SPF-PFS
Grant Number: 1U79SP020709-01

Colorado Health Disparities Impact Statement

DATA:
Defining a High Need Community

The Colorado Office of Behavioral Health (OBH), for purposes of this grant, defines a High Need Community (HNC) as an area in which a youth's overall well-being and propensity for substance abuse issues may be influenced by a number of risk factors including, but not limited to, socio-economic status, prevalence of substance abuse within their communities, acculturation issues, the youth's perceived risk of alcohol or substance use, peer disapproval and parental disapproval of substance use.

Colorado's Demographic Data

Proposed number of individuals to be reached by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period.

	Total	FY1	FY2	FY3	FY4	FY5
Direct Services: Number to be Served	**8010**	**1202**	**1202**	**1602**	**2002**	**2002**
By Race/Ethnicity						
African American	**649**	**97**	**97**	**131**	**162**	**162**
American/ Indian/ Alaska Native	**376**	**56**	**56**	**76**	**94**	**94**
Asian	**184**	**28**	**28**	**36**	**46**	**46**
Caucasian	**4742**	**712**	**712**	**948**	**1185**	**1185**
Non-White Hispanic	**1810**	**272**	**272**	**360**	**453**	**453**
Native Hawaiian/ Other Pacific Islander	**24**	**3**	**3**	**6**	**6**	**6**
Two or more Races	**225**	**34**	**34**	**45**	**56**	**56**
By Gender						
Female	**3989**	**599**	**599**	**798**	**997**	**997**
Male	**4021**	**603**	**603**	**804**	**1005**	**1005**
Transgender	**Unknown**	**Unknown**	**Unknown**	**Unknown**	**Unknown**	**Unknown**
By LGBT Status						
Lesbian	**176**	**26**	**26**	**36**	**44**	**44**
Gay	**176**	**26**	**26**	**36**	**44**	**44**
Bisexual	**224**	**33**	**33**	**48**	**55**	**55**

Colorado's High Need Communities, 2013 High School Healthy Kids Colorado Survey (HKCS) - Health Statistics Regions – Weighted Data

Alcohol Indicator	Youth 30 Day Alcohol: % Used	Youth 30 Day Binge Drinking: % Used	Youth Perceived Risk of Alcohol	Youth Peer Disapproval	Youth Parental Disapproval
County					
Adams	33.3%	18.7%	64.5%	66.8%	83.2%
Arapahoe	30.3%	13.9%	70.6%	66.2%	84.9%
Denver	Not available	Not available	Not available	Not available	Not available
Douglas	26.6%	13.8%	67.1%	62.9%	80.9%
El Paso	24.6%	13.0%	71.6%	66.8%	85.0%
Larimer	30.7%	14.5%	74.0%	62.7%	85.4%
Pueblo	42.0%	27.1%	69.9%	60.0%	83.7%
Weld	28.7%	17.0%	70.0%	68.0%	85.3%

Marijuana Indicator	Youth 30 Day Marijuana: % Used	Youth Perceived Risk of Marijuana	Youth Peer Disapproval	Youth Parental Disapproval
County				
Adams	22.8%	34.4%	59.9%	83.0%
Arapahoe	20.6%	31.7%	59.6%	86.6%
Denver	Not available	Not available	Not Available	Not Available
Douglas	13.2%	35.5%	56.3%	89.1%
El Paso	14.8%	41.1%	65.0%	89.1%
Larimer	16.9%	34.2%	59.9%	85.5%
Pueblo	32.1%	29.9%	48.4%	79.7%
Weld	18.6%	40.3%	66.0%	86.0%

Prescription Drug Indicator	Youth % taken prescription drug without doctor's prescription 1 or more times during life	Percentage of youth who talked with parent about substance dangers during the past 12 months
County		
Adams	14.8%	46.9%
Arapahoe	12.7%	48.8%
Denver	Not available	Not available
Douglas	12.8%	12.8%
El Paso	14.6%	52.4%
Larimer	13.6%	58.8%
Pueblo	18.5%	44.8%
Weld	14.2%	46.8%

Resource and Infrastructure Gaps in Targeted Communities of High Need

Prioritized Community	HIDTA Status	% of State Population[1]	Public Health Priority[2]
Denver	**HIDTA county**	**12%**	
El Paso	**HIDTA county**	**12.5%**	
Larimer	**HIDTA county**	**6%**	***Mental Health***
Pueblo	**HIDTA county**	**3.1%**	***Unintended Pregnancy***
Adams	**HIDTA county**	**26%**	***Mental Health***
Arapahoe	**HIDTA county**	**26%**	***Mental Health***
Douglas	**HIDTA county**	**26%**	***Mental Health***
Weld	**HIDTA county**	**5.1%**	***Mental Health Substance Abuse***

[1] Colorado State Demographer's Office (2011).

[2] Office of Planning and Partnerships, Colorado Department of Public Health and Environment.

