

**“OPENING EYES: HOW SCHOOLS AND
COMMUNITIES CAN PARTNER TO REDUCE
DISPARITIES AND DISPROPORTIONALITIES
USING THE DISPARITY IMPACT STATEMENT”**

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Advancing School Mental Health Conference
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9:45-10:45 a.m.**



Presenters



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Objectives:

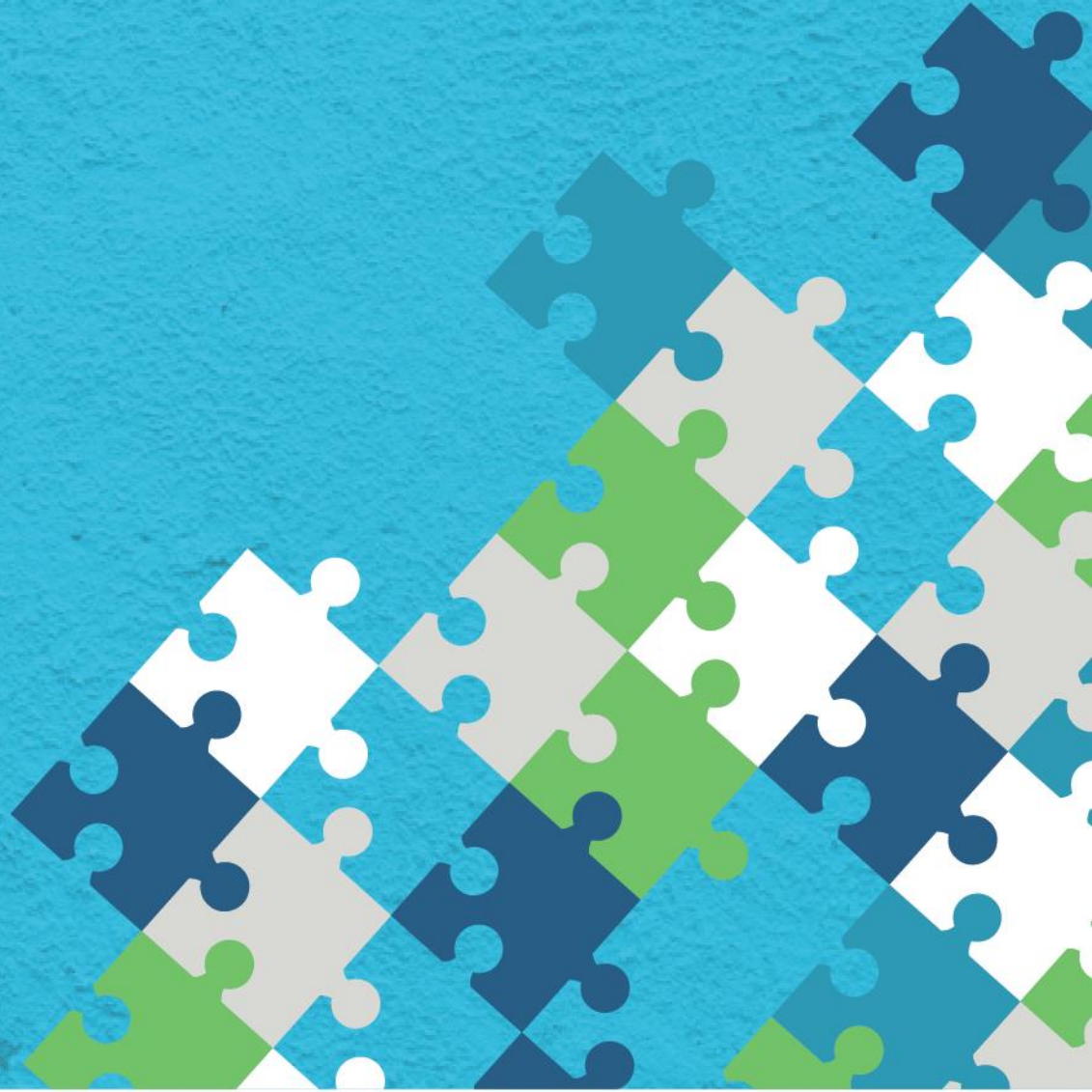
Participants will be able to:

1. Describe and name the components of the Disparities Impact Statement/Strategy (DIS) now required by SAMHSA to reduce disparities and disproportionality in communities and schools.
2. Identify one disparity/disproportionality, such as exclusionary disciplinary practices, and walk through the process of addressing it through the DIS process.
3. Incorporate the Culturally and Linguistically Appropriate Services (CLAS) Standards as part of the DIS.

Overall Goal

Our collective goal is for disparities and disproportionalities reduction to become the “routine” as opposed to the exception

