

**Disparity Impact Statement
Chautauqua Tapestry grant
December 2023**

SECTION I. Identifying Behavioral Health Disparities

The overall goal of the Chautauqua Tapestry grant program is to develop and enhance supportive resources to improve mental, social, and emotional outcomes for children, youth, and young adults, and enhance family outcomes; and to expand the availability of effective evidence-based interventions. The population of focus for the grant is children and youth, birth through age 21, at risk for or with serious emotional disturbances (SED), and their families. An area of focus for the grant is to recognize and address disparity of services among underserved and minority populations.

This Disparity Impact Statement (DIS) will focus on children in the public school setting. Due to high rates of students identified to be in need of additional support in the educational settings and an increase in homelessness and housing insecurity, the disparity-vulnerable populations of focus will be these specific student populations. The increased attention will build awareness and energize efforts to build strategies to address the presenting needs for these students. Responses will be developed, implemented, monitored and measured. There are additional opportunities for training and partnerships that will guide the quality improvement process of the DIS. The National Outcomes Measures (NOMS) can be completed with these students in order to track engagement and effectiveness of responsive supports. NOMS also collects demographic data, functioning, housing stability, education/employment, perceptions of care, social connectedness.

Structural barriers this population may face include stability of academic placement, lack of health care connections, custody concerns, transportation, financial resources, programs accessibility, cultural or ethnic-specific barriers, and lack of connections with supportive adults.

The data that supports the identification of the problem comes from a number of sources that provide perspective from various levels. One source is The National Substance Use and Mental Health Services survey (N-SUMHSS) Mental Health Services Profile for New York 2022 (<https://www.samhsa.gov/data/sites/default/files/reports/rpt42713/NSUMHSS-State-Profile-22.pdf>). This provides state profile data on substance use and mental health treatment facilities' characteristics, services offered, client numbers and a mapping of treatment facility locations within the state. This is a reminder of the current structure of the state and opportunities for partnering, treatment and support approaches to consider and a reflection of our citizens served. There are dedicated / designated programs and groups that specifically connect to the grant's target population including, but not limited to; children/adolescents with serious emotional disturbance, young adults, persons experiencing first episode psychosis, persons who have experienced trauma, members of military families, LGBTQ clients, and persons diagnosed co-occurring mental health and substance use disorders. The New York State (NYS) Education Department and the NYS Office of Mental Health (OMH) work together to address care within school districts. The NYS OMH has requested that additional school-based satellite clinics be established within districts that have an identified need, appropriate space, and willingness to

partner. This will be an active area that will be monitored by the grant's evaluation team and be part of quarterly and annual reporting.

NYS OMH's County Planning Profiles allows the public to access NYS OMH county level data. (<https://omh.ny.gov/omhweb/tableau/county-profiles.html>). Chautauqua County's data indicates that approximately 2,000 children are seen in OMH Specialty Outpatient clinics each year. There was a decrease in reported enrollment in 2020 (during COVID-19 pandemic). This data source will continue to be monitored as updated information is published. Chautauqua County has a shrinking capacity to meet the increasing demand for comprehensive behavioral health services. The County is designated as a mental health care Health Professional Shortage Area (HPSA) as well as Medically Underserved Area by the Health Resources and Services Administration (HRSA), and a High Intensity Drug Trafficking Area according to the US Drug Enforcement Administration (DEA). The County Health Rankings and Roadmaps reports that in 2021 Chautauqua County had a population to mental health provider ratio of 550:1, comparing unfavorably to an overall New York State ratio of 310:1.

In our County, there are service and support partners to engage with including, but not limited to: The Certified Community Behavioral Health Clinics (CCBHC), Federally Qualified Health Center (FQHC), Hillside Family of Agencies, Prevention Works prevention agency, UPMC Chautauqua hospital (only hospital in County that can provide emergency admissions for immediate observation, care and treatment and also provides inpatient and outpatient behavioral health care); as well as other health and education providers.

The Agency for Toxic Substances and Disease Registry (ATSDR) provides a county-level consideration of vulnerability, which can parallel human suffering and losses. The ATSDR (https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html) lists Chautauqua County, NY with a 2020 National Overall Social Vulnerability Index (SVI) Score of 0.6458, which is a medium to high level of vulnerability. ATSDR identifies social vulnerability as the "potential negative effects on communities caused by external stresses on human health." Our County Department of Mental Hygiene has recently integrated with the Department of Social Services. Our integrated department works closely with the Departments of Health, Probation, and Emergency Services. These partnerships can support mitigation of stresses to some degree and allow for preparedness for such concerns. Other key partners in the System of Care are education entities. There are eighteen (18) school districts in Chautauqua County.

