

# Behavioral Health Disparity Impact Statements (BHDIS)

## Developing BHDIS - Questions to Consider

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This TA Tip Sheet provides SAMHSA grantees with key questions to consider in the development of a BHDIS. Questions are focused on helping communities identify the degree to which their programs describe the populations they intend to serve by race, ethnicity, gender and sexual identity, health literacy and language assistance needs. By responding to the questions in this tip sheet, the BHDIS should outline the activities and efforts that will be undertaken when working with populations of focus in terms of disparity/disproportionalities data and the degree to which they implement the National Culturally and Linguistically Appropriate Services (CLAS) Standards.

### Question 1

Does the grantee provide a comprehensive demographic profile of its population of focus according to the following sub-population demographics?

- Race;
- Ethnicity;
- Federally recognized tribe;
- Language;
- Gender;

- Age;
- Socioeconomic characteristics;
- Sexual identity (sexual orientation, gender identity); and
- Other relevant factors such as literacy, substance abuse, or serious mental illness?

## Question 2

Does the program indicate “no data available” for sub-populations or indicate a need to begin collecting these data?

## Question 3

What types of quantitative and qualitative data are gathered to provide a comprehensive demographic profile?

### Quantitative

- Epidemiologic data (e.g., health department, local government);
- State data (e.g., state needs assessments, SAMHSA’s National Survey on Drug Use and Health [NSDUH]);
- National data (e.g., NSDUH, National Center for Health Statistics/Centers for Disease Control and Prevention reports, U.S. Census data);
- Agency service utilization data;
- Needs assessment survey data;

### Qualitative

- Community reporting (talking sessions/focus groups, round tables) Community Readiness Assessments
- Interviews
- Training evaluation data

## Question 4

Does the outline of the population/s of focus include data on identified disparities/disproportionalities to address differences in the following areas?

- Access: Who are the subpopulations that are enrolled in programs?
- Service Use: What subpopulations get what kind of services?
- Outcomes: Given the specified outcomes of the program, how do these vary by subpopulations?

## Question 5

Does the outline discuss the relationship of the population/s of focus to the overall population in its geographic catchment area or to aggregate national data (e.g., HHS)?

After comparing and summarizing the scope and depth of the outlined population/s of focus (i.e., service area specific sub-population profiles), the second set of questions identify issues regarding data collection, service implementation, and data reporting.



### **Question 6**

Does the grantee provide strategies for gathering and interpreting data by collaborating with community partners, youth, families, professional/ community leaders, and Wraparound support agencies to collect and monitor local data?

### **Question 7**

How does the program compare across settings, contexts, scope/depth of services, and data reporting on the unique needs and characteristics of enrolled children youth & families?

### **Question 8**

Does the program indicate that there will be regular data reports that identify disparity/disproportionality data and the assistance/discussion of these data with stakeholders and/or family and youth organizations (e.g., a client-centered feedback loop)?

### **Question 9**

Does the program indicate any area(s) for performance improvement or continuous quality improvement?

### **Question 10**

Does the program indicate that they will develop population-specific strategies to address disparities in access, use, and outcomes?

The final set of questions below will assess plans for aligning policies and procedures to address disparities and disproportionalities with the CLAS Standards in Health and Health Care. The Enhanced CLAS Standards are intended to advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations to achieve the Principal Standard of providing effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

### **Question 11**

Does the grantee specifically address whether services are culturally and linguistically competent (aligned with CLAS Standards)?

### **Question 12**

Does the grantee provide data that identifies the cultural enrichment needs of the community?



### Question 13

Does the grantee discuss whether services provided are client-centered (youth guided and family driven)?

### Question 14

Does the grantee discuss updating outreach, intake, and engagement procedures to be more inclusive and welcoming to racial/ethnic/LGBT/populations and youth and families in need of communication and language assistance?

### Question 15

Does the grantee discuss any of the following strategies for creating structural/organizational changes?

- Updating forms to collect race, ethnicity, LGBT, communication and language assistance data
- Conducting an anti-discrimination policy review to determine whether policies include race/ethnicity/sexual orientation/gender identity/communication and language assistance
- Expanding welcoming/safe zones/safe spaces for all youth, including racial/ethnic/LGBT minority youth/person with limited English proficiency and those in need of communication and language assistance
- Identifying training opportunities on selected topics related to disparities & disproportionalities (e.g., homelessness, suicide prevention, bullying)
  - Sharing learning content with service systems, programs, providers, and caregivers connected to the System of Care (e.g., Foster care families, schools, faith-based organizations)
- Developing inclusive referrals for racial/ethnic/LGBT/LEP/youth and families and those in need of communication and language assistance
- Partnering with racial/ethnic/LGBT/communication and language assistance community alliances
- Identifying local racial/ethnic/LGBT/ communication and language assistance inclusive success stories
- Providing self-assessment tools for agency/program staff to evaluate their level of comfort, acceptance, or stigma for working with racial/ethnic/LGBTQI2-S/LEP/ youth and families and those in in needs of communication and language assistance

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