



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

New England Mental Health Technology Transfer Center (New England MHTTC)

SAMHSA #1H79SM081775-01

Yale Program for Recovery and Community
Health
in partnership with
C4 Innovations, Harvard University Department
of Psychiatry, and the Center for Educational
Improvement

*As you join the webinar, please
drop into the chat:*

**1) name, 2) organization, 3) what
does equity mean to you?**



Racial Equity and Advancing Cultural Humility for Organizational Change

Using Data for Equity

May 26, 2022
1:00 pm – 2:30 pm, ET

Housekeeping Information



Participant microphones will be muted at entry – you will be able to unmute during the discussion portion of our webinar.



Closed captioning is available for this event. Click on the closed captioning (CC) icon at the bottom of your Zoom screen to select a transcription option.



This session is being recorded and it will be available on the MHTTC website within 24 hours of the close of this presentation.



Information about Certificates of Completion will be sent in a follow-up e-mail.



If you have questions during the webinar, please use the chat or use the “raise hand” feature during discussion to have your microphone unmuted.



If you have questions after this session, please e-mail: newengland@mhttcnetwork.org.

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At the time of this release, Dr Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred. This work is supported by grant #1H79SM081775 from the DHHS, SAMHSA.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS



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Featured Speakers:

Third Sector Capital Partners, Inc.

Maria Posey, Managing Director

Emma Goodman, Manager



Using Data for Equity

Third Sector & New England MHTTC

May 26, 2022

Session Overview

<i>Welcome & Goals</i>	<i>10 mins</i>
Third Sector Overview	10 mins
Using Data to Operationalize Equity	60 mins
Next Steps	10 mins

Presenter Introductions

Third Sector Presenters



Emma Goodman
Manager
Brooklyn, NY
elgoodman@thirdsectorcap.org



Maria Posey
Managing Director
Washington, DC
mposey@thirdsectorcap.org

Today you will walk away with a better understanding of how to use data to advance equity in your work

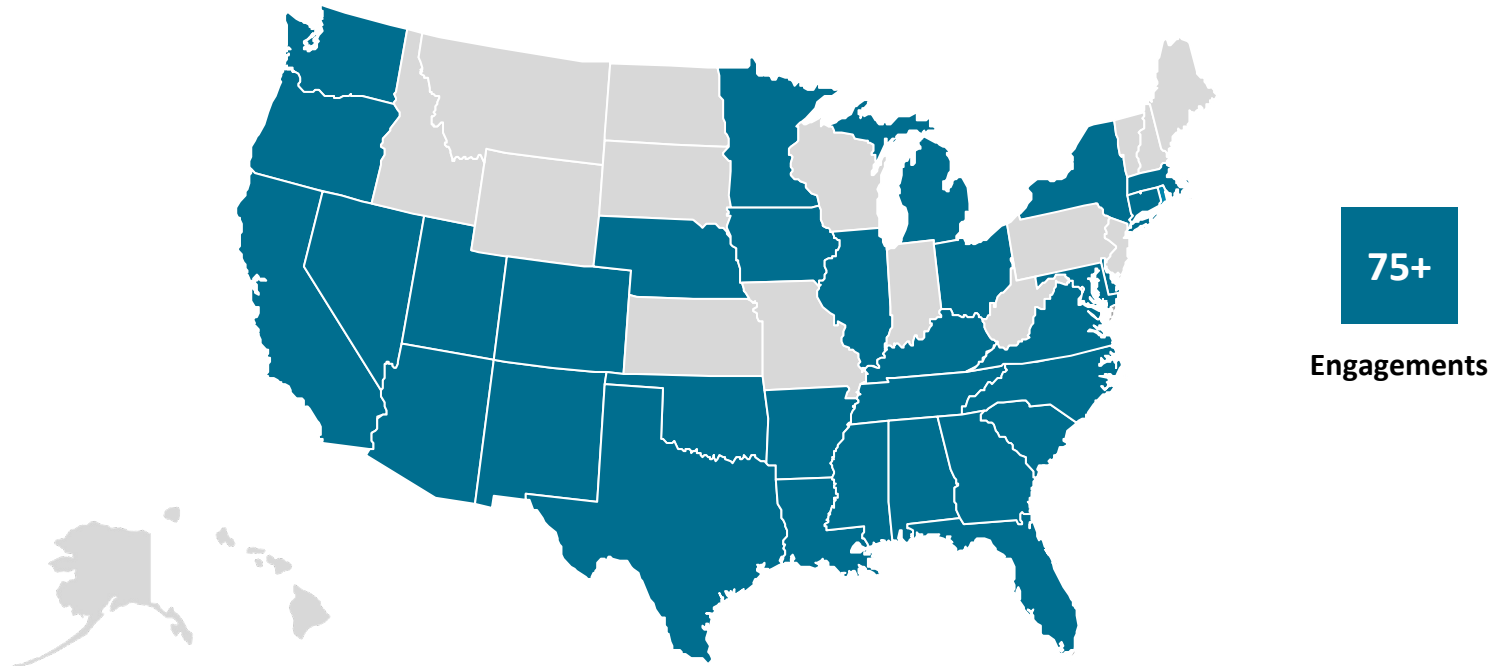
Goals for Today

- 1** **Gain a better understanding of how to use data** to fully realize your equity goals and guide decisionmaking, following a five-step process
- 2** **Practice applying this five-step process** to your own work, guided by the Third Sector team
- 3** **Learn from case study examples** of how government agencies and service providers have partnered to apply this process in both rural and urban settings
- 4** **Identify next steps to apply the process** to your work and learn how to get in touch with Third Sector if you have additional questions or would like support