Exercise

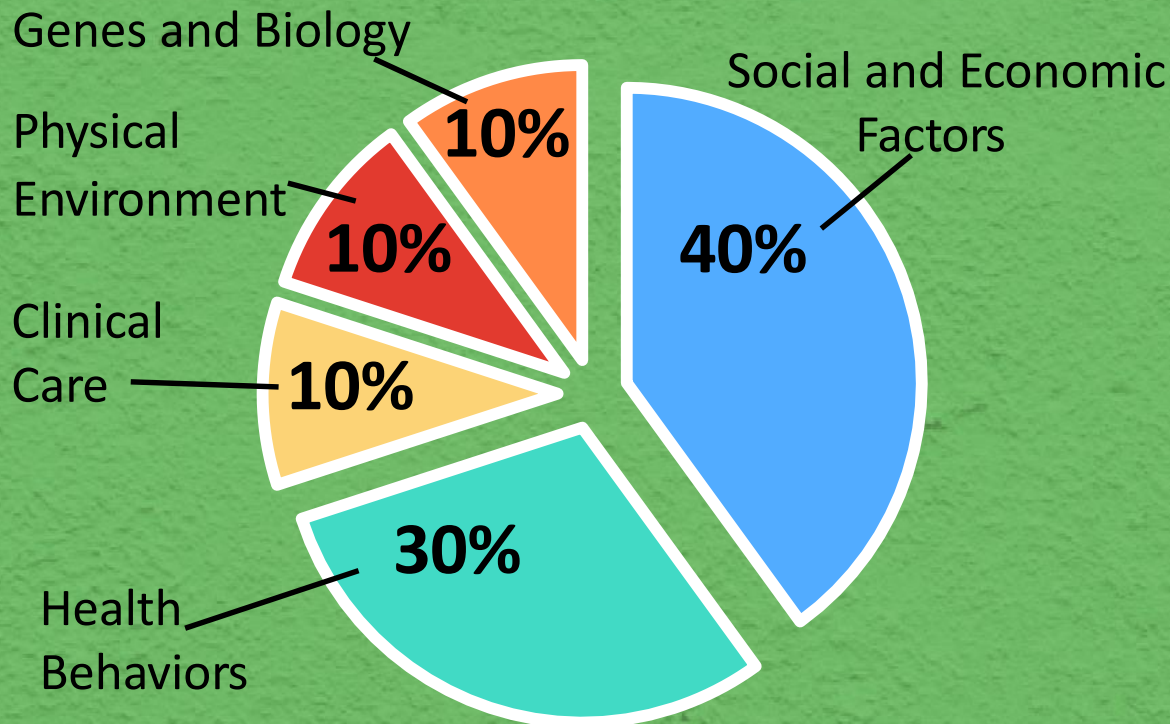


Why Is This Relevant Today?

- Current Civil and Racial Unrest in Communities
- Historical Privilege
- Personal and Community Cost
- Financial Cost
- Alarming school exclusionary discipline rates

Expand the Understanding of What Creates Health

Determinants of Health



Determinants of Health Model based on frameworks developed by: Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.

World Health Organization. Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <http://www.who.int/hpr/archive/docs/ottawa.html>.

Necessary conditions for health (WHO)

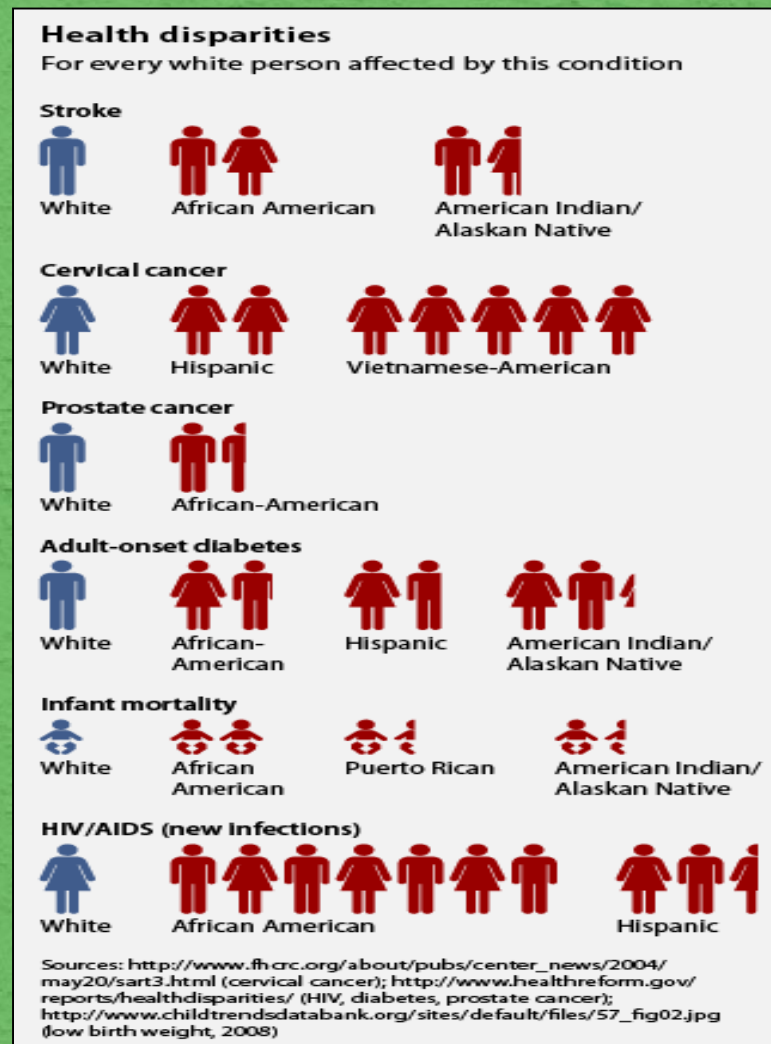
- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Mobility
- Health Care
- Social justice and equity
- Trauma Reduction

