Term and Condition of Award for Behavioral Health Disparity

SAMHSA requires a disparity impact statement (DIS) for all new grant awards. This example can be used as a reference for the format and types of information that should be included in the DIS. The submission date and content requirements are listed in the NoA.

Disparity Impact Statement Example

PATH PROGRAM EXAMPLE

1. Proposed number of individuals to be served by subpopulations in the grant service area, and identification of disparate population.

   The numbers in the chart below reflect the proposed number of individuals to be served during the grant period and all identified subpopulations in the grant service area. The disparate population is identified in the narrative below.

	Outreach	Enrolled
Direct Services: Number to be served	400	200
By Race/Ethnicity		
African American	7	3
American Indian/Alaska Native	8	1
Asian	17	3
White (non-Hispanic)	160	151
Hispanic or Latino (not including Salvadoran)	86	10
Salvadoran	84	46
Native Hawaiian/Other Pacific Islander	10	1
Two or more Races	8	5
By Gender		
Female	220	110
Male	133	135
Transgender	2	0
By Sexual Orientation/Identity Status		
Lesbian	6	0
Gay	20	3
Bisexual	3	0

North Carolina has a diverse population that resides in a wide range of urban, suburban and rural communities. The homeless population, to include individuals who experience chronic

homelessness, has grown significantly in the last five years in communities surrounding Fort Bragg. The homeless population in urban areas is predominantly African American. There has been a recent increase of the immigrant population in rural communities with individuals coming primarily from Haiti and El Salvador. Nearly 40% of individuals seeking permanent housing in rural communities speak a language other than English, 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 homelessness when compared to national trends. The number of individuals from El Salvador who are homeless or at risk of becoming homeless is higher than other sub-populations in the state and their enrollment in programs to assist with obtaining housing is comparatively low. For these individuals, the incidence of serious mental illness is an issue that compounds the service needs. Therefore, we have chosen to focus our efforts on the Salvadoran subpopulation.

2. A Quality Improvement Plan Using Our Data

   Services and activities will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community. The state's cultural and linguistic competency task force and a network of health specialists will have lead roles in ensuring the cultural and linguistic needs of grant participants are effectively addressed, particularly the disparate population from El Salvador.

   A continuous quality improvement approach will be used by the state's evaluation unit to analyze, assess and monitor key GPRA performance indicators as a mechanism to ensure high-quality and effective program operations. 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 implemented by local service providers in a manner that optimizes the usefulness of data for project staff and consumers; evaluation findings will be integrated into community-level program planning and management on an ongoing basis (a "self-correcting" model of evaluation). For example, referral to housing, follow-through with treatment services and discharge data will be reported to staff on an ongoing basis, including analyses and discussions of who may be more or less likely to enroll and possible interventions. The State PATH Contact will provide routine data reports to local service provider staff to identify successes and barriers encountered in the process of project implementation. These reports will support discussions of evaluation findings with local service providers, allowing staff to adjust or modify project services to maximize project success.

   Outcomes for all services and supports 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 the provider of local services adheres 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 clients 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 services programs 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.