

CCBHC-E National Training and Technical Assistance Center

CCBHC Data Foundations Learning Series
Session 2 - Disparity Impact Statement & Data Requirements

December 14, 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

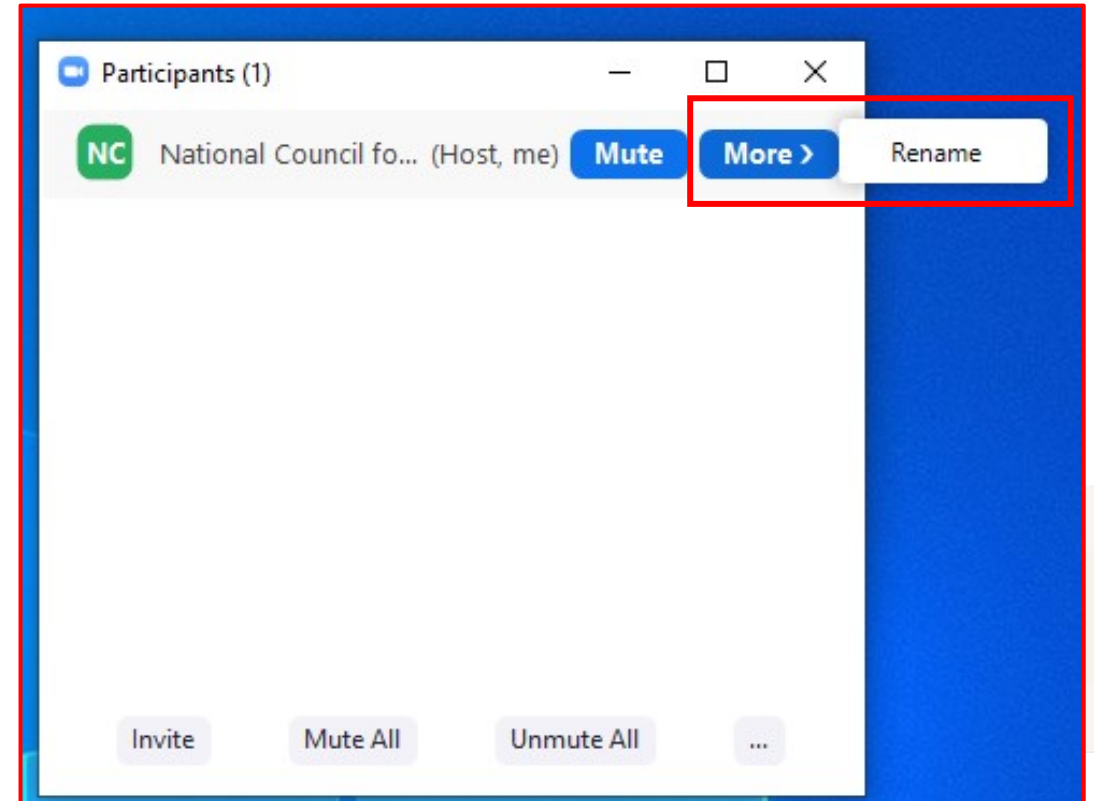
Acknowledgements and Disclaimer

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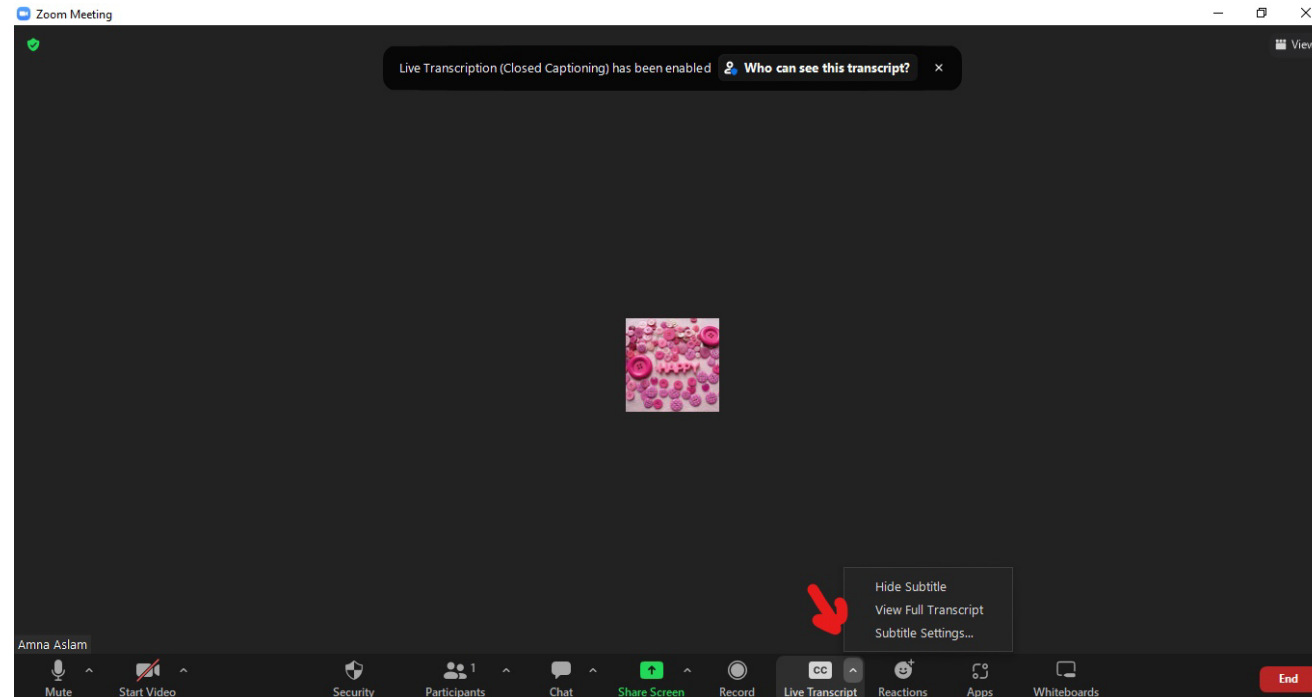
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Today's Session: Slides and Recording

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's navigation and event calendar. On the left, the 'Training & Events' menu is highlighted with a red arrow. The main content area shows the 'Calendar of Events' section with search filters for 'Search', 'Start Date', 'End Date', and 'Select Event'. A dropdown menu is open, showing 'Future Events' and 'Past Events' (highlighted in blue), with an 'Apply' button below it. A red arrow points from the 'Past Events' option to the 'Calendar of Events' section.



Today's Objectives

- Discuss the purpose of the DIS and how it can inform CCBHCs' needs assessments, quality improvement plans, and beyond
- Review how to use data to identify and monitor progress toward reducing disparities
- Discover how South Central Behavioral Services CCBHC's has identified and begun to address disparities in their service area

Today's Agenda



- The Impact of Disparities
- CCBHC's Unique Position to Address Disparities
- Use of Data in Addressing Disparities
- Case Example
- Questions and Answers



Today's Presenters



Diane Retz, MPA
Senior Consultant, TriWest Group



Taylor Jackson, PhD
Consultant, TriWest Group



Bob Shueey, MHCA
Chief Executive Officer, South
Central Behavioral Services



Christine Bischoff
CCBHC Project Director, South
Central Behavioral Services



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Learning Series Curriculum

Month	Topic
Nov 2023	Building Infrastructure for Data Collection, Analysis, and Reporting
Dec 2023	Disparity Impact Statement & Data Requirements
Jan 2024	Community Needs Assessment
Feb 2024	Focus on NOMs
March 2024	Leveraging your Grant Evaluation for Sustainable Continuous Quality Improvement

Behavioral Health Equity



“Advancing behavioral health equity means working to ensure that every individual has the opportunity to be as healthy as possible.” – SAMHSA

Drivers of Behavioral Health Inequities/Disparities

- Social Determinants of Health
- Racial and Ethnic Disparities
- Service Access Barriers
- Language Access Barriers