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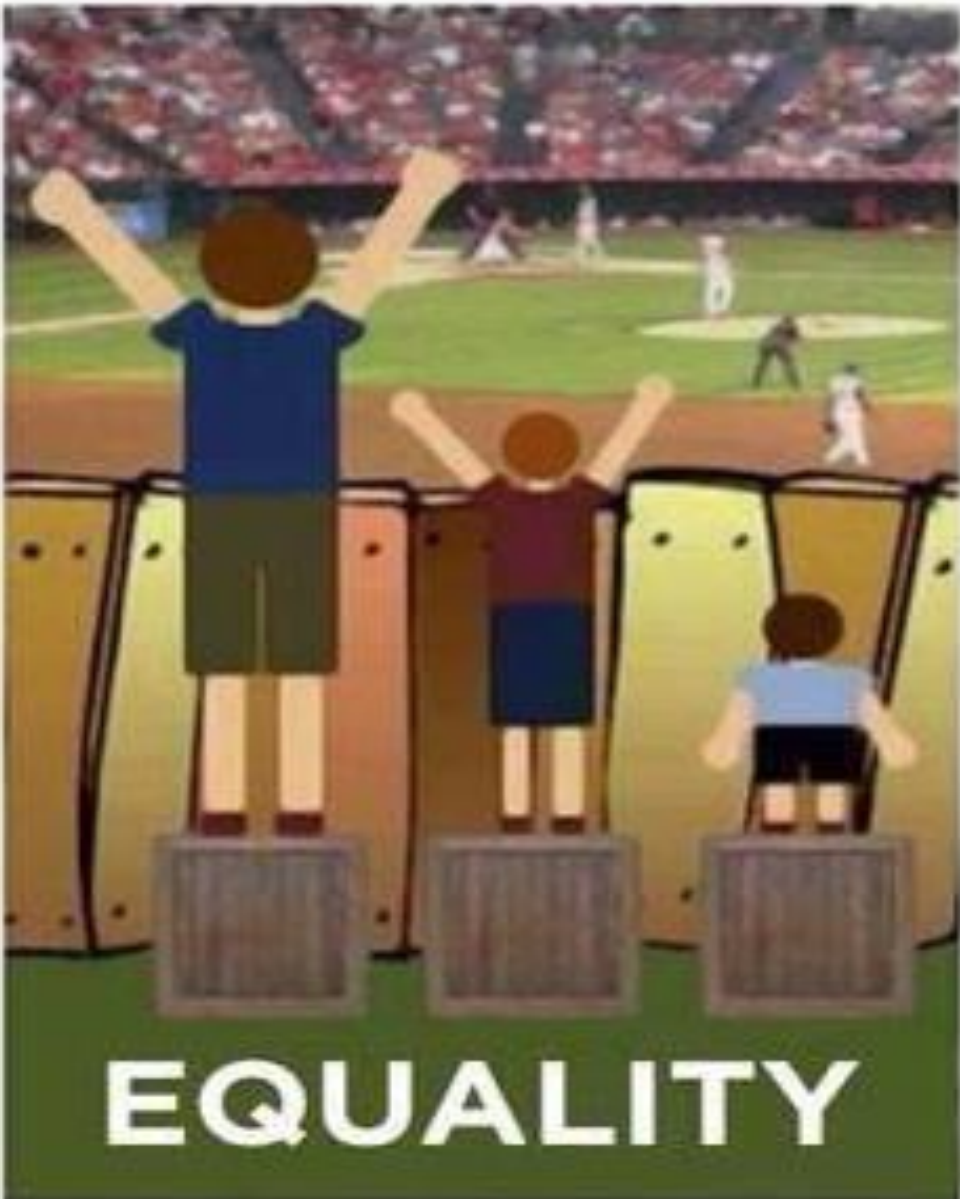
What is a Health Disparity?

“A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.”

Healthy People 2020



Health Equity



In the Educational System...

- Black preschool children account for 42% of out-of-school suspension and 48% of students with multiple out-of-school suspensions.
- Black students are suspended and expelled at three times the rate of White students.
- Black and Latino students also receive fewer honors or gifted placements and more negative referrals (e.g., special education, discipline referrals) (Tenenbaum and Ruck, 2007).
- PS: CT, DC, NJ, Minneapolis, and Chicago banned preschool suspensions.

In the Educational System...

- Latino students are four times more likely to drop out and Black students are twice as likely to drop out compared to their white counterparts.
- Graduation rates are significantly lower for African Americans, Latinos, and Native Americans.
- Children in the richest school districts perform more than four grade levels above the children in the poorest school districts.
- Multiracial youth had the highest rate (13.3%) of being threatened or injured with a weapon in school and becoming involved in physical altercations, but are among the least likely to have carried a weapon in school.
- 70% of schools now have police on campus.

Persistent Disparities and Disproportionality in Behavioral Health

- Hispanic/Latina and Asian American female teens have the highest rates of depression.
- Suicide remains the second leading cause of death for American Indian and Alaska Native youth.
- Hispanic and Black adolescents are about 50% less likely than White adolescents to receive specialty mental health services (Merikangas et al., 2011).
- Youth of color are more likely than White youth to drop out of treatment (Alegria et al., 2011).
- Youth of color more likely to be charged in adult courts.

And Finally, the Financial Cost...

- Reducing disparities for ethnic/racial groups would have saved \$229.4 billion in 2003-2006 (Joint Center for Political and Economic Studies, 2009).
- Eliminating disparities for racial/ethnic groups would have reduced indirect costs associated with illness, disability and premature death by more \$1.24 trillion between 2003 and 2006 (Joint Center for Political and Economic Studies, 2009).
- Disparities in health cost the U.S. an estimated \$60 billion in excess medical costs and \$22 billion in lost productivity in 2009 (National Urban League, 2012).

New Report: America's Children in Brief, July 2016

- 41 key national indicators of child well-being.
- Children of color fare the worst on most of the risk indicators.
 - <http://www.childstats.gov/americaschildren/index.asp>

HHS Action Plan to Reduce Racial and Ethnic Health Disparities (2011)

Secretarial Priority #1

1. Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities. HHS leadership will assure that:

