

REDUCING HEALTH DISPARITIES IN BEHAVIORAL HEALTH: The DMHAS Policy Framework

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**ALCOHOL DRUG POLICY
COUNCIL**

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DMHAS COMMITMENT TO CULTURAL COMPETENCY

- Jose Ortiz and Office of Multicultural Affairs
 - Long history of improving the cultural competency of the DMHAS Healthcare system
 - Efforts have been system-wide and multifaceted
 - Efforts have led to institutional change and the development of innovative approaches

What is the CT Health Disparities Initiative?

Goals:

- Identify and reduce behavioral health disparities
- Improve quality of care by enhancing cultural competence
- Create sustained *Systems Change*
- Contribute to the body of scientific knowledge

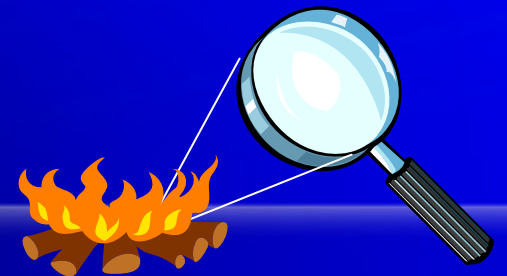
U.S. Surgeon General on Mental Health: Culture, Race and Ethnicity

- Less access to, and availability of, mental health services
- Less likely to receive needed mental health services
- Those in treatment often receive a poorer quality care
- Underrepresented in mental health research
- Experience a greater burden of disability



These Issues Lead to

**HEALTH
DISPARITIES**



What are health disparities?

- Differences in the:
 - incidence
 - prevalence
 - mortality
 - burden of diseases and other adverse health conditions that exist among specific population groups

As defined by the National Institutes of Health



Health Disparities in The Literature

- Four Domains
 - Access
 - Client Engagement & Retention
 - Effective Treatment Services
 - Supportive Community Resources
- PROBLEM: Historically, Focus been on Disparities, not Possible Solutions

Health Disparities: Access

- Use of Emergency Rooms
- Criminal Justice Involvement
- Geographical Access
- Psychological Access
- Insurance Coverage
- Help Seeking Patterns
- Entering Treatment Later and Sicker
- Availability and Capacity of Treatment
- Program Receptiveness (User Friendliness)

Health Disparities: Client Engagement & Retention

- Treatment Completion (Drop Out Rate)
- Continuity of Care
- Length of Stay in Treatment
- Program Participation
- Client Satisfaction
- Mistrust of Programs

Health Disparities: Effective Treatment

- Mis-diagnosis
- Differential Treatment Outcomes
- Over and Under Medication
- Use of New Generation Medications
- Lack of Adaptation of Evidence-Based Practices
- Poor Adherence to Minimum Treatment Standards
- Quality of Treatment

Health Disparities: Support Resources in the Community

- Availability of Post Treatment Support in the Community
- Availability of Support and other Self-Help Groups
- Treatment Rates (Program availability) in the Community
- Availability of Alternatives to Formal Treatment
- Stigma of Mental Illness