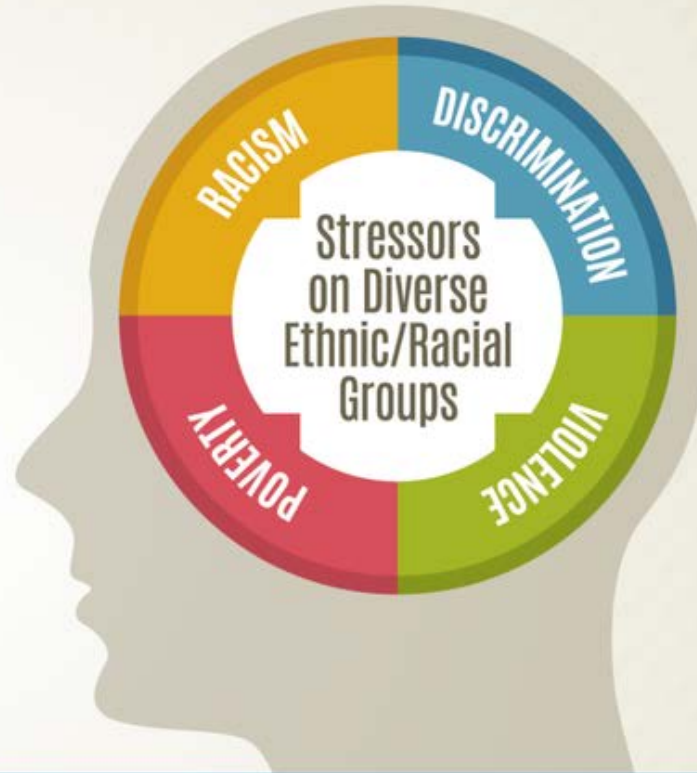
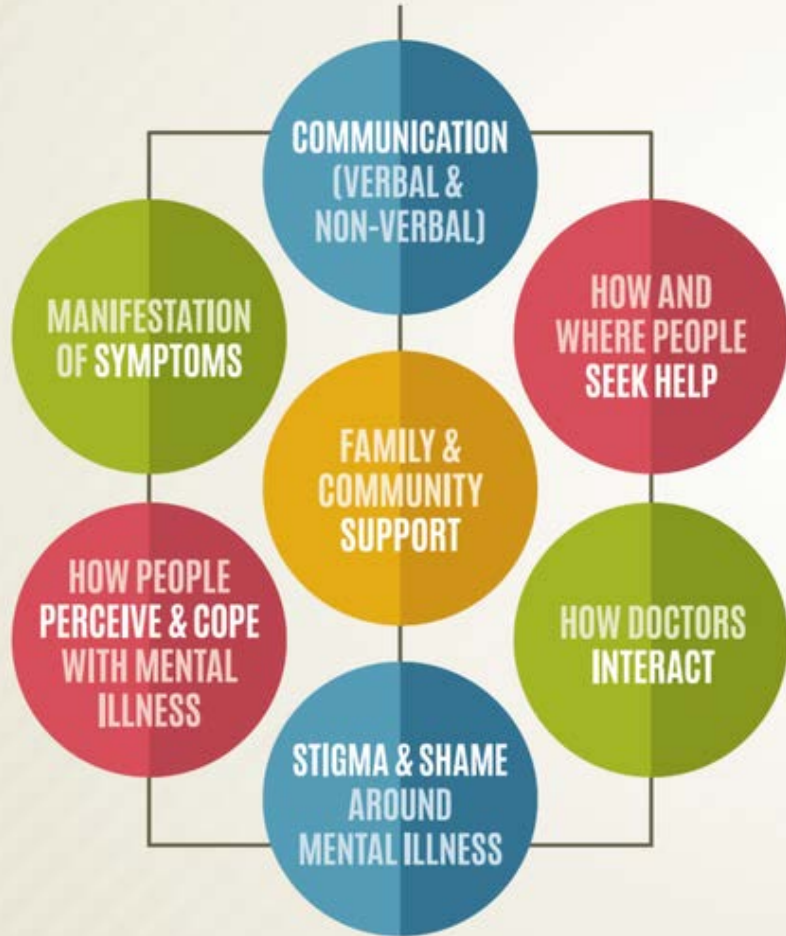
Social Determinants of Health