Session Overview

Welcome & Goals	10 mins
<i>Third Sector Overview</i>	<i>10 mins</i>
Using Data to Operationalize Equity	60 mins
Next Steps	10 mins

Third Sector is a national nonprofit that advises our government's agencies towards better outcomes for all people



Since 2011, Third Sector has worked with 50+ communities to reorient more than \$1.2 billion in public funds towards outcomes

We advise government agencies on ways to reshape behavioral health policies, systems, and services with an outcomes focus

Building Blocks of an Outcomes-Focused Government



Data

Using data on outcomes to inform decisions about service delivery



Services

Designing and delivering services with a focus on outcomes and equity



Funding

Incentivizing outcomes and equity with financial incentives



External Relationships

Building collaborative relationships among gov't agencies, providers, and community partners



Policy

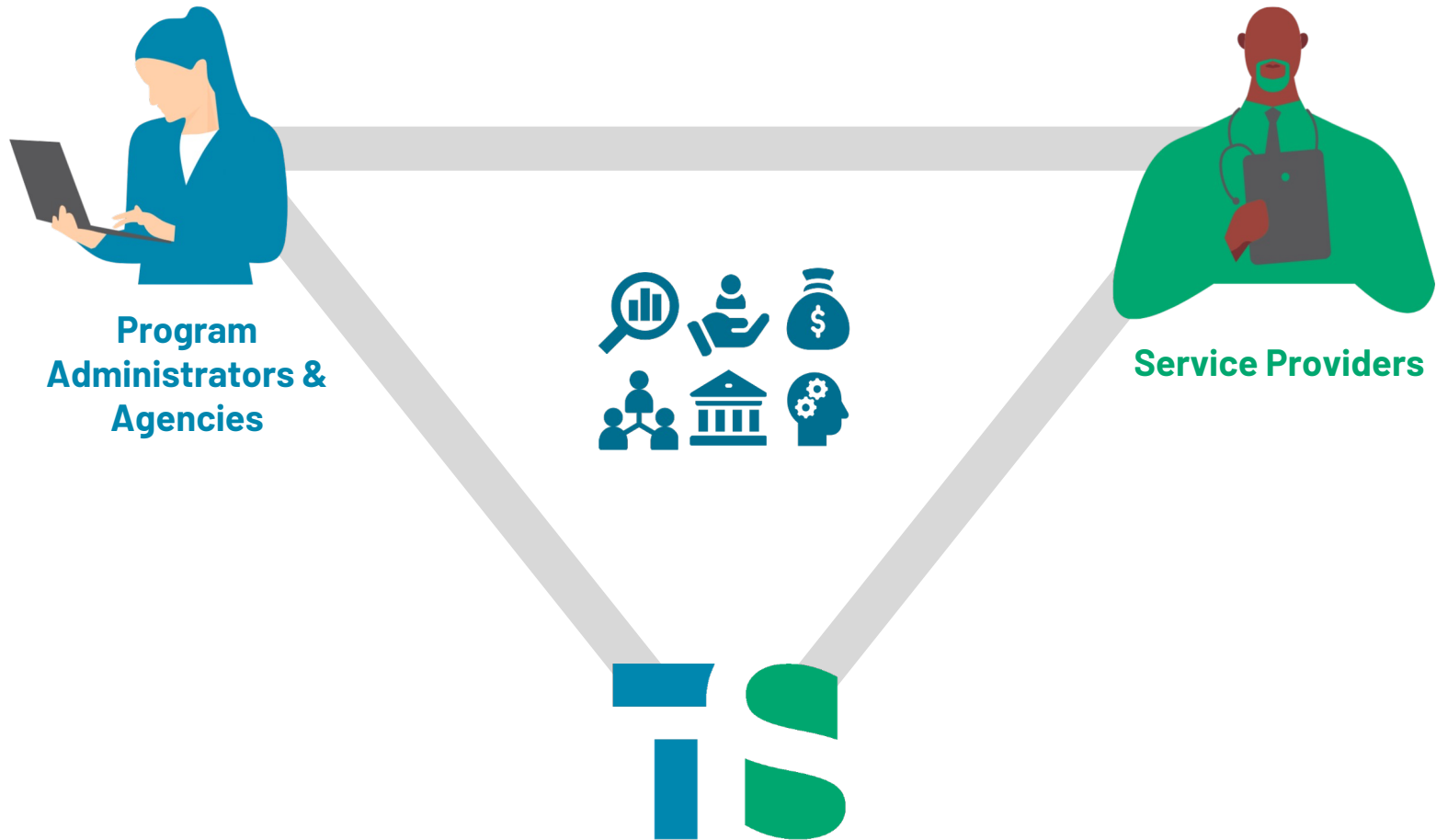
Revising and/or advocating for policy revisions. Innovating within existing regulations



