



pennsylvania
SYSTEM OF CARE PARTNERSHIP

BEHAVIORAL HEALTH DISPARITY IMPACT STATEMENT

Addressing Disparities and Disproportionalities
in the Pennsylvania System of Care Partnership

2017

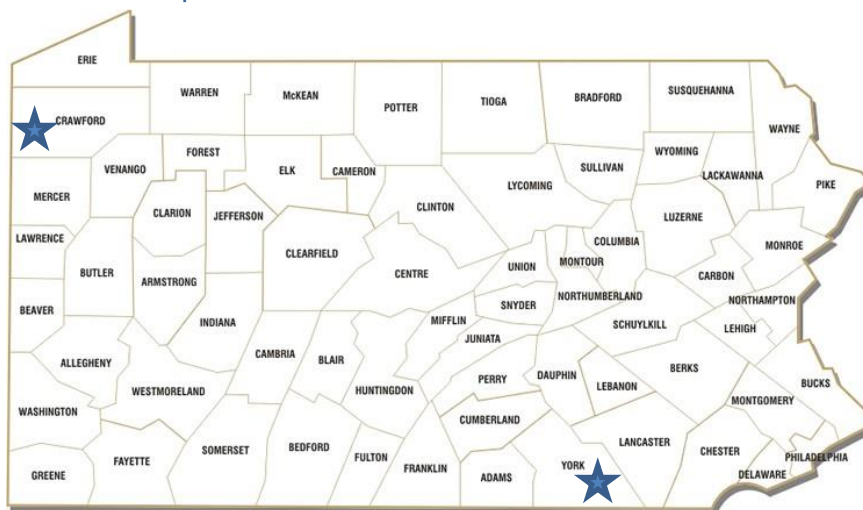
Grant #: SM080147

Purpose

The purpose of the Pennsylvania System of Care Partnership Expansion and Sustainability Initiative (SOC Partnership) is to improve behavioral health outcomes for children and youth (birth-21) with serious emotional disturbances, and their families. This will be done through the wide-scale operation, expansion, and integration of the System of Care approach through creating sustainable infrastructure and providing evidence based services and supports. In the first year, this approach will be applied in two counties, Crawford and York. The experience of these counties will serve as the basis for guiding other counties in Years 2-4 in a sequential and continuous expansion of Systems of Care in Pennsylvania.

Under the Pennsylvania System of Care Partnership, cultural and linguistic competence is defined in as “the integration and transformation of knowledge, behaviors, and attitudes from and about individuals or groups that enable policy makers, administrators, youth, families, service providers, and system partners to work effectively in cross-cultural situations.” The SOC Partnership will build on the work of previous System of Care, and other SAMHSA Grants, to support counties in developing comprehensive Systems of Care for children, youth, and families. A Learning and Support Collaborative will support expansion, and sustainability, in the number of counties as well as in the array of services and supports, including a focus on trauma and early onset of serious illness.

In our efforts to enhance the expansion of System of Care throughout Pennsylvania it is important to ensure that the youth and families we serve are representative of the overall population of the community. Youth and families within system of care whose unique cultural and linguistic backgrounds are not accounted for in care, treatment, and support services often have increased negative health outcomes. The Disparity Impact Statement (DIS) provides county and target population specific demographic, cultural, and linguistic data to identify areas in which behavioral health disparities exist and to facilitate the creation of a quality improvement plan to address noted disparities.



Proposed Number of Individuals to be served by Subpopulation

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 populations are identified in the narrative below.

	FY 1	FY 2	FY 3	FY 4	Totals
Direct Services: Number to be served	25	70	80	75	250
<i>By Race/Ethnicity</i>					
African American	2	4	5	4	15
American Indian/Alaska Native	1	0	0	0	1
Asian	1	1	1	0	3
White (non-Hispanic)	17	59	66	65	206
Hispanic or Latino	3	5	6	5	19
Native Hawaiian/Other Pacific Islander	0	0	0	0	0
Two or more Races	1	1	2	2	6
<i>By Gender</i>					
Female	12	35	41	38	126
Male	12	34	38	36	120
Transgender	1	1	1	1	4
<i>By Sexual Orientation/Identity Status</i>					
Lesbian	1	2	3	2	8
Gay	1	2	3	2	8
Bisexual	1	2	3	2	8

*Numbers above were calculated utilizing US Census Bureau 2016 American Community Survey Data.

