Language Assistance



Engagement,
Continuous Improvement,
and Accountability

Principal Standard

1. Provide effective, equitable, understandable, and respectful quality care and services that are **responsive** to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

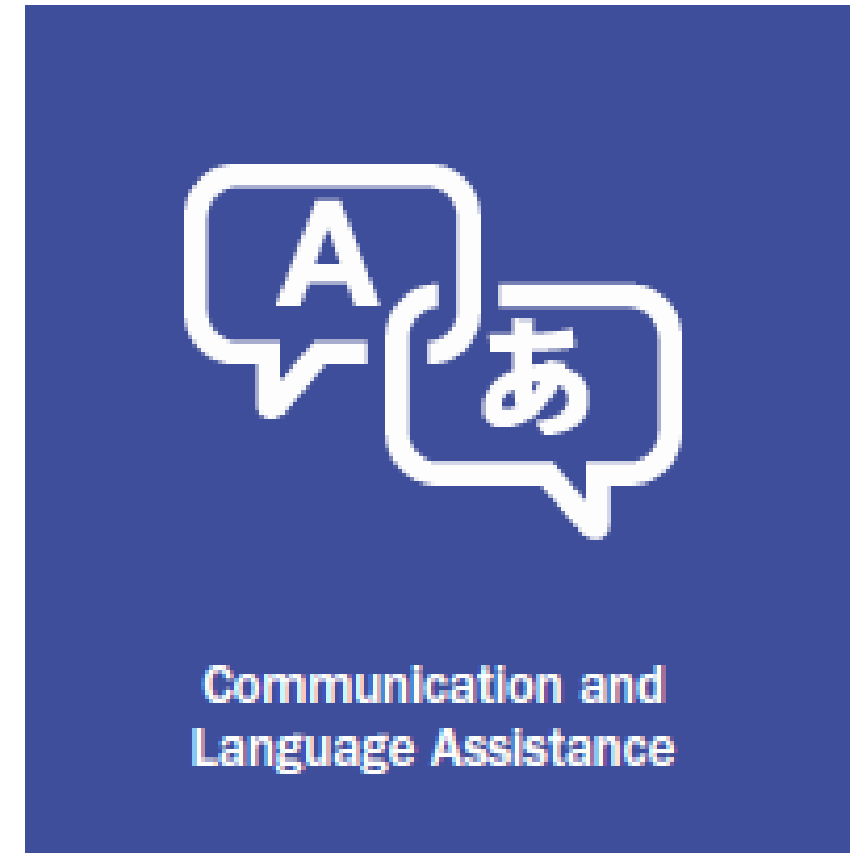
Governance, Leadership, and Workforce

2. Advance and sustain organizational governance and leadership **that promotes CLAS and health equity through policy, practices, and allocated resources.**
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce **that are responsive to the population in the service area.**
4. Educate and train governance, leadership, and workforce **in culturally and linguistically appropriate policies and practices on an ongoing basis.**