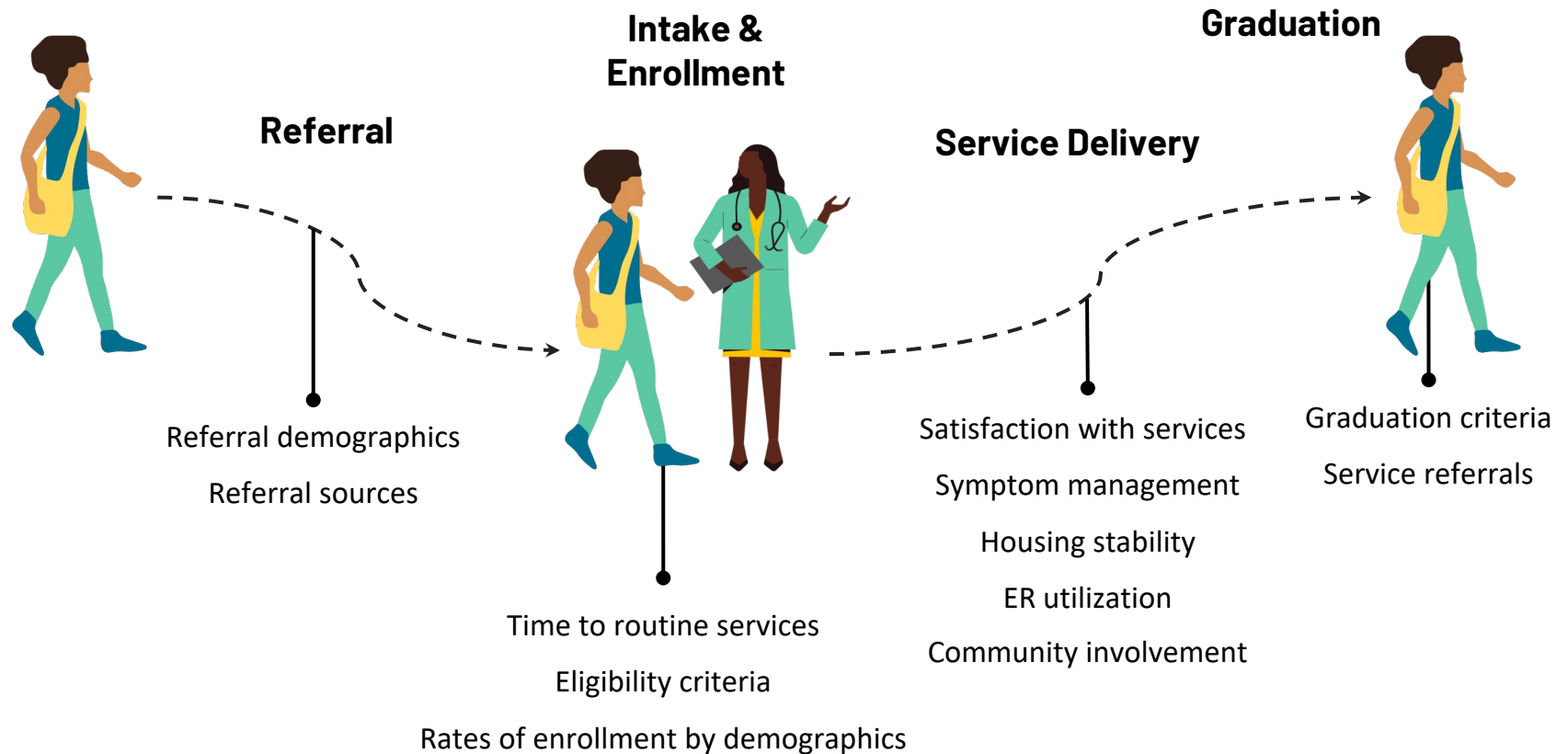
Internal Culture

Fostering a human-centered culture where all staff feel empowered and enabled to thrive

Third Sector works to align, connect, and strengthen the partnership between behavioral health agencies and service providers

