Colorado Project LAUNCH
Adams County Behavioral Health Disparities Statement
Revised 10/23/15

Colorado Project LAUNCH, through the target community of southern Adams County has set for the goal to improve and strengthen the early childhood system by infusing social-emotional/mental health services into the community, enhancing the expertise of behavioral health providers in primary care, and increasing access to/availability of evidence-based prevention/wellness promotion practices that support young children and families, including those with health disparities, leading to equitable access to quality services for underserved populations, military families and families of cultural diversity.

Southern Adams County was chosen as the area of focus for Project LAUNCH due to being a more at-risk area of the County. In this area:
- the rate of follow through with a referral developmental evaluation for 0-3 year olds from July – December 2013 was only 40.23% (AdCo: 52%; CO: 69%) ~ *Early Intervention Colorado*
- the Free and Reduced Lunch rate for this area is 78.3% (AdCo: 48.3; CO: 41.6%) ~ *Kids Count 2014*
- there are 49.7% English-Language Learners (AdCo: 22.5%; CO: 14.4%) ~ *Colorado Department of Education 2013*
- Children not reading proficiency in 3rd grade in South Adams County is 50.3% (AdCo: 35.7%; CO: 30%) ~ *Colorado Department of Education 2013*

With regards to race and ethnicity, 72.2% of students are Hispanic (AdCo: 47.5%; CO: 32.7%). Additionally, the Buckley Air Force Base Health Center/Medical Home is located within South Adams County. Adams County as a whole is identified as one of the top five counties for the highest total populations of Active, Guard and Reserve (G/R), off-installation military families with children ages 0-12, and highest G/R deployments in the state as 2010.

In Adams County as a whole (as specific Southern Adams County statistics are not readily available), the rate of births to teenage mothers is 43.5/1,000 (CO: 27.8), to mothers with less than a high school education - 25.4% (CO: 16.4%), and to women with at least three risk factors at birth - unmarried, under 25 years of age, and less than 12 years of education - 6.3% (CO: 4.9%), all of which have been linked to negative child outcomes. (Kids Count 2013). Only 68.6% of women in Adams County reported that a health care provider talked with them about what to do if they felt depressed during or after pregnancy (CO: 72.6%) (Colorado PRAMS).

STATEMENT: Project LAUNCH implementation in Adams County, Colorado, is expected to improve the access, service use, and outcomes of the primary sub-populations of Spanish-Speaking and Hispanic/Latino families, per the data listed in the table below.

1. **Direct Services to be served per year**

Direct Services: Percentages to be Served	FY1	FY2	FY3	FY4	FY5	TOTAL
By Ethnicity						
Hispanic	0 (65%)	2640 (66%)	2720 (68%)	2800 (70%)	2880 (72%)	11040 (68.2%)
Non-Hispanic (as noted below in Race)	0 (35%)	1360 (34%)	1280 (32%)	1200 (30%)	1120 (28%)	4960 (31.8%)

By Race *						
African American/Black	0 (1.5%)	60 (1.5%)	80 (2%)	80 (2%)	80 (2%)	300 (1.8%)
American Indian/Alaskan Native	0 (1%)	40 (1%)	40 (1%)	40 (1%)	40 (1%)	160 (1%)
Asian	0 (2%)	80 (2%)	100 (2.5%)	100 (2.5%)	100 (2.5%)	380 (2.3%)
Caucasian/White	0 (28%)	1080 (27%)	960 (24%)	880 (22%)	800 (20%)	3720 (24.2%)
Native Hawaiian/Other Pacific Islander	0 (.5%)	20 (.5%)	20 (.5%)	20 (.5%)	20 (.5%)	80 (.5%)
Two or more Races	0 (2%)	80 (2%)	80 (2%)	80 (2%)	80 (2%)	320 (2%)
By Gender						
Female	0 (42%)	1680 (42%)	1720 (43%)	1720 (43%)	1760 (44%)	6880 (42.8%)
Male	0 (58%)	2320 (58%)	2280 (57%)	2280 (57%)	2240 (56%)	9120 (57.2%)
Language						
English	0 (73%)	2760 (69%)	2640 (66%)	2520 (63%)	2440 (61%)	10360 (66.4%)
Spanish	0 (27%)	1200 (30%)	1320 (33%)	1440 (36%)	1520 (38%)	5580 (32.8%)
Other than English or Spanish	0 (1%)	40 (1%)	40 (1%)	40 (1%)	40 (1%)	160 (1%)

* There are variances in the way Race is collected by different agencies, therefore the totals do not add up to 100%. In many instances, people of Hispanic ethnicity in Colorado do not identify an additional separate Race.