***EXAMPLES OF
HEALTH
DISPARITIES***

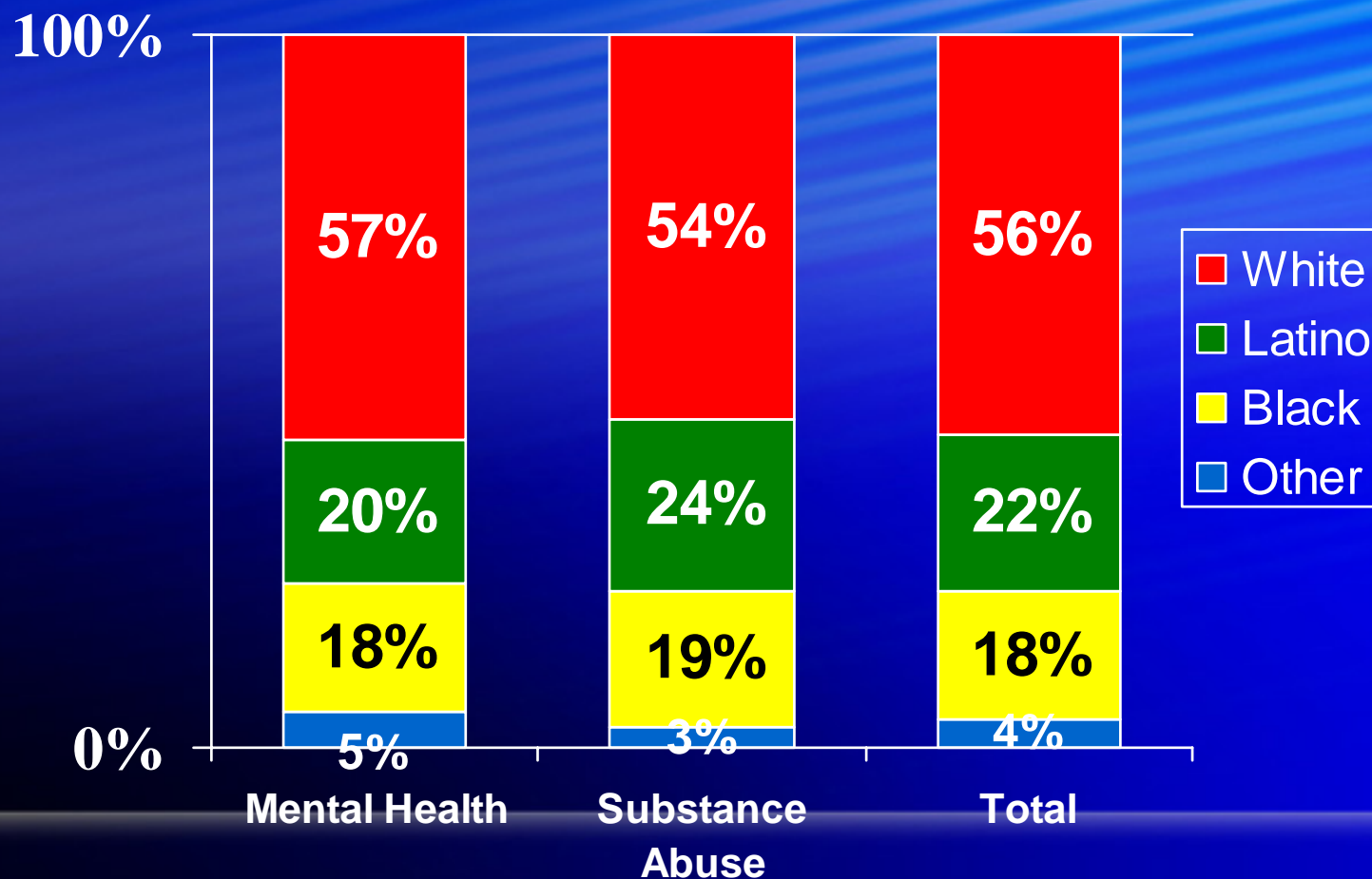
What demographic changes can we expect in Connecticut?

Connecticut demography in 2000 and in 2025

CT Population in Thousands	July 2000	July 2025	% Change
Latino*	288	574	99.3
African American	324	490	51.2
Am Indian, Eskimo, Aleut	8	11	37.5
Asian & Pacific Islander	80	171	113.8
White	2873	3065	6.7
TOTAL	3285	3737	13.8

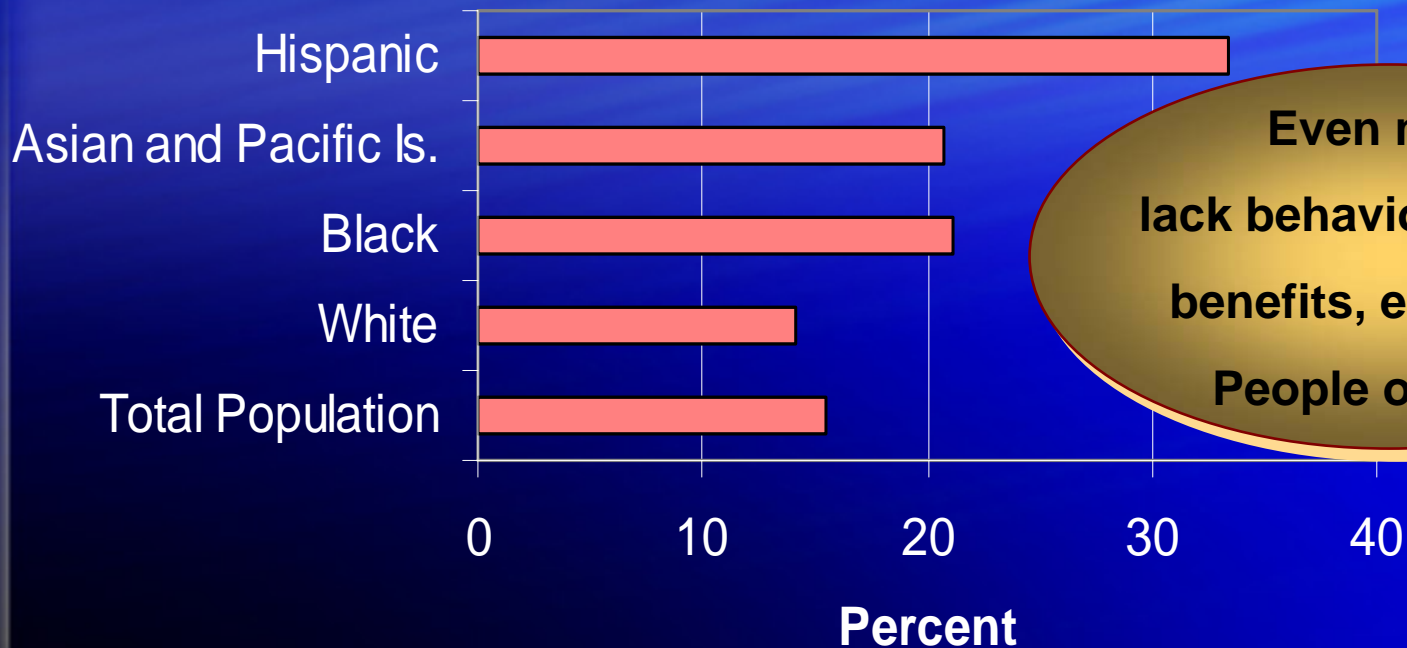
Many People of Color are reliant upon public sector services