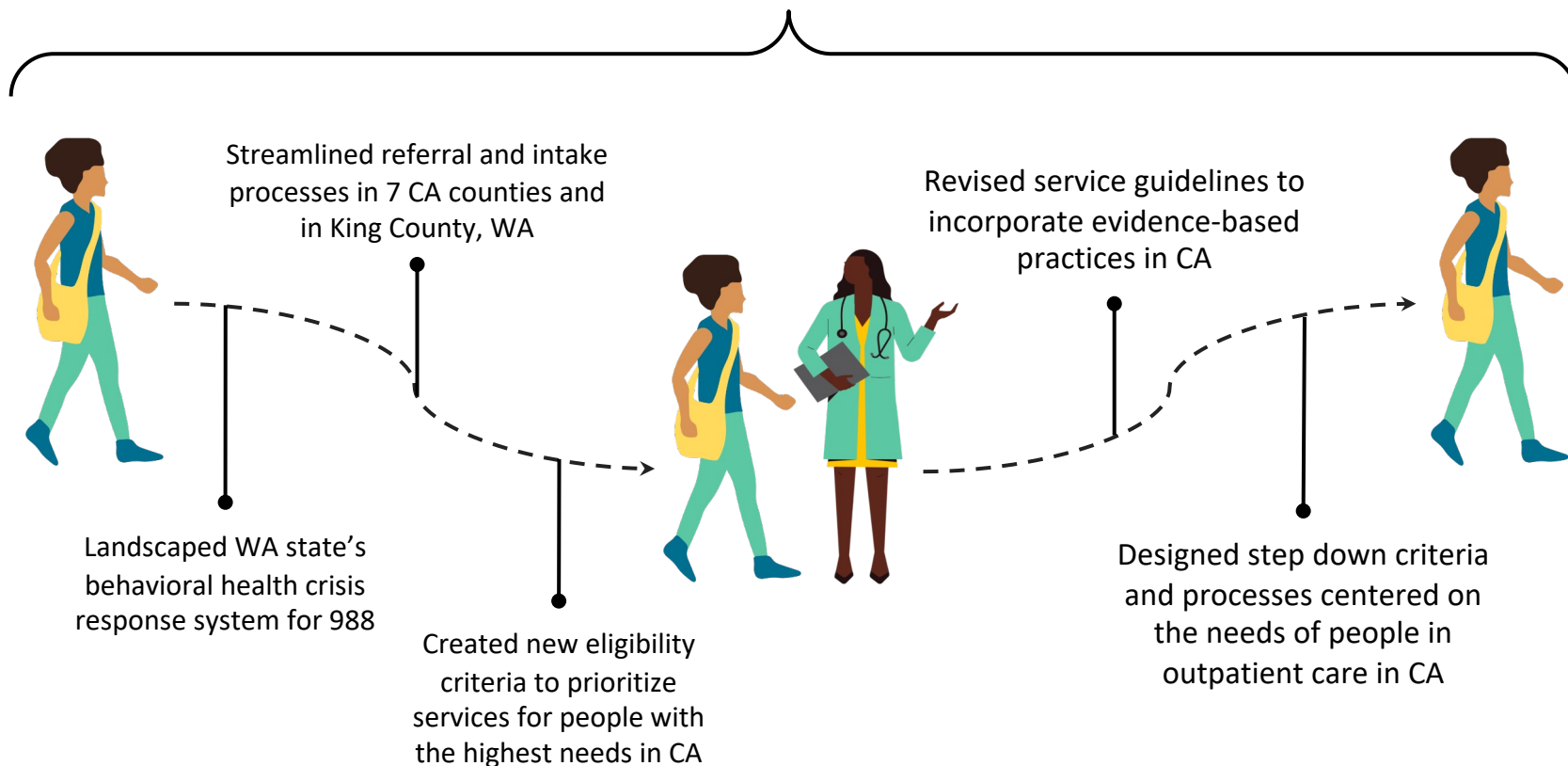


We help behavioral health agencies and providers advance outcomes throughout a person's service journey



We designed system-level changes that support service redesigns at each point along a person's journey