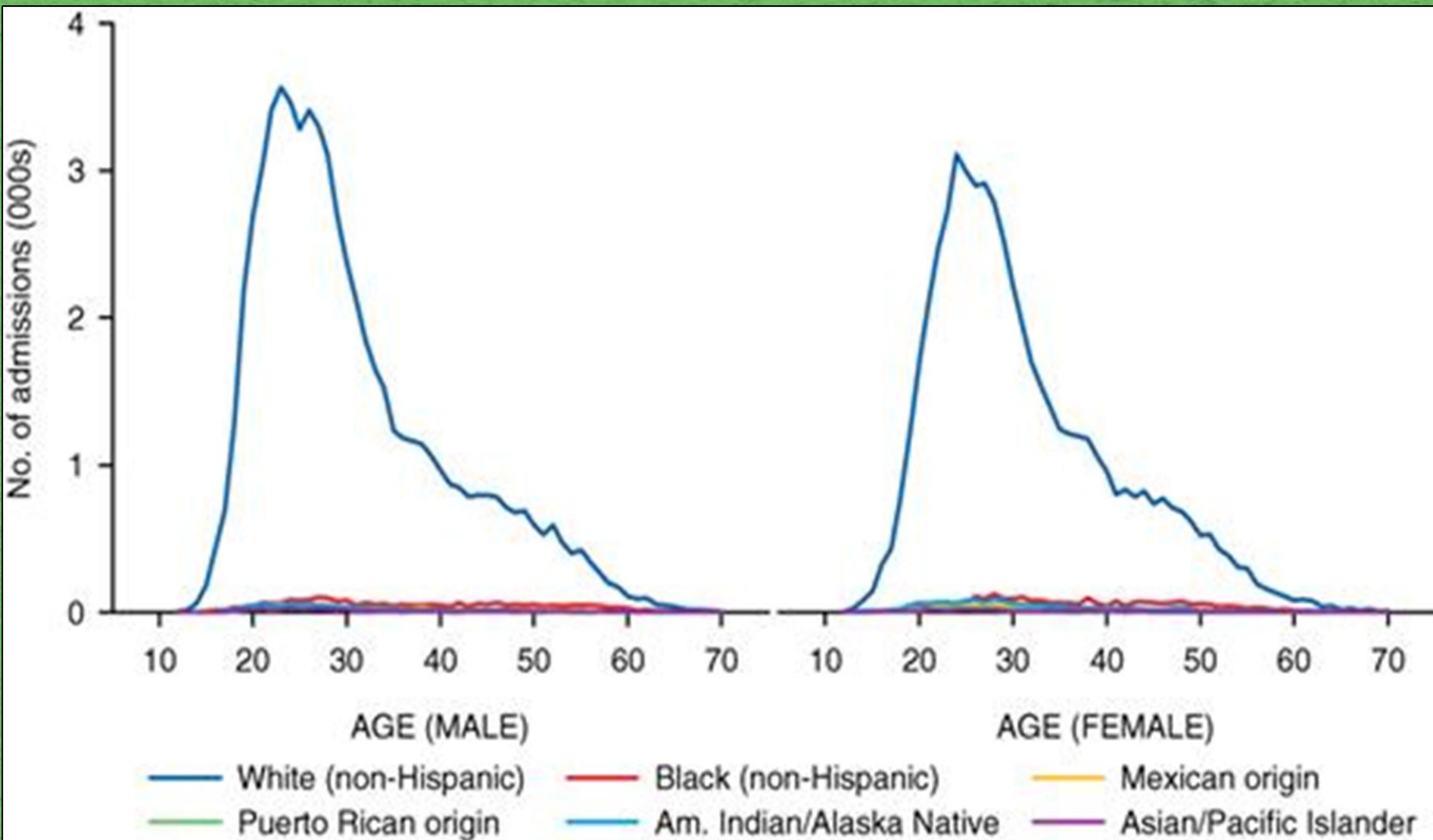
*(c) Program grantees, as applicable, will be required to submit **health disparity impact statements** as part of their grant applications. Such statements can inform future HHS investments and policy goals, and in some instances, could be used to score grant applications if underlying program authority permits*



Court/Jail Diversion – Access Data: Demographics of Program Enrollees

Race	White	69%
	African American	22%
	Multi-racial	5%
	American Indian	2%
Gender	Male	89%
Hispanic/Latino	(Yes)	15%
Age in Years	Mean	39 yrs
Education	Some college or more	51%
	High School/GED	41%
	Less than High School	8%

Enrollees in Opioid Treatment Program



A Data-Driven Strategy: Disparity Impact Statement



Disparity Impact Statement: A Requirement in SAMHSA Grants

- Strategically focus on tracking disparities in access, use and outcomes for racial, ethnic or sexual/gender minority subpopulations.
- Use program performance data to implement a QI process.
- Leverage the National CLAS Standards as part of the QI process to ensure better access, use and outcomes for the identified disparate population(s).

Disparity Impact Strategy Framework for SAMHSA Grant Programs

Access

Who is enrolled in the grant program?
Who are you serving?
What populations being reached?

Use

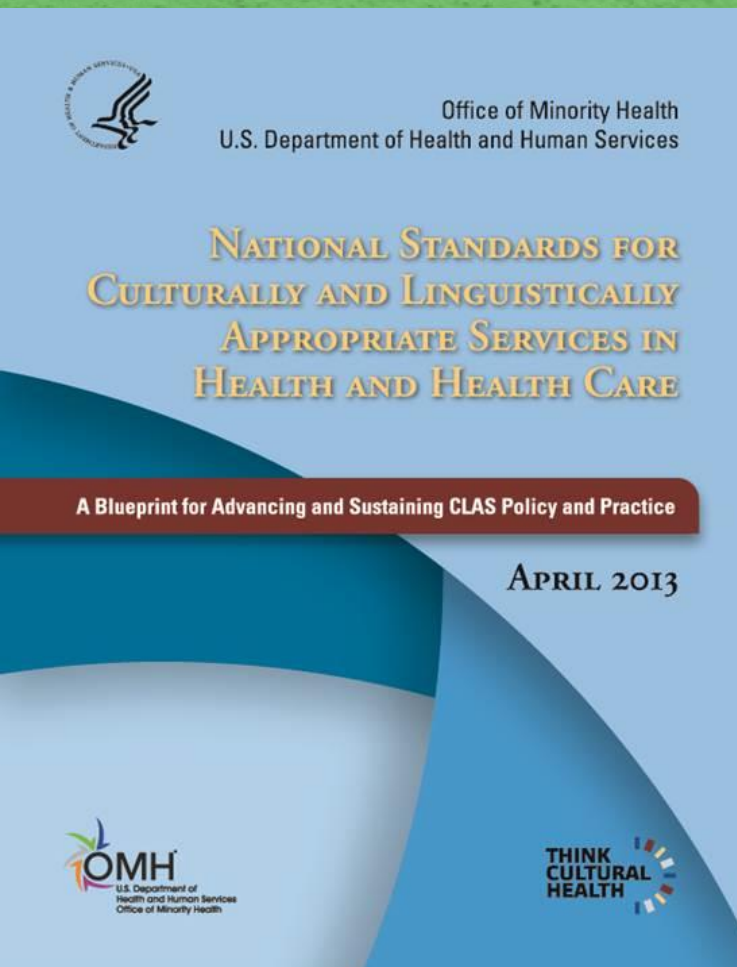
What interventions are being used?
Who's getting what dosages of what intervention?