CT DMHAS Fiscal Year 2003 Data



Too many people are uninsured

U.S. Population Without Health Insurance
During the Entire Year 1999



Even more
lack behavioral health
benefits, especially
People of Color

Utilization of psychiatric emergency services



- Lonnie Snowden Ph.D., UC Berkeley:
- More African Americans in Psychiatric Emergency Services than expected based on % in community population
- Why?
 - Substitution
 - Untreated illness
 - Economic stress
 - Intolerance

Who gets “New Generation” antipsychotics?

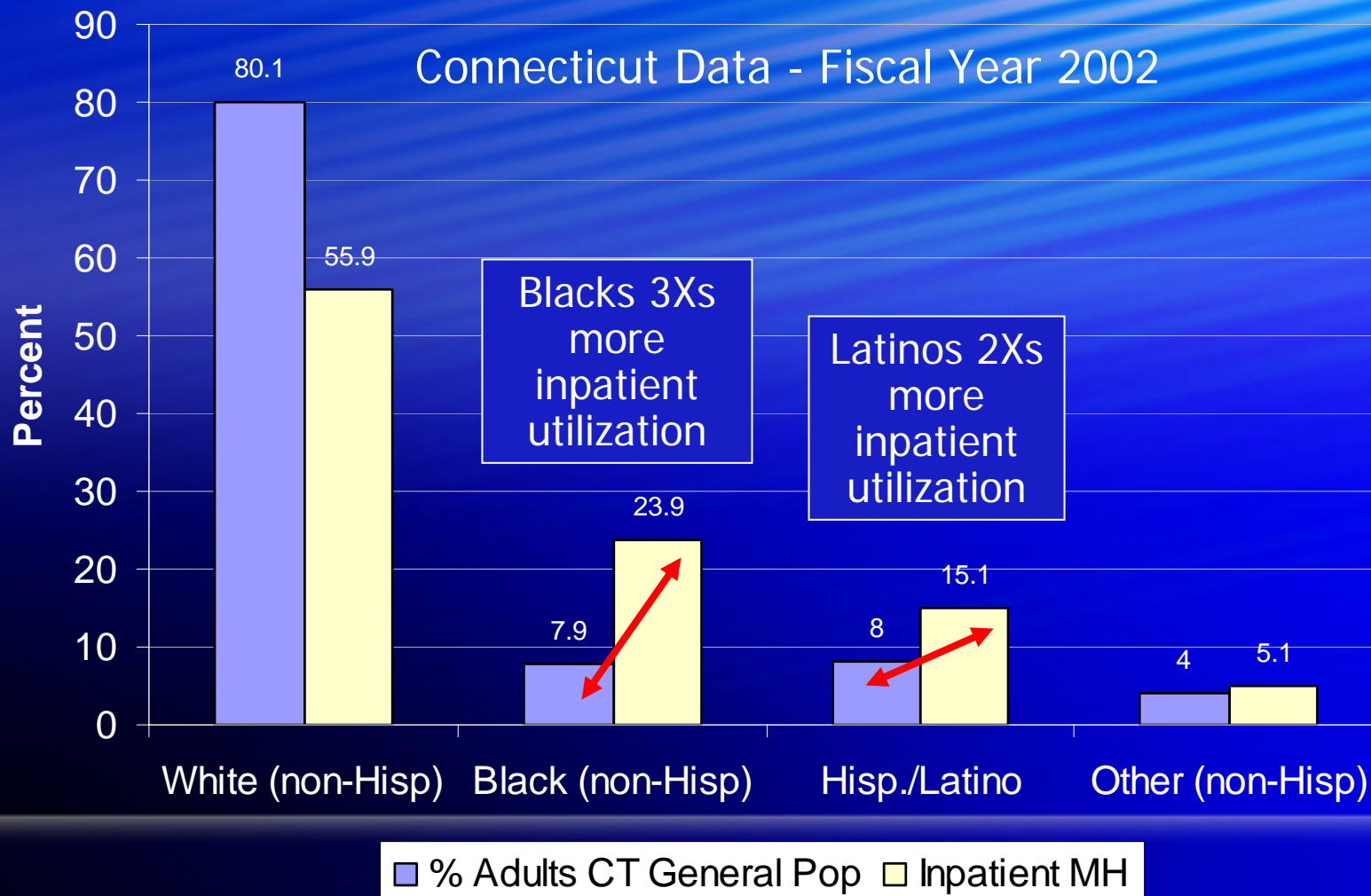
- V. Ganju and L. Schacht (2002) looked at 32,000 episode of inpatient care
- Half of clients served had psychotic disorder diagnoses
- 49% - 82% received antipsychotic meds
- Whites with schizophrenia and “other psychotic disorders” were more likely to receive new generation meds than Black/African American and Hispanic clients