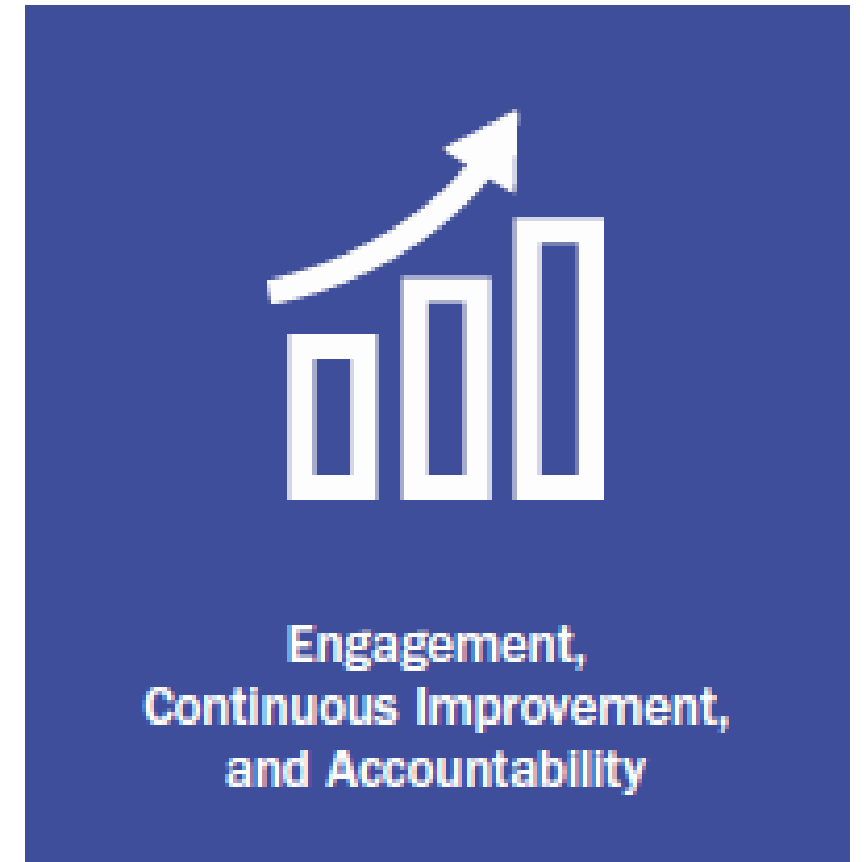
Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency **and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.**
6. Inform all individuals of the availability of language assistance services **clearly and in their preferred language, verbally and in writing.**
7. Ensure the competence of individuals providing language assistance, **recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.**
8. Provide easy-to-understand print and multimedia materials and signage **in the languages commonly used by the populations in the service area.**



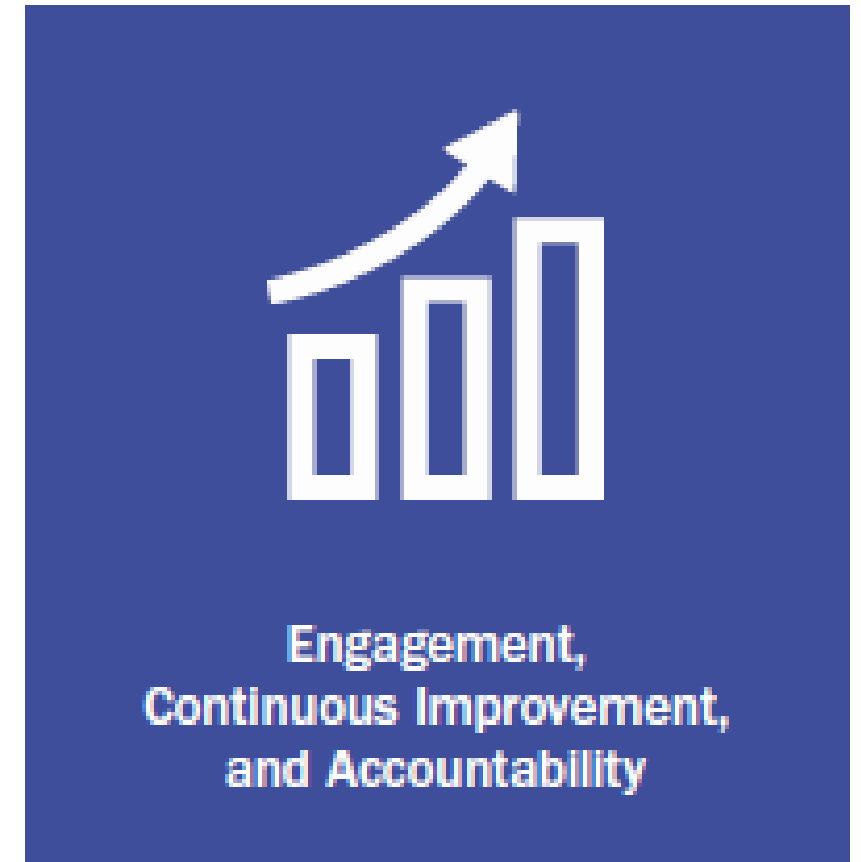
Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals policies, and management accountability, **and infuse them throughout the organization's planning and operations.**
10. Conduct ongoing assessments of the organization's CLAS related activities and integrate CLAS-related measures into measurement **and continuous quality improvement activities.**
11. Collect and maintain accurate and reliable demographic data **to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.**