Two of Chautauqua County Department of Mental Hygiene (CCDMH)'s 2023 Goals and Plans are 1. Increase child/youth school-based interventions by developing a specialized child/adolescent mobile crisis services team. 2. Enhance the continuum of crisis behavioral health services for those who are at imminent risk of having a psychiatric or substance use related crisis (https://www.clmhd.org/img/pdfs/brochure_ftxfbr8n1b.pdf).

CCDMH's 2024 Plan includes related goals of: Recruiting and training clinical staff who are Culturally & Linguistically Competent; Trauma-Informed; Qualified; and provide Evidence-Base Practices. Safe and accessible housing is necessary for those in recovery from mental health and substance use disorders. Cross-Systems Collaboration to increase housing access.

Emergency, Shelter, Transition housing for at-risk of Homelessness. Continuing to support the enhancement of youth services across the County ([brochure_78a5tvbxz8.pdf \(clmhd.org\)](#)). The Chautauqua Tapestry grant will be involved in the above goals and related Infrastructure and Services data will be reported throughout quarterly and annual reports.

DISPARITY-VULNERABLE POPULATION(S)

Chautauqua County is the 23rd most populated of the 62 counties in NYS. At 9%, the County ranks near the top of the rural NYS counties for the percentage of the population identifying as being from a race or a racial mixture other than white. The primary ethnic groups are Black/Not-Hispanic (2.6%) and Hispanic (7.2%). Chautauqua has a significant and growing Hispanic population including Puerto Ricans (73.4%), Dominicans and Mexicans (American Community Survey (ACS) 2017). There are also seasonal migrant workers, two Seneca Nation reservations in neighboring counties. According to the U.S. Census Bureau, the percent of the population living in poverty in Chautauqua County in 2020 was higher than all but 7 of the NYS's counties, with 32% of Chautauqua's children living below the federal poverty level (FPL). Families in our county face many contributing factors of health disparities including isolation, scarcity, and lack of education and vocational opportunities. According to the 2022 County Health Rankings and Roadmaps, Chautauqua County is ranked among the least healthy counties in New York, with only 7 counties ranking lower. The impact of these disparities is seen across multiple sectors, including behavioral and physical health, the criminal justice system, housing, childcare, workforce development, the child welfare system, and school systems. The ACS provides County-level data on children in poverty. 32% of Chautauqua's children live below the FPL with 13% designated to live in "deep poverty" (under 50% FPL). In 2017, the Median Household Income of \$45,840 is significantly lower than the NYS or National income of \$64,894 and \$60,336 respectively ([census.gov](#)). "Children from low-income families, children with disabilities, and children who routinely experience forms of social discrimination — like bullying — are more likely to struggle with math and reading. They're also less likely to graduate from high school or go to college. This means they're less likely to get safe, high-paying jobs and more likely to have health problems like heart disease, diabetes, and depression" (Healthy People 2030). In addition to high rates of poverty and drug use, the County has a higher percent of public school children with a disability and surpasses regional and state rates for youth behavioral health hospitalizations (70 vs. 24.3 and 25.5 respectively) (Chautauqua County Department of Health and Human Services, 2019). Youth are using emergency departments for behavioral health services in record numbers. The County's Homeless Coalition reports there are nearly 1,500 individuals who are homeless in Chautauqua County. This is an increase from 800 individuals in 2020. The documented number of homeless individuals include children and youth. The Homeless Coalition serves as the HUD Continuum of Care (CoC) for the county. The 2023 Community Needs Assessment (<https://chautauquaopp.wpengine.com/wp-content/uploads/2023/01/CNA-2023-1.5-links-fixed.pdf>) reports youth homelessness as concerning: "Homeless youth in particular are at risk for becoming victims of human trafficking, and every effort should be made to house youth in appropriate shelters when their homelessness becomes apparent." The source of all homeless data is the Chautauqua County Homeless Management Information System (HMIS).

According to NYSED’s Student Information Repository System, in school year 2021-22, Chautauqua County’s rate of Students with Disabilities was 16%, or 2,710 students. The source also reports that 60% or 10,250 students are Economically Disadvantaged. (<https://data.nysed.gov/profile.php?county=06>). The NYSED Allocations for Every Student Succeeds Act (ESSA) includes all 18 Chautauqua County school districts, listing the number of students in foster care and other data points: <https://www.nysed.gov/essa/2023-24-allocations-child-count-data>. The McKinney-Vento Homeless Assistance Act is part of ESSA, providing districts federal guidance on how best to support students who are experiencing homelessness.