- “Advancing behavioral health equity means working to ensure that every individual has the opportunity to be as healthy as possible. In conjunction with access to quality services, this involves addressing social determinants of health—such as employment and housing stability, insurance status, proximity to services, and culturally responsive care—all of which have an impact on behavioral health outcomes.” - SAMHSA
- Identifying and addressing social determinants of health is an integral part of fulfilling the CCBHC goals of increasing behavioral health access and reducing health inequities.

Social Determinants of Health



How Can Race/Ethnicity/Culture INFLUENCE MENTAL HEALTH?



MENTAL HEALTH DISPARITIES FACTORS

Members of ethnic and racial minority groups in the U.S. “face a social and economic environment of inequality that includes greater exposure to racism, discrimination, violence, and poverty, all of which take a toll on mental health.”

– U.S. SURGEON GENERAL

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Addressing Disparities

Addressing disparities requires reflection both personally and organizationally

There is a risk of compounding disparities if not deliberate and intentional

You must understand your community and focus on its unique needs



CCBHCs' Unique Position

CCBHCs are:

- Able to gather the appropriate data and make data-based decisions
- Connected to the community and fellow providers
- Accessible places by design

CCBHCs' requirements (DIS and CLAS Standards) provide guidance for tracking and addressing disparities.



CCBHC Disparity Reduction Map

Engagement Point →	Knowing where to go for services	Deciding to pursue services	Contacting organization	Attending first appointment	Continuing to attend appointments	Outcomes
↓ Disparity Reduction						
CCBHC Opportunity	Targeted outreach to increase awareness of services for the populations of focus	Easy access to information about services offered and accessibility (e.g., interpretation services)	Clear and easy-to-find contact information and inclusive first conversations	Appointment availability based on community needs and mindful intake process	Provide client-centered approach to addressing specific needs and eliminating barriers for engagement	Track client outcomes and engagement over time to ensure services align with client and community needs
Data to Review or Collect	Survey of community members and partners Key informant interviews with providers	Walk-out/discontinuation of services reasoning Community needs compared to accessibility options Environmental scan of website and distributed materials	Intake forms Staff training options Environmental scan of accessibility (e.g., hours of operation)	Wait list and times Intake and initial appointment notes Demographic comparison of new clients	Discharge interview notes Services offered compared to needs Input from a client advisory council	Community needs assessment NOMs and health indicator data Fidelity assessment of services provided

Purpose of the Disparity Impact Statement

As a SAMHSA requirement, the DIS informs:

- Community Needs Assessment
- Quality Improvement Plans
- Training and Staffing Plans
- Selection of evidence-based practice

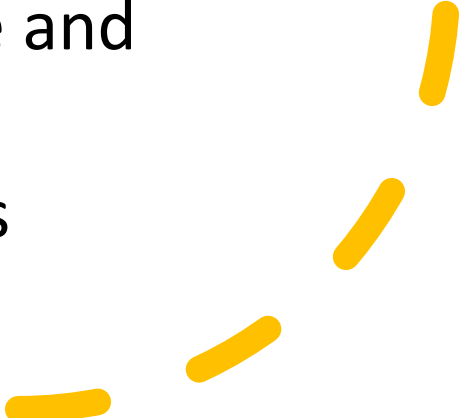
The DIS allows organizations to:

- Identify, understand, and reduce disparities
- Create equity-minded policies and processes

The DIS should be a living document that is regularly reviewed and updated.