Engagement, Continuous Improvement, and Accountability (continued)

12. Conduct regular assessments of community health assets and needs and use the results to plan **and implement services that respond to the cultural and linguistic diversity of populations in the service area.**
13. Partner with the community **to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.**
14. Create conflict and grievance resolution processes **that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.**
15. Communicate the organization's progress **in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.**



Helpful CLAS Resources

- Office of Minority Health website: [Think Cultural Health](#)
- Free training with CE credits: [Improving Cultural Competency for Behavioral Health Professionals](#)
- [Behavioral Health Implementation Guide](#)
- [Implementation Checklist](#)



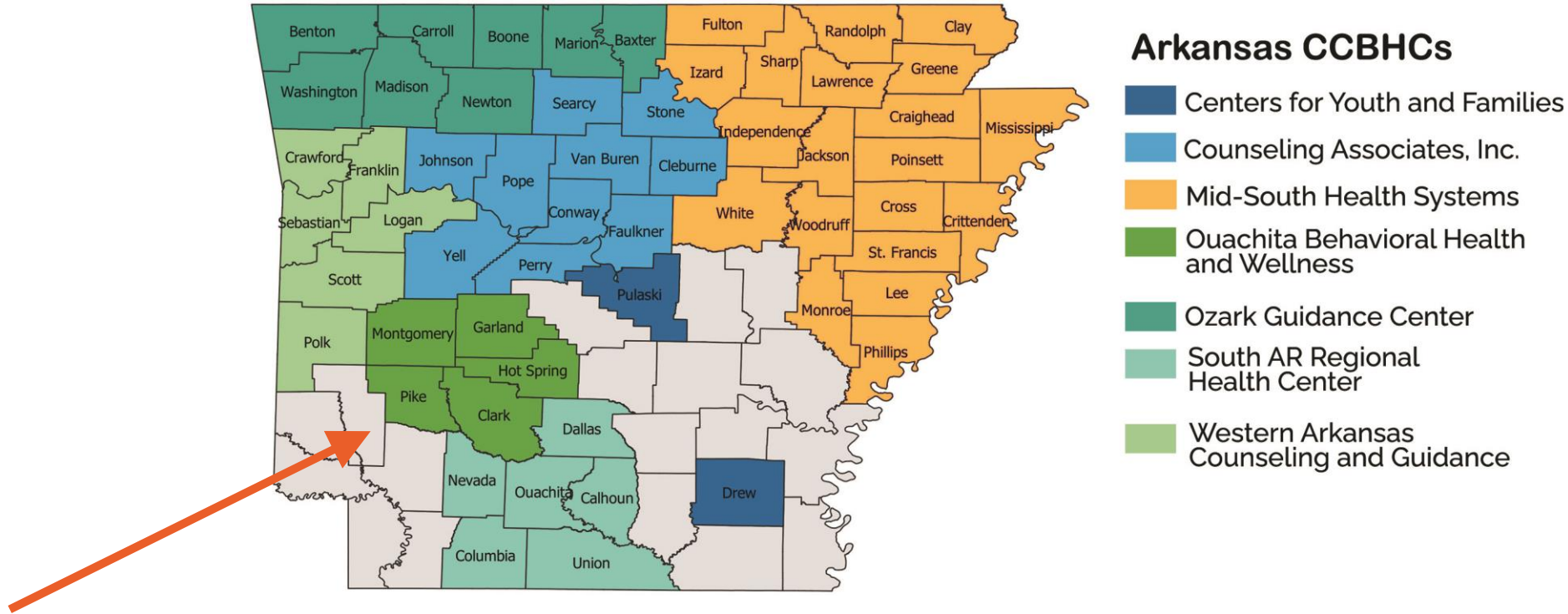
Case Example: Application of Data to Identify and Address Disparities



