

**SYT-I Washington Grant
Disparities Impact Statement
Grant # 1H79TI025995-01
November 30, 2015**

1. Service Targets

Washington’s State Youth Treatment – Implementation (SYT-I) grant is designed to enhance treatment and recovery services for youth (ages 12 to 18) who have a substance use disorder (SUD) diagnosis or who have a co-occurring substance use disorder and mental health diagnosis. The numbers in Table 1, below, reflect the population characteristics of the state and the counties to receive direct services enhancements under the grant.

Table 1. Population Characteristics

	Washington	Clallam County	Grays Harbor County	King County	Eastern Washington
Description	Pacific NW coastal state	Rural coastal county	Rural coastal county	Urban area county (Seattle)	Rural agricultural region east of mountains
Population, Age 10-19¹	881,364	7,228	8,451	229,867	221,764
Gender, Age 10-19¹					
Male	51.2%	52.1%	51.2%	51.0%	51.2%
Female	48.8%	47.9%	48.8%	49.0%	48.8%
Race/Ethnicity, Age 10-19¹					
Non-Hispanic (NH) White	62.4%	71.3%	70.9%	54.0%	60.4%
NH Black	4.0%	1.1%	1.2%	7.7%	1.3%
NH American Indian/Alaska Native	1.6%	7.3%	5.6%	0.8%	2.1%
NH Asian	6.8%	1.6%	1.3%	15.1%	1.7%
NH Native Hawaiian/Other Pacific Islander	0.8%	0.2%	0.3%	1.2%	0.3%
NH Two or More Races	6.9%	7.8%	5.6%	8.1%	3.9%
Hispanic	17.4%	10.7%	15.2%	13.2%	30.4%
Socioeconomic Characteristics					
Medicaid/CHIP Enrollment, Age 10-19 ²	37.7%	48.8%	54.7%	28.9%	47.5%
Poverty Rate, Age 0-17 ³	17.8%	21.0%	27.5%	14.4%	23.8%
Education Level College or Higher, Age 25+ ³	31.9%	24.2%	14.1%	46.6%	23.6%
Drug and Alcohol Use Rates, 10th Graders⁴					
Any alcohol use in past 30 days	20.6%	27.3%	25.7%	19.5%	Not avail.
Any marijuana use in past 30 days	18.1%	15.9%	21.6%	16.6%	Not avail.
Any other illicit drug use in past 30 days	4.4%	4.6%	4.8%	4.7%	Not avail.
Drug and Alcohol Treatment Need, Age 12-18⁵	6.0%	12.6%	9.0%	5.3%	5.9%

¹Population, gender, and race/ethnicity estimates from the Washington State Office of Financial Management Small Area Demographic Estimates (SADE), 2013.

²Medicaid/CHIP enrollment count from DSHS Integrated Client Database (Washington state administrative data), SFY 2013, relative to population size from Washington State Office of Financial Management.

³Poverty rates and college degree information are from the U.S. Census Bureau’s American Fact Finder, based on 2009-2013 American Community Survey data.

⁴Drug and alcohol use rates for 10th graders based on data from the 2014 Healthy Youth Survey, a biennial school-based survey of public school students in WA.

⁵Drug and alcohol treatment need rates based on from DSHS Integrated Client Database (Washington state administrative data); proportion of youth with at least one substance-related diagnosis, procedure, prescription, treatment, or arrest in SFY 2012 or 2013.

The regions selected to receive direct service enhancements through Washington’s SYT-I grant have diverse population characteristics. Two of the counties (Clallam, Grays Harbor) to begin direct services in year 1 are rural coastal counties with higher than state-average poverty rates and Medicaid enrollment of youth, and a higher proportion of non-Hispanic white and American Indian/Alaska Native youth compared to the state as a whole. These counties also have higher than average rates of youth substance use and treatment needs. The third county to begin direct services in year 1 is King County, containing the city of Seattle and surrounding suburbs. King County has a lower proportion of poor residents and Medicaid recipients compared to the state as a whole, and is more race/ethnically diverse,

with a smaller proportion of non-Hispanic white youth and more black and Asian youth. Substance use rates and rates of treatment need roughly mirror those in the state as a whole. The county to begin direct services in year 2 of the grant has not yet been selected, but will be somewhere in Eastern Washington, the inland half of Washington state to the east of the Cascade Mountains. This area is largely rural and agricultural, and its population is largely non-Hispanic white and Hispanic. The poverty rate and Medicaid enrollment are both greater in this region than in the state as a whole, and rates of substance use disorder treatment need roughly mirror that in the state as a whole. (Substance use rates from the Healthy Youth Survey are not published at the regional level.)