Culturally and Linguistically Appropriate Services

CLAS Standards intend to:

- Improve the quality of services provided to all individuals
 - Reduce health disparities
 - Respect the whole individual and respond to their 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
- 

Set Course

Define the Evaluation Questions

Determine Data Needs, Sources, and Methods

Collect Data

CHECKPOINT 1

CONDITION THE DATA

Initial Data Exploration

Data Cleaning/Validation

CHECKPOINT 2

ANALYSIS

Share Initial Results with Applicable Stakeholders

Finalization

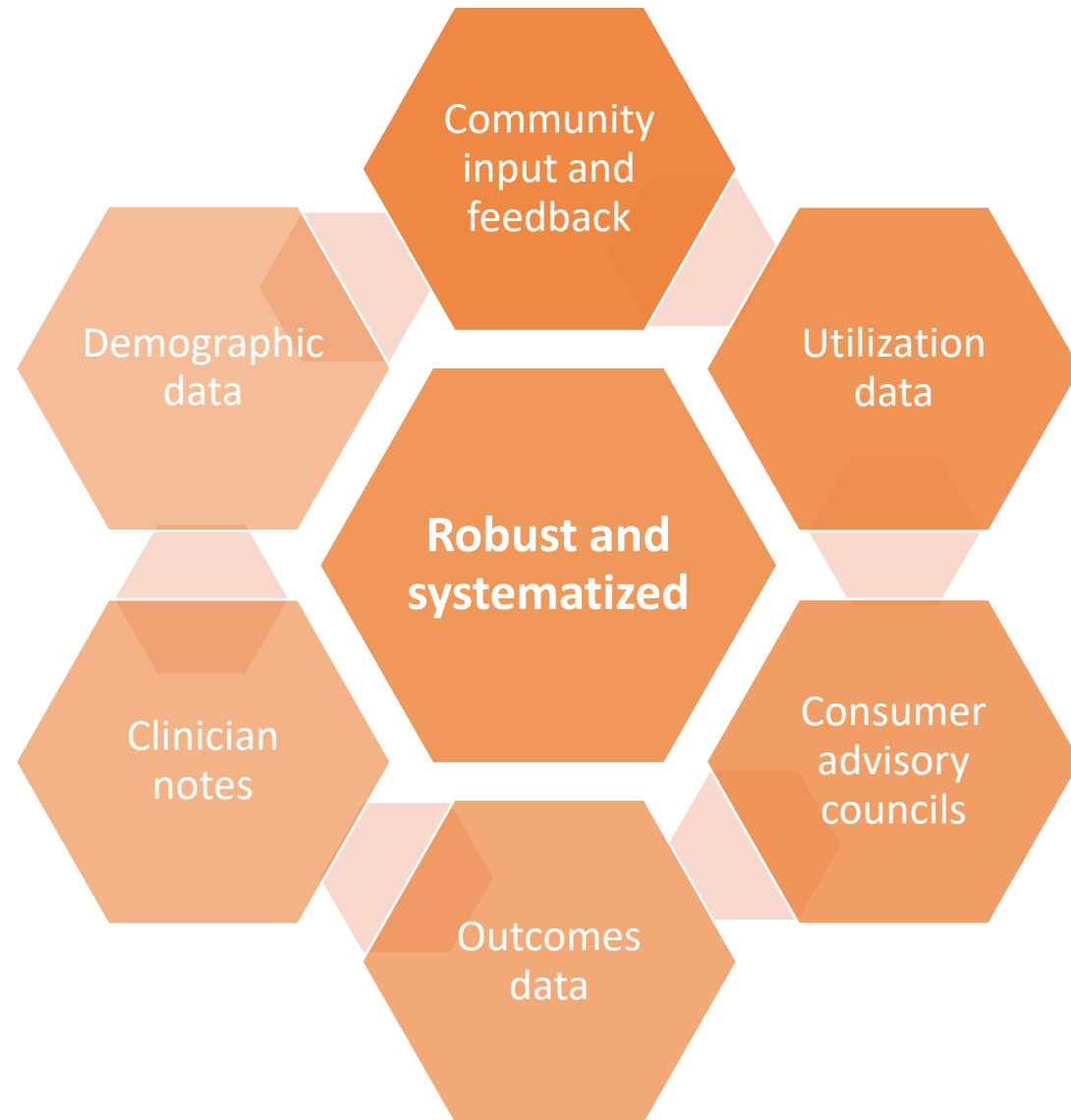
Final Revisions

Detour: Revise Plan if Indicated

Data-Driven Project Roadmap

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Data Needed to Understand and Address Disparities