OUACHITA
BEHAVIORAL HEALTH
& WELLNESS



Ouachita Behavioral Health and Wellness



CCBHC Expansion Grant Successes!

At Six-Month Reassessment:

- Nearly half (47%) of males with at-risk waist circumference measurements at baseline attained normal waist circumference measurements.
- A 72% reduction in nights spent in psychiatric hospitalization (187 fewer nights).
- Total reduction of 466 nights spent unhoused, in psychiatric hospitalization, jail or detox facility.

At 12-month Reassessment

- Over half (51%) of clients with at risk systolic blood pressure readings at baseline, moved to normal systolic blood pressure readings.

“[Ouachita] helped me get with the PATH program, which saved me and my kids from being homeless. I always know I can count on all the employees at Ouachita. No matter how big the mountain is for me, they help it turn into a grain of sand.”

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Application of Data

- Demographic data was not being analyzed and sexual orientation information was not being collected as part of the standard intake.
- The five-county service area has 175,328 people total, with 81% identifying as White and 5% identifying as non-White, Hispanic or Latino.
- Penetration rates were calculated, with penetration rate of Hispanic/Latino clients of any race being one of two groups with lower rates than White individuals.
- Population language data indicated that within the Latino population in the area, 46.6% speak Spanish as their primary language.



Identifying Disparities in Access

- Walk-in clinic and after-hours hotline access were not the same for people whose primary language was not English.
- Forms in Spanish were not accessible to people with an 8th grade reading level.
- Interpreters needed to have basic mental health training and some knowledge of clinical processes to reduce instances of interpreters interfering with rapport building or contributing to miscommunication between the therapist and the client.



Progress and Outcomes

- Front desk staff participated in a Spanish course for staff in a health care setting.
- Spanish-speaking consumers who were interviewed noted positive experiences.
- Spanish forms simplified.
- Progress in interpretation options.

Clients To Be Served by OBHAW	Total Goal	Total Served	% of Total Goal
Direct Services: Number To Be Served	1,035	1,099	106%
By Race			
White	892	838	94%
Black or African American	108	123	114%
Asian or Asian American	6	2	33%
American Indian and Alaska Native	7	16	229%
Native Hawaiian and Other Pacific Islander	2	2	100%
Other Race	20	118	590%
By Ethnicity			
Hispanic or Latino (Of Any Race)	35	69	197%
Non-Hispanic or Latino	982	1,030	105%