Outcomes

How are enrollees in the program doing?
How differ across groups?

GPRa Data Disaggregated by Population Groups

Enhanced CLAS Standards Released by DHHS, April 2013



Culturally and Linguistically Appropriate Services (CLAS) Standards

Standard 1

Principal Standard

Standards 2-4

Governance, Leadership & Workforce

Standards 5-8

Communication & Language

Standards 9-15

Engagement, Continuous Improvement & Accountability

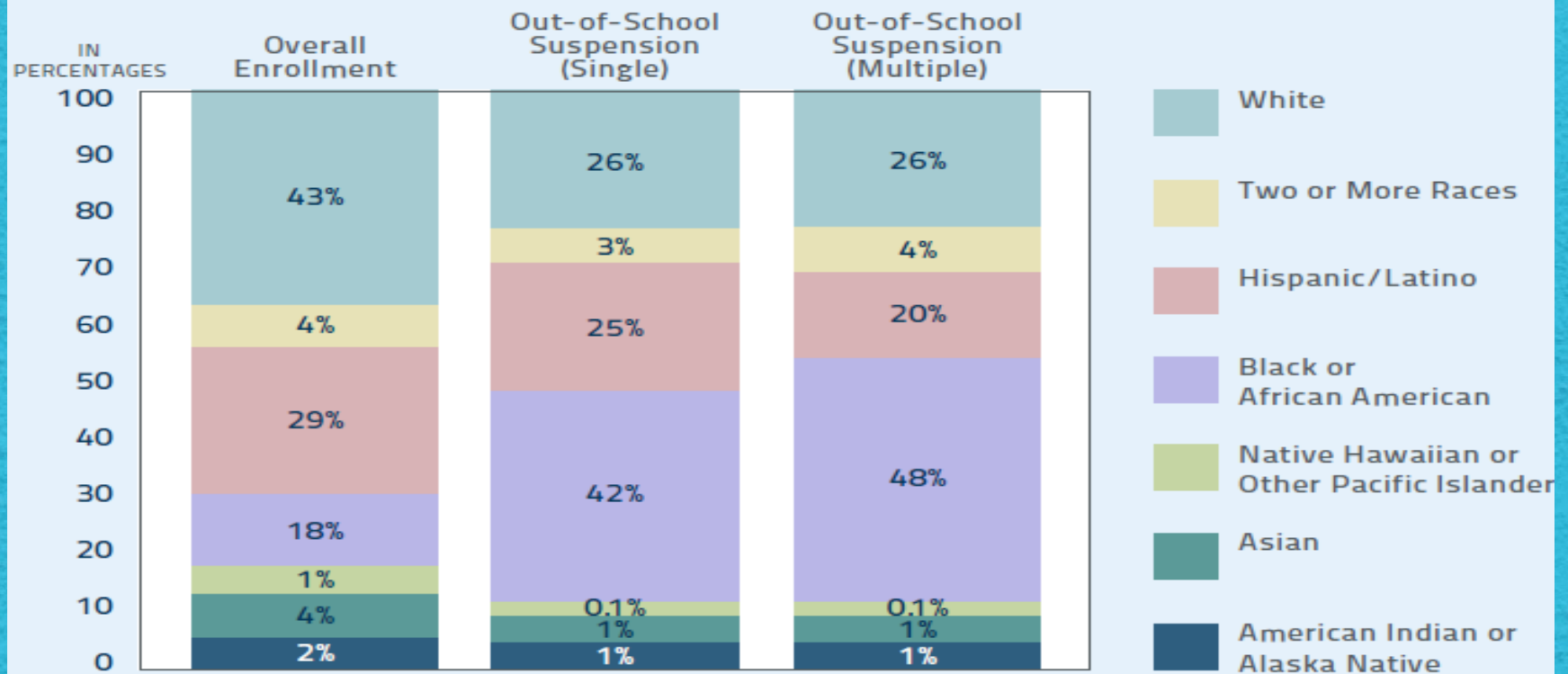
https://www.thinkculturalhealth.hhs.gov/Content/clas.asp#clas_standards

Putting It Into Practice



Preschool Students Receiving Out-of-School Suspensions by Race/Ethnicity

FIGURE 1. PRESCHOOL STUDENTS RECEIVING OUT-OF-SCHOOL SUSPENSIONS BY RACE AND ETHNICITY



Source: U.S. Department of Education Office for Civil Rights. (2014). *Civil Rights Data Collection Data Snapshot: Early Childhood Education*. Washington D.C. Retrieved from <http://www2.ed.gov/about/offices/list/ocr/docs/crdc-early-learning-snapshot.pdf>

DIS: Application Step by Step

1. Describe population(s) of focus
 - Preschool population from U. S. Department of Education, Office of Civil Rights Data, 2014
2. Align the ethnic/racial categories with the designations in the [Affordable Care Act \(ACA\) Provision 4302, standards](#) for data collection
 - Described by ACA data collection racial/ethnic categorization, eg. White, Hispanic/Latino, African American/Black, etc.