The Chautauqua Tapestry grant is designed to build infrastructure and provide services. The grant will provide trainings on screenings, assessments, and evidence based treatments for children and youth. Trainings will include how to assess for homelessness, housing insecurity, trauma, risk for suicide, and co-occurring behavioral health needs. Several of the services that will be provided through the Tapestry grant are school-based, which allows for additional access and partnerships with districts. There are eighteen school districts in our rural County, each one with a different school culture. We believe that for acceptance as well as sustainability, it is important to individualize all outreach and engagement efforts to the specific district.

In partnership each district, referral pathways will be established to ensure students, especially those who are engaged in special education services and/or are homeless or experiencing housing insecurity, are considered for all appropriate supportive referrals and services. Due to the rural nature of the majority of the districts in our County, referrals are not always made for community based services that may benefit students. Additionally, students that move in and out of different districts may lose connections and supports. Families that are struggling with basic needs may not have the option to prioritize accessing behavioral health care. By meeting the students where they are, we hope to provide a layer of support to the school setting while providing additional supports, linkages and referrals. A menu of best practices and model interventions for reducing disparities will be developed and shared. While individual schools and providers will design interventions tailored to their environment, they can learn from each other and from the growing number of researchers and practices that have implemented interventions to reduce inequality in care. Examples of websites that will be considered to develop models include those of Finding Answers (www.solvingdisparities.org) and the Agency for Healthcare Research and Quality Healthcare Innovations Exchange (www.innovations.ahrq.gov/).

County’s Demographics:

Population	126,807
% Below 18 Years of Age	20.3%
% Non-Hispanic Black	2.2%
% American Indian or Alaska Native	0.8%
% Asian	0.7%
% Native Hawaiian or Other Pacific Islander	0.1%
% Hispanic	8.1%
% Non-Hispanic White	86.6%
% Not Proficient in English **	1%

% Female	50.2%
% Rural	43.9%

<https://www.countyhealthrankings.org/explore-health-rankings/new-york/chautauqua?year=2023>

Number of unduplicated individuals to be enrolled in services with grant funds/annual federal year.

Year 1	Year 2	Year 3	Year 4	Total
200	250	300	300	1050

Number of unduplicated students with disabilities and/or with homelessness or housing insecurity to be provided the opportunity to be enrolled in services with grant funds and the comparative percentage of the number/individuals to be enrolled in services with grant funds/annual federal year.

Year 1	Year 2	Year 3	Year 4	Total
70	100	140	175	485
35%	40%	47%	57%	48%

SECTION II. Addressing Disparities Using the Funding Opportunity

Healthy People 2030 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; disability; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.” Social Determinants of Health (SDOH) are the conditions in the environment where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Chautauqua Tapestry will reach out to school districts in several ways to offer partnership opportunities to support for students’ especially the SDOH, Education Access and Quality. Following the Healthy People 2030 guidance, some specific targets will be: Increase the number of children and adolescents who receive evidence-based preventive mental health interventions in school setting and early childhood care and education programs. It will be key to develop partnerships with school personnel as well as with community based providers. The Rural Health Information Hub offers toolkits with special considerations for addressing SDOH in rural communities (<https://www.ruralhealthinfo.org/toolkits/sdoh>) to assess and measure SDOH and links to county health rankings, where we find Chautauqua as one of the least healthy at 56 of 62 ranked counties in NYS (<https://www.countyhealthrankings.org>). This resource lists attendance initiatives and Community Schools as two “scientifically supported” interventions to improve the SDOH of Education. Healthy People 2030 also provides evidence-based resources for SDOH. Parents as Teachers, Early Headstart, Reach Out and Read, School-based Social Emotional instruction, School based counselling and therapy, and school-based suicide awareness and

education programs are present in some districts and will be included in school-specific planning as a component of building sustainable programming countywide.

Chautauqua Tapestry will explore attendance initiatives, community school models, school-based programming, and family engagement strategies with schools/districts countywide over the four-year grant and will report findings at least annually. SAMHSA funds will be used for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. The determination of costs, funding sources, affordability and insurance coverage will be part of the review of programming. Health insurance applications will be pursued for eligible uninsured clients.

Chautauqua Tapestry will strive to meet, expand, or improve Culturally and Linguistically Appropriate Services (CLAS) standards (minorityhealth.hhs.gov/minority-mental-health/clas) through this grant opportunity including, but not limited to:

- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
- Provide 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.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
- Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
- Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
- Communicate the organization's progress in implementing and sustaining CLAS to all partners, constituents, and the general public.