Date on Need – Community Characteristics and PDA Indicators

Community	>18 in Poverty[3]	Reduced Lunch[4]	Unemployment[5]	PDA Treat. ADM[6]
Denver	**26.2%**	**73%**	**9.1%**	**12-17: 5% 18-25: 6%**
El Paso	**18%**	**36.3%**	**9.2%**	**12-17: 16.3% 18-25: 9.2%**
Larimer	**14%**	**32.6%**	**9.8%**	**12-17: 2.5% 18-25: 7.9%**
Pueblo	**27.3%**	**58.2%**	**10.2%**	**12-17: 31.3% 18-25: 24.8%**
Adams	**22.7%**	**47.1%**	**9.7%**	**12-17: 15% 18-25: 15.4%**
Arapahoe	**16.4%**	**41%**	**8.2%**	**12-17: 15% 18-25: 15.4%**
Douglas	**4.9%**	**11.2%**	**6.4%**	**12-17: 15% 18-25: 15.4%**
Weld	**18.3%**	**50.9%**	**9.3%**	**12-17: 1.3% 18-25: 4.2%**
Colorado	**17.7%**	**41.2%**	**8.3%**	**12-17: n = 80 18-25: n = 983**

[3] Small Area Income and Poverty Estimate Program, U.S. Census Bureau (2011).
[4] Colorado Department of Education (2011).
[5] Bureau of Labor Statistics – Local Area Unemployment Statistics (2011).
[6] Colorado Office of Behavioral Health (2013) treatment admissions data.

Data On Need – Alcohol and Marijuana Indicators

Community	Alcohol Treatment ADM[7]	Crash Injuries & Fatalities: DUI, DWAI, DUID[8]	Alcohol- Crash Fatalities[9]	Marijuana Treatment ADM[10]	Ranking by # of MJ Outlets[11]
Denver	**12-17: 6.1% 18-25: 18.5%**	**37%**	**1.5**	**12-17: 11.5% 18-25: 12.4%**	**1st**
El Paso	**12-17: 10% 18-25: 10.5%**	**35%**	**2.1**	**12-17: 13% 18-25: 12.7%**	**2nd**
Larimer	**12-17: 2% 18-25: 4.6%**	**36%**	**2.3**	**12-17: 3.4% 18-25: 8%**	**5th**
Pueblo	**12-17: 7.6% 18-25: 2%**	**41%**	**4.0**	**12-17: 6.5% 18-25: 4.6%**	**6th**
Adams	**12-17: 14.9% 18-25: 22.7%**	**29.5%**	**1.4**	**12-17: 15.7% 18-25: 17.6%**	**10th**
Arapahoe	**12-17: 14.9% 18-25: 22.7%**	**25%**	**1.5**	**12-17: 15.7% 18-25: 17.6%**	**11th**
Douglas	**12-17: 14.9% 18-25: 22.7%**	**45%**	**1.5**	**12-17: 15.7% 18-25: 17.6%**	**13th**
Weld	**12-17: 6.6% 18-25: 5.8%**	**34%**	**5.1**	**12-17: 6.5% 18-25: 6.7%**	**12th**
Colorado	**12-17: 687 18-25:14,958**	**NA**	**2.4**	**12-17: 2,235 18-25: 3,173**	**n = 678**

[7] Colorado Office of Behavioral Health (2013) treatment admission data.
[8] Colorado Department of Transportation (2014).
[9] Colorado Department of Transportation (2014).
[10] Colorado Office of Behavioral Health (2013) treatment admissions data.
[11] Colorado Department of Revenue (July 2013).

1. **The disparate populations should be identified in a narrative that includes a description of the population and rationale for how the determination was made**

   The eight areas targeted are considered High Intensity Drug Trafficking Areas and are among the most populous counties of the state. These counties rate as high need for a number of reasons. First, they are larger counties or multi-county areas in the state, representing a significant portion of the population. Second, the Office of Behavioral Health treatment data, Department of Revenue outlet data, and High Intensity Drug Trafficking Areas (HIDTA), arrest and traffic data all indicate that these are among the top 8 out of 10 "hotspots" in the state, across different prevalence, contributing factor and consequence data. Third, prioritized communities each have an identifiable foothold for prevention infrastructure building and demonstrated readiness. Despite existing infrastructure and need, relatively few prevention resources have been available to these high need communities.

   Colorado selected its target communities based on available indicators of need, population size, presence of at least rudimentary prevention infrastructure to support SPF implementation, and the adequacy of available substance abuse prevention resources to serve the community. The primary indicators used to prioritize Colorado communities were: HIDTA status; treatment admissions for alcohol, marijuana and prescription drugs; drug violations for 12-17 year olds; and the number of licensed marijuana outlets.

   Within the areas there is much diversity across race, ethnicity, language, age and sexual orientation. The state of Colorado has a diverse population, ethnically and otherwise, spread across the front range, mountainous regions, San Luis Valley and Western Slope. Coloradans live in urban, rural, mountainous and frontier regions, further diversifying individual needs. Colorado also has a substantial "transplant" population; Coloradans vary in their migration histories, further complicating issues around acculturation, assimilation and cultural identification. The Office of Behavioral Health recognizes that failure to understand the needs of the population being served leads to disparities in an individual's ability to access information, training and services, thus leading to disparate outcomes.

