

FY 2019 PMP Equity Analysis – BHD Substance Use Outpatient Services

Program Purpose

Maximize treatment completion and abstinence for individuals with drug and alcohol dependencies

Who benefited, who was burdened, and who is missing?

Access: Who did we serve? (PM 1)

Primary Target Population: Arlington adults (ages 19-64); adults (18-64) with Medicaid

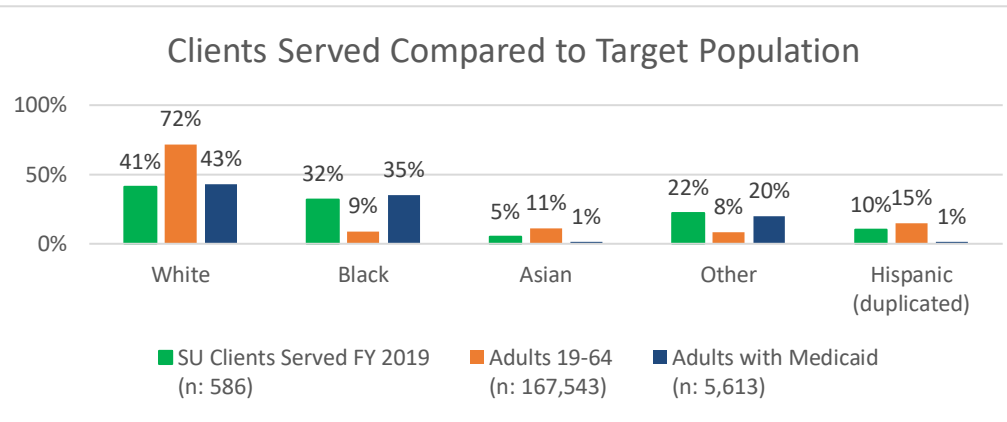
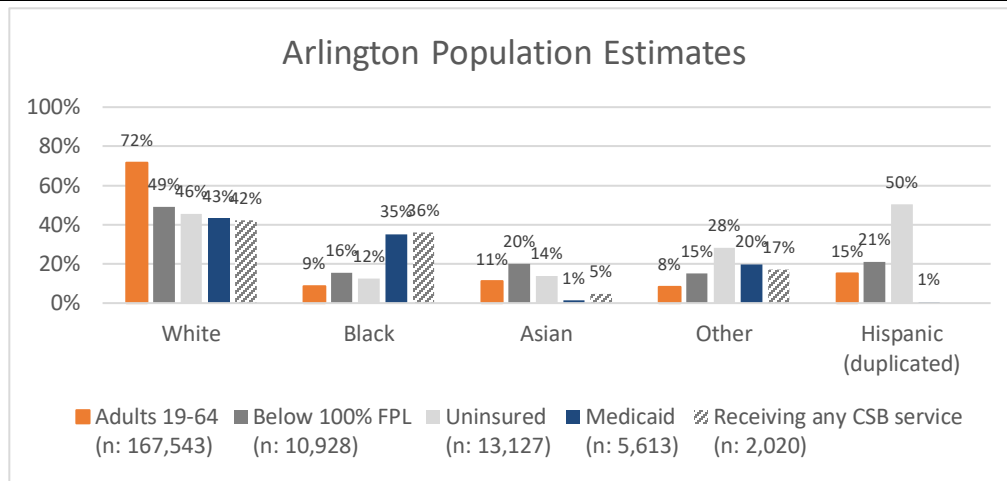
Other Target Populations: Adults (18-59) below 100% of federal poverty line (FPL); uninsured adults (19-64); adults (18-64) receiving any CSB service

Racial/Ethnic Disparities:

- In comparison to the Arlington population overall, the substance use outpatient treatment program serves a higher proportion of clients identifying as Black or Other Race. The program’s demographics are comparable to adults receiving Medicaid, however. Medicaid recipients represent a population more likely to rely on CSB services.
- The proportion of Asian and Hispanic clients served by the program falls between the general population and Medicaid rates, likely because Asian or Hispanic individuals with non-U.S. citizenship may not be Medicaid-eligible. However, information on Hispanic identification was not collected for 35% of clients served in the program (208 of 586).
- The racial characteristics of the population served by the program align closely with the Medicaid population, while the Hispanic population with Medicaid is much lower.