Table 2. Proposed Service Targets

	Year 1	Year 2	Year 3	Total
Number to be served	160	190	190	540
By Race/Ethnicity				
Non-Hispanic (NH) White	77	93	93	263
NH Black	26	27	27	80
NH American Indian/Alaska Native	8	9	9	26
NH Asian	7	7	7	21
NH Native Hawaiian/Other Pacific Islander	4	4	4	12
NH Two or More Races	17	19	19	55
Hispanic	21	31	31	83
By Gender				
Male	96	114	114	324
Female	64	76	76	216

Table 2 shows the estimated number of individuals to receive direct service enhancements through Washington’s SYT-I grant over the three years of grant funding. These numbers are based on three factors: (1) the population characteristics in the regions to be served; (2) Washington’s prior experience providing SAT-ED services in Clallam and Grays Harbor counties; and (3) an understanding of substance use treatment disparities based on work done under the SAT-ED grant. In particular, the SAT-ED grant served a higher proportion of minority youth compared to the overall youth population in Clallam and Grays Harbor counties, and that is reflected in the service targets presented here. Research from across the U.S. suggests that Hispanic populations may be underserved in substance use disorder services, so we’ve set service targets to aim to serve a slightly higher proportion of Hispanic youth in SYT-I than in SAT-ED. The inclusion of King County and Eastern Washington among the service-providing regions will help to meet this goal, as will grant efforts to engage this population. Since the proposed service targets are based on incomplete information --- site 5 (Eastern Washington) has not yet been chosen, and race/ethnicity population characteristics are for all 10-19-year olds rather than 12-18-year-olds with substance use disorder treatment needs --- service targets are subject to change.

2. Data-Informed Quality Improvement Plan

Washington’s SYT-I project will leverage program data (GPRA) and available administrative data to monitor SYT-I service delivery and outcomes for youth participants, both at the state/grant level and at the site level. Service delivery and outcomes will also be monitored within available demographic sub-categories (e.g., by gender, race/ethnicity, and GLBTQ status). Washington’s SYT-I project director will review data on service delivery and outcomes with the SYT-I evaluation team on a quarterly basis and will pursue necessary programmatic adjustments that will address identified issues, including behavioral health disparities. Based on this review, the project director will communicate with sites about program adjustments to be made in order to move closer to service targets and to reduce, to the extent possible, any disparities in outcomes. Any action items will be re-reviewed the following quarter to determine whether programmatic changes have been

successful in addressing issues. This quarterly process will ensure an effective and timely continuous quality improvement plan for Washington's SYT-I grant. The data summaries related to disparities to be generated in this process will include:

a. Demographic characteristics of SYT-I participants

GPRA data will be summarized to determine the demographic characteristics of youth participating in SYT-I direct service enhancements, as available (e.g., by gender, race/ethnicity, and GLBTQ status). These tabulations of demographic characteristics will be compared with projected service targets to determine whether any population subgroups appear to be underserved in the program. When data is sufficiently large to assess this reliably, and it is determined that a group appears to be underserved, the project director will discuss with sites ways to modify referral to enrollment processes in order to better engage underserved subpopulations.

b. Service use and outcomes of SYT-I participants, by demographic subgroups

GPRA data will be summarized to determine how service use and key outcomes vary by available demographic subgroups. Service use measures from GPRA data may include: discharge status; time in program; dosage of various components of the service package at time of discharge (e.g., individual counseling, recovery supports, case management). Key outcomes may include such GPRA measures as: abstinence; juvenile justice involvement; social connectedness; and enrollment in education, vocational training, and/or employment.

3. Adherence to the CLAS Standards

Our quality improvement plan will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. We intend to focus on three elements:

a. Diverse cultural health beliefs and practices

SYT-I service providers will deliver individually tailored and culturally competent care to the population served. In accordance with our goal to serve a higher proportion of Hispanic youth, initial selection of SYT-I service providers in King County includes Consejo Counseling and Referral Service, a local nonprofit specializing in serving Hispanic youth with substance use disorders and co-occurring diagnoses. Training and hiring protocols in the other counties providing grant funded services will be implemented to support cultural and linguistic needs of all subpopulations, with a specific focus on Hispanic populations. In addition, DBHR has culturally competent staff (a Cultural Consultant Specialist and Consumer Liaison) to provide organizational support in the development and to ensure planning, design, implementations, and delivery of supports and services that are culturally relevant and meet the unique needs of the SYT-I clients.

b. Preferred languages

The grant will address issues pertaining to language and literacy by using DBHR-funded interpreter services to address any language barriers (spoken, and deaf and hard of hearing) encountered while providing services to individuals and their families who are in treatment. DBHR will seek the consultation of the DSHS' Limited English Proficiency Advisory Committee as

needed. In addition, DBHR will encourage the local community-based providers to hire staff who fluently speak the language/languages of the populations who access their treatment services. At the Eastern Washington site, in particular, there will likely be a need for at least one staff person with Spanish language skills to work with Hispanic youth from homes where Spanish is the primary language.

c. Health literacy and other communication needs of all sub-populations within the proposed geographic region

Project staff at each provider site will receive training to ensure capacity and provide services that are culturally and linguistically appropriate. SYT-I services will be tailored on an as-needed basis for limited English proficient individuals. Agency licensing rules direct service providers to maintain a log of all enrollee requests for interpreter services or translated written material, as well as to post a multilingual notice in each of the DSHS prevalent languages, which advises consumers that information is available in other languages and how to access this information. They will also post a translated copy of the consumer rights as listed in the Behavioral Health Benefits Booklet in each of the DSHS prevalent languages. With regards to facilitating communication with GLBTQ youth, DBHR plans to encourage local community-based providers to hire staff members that reflect the populations admitted to their treatment programs. DBHR is committed to providing additional culturally competent training and/or technical assistance on an as-needed basis.