What about use of “New Generation” antipsychotics meds in a Connecticut state hospital?



- Patients receiving new generation antipsychotic meds increased significantly: 80% in FY99 to 87% in CY01
- During FY99: Significantly fewer African American patients received atypical meds (72% African American versus 82% among all other patients)
- But During CY01: Gap in use of newer meds closes (85% African Americans versus 87% among all other patients)

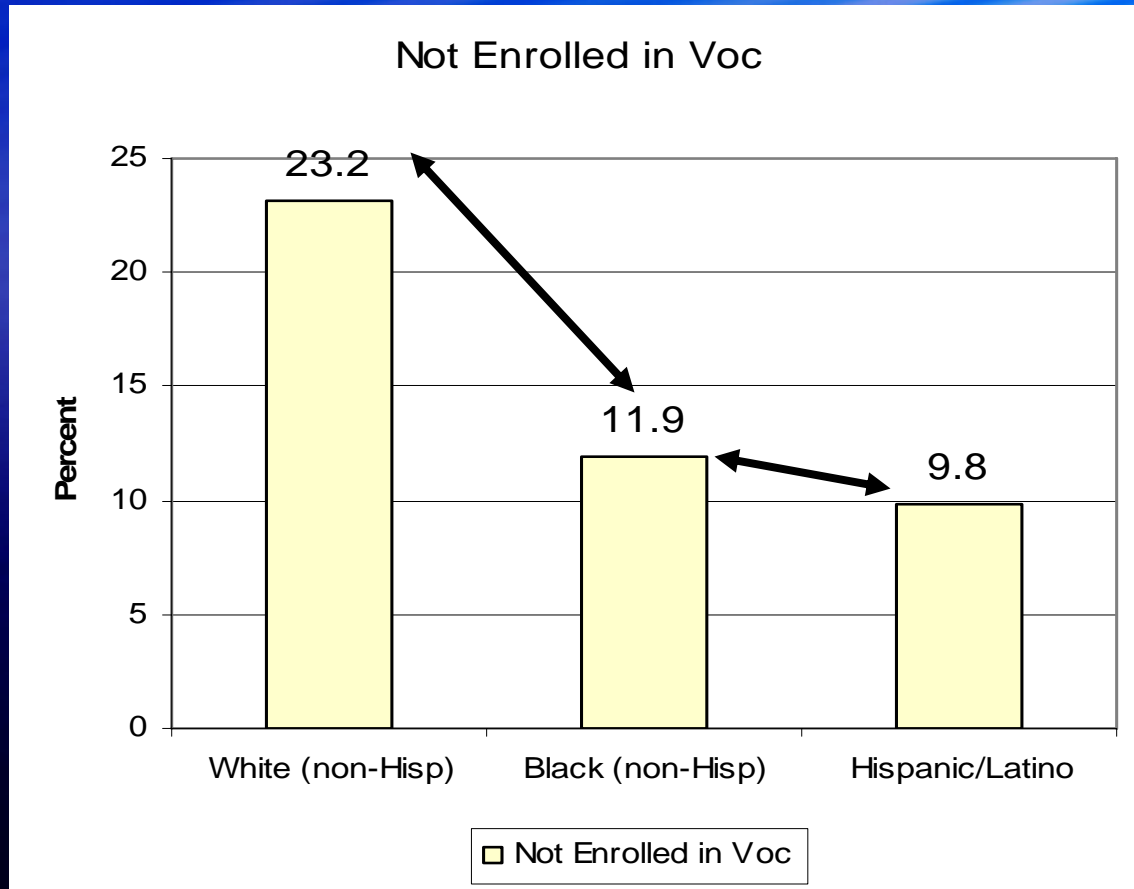
Disparities in Psychiatric Hospitalization Rates



