

1 Problem / Indicators

Problem

The Office of Multicultural Health and Services asked DHS & OHA divisions to choose and analyze up to five performance indicators based on race, ethnicity and language (REAL).

Indicators Chosen:

1. Percentage of adults receiving mental health services on Medicaid dollars who report improved functional outcomes as a result of those services.
2. Census of Oregon State Hospital by race and ethnicity for the civil commitments to identify disproportionate admissions compared to the adult population in community services and in the general population of Oregon.
3. Census of Oregon State Hospital by race and ethnicity for the forensic Aid and Assist (ORS 370) population to identify disproportionate admissions compared to the adult population in community services and in the general population of Oregon.
4. Census of Oregon State Hospital by race and ethnicity for the forensic Psychiatric Security Review Board (PSRB) population to identify disproportionate admissions compared to the adult population in community services and in the general population of Oregon.

2 Current State

Percentage of adults receiving mental health service who report improved functional outcomes as a result of those services

Race/Ethnicity	Positive	Total Responses	Percent Positive	95% CI
American Indian/Alaska Native	54	110	49.1%	9.3%
Asian	132	213	62.0%	6.5%
African American	7	11	63.6%	28.4%
Native Hawaiian/Pacific Islander	99	169	58.6%	7.4%
White	1187	2086	56.9%	2.1%
More than one race	121	233	51.9%	6.4%
Other/Not Available	144	265	54.3%	6.0%
Hispanic/Latino Origin	139	214	65.0%	6.4%

Race and Ethnicity Proportions for Commitment Populations within State Hospitals
Civil Commitments at state hospitals

	ADP Proportions	General service proportions	General population proportions
Asian/Pacific Islanders/NH	4.8%	2.7%	3.2%
African American	6.8%	4.8%	1.8%
Hispanic/Latino Origin	4.1%	5.9%	11.4%
American Indian/Alaska Native	2.0%	2.6%	1.3%
White	80.8%	84.1%	82.4%
Other/Not Available	1.4%	na	na
Unknown	0.1%	na	na

Psychiatric Security Review Board commitments at state hospitals

	ADP Proportions	General service proportions	General population proportions
Asian/Pacific Islanders/NH	2.9%	2.7%	3.2%
African American	6.8%	4.8%	1.8%
Hispanic/Latino Origin	7.6%	5.9%	11.4%
American Indian/Alaska Native	3.1%	2.6%	1.3%
White	79.7%	84.1%	82.4%
Other/Not Available	0.0%	na	na
Unknown	0.0%	na	na

Aid and Assist commitments at state hospitals

	ADP Proportions	General service proportions	General population proportions
Asian/Pacific Islanders/NH	5.1%	2.7%	3.2%
African American	7.5%	4.8%	1.8%
Hispanic/Latino Origin	6.5%	5.9%	11.4%
American Indian/Alaska Native	1.5%	2.6%	1.3%
White	77.8%	84.1%	82.4%
Other/Not Available	1.7%	na	na
Unknown	0.0%	na	na

3 What We Learned

- **Indicator 1:** With overlapping confidence intervals, it is difficult to say that any group over another is doing better statistically.
 - AMH would like to see greater improvement across all groups summarized in the tables.
 - Because of data coding issues in OPRCS, Asian and Native Hawaiian/Pacific Islanders are combined to have meaningful counts.
- **Indicator 2 with subsets:** The white population was under represented in the commitment groups compared to both general mental health service population and the general Oregon population.
 - Hispanics were also under represented in the commitment groups, but only compared to the general Oregon population.
 - African Americans as a whole are over represented among the commitment groups.

4 Next Steps

Next Steps

- AMH executive leadership will review a detailed analysis on these indicators in July 2011.
- AMH continues to give input to the Office of Multicultural Health and Services for a policy request to standardize data collection categories statewide through monthly REAL Data Leadership Workgroup meetings.

5 Resources

- April 27, 2011 REAL report, authored by Jon Collins, AMH Program Analysis and Evaluation unit
- Policy Request, Office of Multicultural Health and Services, Summer 2011
- Phase 1 of the State of Equity Report, Office of Multicultural Health and Services, Summer 2011