Examples of our work on the West Coast



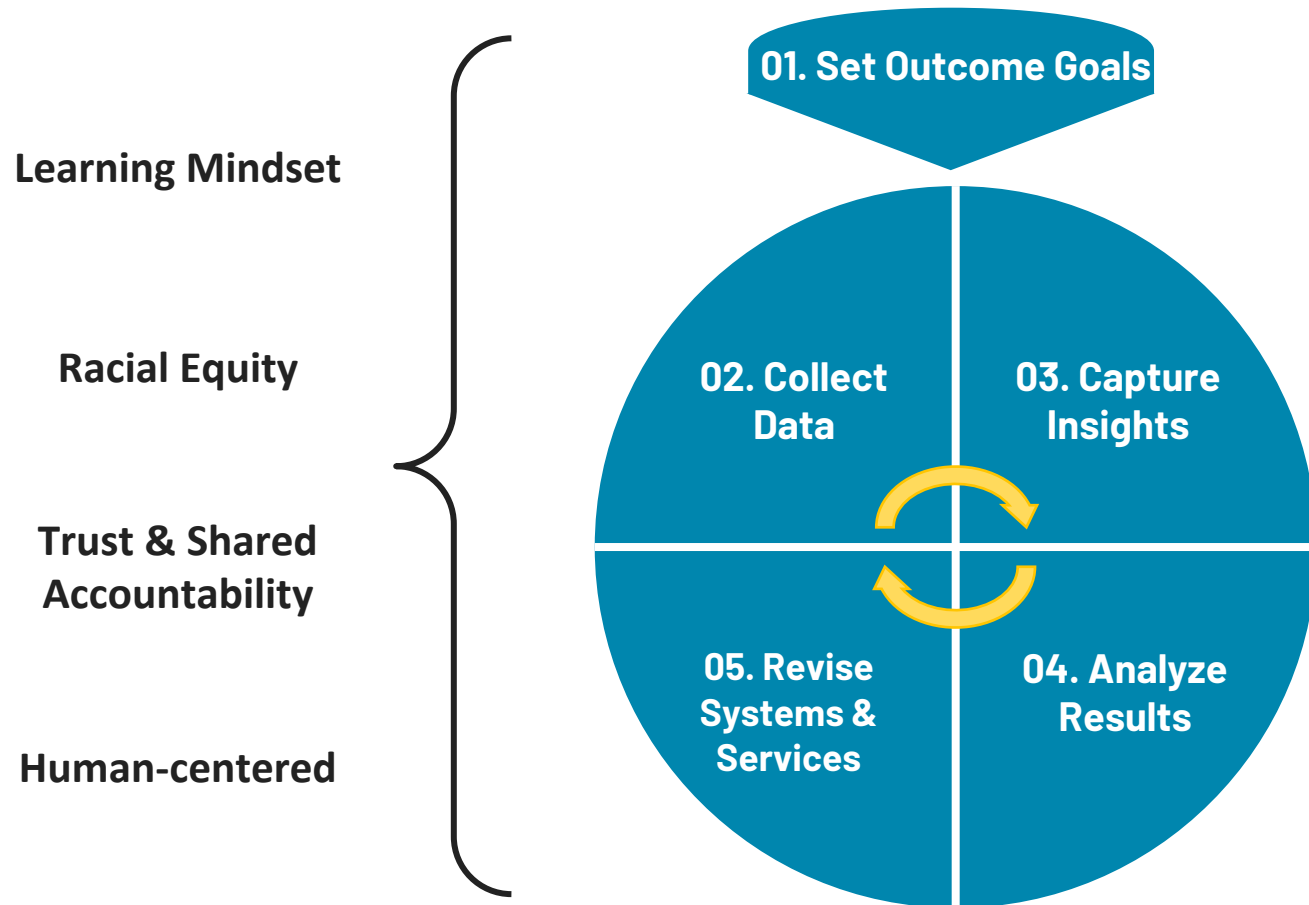
Session Overview

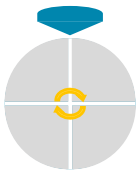
Welcome & Goals	10 mins
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Before we dive in, drop an answer to the question below into the Zoom chat!

What's one word that describes how you feel about using data for decision-making?

Today we will walk you through a process for using data to uncover insights, design solutions, and take actions to improve results





1. **ACTIVITY - Set Outcome Goals:** Before data collection, the first step is for all partners to build consensus on clear outcome goals

Outcome goals should drive each step of the process of using data for decisionmaking. The three questions below can be used to rank outcome goals on a high, medium, low scale.

Increase housing stability

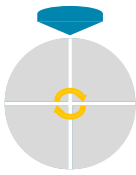
**Eliminate racial disparities
in retention rates**

**Increase engagement
in services**

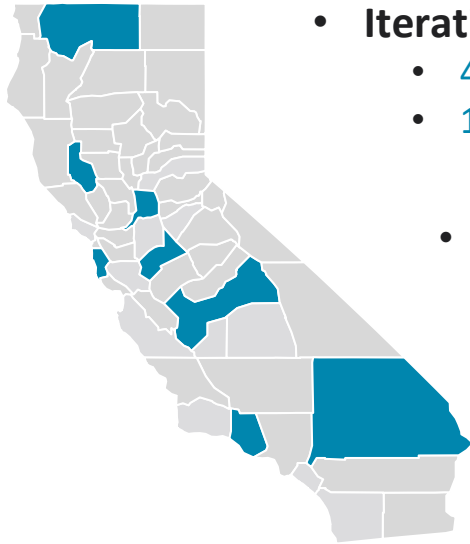
Decrease recidivism



Write down one outcome goal from the poll or pick another that you would like to work on in your community and that fits the criteria above.



1. EXAMPLE - *Set Outcome Goals*: 8 counties across CA developed shared outcome goals for people with serious mental illness



- **Iterative, consensus-driven process** shaped by diverse input:
 - 40+ **focus groups** with providers & peers
 - 170+ **interviews** with service participants & caregivers
- **Service participants were compensated** to recognize value of their time and contributions

Social connectedness hadn't been tracked before, but was consistently **named as critical to people's recovery journeys**



Reduced Justice Involvement



Increased Stable Housing



Reduced Utilization of Psychiatric Services




Increased Social Connectedness



2. ACTIVITY - *Collect Data*: The next step is to collect qualitative and quantitative metrics that will help track progress on outcome goals

Data mapping can help plan data collection on metrics that measure outcome goals

Metric	Access	Timing	Quality	Ownership
What metric can you use to measure the outcome goal?	Where do you collect/can you collect data on this metric?	How frequently do you collect this data, & are there delays in access?	How consistent & reliable is collection of this data?	Who is responsible for collecting this data?
 <i>Collect demographic information (e.g. race/ethnicity, geography) that is representative of your region</i>				



Write down 1 - 2 metrics you could use to measure your outcome goal and where those metrics are currently collected (or could be collected).