DIS: Application Step by Step

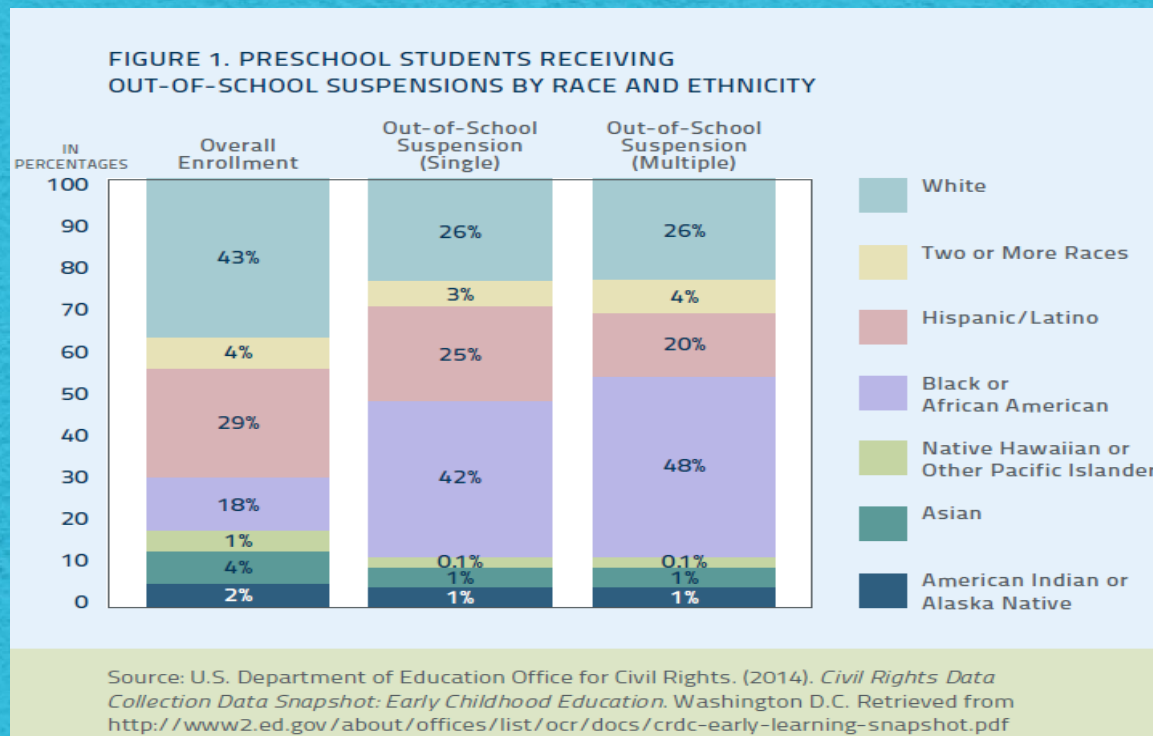
3. Disaggregate subpopulations of focus in performance measures, GPRA, and/or from other relevant data by race/ethnicity (and LGBT status, if applicable) and by domain(s) (described below)
 - Sub-populations are preschool students disaggregated by racial/ethnic groups

4. Identify disparities/disproportionalities in the domains of Access, Utilization, and/or Outcomes
 - When data is analyzed, it is determined that disproportionality in out of school suspensions exists by race/ethnicity...
 - In the Access domain as defined by access, or lack thereof, to preschool through suspension measure

DIS: Application Step by Step

5. Prioritize the needs of the subpopulations experiencing disparity

- Based on data, the community deems the highest need subpopulations are Black preschoolers (43%) and Latino preschoolers (25%) who have experienced one out of school suspension; and Black (48%) and Latino (20%) preschoolers who have experienced multiple out of preschool suspensions



DIS: Application Step by Step

6. Conduct a Root Cause Analysis

a. Issue → Cause → Root Cause → Corrective Action

- *“Addressing the Root Causes of Disparities in School Discipline An Educator’s Action Planning Guide” 2015*

<http://www.schoolturnaroundsupport.org/sites/default/files/resources/ActionPlanningGuide508.pdf>

b. How is it happening?

c. Why is it happening?

d. What will we do about it?

DIS: Application Step by Step

6. Root Cause Analysis Continued:

e. Generate possible causes and explanations

- Long term issues
- School climate and culture, conditions for learning
- Staff attitudes and beliefs
- Capacity
- Intervention
- Bias (implicit/explicit)
- Policies, procedures, and practices

f. Decipher root causes

- Example: Distance, social issues, relationships

DIS: Application Step by Step

7. Develop subpopulation-specific strategy(ies) to improve performance for each disparity/disproportionality

1. Example: Creating solutions for distance, social, and relationship factors

8. Set an initial benchmark goal for each disparity/ disproportionality to reach by the end of each year

- a. Reduce percentage or rate by xx%

DIS: Application Step by Step

9. Utilize a community inclusive data-informed quality improvement process (eg. existing QI process, BH Disparities Committee, focus groups)

- a. Track out of school suspensions and expulsions at least twice annually

10. Utilize “precision-based” interventions and measurements and if the disparity(ies) persists, set a new projected benchmark goal for the subsequent grant year and re-evaluate/update/change your strategies/ interventions or make programmatic adjustments

- a. Individualize interventions based on class, school, racial or ethnic group, gender, etc.