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Examples

Analysis of engagement length between cisgender, white, heterosexual individuals and those who identify as anything except cisgender, white, and heterosexual

Physical and mental health outcome comparison between populations of focus

Examination of correlation between employment status and successful treatment/service completion



Build and Sustain Capacity for Inclusive and Comprehensive Systems and Processes

- Robust EHR
- Full organizational buy-in
- Intentional language
- Dynamic and deliberate workflows
- Consistent follow-up

Sustainability



PLAN BEYOND THE
EXPIRATION OF THE GRANT



INTEGRATE INTO EXTERNAL
RELATIONSHIPS



BECOME AN EXAMPLE IN
YOUR COMMUNITY

Case Example



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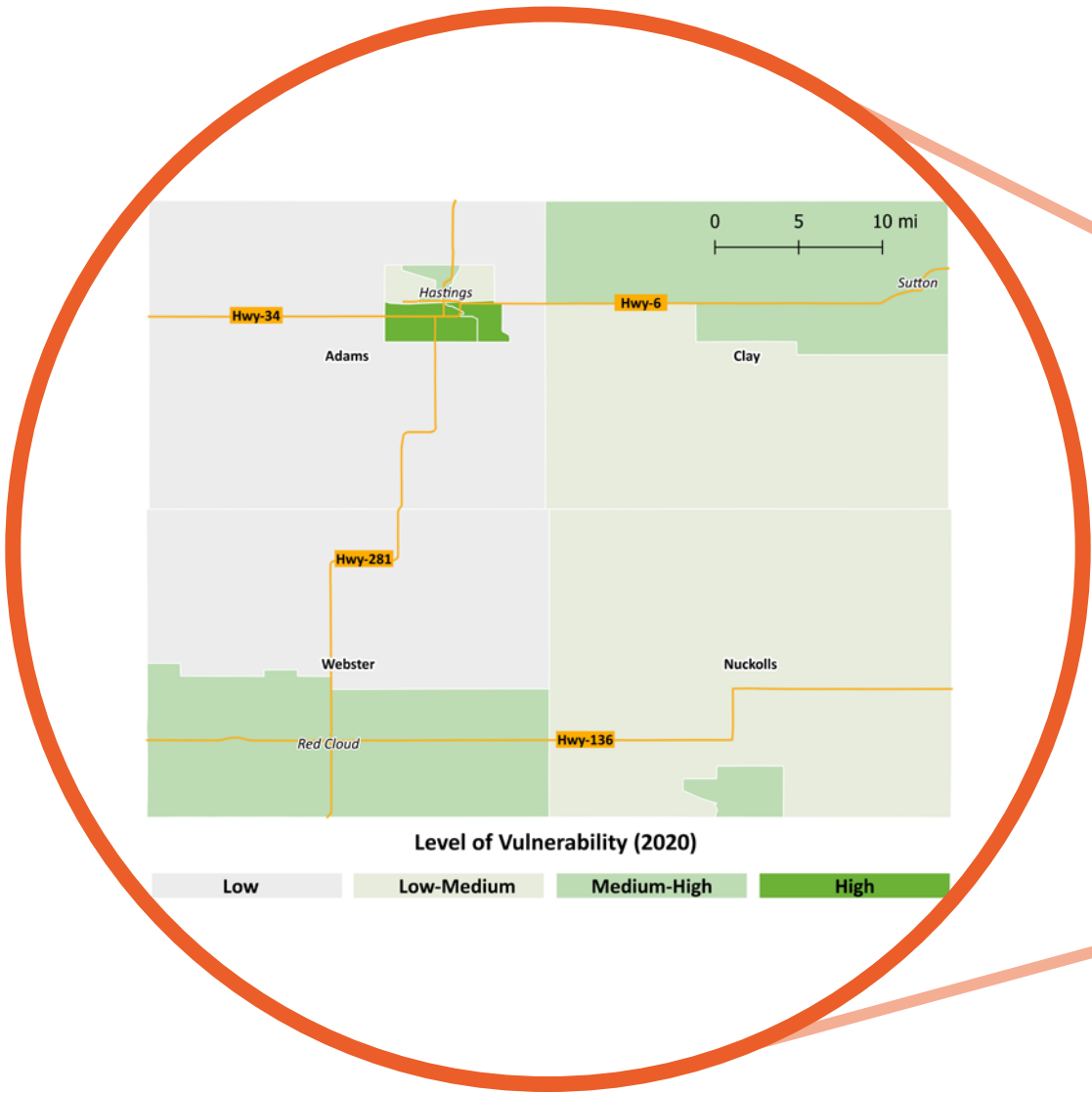


