

SAMHSA Grant Number:

Programmatic Special Conditions of Award

Pinellas County Drug Court

Behavioral Health Disparities Impact Statement

1. **Access:** The “Proposed” numbers below reflect the proposed percentages of individuals to be served during the grant period, as stated in the Project Narrative, Section A, of the grant application for the above-referenced grant number. Service year numbers reflect percentages actually served. **For mid-year reports, the last column of percentages reported reflects year-to-date for the period reported.**

	<u>Proposed</u>	<u>Served Year 1</u>	<u>Served Year 2</u>	<u>Served Year 3</u>
<b>By Race</b>				
Black or African American	11%	10%		
Asian	<1%	2.5%		
Native Hawaiian/Other Pacific Islander	<1%	1.28%		
Alaska Native	<1%	0		
White	85%	79.9%		
American Indian	<1%	1.28%		
Two or More Races	2%	5%		
<b>By Ethnicity</b>				
Hispanic or Latino	8.6%	10.2%		
<b>By Gender</b>				
Male	59%	47.4%		
Female	40%	52.5%		
Transgender	<1%	0		
Other	N/A	0		
<b>By Sexual Orientation/Identify Status</b> (Not Collected by GPRA tool used for this project.)				
Lesbian	N/A			
Gay	N/A			
Bisexual	N/A			
Other	N/A			

During Year 1 the program more women than anticipated. In addition, the program served slightly more clients who identified as more racially/ethnically diverse than anticipated.

The population of focus for this proposal based in the Sixth Judicial District, Pinellas County Florida Adult Drug Court is high risk/high need, nonviolent youthful offenders (ages 18-30) who are diagnosed with a substance abuse disorder (SUD), have experienced trauma and may also be living with a mild co-occurring mental health disorder, and who are in immediate need of treatment.

**The Adult Drug Court in Pinellas County has served 2693 individuals since 2010, and the population it serves mirrors that of the community.**

U.S. Census Bureau data indicates that Pinellas County is less diverse than Florida and the nation, with approximately 5% more county residents identifying as White/Caucasian (83.4%) than either the state (78.1%) or the nation (77.7%). Racial/ethnic subpopulations include Hispanics/Latinos (8.6%) and Blacks/African Americans (10.8%). Other subpopulations including women, veterans and individuals with co-occurring behavioral health disorders or comorbid health conditions, who also experience health inequalities related to lower access to care, lower or disrupted service use, and poorer behavioral health outcomes.

The Healthy Communities Network's Healthy Tampa Bay website features a "Health Disparities Dashboard" which reports healthcare data in regards to access, use and outcomes. Data shows that Hispanics/Latinos in Pinellas County are about 14% less likely to have a usual source of health care than the county average, and more than 20% less likely to have some type of insurance. The Florida Department of Health's 2015 Access to Care: Pinellas County report notes that 26% of Pinellas County residents (ages 18-65) were uninsured from 2011-2013; 16.3% of county residents were unable to see a doctor in 2014 due to cost; and 7.5% of Pinellas County residents felt they would receive better quality healthcare if they belonged to a different racial/ethnic group. The Evaluator will include disparities in access to primary care in programmatic reports.

2. **Use:** Services and activities will be designed and implemented in accordance with the cultural and linguistic needs of program consumers. **Race/Ethnicity:** Partners are mindful that no group is monolithic. The project will ensure that culturally appropriate materials and staff are employed in service delivery. **Gender:** The grant includes evidence-based gender-specific programming. Partners are educated in gender-specific programming and service delivery. **Age:** Partners will ensure that clinical and supportive services are age appropriate for the target population (youthful offenders 18-30). Staff will be cognizant of age appropriate language for messages, sessions and literature/materials, proven effective for use with the specific population. All evidence-based practices have been proven effective with the population of

focus. **Geography:** The program will be available to participants living throughout Pinellas County. Consumers who lack transportation will be given assistance and referrals to help them access public transportation and attend program components. **Language and Literacy:** Bilingual or sign language translators will be provided as needed. Staff and peer mentors will ensure a wide range of materials are available and read with any individual with limited to no reading skills. Linkages to education programs and literacy tutors will be provided. **Sexual Identity (Sexual Orientation and Gender Identity):** All consumers, regardless of sexual orientation and gender identity, will be included and welcome in all interventions.

A continuous quality improvement approach will be used to analyze, assess and monitor key performance indicators as a mechanism to ensure high-quality and effective program operations. Program data will be used to monitor and manage program outcomes including race, ethnicity, and gender status within a quality improvement process. Programmatic adjustments will be made as indicated to address identified issues across program domains.

A primary objective of the data collection and reporting will be to monitor project activities. Evaluation findings will be integrated into program planning and management on an ongoing basis. Intake, follow-up and discharge data will be reported to project staff on an ongoing basis, included analyses and discussions of who may be more or less likely to opt into and complete the program. The Project Director and Evaluator will meet on a monthly basis with representatives of the multi-disciplinary team to identify successes and barriers encountered in the process of project implementation. Information from these discussions will be used to adjust or modify project services to maximize project success. Consumer feedback in the form of Perception Surveys and Focus Groups will be included.

**Outcomes** for all services and supports will be monitored for effectiveness across race, ethnicity and gender.

3. A plan for the establishment of policies and procedures to ensure adherence to the enhanced National Culturally and Linguistically Appropriate Services (CLAS) Standards will be included in the quality improvement process to address:
  - a. Diverse cultural health beliefs and practices. Training and hiring protocols will be implemented to support the culture and language sub-populations participating in Court.
  - b. Preferred languages. Interpreters and translated materials will be used for non-English speaking clients, as well as those who speak English but prefer materials in their primary language.
  - c. Health literacy and other communication needs of all sub-populations identified in this proposal. At screening, limited English proficient individuals will be identified and the program will provide appropriate materials for this population. Staff will receive training to ensure capacity to provide services that are culturally and linguistically appropriate.

In order to comply with Title VI of the Civil Rights Act of 1964, project staff will take reasonable steps to provide meaningful access by limited English proficient (LEP) persons to court programs and activities.