2. EXAMPLE - *Collect Data*: Siskiyou County developed a simple form to collect data on their goal: increased movement through services

SISKIYOU COUNTY FSP TIER ASSIGNMENT FORM

DOB: _____
Client Name: _____
Client Number: _____
Race: [drop down]
Ethnicity: Hispanic or non-Hispanic
Ethnicity if non-Hispanic: _____
Gender: [drop down]
Case Manager Assignment: _____

Please use this form to assign FSP clients to an FSP Tier. FSP Tiers are used to ensure that FSP clients receive the appropriate level of support from their care team. Select the appropriate system of care for this individual then answer the following questions to determine which FSP Tier the client should be assigned to. If you respond "yes" to any of these questions, the client should be assigned to FSP Tier I. When in doubt, the client should be assigned to FSP Tier I until other BHS staff members can clarify the client's FSP Tier designation. Please mark a response to each question and fill in the Final FSP Tier Assignment field.

System of Care: [drop down: Adult System of Care; Child System of Care]

Child/Youth FSP Tier Assignment:
Answer these questions for clients ages 17 and under.

Is this individual at high risk of hospitalization?
☐ Yes | ☐ No

Is this individual at high risk of an out-of-home placement?
☐ Yes | ☐ No

Is this individual at high risk of being removed from school?
☐ Yes | ☐ No

Does this individual have an unstable primary support group or social environment?
☐ Yes | ☐ No

Is this individual at high risk of incarceration or re-incarceration?
☐ Yes | ☐ No

Does this individual have acute symptoms that seriously impact their daily functioning?
☐ Yes | ☐ No

Does this individual exhibit behaviors that risk harm to themselves or others?
☐ Yes | ☐ No

Is this individual difficult to engage in services?
☐ Yes | ☐ No

Final FSP Tier Assignment: ☐ FSP Tier I ☐ FSP Tier II

Form Submission:
Completed By: _____ Date Completed: _____

Outcome Goal: Increase movement through outpatient services for people with serious mental illness

Tiered Services: better measure progress & help staff decide intensity, care coordination, & caseload allocations

Metric: # of changes between Tiers I and II in previous 12 months



Demographics collected: race, ethnicity, gender, age



3. ACTIVITY - *Capture Insights*: After collecting data, the next step is to capture insights for further discussion with other stakeholders

Input from various stakeholders can guide the types of analyses performed on, and questions asked of, the data

Sample Disaggregation Categories

- Race
- Ethnicity
- Age
- Gender
- Zip code
- Income level
- Housing status

Drawing inferences should be done in Step 4 with other partners

Data Insights to Note

- Groups showing positive or negative outcomes
- Differences across providers, regions, and/or other states
- Disparities by race, ethnicity, geography, and/or other demographic factors
- Changes over time or against a baseline