I. Crawford County

Crawford County, PA is the 35th largest county in Pennsylvania by population and home to 87,343 people.

Table 1. Demographic Profile of Crawford County

Demographic Profile – Crawford County, PA	
Race and Ethnic Diversity	<ul style="list-style-type: none">• 96% White• 1.9% Black or African American• 1.2% Hispanic or Latino• 1.3% Two or More Races• 0.5% Asian• 0.2% American Indian and Alaska Native
Language – Native language other than English	<ul style="list-style-type: none">• 2.14% German• Languages other than English and German most spoken in the county include: Other West Germanic Languages, Spanish, and French
Socioeconomic Status and Wages	<ul style="list-style-type: none">• 14.7% of the population live below the poverty line• The second and third largest demographic living in poverty are Female 18-24 and then Male 18-24• \$44,579 Median Household Income<ul style="list-style-type: none">○ 8.5% earning under \$15,000

*Data above was collected from US Census Bureau and American Community Survey.

II. York County

York County, PA is the 8th largest county in Pennsylvania by population and home to 442,867 people.

Table 1. Demographic Profile of York County

Demographic Profile – York County, PA	
Race and Ethnic Diversity	<ul style="list-style-type: none"> • 84% White • 6.7% Black or African American • 7.2% Hispanic or Latino • 2.1% Two or More Races • 1.5% Asian • 0.3% American Indian and Alaska Native
Language – Native language other than English	<ul style="list-style-type: none"> • 3.94% Spanish • Languages other than English and Spanish most spoken in the county include: German, French, and Vietnamese
Socioeconomic Status and Wages	<ul style="list-style-type: none"> • 10.7% of the population live below the poverty line • Females 6-11 are the third largest group living in poverty • \$58,409 Median Household Income <ul style="list-style-type: none"> ○ 8.5% earning under \$15,000

*Data above was collected from US Census Bureau and American Community Survey.

Two counties, Crawford and York, will serve as learning laboratories and support the creation of a “Learning and Support Collaborative” to engage additional counties over four years of the grant. Two counties will be added in each of years one (after six months), two, three, and four of the grant. The population to be served includes youth from birth to age 21, with, or at-risk of developing, serious behavioral health challenges. For the purposes of the Disparities Impact Statement, data was analyzed from the two Learning Laboratories, Crawford and York counties. Estimates were made considering trends in statewide data, county data, and national data.

Across Pennsylvania there is an increasing need for services and supports for LGBTQI2-S youth and families. In York County, 18% of households raising “own” children identify as same-sex couples. Similarly, in Crawford County, 11% of households raising “own” children identify as same-sex couples. When considering trends statewide, there was a 58.8% increase in same sex households between the 2000 US census and the 2010 US census. The Williams Institute at UCLA estimates that 3.8 percent of the population identifies as LGBTQI2-S, but recognizes this as an underestimate due to the continued stigma and controversy. At a minimum, it can be assumed that 67,000 youth and young adults in Pennsylvania are LGBTQI2-S. These individuals are at increased risk to use substances (Marshal et al., 2008); suffer from major depression, struggle with minimal family connectedness (Eisenberg, M. & Resnick, E., 2006) and are five times as likely to commit suicide (Fergusson, D., Horwood, J., Beautrais, A., 1999). Special consideration should be given in service development to sensitivity and potential access issues for this population.