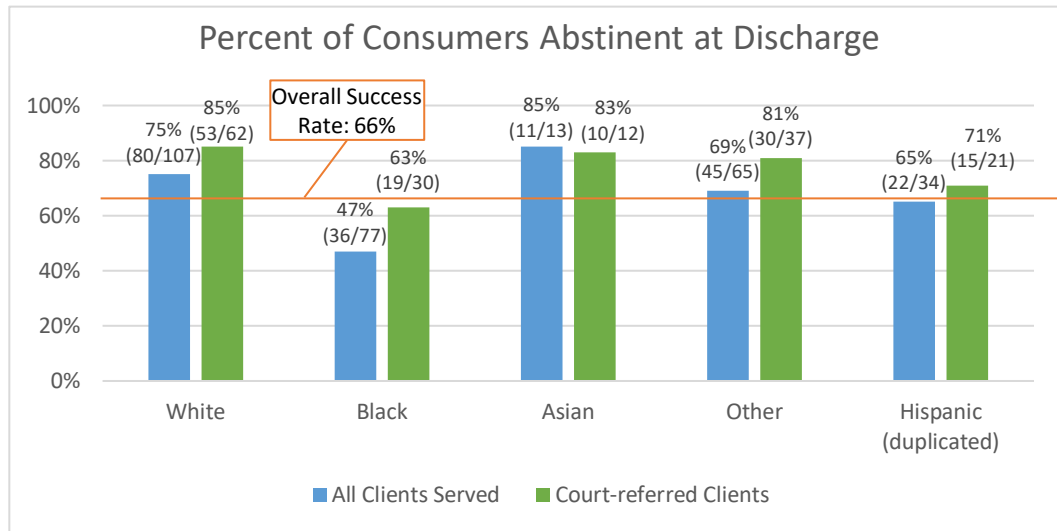
Other Disparities (not in charts):

- 74% of clients served in the program are male (433 of 586). For behavioral health (non-substance-use) outpatient services, 42% of clients served in FY 2019 were male.
- The racial makeup of the clients referred by the court system is different from the population as a whole. More white and Asian clients were referred by the court (46% and 7% respectively), while fewer Black clients came from the court system (22%).



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Outcomes: Who is better off? (PM 3)



Racial/Ethnic Disparities:

- All racial groups exceed the overall success rate, except for the Black population.
- The success rate for the limited number of clients identified as Hispanic is virtually equal to the overall success rate.
- For clients who are referred to services by the court system, successful discharge rates are significantly higher for most racial groups. Overall, for clients referred by the court system, the success rate is 79%.

Other Disparities (not in chart):

- For the 45 clients who were self-referred, successful discharge rates were very low, with an overall success rate of 38% (white clients: 53%; Black clients: 21%)
- Of the 262 clients discharged, 78 (30%) had a mental-health diagnosis in addition to a substance-use diagnosis. Of these, 39 (42%) were abstinent at discharge.
- No gender disparities in completion rates were noted.

How do our results compare to benchmarks?

The Substance Abuse and Mental Health Services Administration (SAMHSA) national average for completion is 46%. All racial groups meet or exceed this average completion rate, with clients who are court-referred exceeding the completion rate significantly. Probation officers are highly engaged in clients' treatment and are supportive of treatment recommendations.

How complete is our data?

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Data on race was collected for 98% of the clients served in the program. Information on Hispanic identification was not collected for 35% of clients served in the program. Given the methods used to collect data in the electronic health record (no answer is provided if the client is not identified as Hispanic), it is likely that most clients lacking this data are not Hispanic.