Policies and procedures will be developed as needed to guide sustainable action and to ensure adherence. Information will be collected in SAMHSA's Performance Accountability and Reporting System (SPARS) including National Outcome Measures (NOMS) services tool and Infrastructure Development, Prevention and Mental Health Promotion (IPP) indicators. Information will be collected by and reviewed, in summary, by the leadership and governance on a quarterly basis.

IPP indicators that will be collected and reported on a quarterly basis include:

- The number of policy changes completed as a result of the grant.
- The number of people in the mental health and related workforce trained in mental-related practices/activities as a result of the grant.

- The number of consumers/family members who provide mental health related practices/activities as a result of the grant.
- The number of people receiving evidence-based mental health related services as a result of the grant.
- The number of individuals contacted through program outreach efforts.
- The number and percentage of individuals receiving mental health or related services after referral.

Each of these will be considered as to the grants goals and the intent of the DIS.

SECTION III. Developing a Disparity Reduction Quality Improvement Plan

The population to be engaged in the services will be children, youth, and young adults with or at risk of SED/SMI. NOMS collects demographic data and the quality improvement plan will include analysis on demographics to ensure those from diverse populations of Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality, and youth co-served across systems such as juvenile justice, child welfare systems, runaway youth, and youth experiencing homelessness are all being served. Efforts to ensure the engage and support of children and youth who have been identified as in need of special education services will also be made in partnership with school districts. All youth that present to the schools and to the homeless shelter who identify as homeless and / or housing insecure will be offered a direct referral for support. Schools will be asked to provide information about the students that are experiencing adversity to enable screening, assessment, and services to be matched to any needs. Trainings will be provided to schools and community partners to ensure all efforts are made to engage students and their families as early as they come to the attention of the district.

Information collected will include, but not be limited to: Number of completed referrals, number of people trained, number of programs/organizations/communities that implemented specific screenings, assessments and / or behavioral health practices or evidence-based activities.

It is anticipated that there may be a lack of referrals of students who are receiving special education services as well as students who are experiencing homelessness or housing insecurity due to the expectation that specific providers are to work with these students. An annual update on the DIS quality improvement plan will be submitted within the programmatic progress report.

IMPLEMENTATION OF ACTIVITY

Goal 1 Identify System of Care (SOC) gaps and generate solutions to address and resolve.
Objective Enhance and formalize existing governance structure/board that is responsible for decision-making and policies and provide responsible oversight and accountability for the SOC with minimum of 9 meetings per year with surveys quarterly to ensure vitality throughout grant. Governance to ensure oversight/collaboration and sustainability. Begin Year 1, quarterly.

Objective Target capacity building and access to services based on Disparity Impact Statement (DIS) using marketing, upon approval of DIS. Update/revise at least quarterly.

Objective Complete review of needs assessment of current provider system including schools, behavioral health, social services, family organizations, recreational providers, medical care providers; including consideration of workforce opportunities and opportunities for support and referrals. Update with partners for SOC Year 1, Quarter 1.

Objective Assess collaborative partnerships across child-serving agencies, providers, and programs including integrated Mental Hygiene and Social Services, Juvenile Justice, Education, Healthcare, Early Intervention and Early Care Providers; to strengthen the delivery of services. Update with partners annually by Quarter 3.

Goal 2 Develop referral pathways to prepare children and youth with or at risk of SED for successful transition to adulthood; to adult roles, responsibilities and recovery support services.

Objective Identify and provide referral pathways to recovery support services for youth including assistance with obtaining education/job skills required for employment by 2nd Quarter Y 2.

Objective Train a minimum of 10 SOC partners in a learning community on SSI/SSDI Outreach, Access, and Recovery (SOAR) model to increase access to SSI/SSDI benefits for eligible individuals (experiencing/at risk of homelessness and serious mental illness, medical impairment, and/or co-occurring substance use) Train by: 1st Quarter Year 2.

Objective Ensure SOAR process has established protocols per entity by 3rd Quarter Year 2.

Goal 3 Provide evidence-based and culturally appropriate continuum of behavioral health supports and services to children, youth, and young adults, birth-21, with or at risk of SED/SMI, including those from diverse populations and minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons adversely affected by persistent poverty or inequality; and youth co-served across systems such as juvenile justice, child welfare, runaway youth, and youth experiencing homelessness.

Objective Improve access to SOC services for under-served areas as identified by zip code/town, sexual orientation, gender, race, and ethnicity. Determine baseline by end of Quarter 3, Year 1 and establish targets to monitor and address.