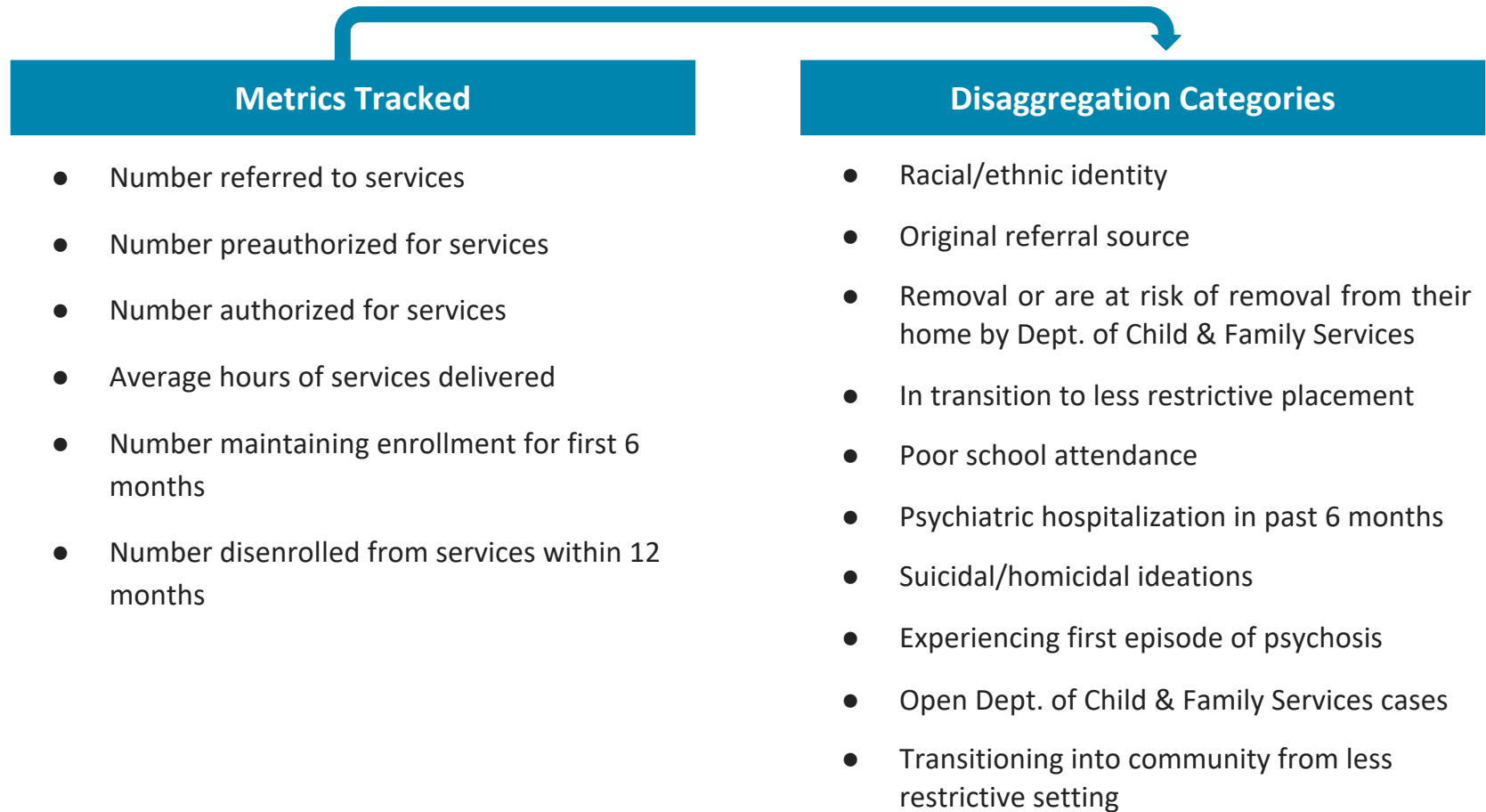


Write down 1 - 2 analysis questions that you would be interested in exploring for each metric that you would like to collect data on.



3. EXAMPLE - *Capture Insights*: In LA County, data was disaggregated to investigate services delivery to high-priority children/youth

broken down by





4. **ACTIVITY - *Analyze Results*:** Data insights should be regularly discussed with various stakeholders through tools and conversations



Sharing the Data

- Digestible (e.g. charts, dashboards, tables)
- Data helpful for all partners
- Disaggregated by demographics
- Visuals allow quick identification of disparities



Collaborating on the Data

- Frequent meetings (at least quarterly)
- Existing spaces
- Shared understanding of data interpretation
- Celebrate successes
- Root Cause Analysis to unpack data trends



Practice conducting a Root Cause Analysis on an example data trend in partnership with other webinar attendees.



4. ACTIVITY - *Analyze Results*: Let's practice a Root Cause Analysis together before you build your own Root Cause Analysis

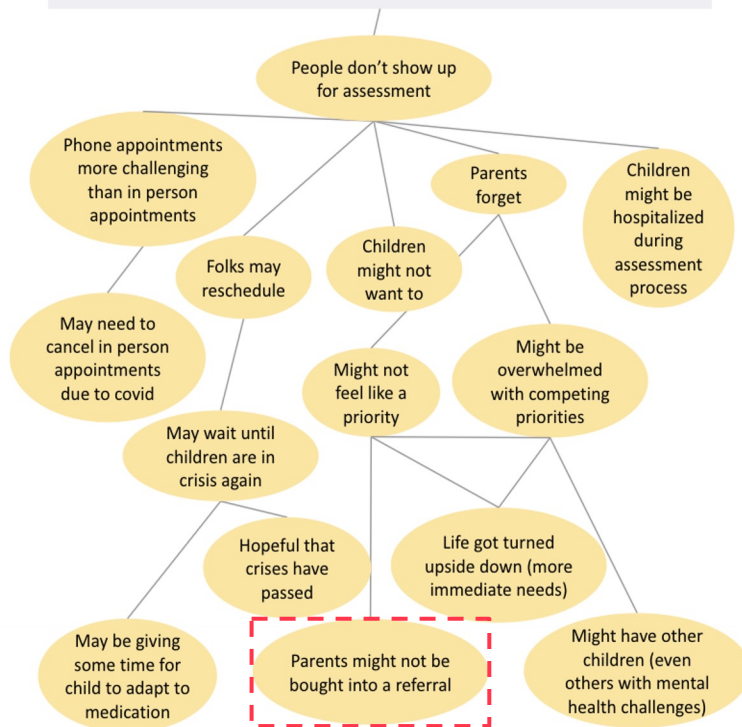
Ex. Data Point: The average time from referral to first kept appointment is 30 days for child programs