U.S. Census data indicate that African American, Hispanic, and Multiracial youth in Pennsylvania face disproportionate disadvantages. In Crawford county, 30% of households in which youth reside are headed by a single parent. Furthermore, children in poverty in Crawford county has increased from 18.3% in 1999 to 27.4% in 2008-2012. In York County, 34% of households in which youth reside are headed by a single parent. Comparatively, children in poverty in York county has increased from 8.7% in 1999 to 13.5% in 2008-2012 (Diversity Kids Data). The data strongly suggests the need for comprehensive analysis of the cultural and linguistic characteristics of the population of focus in the counties that will serve as the learning communities for implementing the SOC Partnership expansion.

Quality Improvement Plan

The primary goal of the Quality Improvement Plan is to increase participation in services by people representing disparate populations. Specific strategies are to:

Develop Cultural Linguistic Competency Advisory Committees within leadership teams

Each county is required to develop a Cultural Linguistic Competency (CLC) advisory committee. Membership will include engagement of existing groups representative of the disparate populations locally and will help guide strategies to address the needs of the disparate populations.

Establish statewide CLC Subcommittee across all grants with representatives from local county CLC advisory committees.

The PA SOC Partnership Culture and Linguistic Competency Subcommittee will discuss and make recommendations regarding various tools, communication, and strategies to address CLC and Cultural and Linguistically Appropriate Services (CLAS) at both the county and state level. It will develop policies and procedures to ensure adherence to both PA CLC and National CLAS standards and the provision of effective care and services that are responsive while considering culture, age, income, education, race, ethnicity, religion, primary language, sexual orientation, gender identity, and disability status.

Conduct a Cultural and Linguistic Competency Assessment

Assessment is the foundation of a successful CLC journey. It is clearly easier to target areas for improvement armed with an understanding of the diversity of race, ethnicity, religion, socio-economics, and language in the population served and an evaluation of the existing level of cultural competence of the county system of care.

Conduct Focus Groups on Barriers to CLAS Implementation in Local Counties

In addition to the CLC organizational assessment, Crawford and York Counties will conduct focus groups with individuals from the diverse populations of their counties to identify barriers to full-scale CLAS implementation. The information gathered from the focus groups will be used to develop technical assistance for other counties who join the grant in Years 2-4. York and Crawford Counties have a rich experience working to improve CLC programming at the local level through their participation in the CLC Pilot and Pilot 2.0 Projects. The Learning Laboratories' CLC program development successes and challenges, as captured through the focus groups, will be instrumental in understanding implementation barriers, enhancing expansion efforts, and guiding strategic planning.

Develop a Cultural and Linguistic Competency Plan

Once the assessment of the county population is complete, priority areas to improve CLC are selected and a plan can be developed for addressing the identified areas of need. The Cultural and Linguistic Competence Plan (CLCP) is designed to ensure that all of the services and strategies are designed and implemented within the cultural and linguistic context of the county youth and families to be served. The overarching goal of the CLCP is to ensure that the System of Care County adopts a systemic, systematic and strategic approach to increasing the cultural responsiveness of services and supports delivered to youth and families, and a sensitivity and appreciation for diversity and cultural issues throughout the Pennsylvania system of care.

Develop pipeline for hiring a diverse workforce reflective of the subpopulations served

Crawford and York Counties will recruit, promote and support a culturally and linguistically competent workforce that is responsive to their diverse population. The counties will advertise job opportunities in foreign language and minority professional associations' job boards, publications, and social media networks, professional organizations' email Listservs, etc. The Learning Laboratory counties will develop resources for hiring a diverse workforce such as templates for hiring announcements, interview questions, recruitment guides, etc.

Develop fact sheets on the disparate populations represented according to the data

The CLC advisory committees will develop resources for staff to help them understand gaps in supports and services of a specific disparate population represented in their county. Fact sheets will be created based on resources from social services, education, and research and will include information on how to engage people in a way that respects their preferences.

Adherence to CLAS Standards

The quality improvement plan outlined above 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 related to the above-mentioned strategies will be implemented to support the culture and language of individuals representing the disparate populations in the learning laboratory counties and future expansion counties.

b. *Preferred Languages*

Development of materials and staff skill building will increase the counties' ability to engage Spanish speaking individuals. Key documents will be translated into language(s) other than English reflective of the county disparate subpopulations.

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

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