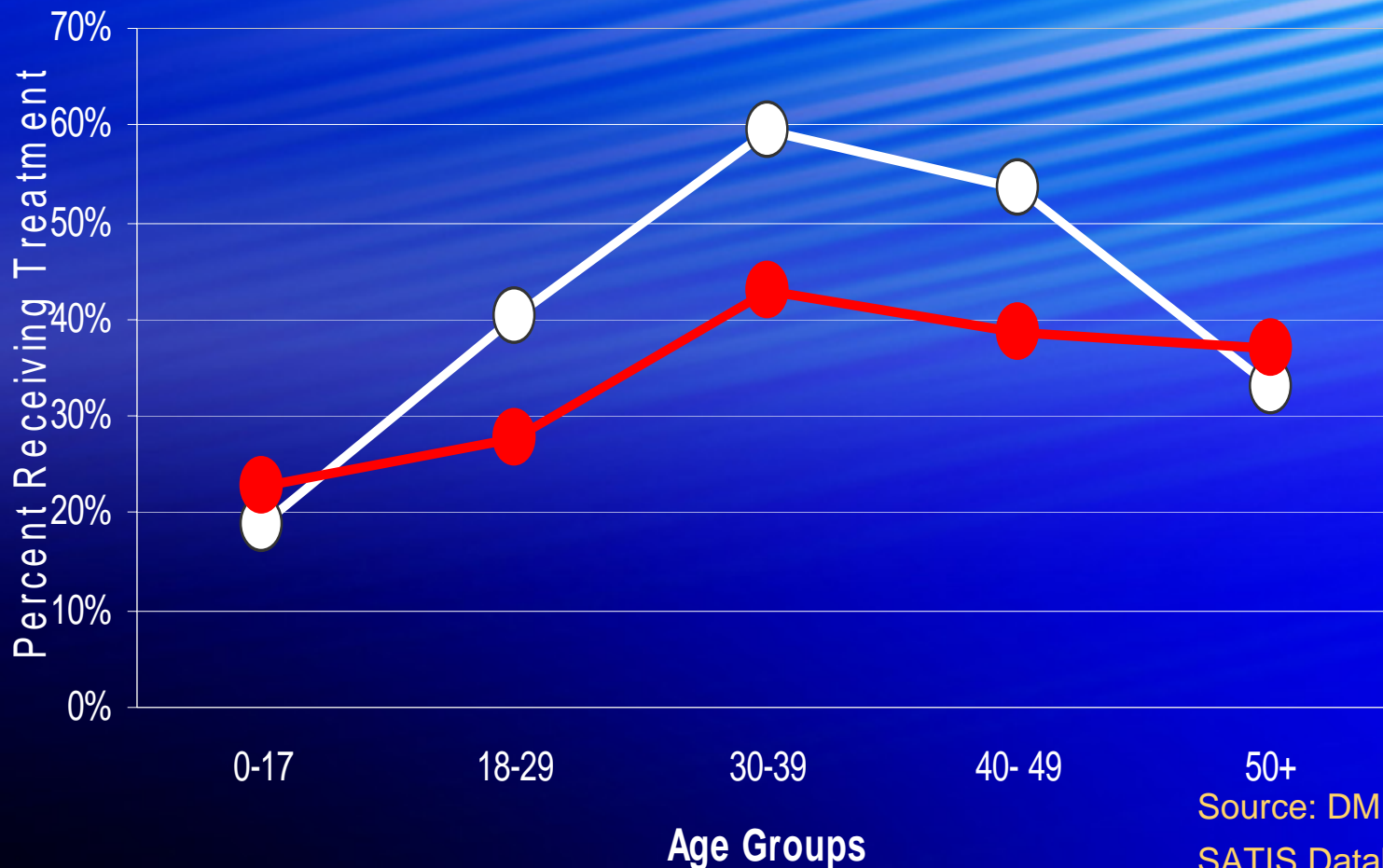
Improving Employment



Results from the "Voice Your Opinion 2000-2001" Connecticut Consumer Survey



Access to Substance Abuse Treatment in CT Prisons



Source: DMHAS

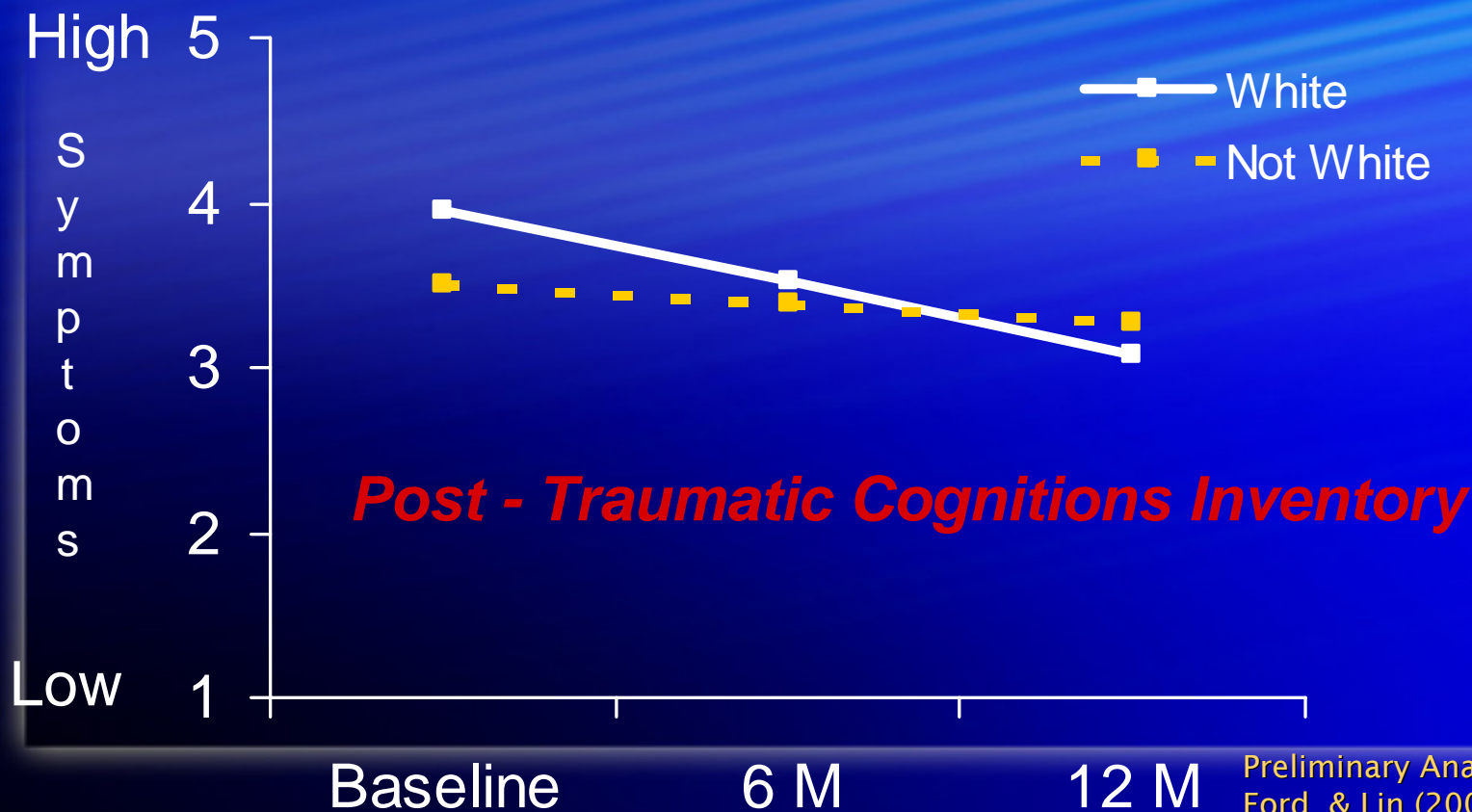
SATIS Database - 2001

○ White

● Non-White

Differential Treatment Effectiveness

Trauma Treatment: Different Outcomes for Whites vs. Non-Whites



Preliminary Analysis by Frisman, Ford, & Lin (2004)
PTCI-TARGET group only

ELIMINATING

DISPARITIES

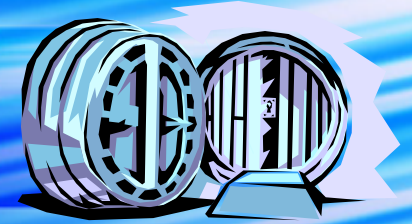
**WHY HAVEN'T WE
MOVED FORWARD
ON THESE
ISSUES?**

BARRIERS TO

CULTURAL COMPETENCY

Framework for Cultural Competency

The Connecticut Partners



Academic Partners

UConn

Center for Trauma Response/ Recovery & Preparedness

Dept. of Psychiatry

Yale

The Consultation Center

Dept. of Psychiatry

Yale Program on Recovery and Community Health

Postdoctoral Fellows

DMHAS

Senior Leadership

Office of Multicultural Affairs

Health Disparities Forum

Community Partners

(Partial Listing)