Objective Outreach to runaway/homeless youth shelter on a monthly basis and include referrals in SOC tracking, planning, monitoring and support.

Objective Increase and monitor child/youth school-based interventions by completing school evaluation tool with 2 additional schools. Achieve by: 4th Quarter Year 1, developing action plan for Year 2, Quarters 1-4. Utilize action plan to measure progress in each school building.

Objective Ensure new programming and resources are accessible to all children, youth and families to increase access, eliminate service gaps and promote equality throughout SOC. Monitored rates of access at least quarterly; report to Governance Body and community.

Objective Plan for sustainability for grant funded services at monthly Governance meetings.

Goal 4 Promote trauma-informed and grief-informed approach to care services to enhance recovery and mental health wellness while addressing behavioral health disparities.

Objective Ensure provision of Evidence Based Practices that are culturally appropriate and accessible, and person/family-centered, trauma-informed, and recovery oriented services.

Objective Assess availability of services and develop and share referral pathway. Provide targeted training to partners including screening for trauma and grief, ensuring access for trauma-informed and grief-focused treatments. Initiate 3rd Quarter Year 1, annual update.

Objective Provide training to SOC service providers in all aspects of system of care development and implementation, including evidence-based practices, practice-based or community-defined interventions. Specialized trainings to occur starting in Year 1.

INTENDED OUTCOMES AND IMPACT

Since the COVID-19 Pandemic, there has been an increased emphasis on the need for Mental Health services and supports. Schools have been especially eager partners to enhance the supports within their structure and buildings. It is our intention that by specifying students who are receiving Special Education Services and students who are experiencing homelessness or housing instability/insecurity, a more direct impact can be made on these students. It is the true hope that the grant will impact all students in some way. There is a local runaway and homeless youth shelter that has not been previously directly engaged in the SOC. Students from any district may be accepted for short term stays at the shelter. In order to measure the impact of the grant services, it is important to target efforts to those who may be missed if not specified.

Students and families may be identified by their respective school districts, family members, service provider (pediatricians, behavioral health staff, prevention agency, family peer support, etc). Once in place, Youth Peer Advocates may lead the connection points by providing engagement opportunities for students in districts that are interested in being involved in SOC.

CLIENT/PEER/PARTNER INVOLVEMENT

The Disparity Impact Statement is the first deliverable of the SOC grant. The grant's goals were driven by input from participants across the SOC including clients, families, and community partners including agencies and schools. The DIS provides a confirming resource to ensure engagement of students that were not as clearly a population of focus in previous grants. Students who have Special Education services in schools may not have the access and linkages needed in the community. Also, students who are homeless or who are experiencing housing insecurity may be missed in outreach efforts. The intent of the DIS is to be a consistent reminder to the SOC team and partners and to the community that we must ensure we reach all students and ensure the right level of care is provided to the students who need it. Families who are engaged by schools to access special education services will be offered additional Family Peer Support services. Families who may be experiencing homelessness may need additional social services supports that can be coupled with any service needs of their children. Students will have the option to opt in to services. The students that are involved in services will complete NOMS which includes an element of service engagement and satisfaction. Throughout the grant as family and youth services expand, additional supports will be available. All levels of service provision will be evaluated on a consistent basis through IPP and NOMS and reviewed by the Governance Body.

TIMELINE

ACTIVITIES	WHEN	WHO
Enhance Governance	Begin Y1, Q2; update monthly. Review and adjust annually	Chautauqua Tapestry Team (T), Governance (G), Community Partners (C)
Distribute DIS	Upon approval. Review and adjust annually	T, G, C
Complete Needs Assessment	Submit Y1, Q2; update quarterly Review and adjust annually	T, G, C, Families (F)
School-based provider visits/assess training need/schedule throughout 4 years	Begin Y1, Q4 Review and adjust annually	Schools (S), T, C
Specialized trainings (Screenings, Assessments, Trafficking, Trauma-informed/Grief-informed care)	Begin Y1, Q3, Quarterly Y2-Y4	T, F, C, S
Summarize Community Mapping of SOC annually	Y1 – Y4 in Q4	T, F, C, Program Evaluation Center (PEC)
Continuation of established diagnostic/evaluation and outpatient and other required services implemented.	Begin Y1, Q2; update monthly. Review and adjust annually	Chautauqua County Department of Mental Hygiene (CCDMH), T, C
**Monthly Technical Assistance, Quarterly evaluation surveys for National Evaluation, Annual reports to SAMHSA.	**Throughout 4 years	SAMHSA, NTTAC, T, G, C, PEC