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How do we know?					
Part 1			Part 2		
Original Hypothesis	Level	Validation Questions	Data and Results	Validated Hypothesis	Action Plan Strategies
What do you think explains one of the disparities you noted for PM 1 or PM 3?	Is this a System or Program level issue?	If your hypothesis is true, what else should be true? How can you measure that?	Results of testing hypothesis via validation questions – e.g., results from chart review, client interviews, stakeholder interviews, etc.	Revise hypothesis as needed based on data.	Based on your validated hypothesis, what do you want to address in the Action Plan?
Black clients are significantly under-represented among the population who are court-referred for services. Outcomes are better for clients who are court-connected. Why are so many fewer Black clients not court-connected?	System	A larger proportion of Black clients are self-referred for services. Those who are not court-referred have lower success rates. <i>How to measure:</i> Continue tracking referral sources at intake; audit this data to check for accuracy.	A review of client records indicates that approximately 50% of the “voluntary” Black clients were actually seeking services due to undisclosed court involvement. Undisclosed court involvement prevents staff from collaborating with probation officers to support treatment. In some instances, voluntary Black clients were seeking services to address housing challenges, and disengaged when they found out that engagement in services would not guarantee them housing assistance.	Court-involved Black clients are likely to self-refer, rather than being referred by the court, and often do not disclose court involvement during initial stages of treatment. Black clients referred by community partners may have expectations for a level of housing assistance that does not align with what the program can provide.	Educate DHS and community partners on the level of housing assistance the program can offer, and on the negative impacts on clients of unrealistic expectations Work with CSE Intake to ensure clients desire treatment, and have realistic expectations regarding housing assistance. Develop replicable approach to encouraging clients to disclose court involvement early in treatment.

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<p>While treatment outcomes are better for clients who are court-connected, rates of treatment completion for Black court-connected clients are lower than for clients of any other race. Why do court-connected Black clients complete treatment at a lower rate?</p>	<p>Program</p>	<p>In FY 2019, 11 Black court-involved clients did not complete treatment. What were their discharge reasons?</p>	<p>In FY 2019, discharge reasons (duplicated, as some clients terminated for multiple reasons) for Black court-involved clients were:</p> <ul style="list-style-type: none"> • Noncompliance or lost to contact: 4 • Never engaged in treatment: 3 • Reincarcerated for probation violation: 3 • Prioritized other physical/mental health treatment: 2 • Reincarcerated due to new charge: 1 • Data entry error: 1 	<p>The most common termination reasons for court-involved Black clients involved noncompliance, probation violation, or lack of engagement.</p>	<p>Compare unsuccessful discharge reasons for court-involved Black clients to those of other races.</p> <p>Review program practices to identify potential opportunities to enhance engagement of court-involved Black men – e.g., IOP, additional peer support, etc.</p>
<p>Female clients are under-represented among the population served in the program due to the low prevalence of substance use among adult women.</p>	<p>System</p>	<p>What are the contributing factors to female underrepresentation among clients served?</p>	<p>SAMHSA TEDS data set indicates that ratio of males to females accessing substance use treatment nationwide is approximately 2:1, vs 3:1 in Arlington SU Outpatient Services.</p> <p>Focus group with female substance use outpatient clients revealed transportation as a primary barrier to accessing care: many women work in DC or Maryland due to higher minimum wage, and have difficulty commuting to Arlington in time to attend sessions.</p> <p>The proportion of female clients referred by the court system is low.</p>	<p>Female clients are under-represented nationwide. In Arlington, few women are referred by the court system, and commuting from DC or Maryland for after-work sessions poses a particular barrier to women.</p>	<p>Evaluate the results for female clients of the natural experiment in providing telehealth services.</p> <p>Encourage court referrals of female clients.</p> <p>Compare the gender breakdown of substance use outpatient clients to clients across the continuum of care, e.g., substance use residential treatment.</p>