DIS Application Step by Step

11. Ensure that the National Culturally and Linguistically Appropriate Services (CLAS) Standards are incorporated into your interventions/strategies and overall initiative through policies, procedures, rules, regulations, practice, and evaluation

https://www.thinkculturalhealth.hhs.gov/Content/clas.asp#clas_standards

Example



Pennsylvania: Lehigh Learning and Achievement School (IU 21) – More Restrictive Placements (Emphasis on Detention & Jail)

	2013-2014	African American	Latino/Hispanic	Caucasian	Other		Risk Index	Risk Index	Risk Index		Risk Ratio	Risk Ratio	Total
Psych Hospitals	10	2	1	7	0		AA	L/H	Cauc		AA	L/H	
Detention/Jail	10	6	3	1	0		24%	0.10%	0.02%		12	5	17
Residential	2	1	0	1	0								
D&A Rehab	<u>4</u>	<u>0</u>	<u>0</u>	<u>4</u>	<u>0</u>								
Total	26	9	4	13	0								
	2014-2015	African American	Latino/Hispanic	Caucasian	Other		Risk Index	Risk Index	Risk Index		Risk Ratio	Risk Ratio	Total
Psych Hospitals	11	4	3	4	0								
Detention/Jail	4	0	3	1	0		0%	0.08%	0.03%		0	2.66	2.66
Residential	3	3	0	0	0								
D&A Rehab	0	0	0	0	0								
Total	18	7	6	5	0								

Pennsylvania: Lehigh Learning and Achievement School

(IU 21) – Office Discipline Referrals (ODR)

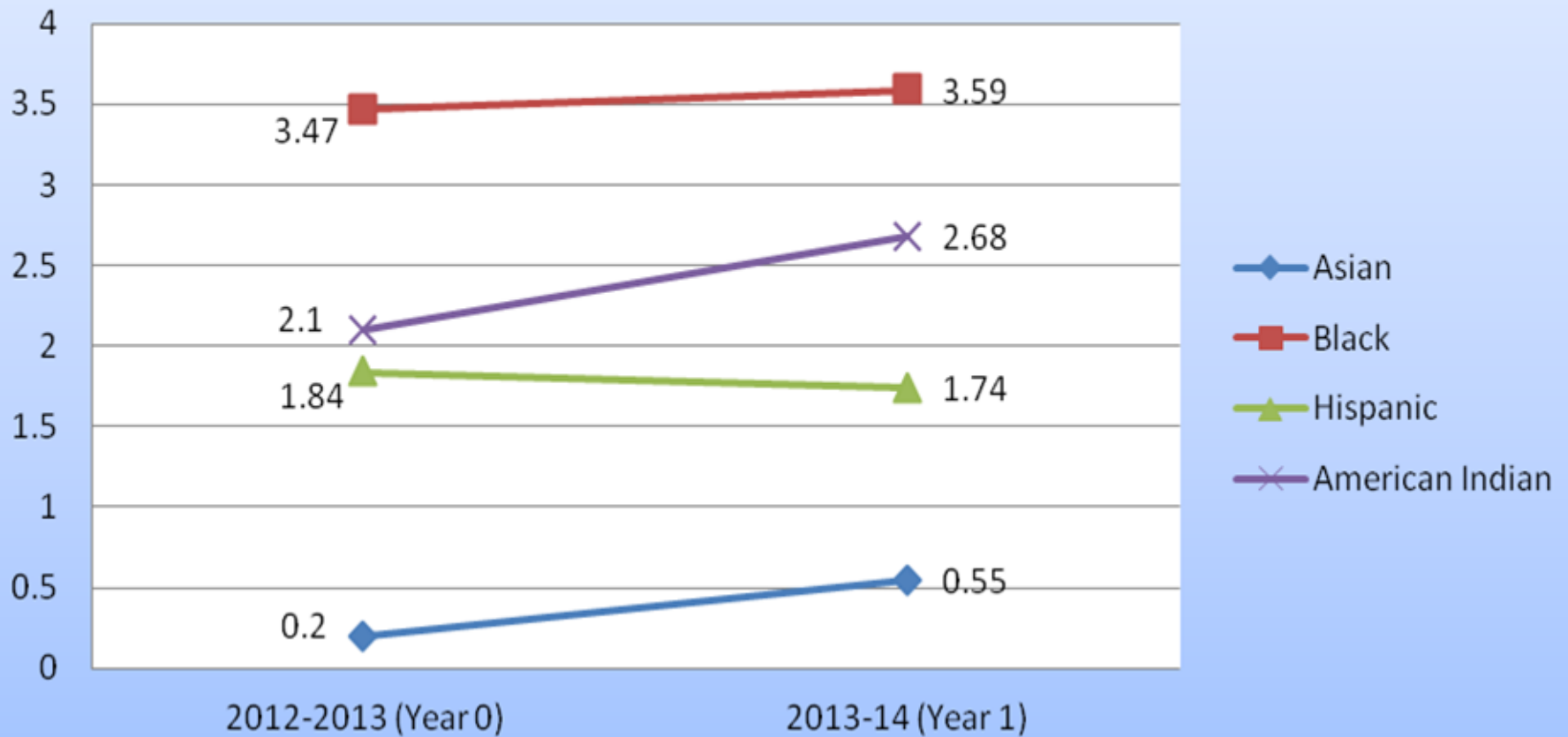
ODR Risk Ratio	2013-2014	2014-2015	2015-2016
Black/Latino	4.89	3.15	2.25