   It is important to note that there is no data readily available on percentages of LGBT youth under the age of eighteen in Colorado. Percentage rates were determined from national data on LGBT individuals between the ages of 18-44. While youth-specific data is not available, it is important that the communities participating in SPF-PFS understand the increased risk of substance abuse issues for LGBT youth, the unique risk factors for this population and ways in which to engage.

2. **A quality improvement plan for how you will use your program (GPRA) data on access, use, and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.**
3. **The quality improvement plan should include methods for development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:**
    a. **Diverse cultural health beliefs and practices;**
    b. **Preferred languages;**
    c. **Health literacy and other communication needs of all sub-populations within the proposed geographic region.**

Colorado's Quality Improvement Plan

Each agency will develop a Quality Improvement Plan reflective of their policies, processes and practices designed to eliminate disparate outcomes. Each agency shall identify a quality improvement team, which will review the Quality Improvement Plan a minimum of once annually. The Quality Improvement Plan will include, at a minimum:

- A review of agency policies and procedures, to ensure adherence to the CLAS Standards
- A review of cultural competency trainings completed
- A review of client/consumer satisfaction surveys
- A review of demographic data
- Identified areas of improvement and plans for improvement

ACCESS:

Policy, practice programs implemented

Each agency will be required to adhere to the OBH policy titled "Culturally Informed and Inclusive Treatment," and will be required to develop and/or revise internal policies reflective of culturally informed and inclusive outreach/education practices for prevention. Cultural considerations will also be evident in outreach efforts and messaging strategies. Client satisfaction with cultural responsivity will be measured in client satisfaction surveys.

Implementation of SPF –purpose and ultimate goal

By implementing SPF, Colorado believes that by targeting coalitions engaged in eight of Colorado's most populous counties SPF-PFS efforts will contribute to statewide reductions in prescription drug misuse/abuse, 12-25, and underage drinking, 12-20, as well as underage marijuana use, 12-20.

Plan to ensure adherence to CLAS Standards/Involvement in CLAS Learning Collaborative/Providers Network/Strategic Partnerships
The Enhanced CLAS Standards will be provided to each of the eight communities participating in the SPF-PFS initiative. A CLAS Learning Collaborative will be offered by the OBH Manager of Culturally Informed and Inclusive Programs, in which agencies will review the CLAS Standards, identify how their agency practices align with the CLAS Standards and ways in which they could improve in order to more closely adhere to the CLAS Standards. The Learning Collaborative will be offered via a work group, which will take place over four sessions. Areas of improvement identified will be incorporated into each agency's Quality Improvement Plan.

Each of the eight counties will identify a cultural competency representative who will connect with the PACC (Providers for the Advancement of Cultural Competency) Network, an open forum for providers, facilitated by the Office of Behavioral Health, in order to develop strategic connections and collaborative relationships with community partners within their geographical regions. The PACC meets quarterly.

Workforce Development
Cultural competency training and consultation will be provided to the eight counties by the OBH Manager of Culturally Informed and Inclusive Programs quarterly covering topics such as culture, race, ethnicity, disparities, biases, prejudice, understanding diverse cultural beliefs and practices and strategies for overcoming cultural barriers. Additionally, each county will be required to send representatives to attend the July 2015 Research Forum, which will provide information about Disparities in Behavioral Health for Colorado residents.

Language Access Plan
Each agency will be required to submit a Language Access Plan, outlining how they will provide reading materials and interpretive and/or translation services for clients with limited English proficiency (LEP). All agency websites will need to incorporate Google Translation, a multilingual service provided by Google Inc. to translate written text from one language into another. Data will be collected regarding the number of clients who received interpretive and/or translation services to ensure services offered were linguistically appropriate and for websites, monthly analytics will be collected.

USE/REACH:
Process for collecting data on populations reached
All grantees will be required to collect client demographic data, to include race, ethnicity, language, gender and sexual orientation. Demographic data will be collected via a web-based data collection system and will be reported to the Office of Behavioral Health monthly. Demographic data collected will be compared to census data as well as Colorado-specific prevalence data to determine which populations are over-represented or under-represented in prevention service delivery.

Monitoring implementation of the grant and the use/reach of disparate populations in the grant program

Implementation strategies will be monitored to ensure outreach efforts are targeting populations in keeping with what prevalence data suggests. This could include any of the following activities:

- Translation/Interpretation Services
- Literacy available in multiple languages
- Outreach efforts, focus groups, educational sessions, etc. conducted dually, in both English and Spanish (or other languages as identified)
- Referral capabilities

OUTCOME:

Data and outcomes regarding disparate populations will be used to evaluate processes and to implement programmatic adjustments and improvements in order to reduce and eliminate disparities in the SPF-PFS's overall community impact.

Data will be collected, analyzed and distributed to each community on an annual basis. Each of the eight counties identified will be required to respond to the data through submission of an updated Quality Improvement Plan. Each agency will be required to list ways in which they will reduce disparate outcomes annually, including but not limited to cultural competency training needs, updated policies and procedures, identification of collaborative partnerships in the communities they serve, improvements in the provision of translation/interpretative services and culturally inclusive engagement strategies.