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Action Plan					
Validated Hypothesis					
Court-involved Black clients are likely to self-refer, rather than being referred by the court, and often do not disclose court involvement during initial stages of treatment.					
#	Disproportionality	Goal	Strategy	Action Steps	Updates/Results
1	For clients who are referred to services by the court system, successful discharge rates are significantly higher. Overall, for clients referred by the court system, the success rate is 79%. The success rate for Black clients who are court-referred is significantly lower (63%).	Improve outcomes for both court-involved and self-referred Black clients.	Develop replicable approach to encouraging clients to disclose court involvement early in treatment.	<ol style="list-style-type: none"> 1. In second quarter of FY 2021, explore with Intake how to better determine court connection – e.g., framing benefits of disclosing court involvement, using public records, etc. 2. In second quarter of FY 2021, review with staff processes for updating record when new information is received regarding court connection. 	

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Action Plan					
Validated Hypothesis					
Black clients referred by partners often have expectations for a level of housing assistance that does not align with what the program can provide.					
#	Disproportionality	Goal	Strategy	Action Steps	Updates/Results
2	One of the factors having an impact on the ability of clients to participate in services is housing and homelessness. Clients may have temporary residence outside the community, and difficulties obtaining transportation to participate in services.	Increase the number of appropriate referrals for services.	<p>Educate DHS and community partners on the level of housing assistance the program can offer, and on the negative impacts on clients of unrealistic expectations.</p> <p>Work with CSE Intake to ensure clients desire treatment, and have realistic expectations regarding housing assistance.</p>	<ol style="list-style-type: none"> 1. In second quarter of FY 2021, meet with Intake to explore methods of better screening admissions. 2. In second quarter of FY 2021, meet with housing staff in Economic Independence Division to develop plan to manage expectations for clients referred to BHD (for instance, that obtaining services from BHD does not ensure access to housing and requires engagement in substance use treatment). 	

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Action Plan					
Validated Hypothesis					
The most common termination reasons for court-involved Black clients involved lack on engagement in or compliance with treatment.					
#	Disproportionality	Goal	Strategy	Action Steps	Updates/Results
3	All racial groups exceed the overall success rate, except for the Black population.	Improve rates of engagement and compliance with treatment.	<p>Compare unsuccessful discharge reasons for court-involved Black clients to those of other races.</p> <p>Review program practices to identify potential opportunities to enhance engagement of court-involved Black men – e.g., additional peer support, etc.</p>	<ol style="list-style-type: none"> 1. In second quarter of FY 2021, meet with substance use outpatient program supervisor to identify clients with engagement challenges.; develop strategies for engagement/outreach plan. 2. In the second quarter of FY 2021, review programming for court-involved clients and explore use of peer support. 3. In the second quarter of FY 2021, gather and analyze data regarding court-involved clients. 	

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Action Plan					
Validated Hypothesis					
Female clients are under-represented nationwide. In Arlington, few women are referred by the court system, and commuting from DC or Maryland for after-work sessions poses a particular barrier to women.					
#	Disproportionality	Goal	Strategy	Action Steps	Updates/Results
4	74% of clients served in the program are male (433 of 586). For behavioral health (non-substance-use) outpatient services, 42% of clients served in FY 2019 were male.	Understand the reasons for under-representation of female clients.	<p>Evaluate the results for female clients of the natural experiment in providing telehealth services.</p> <p>Encourage court referrals of female clients.</p> <p>Compare the gender breakdown of substance use outpatient clients to clients across the continuum of care, such as substance use residential treatment.</p>	<ol style="list-style-type: none"> 1. In the second quarter of FY 2021, compare participation rates for females since the introduction of telehealth with participation data from FY 2019. Explore how female attendance rates vary for sessions offered at different dates/times. 2. In the second quarter of FY 2021, consult with ASAP & court staff to explore increasing the number of female clients referred for services. 3. In the second quarter of FY 2021, analyze the gender breakdown of clients served across the continuum in FY 2020. 4. Explore strategies to reduce stigma of substance use in the community. Explore offering supportive groups for families, in collaboration with CFSD CPS. 	