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.

TRIBAL GRANTEE EXAMPLE

1. Proposed number of individuals to be reached by subpopulations in the geographic area

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

	FY 1	FY 2	FY 3	FY 4	Totals
Number to be reached	200	175	100	125	600
By Race/Ethnicity					
American Indian	173	159	83	90	505
Alaska Native	0	0	0	0	0
Two or more Races	23	14	14	33	84
Other: (Please specify) Hispanic or Latino	4	2	3	2	11
By Gender					
Female	110	96	55	69	330
Male	89	79	44	56	268
Transgender	1	0	1	0	2
By Sexual Orientation/Identity Status					
Lesbian	2	2	1	1	6
Gay	8	6	4	5	23
Bisexual	1	1	0	1	3

The population of "Red River Mountain reservation" consists primarily of enrolled members of the tribe. Recently, we have noticed an increase in the number of migrant farmers who have come to work on the reservation, mainly from the central region of Mexico. Nearly 65 percent of tribal members speak a language other than English in their homes, and a majority of the migrant workers are Spanish speakers. There is a high unemployment rate, low literacy rate and high level of poverty among tribal residents. Those in the northern region have higher rates of substance misuse and abuse; are more geographically isolated from most community resources; and, are at greater risk for behavioral health issues when compared to national trends. Our tribe lacks sufficient capacity to provide prevention services that are culturally and linguistically appropriate for all residents of the reservation. Therefore, we have chosen to focus our efforts on increasing staff and organizational

competencies to address the disparities in behavioral health awareness and education among the tribal residents, particularly those in the northern region.

2. A Quality Improvement Plan Using Our Data

We will design and implement activities to increase staff and organizational competencies will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community. The project team will collaborate with the tribal advisory group, leaders in high need communities and the local health specialists in planning the design and implementation of program activities to ensure the cultural and linguistic needs of grant participants are effectively addressed, particularly in the northern region where the disparities appear to be the highest.

We will use a continuous quality improvement approach to analyze, assess and monitor key performance indicators as a mechanism to ensure high-quality and effective program operations. We will use program data to monitor and manage program outcomes within a quality improvement process. We will make programmatic adjustments as indicated to address identified issues, including behavioral health disparities, across program domains.

A primary objective of our data collection and reporting will be to monitor/measure project activities to optimize the usefulness of data for project staff and consumers. We will also integrate evaluation findings into program planning and management on an ongoing basis (a "self-correcting" model of evaluation). For example, we will report screening and outreach data to staff on an ongoing basis. Our Evaluator will meet with staff on a bi-weekly basis to help identify successes and barriers encountered in project implementation. These meetings will serves as a forum for discussion of evaluation findings, allowing staff to adjust or modify project services to maximize project success.

Outcomes: We will monitor outcomes for all activities to determine the impact of our project on reducing 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

We will implement training and hiring protocols to support the culture and language of all subpopulations, with a focus on the tribal residents in the Northern region.

b. Preferred languages

We will use interpreters and translated materials for non-English speaking participants, as well as for those who speak English, but prefer materials in their native language.

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

We will tailor all interventions to include limited English proficient individuals. Our project staff will be trained to ensure capacity to provide interventions that are culturally and linguistically appropriate.