Data to inform the decision of the sub-populations included a review of the responses from:
- a survey to partners who will provided services (developmental, mental health, health) in southern Adams County regarding the % of children served last year per race/ethnicity/gender/language with comparison to the estimated number of children in each of those categories for the area (based on school district pupil enrollment). The results are similar to the Year 1 numbers in the table above.
- the Environmental Scan to identify partners' perceptions of populations experiencing disparities and gaps in services, which those with the most mention and most directly related to LAUNCH are noted here: 1) Greater need for services in Spanish, more Spanish-speaking staff; 2) access to high-quality health care (specialists, transportation to appts); 4) Families that do not meet eligibility requirements but still need the help - Working poor; 5) Transportation issues/transportation to services and Housing issues/more affordable housing resources; 6) Consistent screening for ages 6-12 (special education needs); 7) More supports for ages 0-3 (especially infant mental health services); and 8) Developmental disabilities supportive services in schools- lack of funding
- an additional survey to both partners and other service/support organizations (ie: Faith-based organizations) regarding all sub-populations identified through the Environmental Scan, asking partners to both identify needs in terms of access, utilization, and outcomes for these

populations, as well as prioritizing where Project LAUNCH could have the biggest impact in 5 years. The results indicate that for most services, the highest priority is Spanish Speaking and Hispanic/Latino families, with consideration of un-documentation. Immigrants (Asian and African) were rated as an additional consideration, although in general not rated as a top priority for LAUNCH. This dedicated focus on two (similar) populations of Hispanic/Latino and Spanish-speaking will allow for greater impact in 5 years than if additional sub-populations are also considered as a priority. It is expected that some of the strategies implemented for our priority sub-populations will also be beneficial for these additionally identified populations.

Upon review of data on populations served submitted according to Project LAUNCH service agency (developmental, mental health, and health), it appears that the largest disparity exists for the Hispanic and the Spanish-speaking population in accessing and utilizing mental health services for young children and women with pregnancy/postpartum related depression. A similar disparity exists for children birth – three years of age accessing and utilizing developmental services. Finally, males are more likely to be involved in both mental health and developmental services (birth – five) services. Outcomes of intervention services for these populations are unknown, however Project LAUNCH will focus on outcomes of prevention/promotion services for this population in comparison of outcomes for the all participants.

2.   How we will we use this data:
Project LAUNCH partners recognize that in the past, review of data for early childhood has looked only at the general population living in the county, and while individual service providing organizations may have reviewed data in terms of the percent served by race/ethnicity/language and gender to determine disparities, these were not discussions held at a larger community level. At the time of this data review effort, it is clear that there is not a consistent way between organizations in which Ethnicity and Race is collected. Therefore, a first step, as part of the evaluation plan, is to create a common way in which to collect this information for LAUNCH impacted services. Additionally, the development of a community-wide Equity Action Plan will be critical, we are aware that many risk factors play into health disparities. This plan will be informed by the Colorado Health Equity Learning Series, sponsored by the Colorado Trust, who provides funding to the Early Childhood Partnership of Adams County to host events to bring the community together to both receive information through these learning events and to have time for community discussion on how information can apply to our plan.