Example



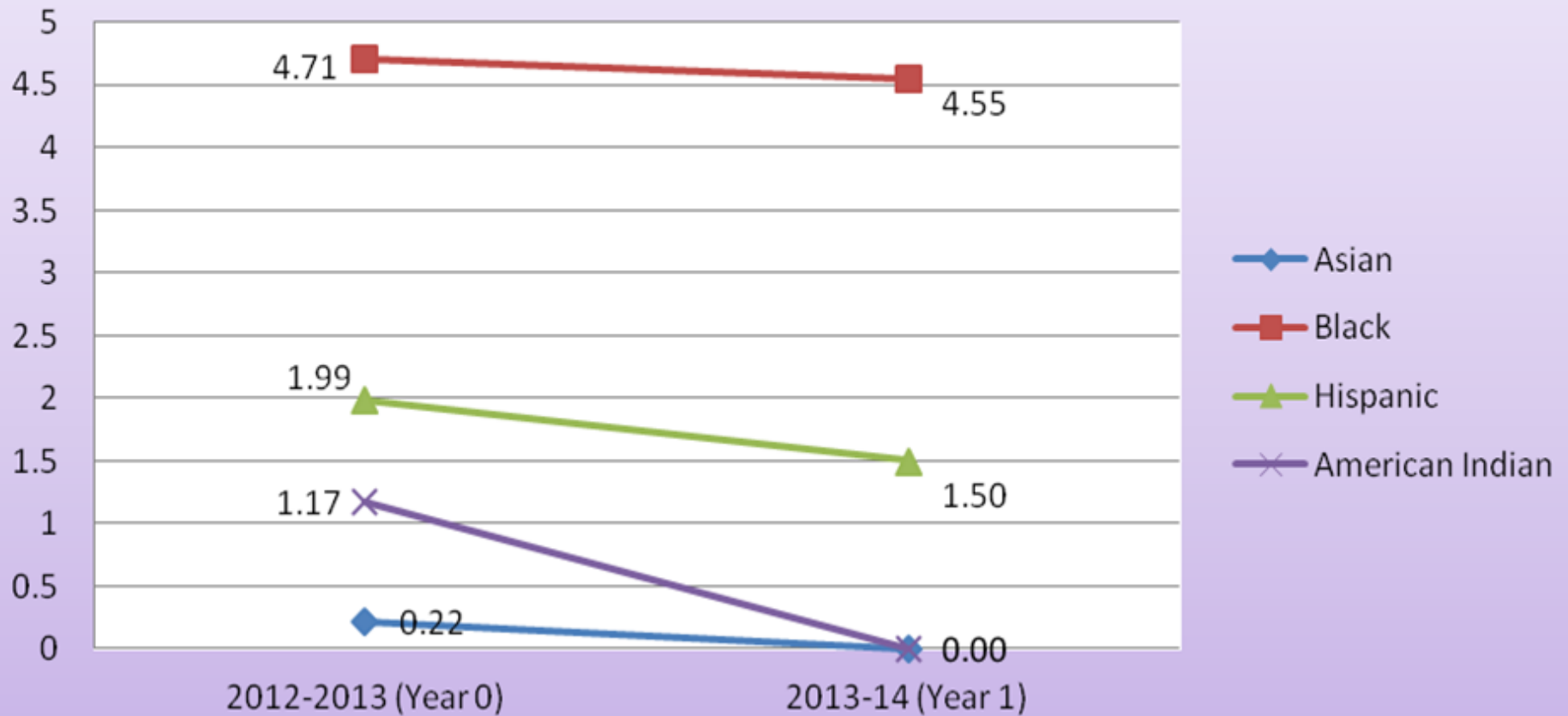
Example – High School

Figure 1c: Rate Ratio Exclusionary Discipline



Example – Middle School

Figure 1d: Rate Ratio Exclusionary Discipline



“Most Significant Change”

For Grantees

- *Broader inclusion of racial/ethnic populations*
- *“Discoveries” of un/under-served populations*
- *Innovative outreach and engagement strategies*
- *New collaborations*
- *Revisiting screening and assessment tools*
- *New exposure to CLAS standards*
- *New awareness of disparities/disproportionality*

For Agency: Staff Initiated DIS Activities

- *Administrators/evaluators working with staff on DIS data collection and intervention strategies*
- *Change thinking about how to use data*
- *Behavioral Health Disparities Online Module*

For People & Communities Served

- *Increased attention to vulnerable populations*
- *Better outreach, engagement*
- *Better and individualized prevention and treatment services*

Asking the Right Questions is a Path to Health Equity

- What would it look like if equity was the starting point for decision-making?
- How would your work be different?
- How would you need to be organized and committed to reducing disparities and promoting equity in your work and in your workplace?

Example



Vermont Project LAUNCH

- An opportunity to move the early childhood system towards equity;
- Its about creating an environment to advance racial equity;
- Focused on access, utilization, and improved outcomes;
- Hired LAUNCH direct service outreach staff from New American communities;
- Created a Health Disparities Subcommittee.

Vermont PL: Five Areas of Focus

Quality Improvement

- Cultural and Linguistic Competence (CALC) Organizational Assessments;
- LAUNCH staff coaching;
- Partners share one CALC activity or challenge;
- Language Access Plan;
- Sub-contracts address continued focus and efforts on disparity reduction.

Leveraging Resources

- Potential Community Health Worker development;
- CALC trainings/assessments in following years.

Vermont PL: Five Areas of Focus

Workforce Development

- Behavioral health cultural competence training;
- Interpreter Training sessions – Basic and Advanced.

LAUNCH Team Learning

- Identifying emerging issues

Data and Evaluation

- Collecting more granular race and ethnicity data;
- The new database will collect country of origin and language spoken in the home.

Resources



DIS Online Training Module

45 minute online training walks you through DIS process, found at:
<http://airhsdlearning.airws.org/DIS/multiscreen.html>

It includes:

- History, purpose, definitions of disparities/ disproportionalities
- Disaggregated data
- Developing benchmark goals and strategies
- Quality improvement process
- Incorporation of CLAS Standards
- Resources

Resources

-Examples of disparity impact statements:

<http://beta.samhsa.gov/grants/grants-management/disparity-impact-statement>

-The National Center on Safe Supportive Learning Environments (an American Institutes for Research TA Center) developed:

– “Addressing the Root Causes of Disparities in School Discipline: An Educator’s Action Planning Guide”

<https://safesupportivelearning.ed.gov/sites/default/files/ActionPlanningGuide508.pdf>

<https://safesupportivelearning.ed.gov/>

Resources

-Building on Strengths: Tools for Improving Positive Outcomes Ensuring the Well-being of Boys and Young Men of Color: Factors that Promote Success and Protect Against Substance Use and Misuse. Using Prevention Research to Guide Prevention Practice SAMHSA's Center for the Application of Prevention Technologies January, 2016.

<http://www.samhsa.gov/capt/sites/default/files/resources/ensuring-wellbeing-boys-young-men-of-color-factors.pdf>

-National Network to Eliminate Disparities (NNED)

<http://nned.net/>

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Thank you!