CT Institute for Cultural Literacy and Wellness

Faith Community Initiative

Asian Family Services & Khmer Advocates

CT Psychological Association, Diversity Taskforce

Hartford Call to Action

CT Association for United Spanish Action

New Haven Family Alliance

Recovery Communities

Urban League

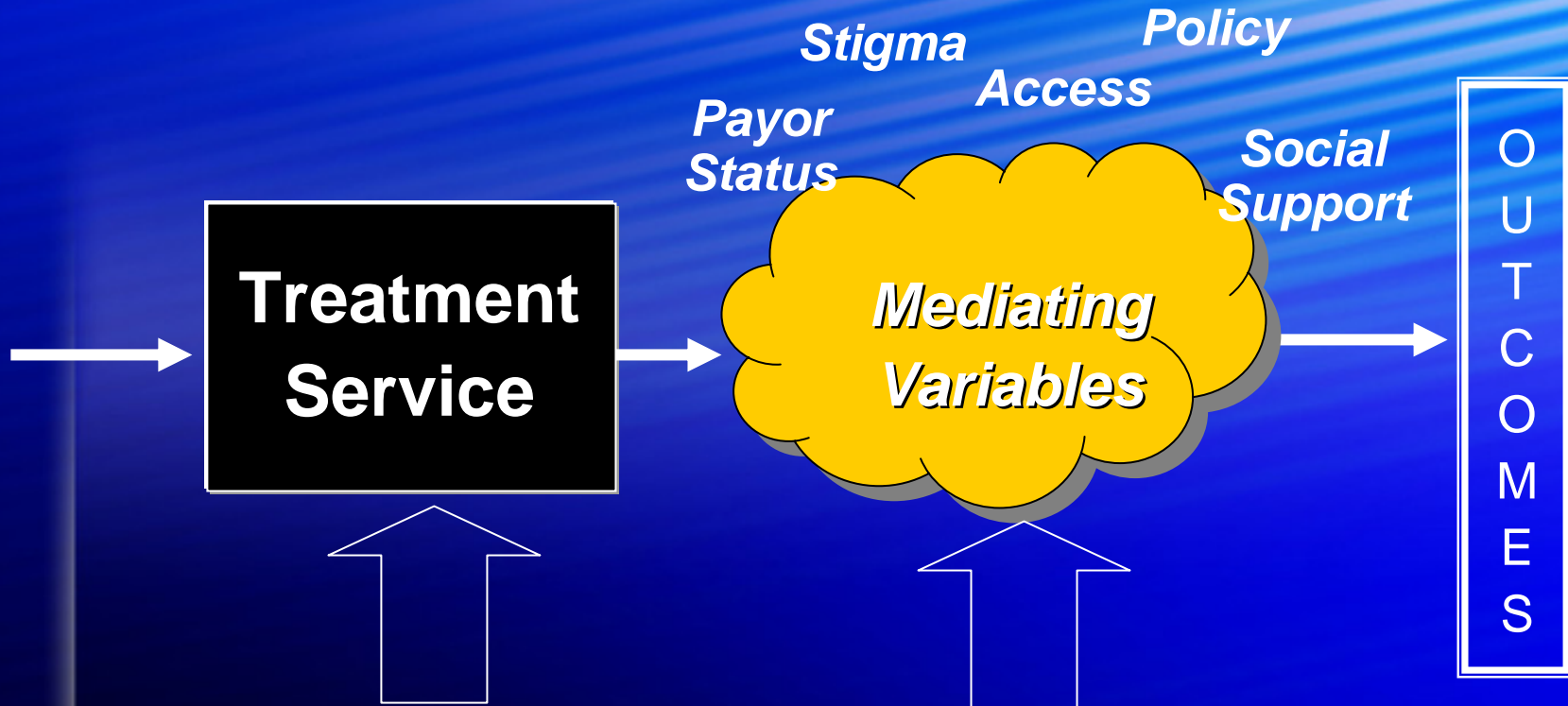
We've been too focused on what happens within the the "Black Box"

Historical Model



**Treatment Improvement
Cultural Competency**

We need to Consider Mediating Variables that Influence Outcomes



Treatment Improvement ✓
Cultural Competency

Need to Understand
✓ *Include in Our
Conceptualizations*
✓ *Intervene*

**In Search of a
Systems Perspective**

The ACES Model

Issues

Geographical
Psychological
Physical
Insurance Coverage

Tx Participation
Admission Process
Establishment of Trust
Therapeutic Relationship

Therapeutic
Relationship
Quality Treatment

Indigenous Healers
Ecological Perspective of
Clients
Community relationship

Access

Client
Engagement
& Retention

Effective Tx
Services

Supports in
Community

O
U
T
C
O
M
E
S

Indicators

Penetration Rates
Geo Mapping
Proportion in LOC

Length of Stay
Frequency of Visits

Clinical Outcomes
Treatment Completion
Quality of Life Measure

Relapse/Recidivism
Rates

Interventions

Addressing Payer
Issues
Geographical Access
Culturally Specific
Programs
Staff Selection

Culturally Specific
Programs
Inviting Environment

Motivational
Enhancement
Therapy (MET)
Transcultural
Approaches

Faith Community
Self-Help Groups

Examples of Reducing Disparities

Multi-Level, Multi-Dimensional Approach

Eliminating Health Disparities means building Culturally Competent systems that are effective at all levels (i.e., practitioner, provider and systems), and focusing on dimensions beyond treatment characteristics that provide leverage to system administrators.