Project LAUNCH is the catalyst to begin discussion and to develop targeted strategies to reduce the disparities that exist. Therefore, Adams County plans to spend the first year of Project LAUNCH establishing the capacity to better uncover, identify and address disparities in Years 2-5 of the grant. This capacity will involve: 1) the inclusion of disparities data in the Environmental Scan, 2) generating a better understanding of and motivation to address behavioral health disparities, and 3) determining data collection and analysis needs as related to ensuring consistent and accurate data. At the end of Year 1, it is expected that a baseline will be established and initial strategies have been identified. We will:
   a) Ensure systems are in place to collect data on the #/% served by race/ethnicity/language with particular focus on our subpopulation in regards to access and utilization rates
   b) Increase understanding of root causes of disparities (access to insurance, medical home, quality of service, stigma) through

    I.   the Health Disparities Learning Series events, additional review of nationally known research, and participation in other learning opportunities (nationally and locally) – initial information gathering to be completed by December 2015;

    II.   Outreach and information gathering from LAUNCH partners and the community as a whole – including partners who serve and/or advocate for the sub-populations

    III.   Outreach and information gathering from the disparate sub-population through authentic engagement in the process

c) Develop strategies that take into account root causes, including plans for outreach and engagement of disparate populations in a culturally responsive manner, through:

    I.   community discussion on learnings, application to our community, and development of an Equity Action Plan to be carried out in part by a new Equity Action Team – with oversight from the local Young Child Wellness Council and State Young Wellness Council;

    II.   Alignment and integration of equity strategies into all LAUNCH related Action Teams and plans

    III.   involvement of the disparate sub-populations in the review of disparities data, planning, implementation and evaluation

d) Identify and collaborate with established gatekeepers to disparate populations to establish trust, credibility, and contact with subgroups

e) Use continuous quality improvement processes within current collective action model;

f) Assess current tools and ways of measuring outcomes to determine cultural relevance to the population served

g) Inform community about health disparities and create a call to action in alignment with other initiatives focused on reducing health disparities

    I.   Incorporate disparity information into professional development opportunities that helps increase awareness and understanding of disparities including the CLAS standards when appropriate.

3. Plan for development and implementation of policies, procedures and provision of effective care and service that are responsive CLAS:

While Adams County service organizations may be implementing the CLAS standards in some capacity, a countywide approach and system of accountability has not been established. Through Project LAUNCH, a more dedicated effort will be made to increase awareness of the CLAS standards as well as support implementation. We intend to identify informal and formal leaders of our sub-populations as key informants as well as ambassadors in communities that may be currently un/ or under identified. Cultivating these relationships will be critical to the success of our project. The Environmental Scan provided an initial assessment of the current use of CLAS standards and potential needs to guide strategies. Results indicated that in Adams County: 19% respondents (7 of 39 with available data) indicated their organization uses CLAS standards, 44% (16) do not, and one-third (36%, 13) did not know.

    Strategies may include:

a) Ensuring diversity on both state and local Young Child Wellness Councils, as well as local Action Teams that are representative of the sub-populations

b) Training and implementation support for CLAS standards for partners

c) Exploring current organizational and legislative policies and cultural implications
d) Developing outreach strategies for reaching identified disparate populations, and in specific create protocols for directly asking individuals about their identification by race, ethnicity, and LGBT status.
e) Exploring best/evidence practices for the sub-population
f) Ensuring services and supports are providing with cultural and linguistic competence
g) Working with the community of sub-population for planning, development, and implementation
h) Ensuring quality improvement of services
i) Using co-located and integrated models as feasible
j) Reviewing service provider/staff and partner representation in planning, implementation, and evaluation.

COPL, through dedicated efforts to reduce behavioral health disparities, expects to see an increase in access and utilization of mental health services for the Hispanic and Spanish-speaking population that is more representational of the population in southern Adams County. Additionally, a closer look at the outcomes of all Project LAUNCH services for various populations will lead to quality improvement efforts to ensure equitable service delivery.

Addition: LAUNCH will incorporate better data collection mechanisms for the following, as they are recognized as contributing to the health disparities experienced by our identified sub-population. Strategies will be developed based on data that is collected.

The following is recognized as needing consideration as we work with both the sub-population and the general population for LAUNCH related services
Income
Low-income/SES
Immigrant Status
Child and/or Family Undocumented