4. EXAMPLE - *Analyze Results*: Fresno County is implementing new tools and meetings to discuss results with 7 contracted providers

Data Trend: Average time to first kept appointment is 33.10 days across child programs



Interactive Data Dashboards:

- **Metrics** such as engagement in services, timeliness to services, self-reported feelings of safety, etc.
- Accessed in **real-time** by providers
- **Filter by demographic** variables (e.g. race, zip code)

Dedicated Data Meetings:

- **Existing 1-on-1 monthly** meetings to discuss provider-specific data trends
- **New quarterly** meetings with all providers to discuss trends across system, using Root Cause Analysis



5. **ACTIVITY - *Revise Systems & Services*:** The final step is to use what's been learned through data to make changes with partners

- 1 **Use a “How Might We” question** to guide various methods of brainstorming (e.g. reverse brainstorming, opposite thinking)
- 2 **Prioritize improvement ideas** in partnership with other stakeholders, based on shared criteria for narrowing (e.g. cost, time, feasibility, ability to address root)
- 3 **Seek input from people directly impacted** by system and service revisions and partner with people who are representative of diverse populations served

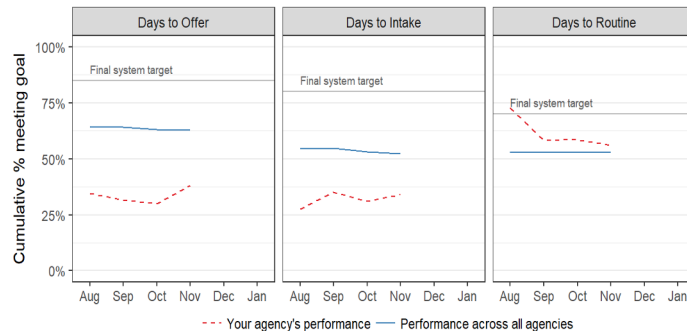


Write down 1 - 2 ways that, in the future, you might work to address root causes with your partners.

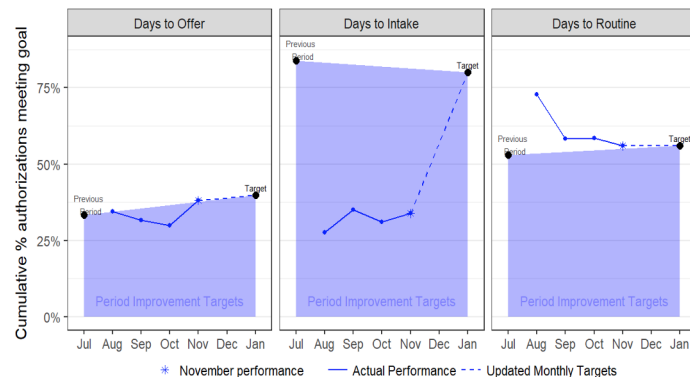


5. EXAMPLE - *Revise Systems & Services*: King County worked with 23 providers to revise services in order to increase service timeliness

Performance Across All Participating Agencies



Progress on each metric within current Aug 2018 - Jan 2019 Assessment Period



- **Monthly learning communities** to develop program changes and learn best practices
 - 3 priority metrics: days to offer, days to intake, days to routine appointment
- Providers could **apply for county funds to support changes** to service processes
- Timeliness goals were provider-specific & **updated every 6 months to incentivize ongoing improvement**

50% reduction in wait times between patient contact and intake

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<i>Next Steps</i>	<i>10 mins</i>

Next steps from today's webinar

- 1 Drop into the Zoom chat:** What is one thing that we've discussed today that you can commit to taking back to your work?
- 2 Put your email in the Zoom chat** if you are interested in a follow-up conversation to explore a possible partnership with the Third Sector team
- 3 Attend the "office hour" Diversity Talk with Third Sector** on June 14, 1:00 - 2:00 p.m. ET
- 4 Fill out the short Diversity Talk Questionnaire** to advise Third Sector how to further engage and support your work during and beyond the Diversity Talk

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Q1: Dec. 2021 – Feb. 2022

December 2021

The State of BIPOC Mental
Health in New England

January 26, 2022

The Impact of Implicit Bias on
BIPOC Populations

February 23, 2022

Engaging in Crucial
Equity Conversations



Q2: Mar. 2022 – May 2022

March 23, 2022

Understanding Organizational
Implicit Bias and its Impact on
BIPOC Populations

April 28, 2022

The Role of Transformational
Leadership in Creating a
Culture of Change

May 26, 2022

Using Data for Equity



Q3: June 2022 – Aug. 2022

June 22, 2022

Integrating Diversity, Equity,
and Inclusion into Everyday
Operations

July 27, 2022

The Importance of BIPOC
Mental Health Professionals

August 17, 2022

Engaging Allies: Nurturing
Relationships for Lasting
Change

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Our REACH sessions include interactive videos and tools designed to promote discussion around the importance of diversity, equity, and inclusion.

REVIEW OUR PLAYLIST.

*Thank
you*

Contact us at:

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