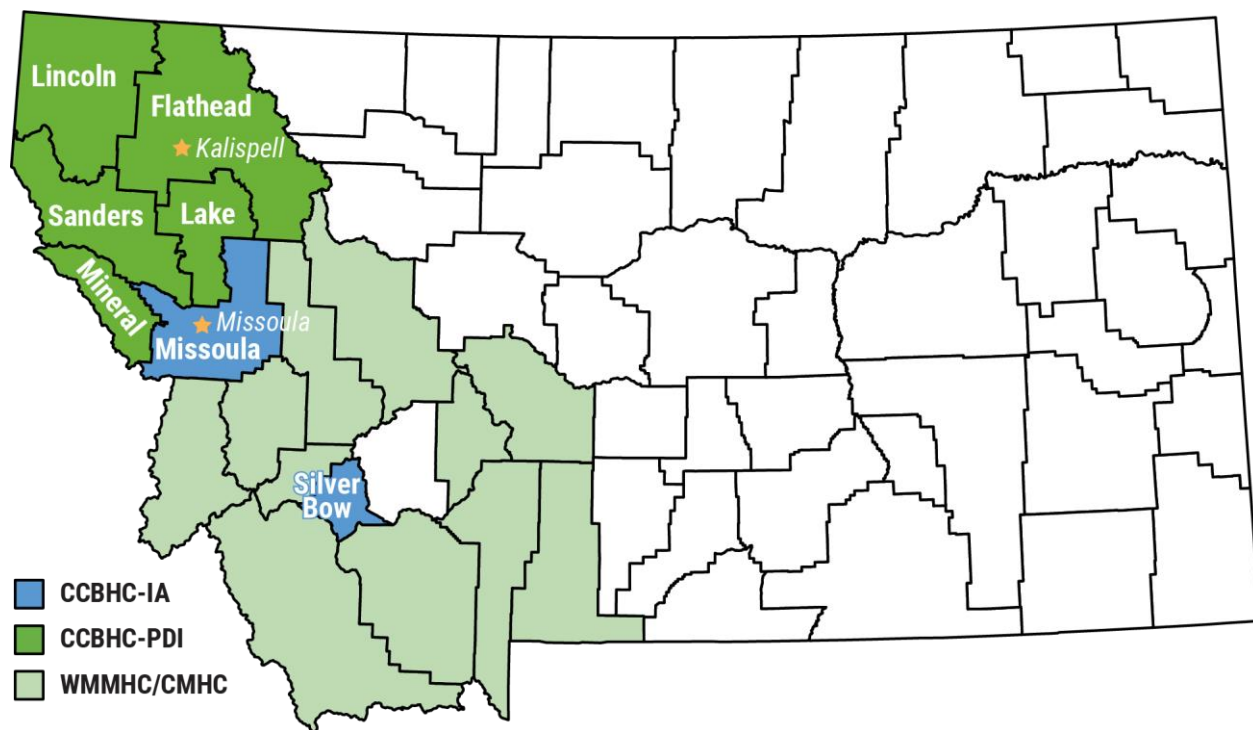
Case Example: Application of Data to Make the Invisible, Visible



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Western Montana Mental Health Center



County (Largest City)	County Population (2019)
Flathead (Kalispell)	103,806
Gallatin (Bozeman)	114,434
Granite (Philipsburg)	3,379
Lake (Polson)	30,458
Lincoln (Libby)	19,980
Missoula (Missoula)	119,600
Ravalli (Hamilton)	43,806
Sanders (Plains)	12,113
Silver Bow (Butte)	34,915



CCBHC Expansion Grant Successes!

At Six-Month Reassessment

- 74% reassessment rate for adults within 30 days of their 6-month mark since enrollment.
- For enrollees with elevated BMI (> 25) at baseline, 25% had clinical improvement.
- For adults with both elevated systolic and diastolic blood pressure at baseline, average systolic BP was within normal levels, and these changes were statistically significant.

Project Goal Success

- Surpassed project goal of decreasing no-show rate to 20%. Cumulative no-show rate since the beginning of the CCBHC grant term was 8%.

“They treat me perfect. If it wasn’t for them, I don’t know where I would be today. They help me a lot. Danielle helped me find a group home when I was at a shelter. “