South Central CCBHC Overview

South Central's Mission is: To provide services that inspire hope and empower individuals and families to achieve recovery and well-being.

South Central's populations of focus are individuals:

- With low income
- Living in rural areas
- Who speak Spanish
- Who identify as Hispanic or Latino



South Central's Service Area

Demographics and Population Characteristics

Demographics	Service Area Population	Percent of Population Under FPL	Clients Served Agency-Wide (FY22)
White	87%	88%	85%
Black or African American	1%	1%	5%
Native American or Alaska Native	0.5%	1%	3%
Asian or Asian American	1%	1%	<1%
Native Hawaiian and Other Pacific Islander	<1%	0%	0%
Other or Two or More Races	1%	9%	7%
Hispanic or Latino	10%	20%	17%
Speak Spanish as Their Primary Language	7%	--	1%
LGBTQIA+	7%	--	20%

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Data Infrastructure

EHR: Credible

- Quarterly reports are pulled reporting clients' gender, gender identity, sexual orientation, language, race, and ethnicity
- Utilize dashboards for easy analysis

Training

- All staff are trained in the data workflow and data-based decision-making
- Collecting and utilizing data is part of the organizational culture

Cultural and Linguistic Needs

Standardizing Interpretation Services

- High need for Spanish-speaking bilingual & bicultural staff
- Hispanic and Latino community members face the greatest barriers to behavioral and primary health care
- SCBS has interpreter but there are barriers to scheduling and they are only available for scheduled appointments, not walk-ins

Addressing Factors Associated with Living in Poverty

- In 2020, 92% of outpatient clients had income under \$35,000 per year
- 48% were under \$10,000 per year
- Staff are aware of issues associated with living in poverty and work through a lens of compassion and understand poverty can make treatment and recovery more difficult

Outreach to Underserved Communities

- Increased need for outreach in underserved communities such as refugees, immigrants, and LBGTQIA+ community
- Increased outreach to Hispanic & Latino community members is needed

Closing: Sharing and Preparing



- **Volunteers:** What did you hear from others in terms of questions and ideas?
- **Question Log:** Take 2–3 minutes to put any questions you have about the learning series curriculum in the chat
- **Next Session: January 16, 2024, 3–4:30 pm EST**
 - Topic: [Session 3: Community Needs Assessment](#)


Thank You!

Thank you for attending today's event.

Slides and the session recording link will be available on the CCBHC-E

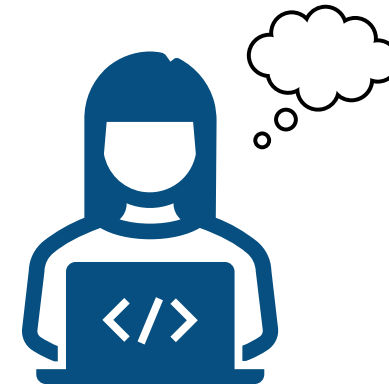
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