

Special Condition of Award for Behavioral Health Disparity

SAMHSA requires a disparity impact statement (DIS) for all new grant awards. The example below can be used as a reference for format and types of information that should be included in the DIS. The submission date and content requirements are listed in the Notice of Award (NoA). Additional guidance may be provided by your GPO.

TRAINING/TECHNICAL ASSISTANCE PROGRAM EXAMPLE

- Proposed number of individuals to be trained by subpopulations in the grant service area

The numbers in the chart below reflect the proposed number of individuals to be trained during the grant period. The disparity populations are identified in the narrative below.

	FY 1	FY 2	FY 3	FY 4	Totals
Number to be trained	200	175	100	125	600
<i>By Race/Ethnicity</i>					
African American	10	9	5	6	30
American Indian/Alaska Native	1	1	0	1	3
Asian	2	2	1	1	6
White (non-Hispanic)	103	91	52	65	311
Hispanic or Latino	32	28	16	20	96
Native Hawaiian/Other Pacific Islander	4	3	2	2	11
Two or more Races	4	4	2	3	13
<i>By Gender</i>					
Female	110	96	55	69	330
Male	89	79	44	56	268
Transgender	1	0	1	0	2
<i>By Sexual Orientation/Identity Status</i>					
Lesbian	2	2	1	1	6
Gay	8	6	4	5	23
Bisexual	1	1	0	1	3

The population of Middle Lake, Massachusetts is predominantly represented by first- and second-generation Latinos, mainly from El Salvador. There has been a recent increase of the immigrant population in the city with individuals primarily from Haiti and El Salvador. There is also a smaller Cambodian and African American population in the city. Nearly 40% of residents speak a language other than English in their homes, and a majority of those individuals are Spanish speakers. There is a high unemployment rate, low literacy rate and high level of poverty, in particular among the Salvadoran subpopulation, putting these individuals at greater risk for behavioral health issues when compared to national trends. However, our agency does not have sufficient capacity to address the cultural and linguistic needs of the Salvadorans in the community. Therefore, we have chosen to

focus our efforts on increasing staff and organizational competencies to address the disparities in behavioral health awareness and education within the Salvadoran population.

2. A Quality Improvement Plan Using Our Data

A continuous quality improvement approach will be used to analyze, assess and monitor key performance indicators as a mechanism to ensure high-quality and effective program operations. Monitoring activities will focus on:

Access: The project team will collaborate with the community enrichment program and the county health specialist consortium in planning the design and implementation of program activities to ensure the cultural and linguistic needs of training recipients are effectively addressed, particularly the disparate population.

Use: Training and technical assistance activities will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community.

Outcomes: GPRA data will be used to monitor and manage program outcomes by race, ethnicity, and LGBT status within a quality improvement process. Programmatic adjustments will be made as indicated to address identified issues, including behavioral health disparities, across program domains.

A primary objective of the data collection and reporting will be to monitor/measure project activities in a manner that optimizes the usefulness of data for project staff and consumers; evaluation findings will be integrated into program planning and management on an ongoing basis (a “self-correcting” model of evaluation). For example, training and technical assistance data will be reported to staff on an ongoing basis, including analyses and discussions of who may be more or less likely to be exposed to training and technical assistance activities. The Evaluator will meet on a bi-weekly basis with staff, providing an opportunity for staff to identify successes and barriers encountered in the process of project implementation. These meetings will be a forum for discussion of evaluation findings, allowing staff to adjust or modify project services to maximize project success.

Outcomes for all activities will be monitored across race and ethnicity to determine the grant’s impact on behavioral health disparities.

3. Adherence to the CLAS Standards

Our quality improvement plan will ensure adherence to the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include attention to:

a. Diverse cultural health beliefs and practices

Training and hiring protocols will be implemented to support the culture and language of all subpopulations, with a focus on the Salvadoran subpopulation.

b. Preferred languages

Interpreters and translated materials will be used for non-English speaking participants as well as those who speak English, but prefer materials in their primary language. Key documents will be translated into Spanish.

- c. Health literacy and other communication needs of all sub-populations identified in your proposal

All training and technical assistance activities will be tailored to include limited English proficient individuals. Staff will receive training to ensure capacity to provide services that are culturally and linguistically appropriate.