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Gaps in Data Collection



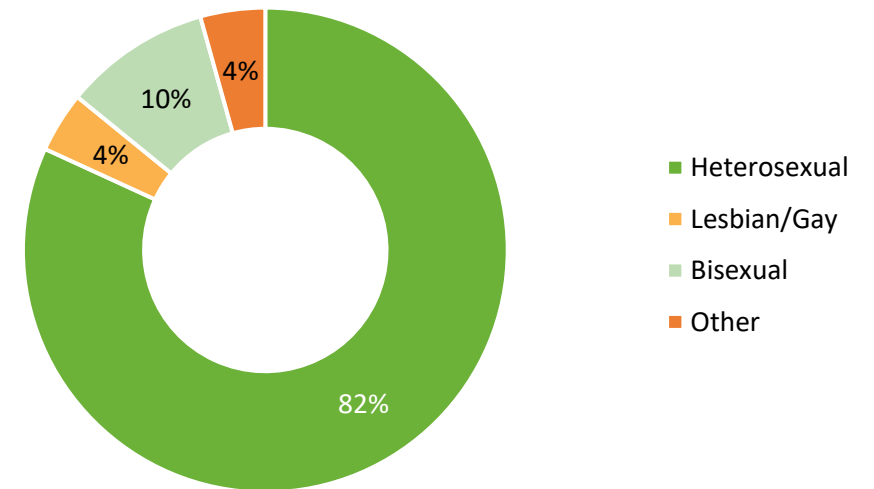
- Lacked internal data on sexual orientation and gender identification of people served.
- Sexual orientation had not been collected as part of the intake form.
- National estimates of the number of lesbian, gay, or bisexual community members were available, and those rates could be applied to the population in the service area, but without utilization data, the project team was unable to estimate penetration rates of LGBT community members.



NOMs Data Made the Invisible, Visible

- NOMs data showed that 17% of CCBHC adult enrollees identified as Lesbian, Gay, or Bisexual, a rate that far exceeds national estimates (7.1%).
- For crisis services—11% of enrollees identified their sexual orientation as Lesbian, Gay or Bisexual,
- Rates suggest LGBT clients are experiencing a disproportionate level of behavioral health crises and that Western has an urgent need to develop resources and training to better serve this population.
- During the needs assessment, Western staff identified sexual orientation and gender identity as two areas in which they would benefit from additional training.

CCBHC-E Adult Enrollees



Progress and Outcomes

- Western hired its first Diversity, Equity, Inclusion, and Belonging Coordinator who has developed a DEI(B) Project Training Plan with a four-year trajectory to ensure adherence to CLAS standards and DIS conclusions.
- In-person trainings allow for real-time conversations and opportunities to gather further information when challenged by material.
- Participants have the opportunity to provide feedback through real-time surveys and ongoing outreach.
- LGBTQIA2s+ Culture and Trauma Awareness trainings have been implemented in 8 regional locations for direct-care and program management staff members across Western Montana.

“I have several trans and gay clients & its important to respect their beliefs & that they know they are seen.”

“I was able to see some of my own bias.”

“We have so many clients who have to hide themselves to avoid persecution.”

“Younger clients are coming in that are trying to find themselves & develop an identity.



Discussion: Sharing with Your Peers



- Describe your efforts to implement CLAS standards.
- How are you applying data to identify and address health disparities?



Closing: Sharing and Preparing



- **Next Session: June 20, 2023, 3pm – 4:30pm EST**
 - Topic: Integrating Data Systems to Support Chronic Disease Management



Monthly Cohort Calls

Monthly cohort calls from the CCBHC-E NTTAC give CCBHC staff members a regular space for sharing with peers, generating solutions and cross-collaboration. Participate as often as you like. Sign up today and share this opportunity with other members of your team!

Event Type	Date + Time	Registration Link
Executives	The last Friday of each month from 12:00-1:00pm E.T.	Register here
Program Directors	The first Wednesday of each month from 12:00-1:00pm E.T.	Register here
Evaluators/CQI Leads	The first Tuesday of each month from 3:30-4:30 pm E.T.	Register here



CCBHC-E TTA Center Website



Access our ever-growing resource library, upcoming trainings and events, and request for individualized support.

[CCBHC-E National Training and Technical Assistance Center](https://www.nationalcouncilformentalwellbeing.org/ccbhc-e-national-training-and-technical-assistance-center)



Thank You!

Thank you for attending today’s event.

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