Levels

- Clinical (Practitioner)
- Program (Provider)
- System (Policy)



Dimensions

- Training
- Standard Setting
- Contracting
- Data systems/MIS
- Quality Management
- Clinical/Systems Policy
- Consumer Advocacy/ Input/Satisfaction
- Evaluating care



Culturally Specific Approach to Methadone Treatment

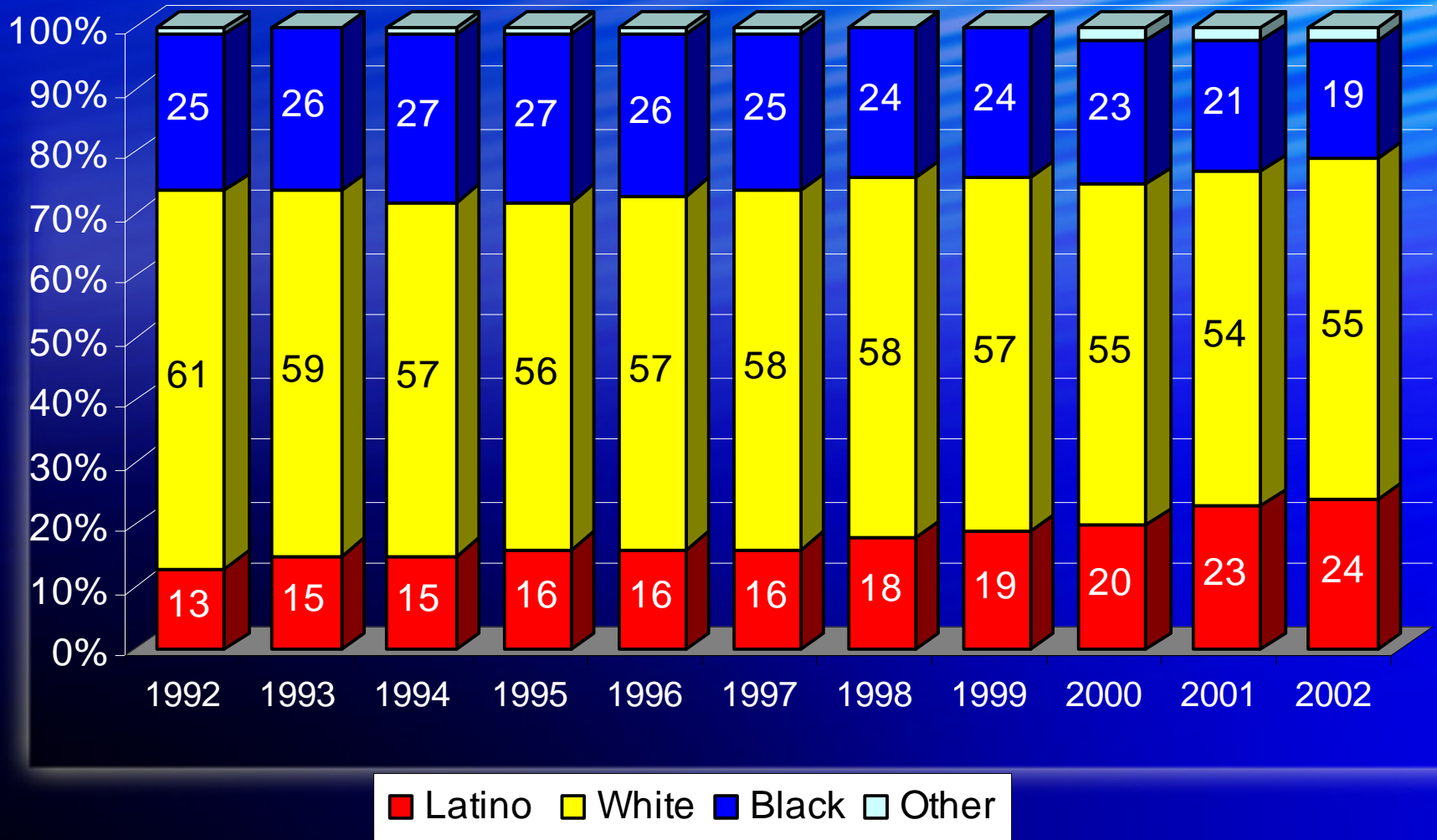
Impact of Latino Outreach Initiative

Latino Heroin User Admissions

	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Total	
FY 97	1754	1599	1612	1739	6704	Baseline
FY 98	1953	1901	2244	2225	8323	24%
FY 99	2396	2216	2223	2359	9194	37% Change

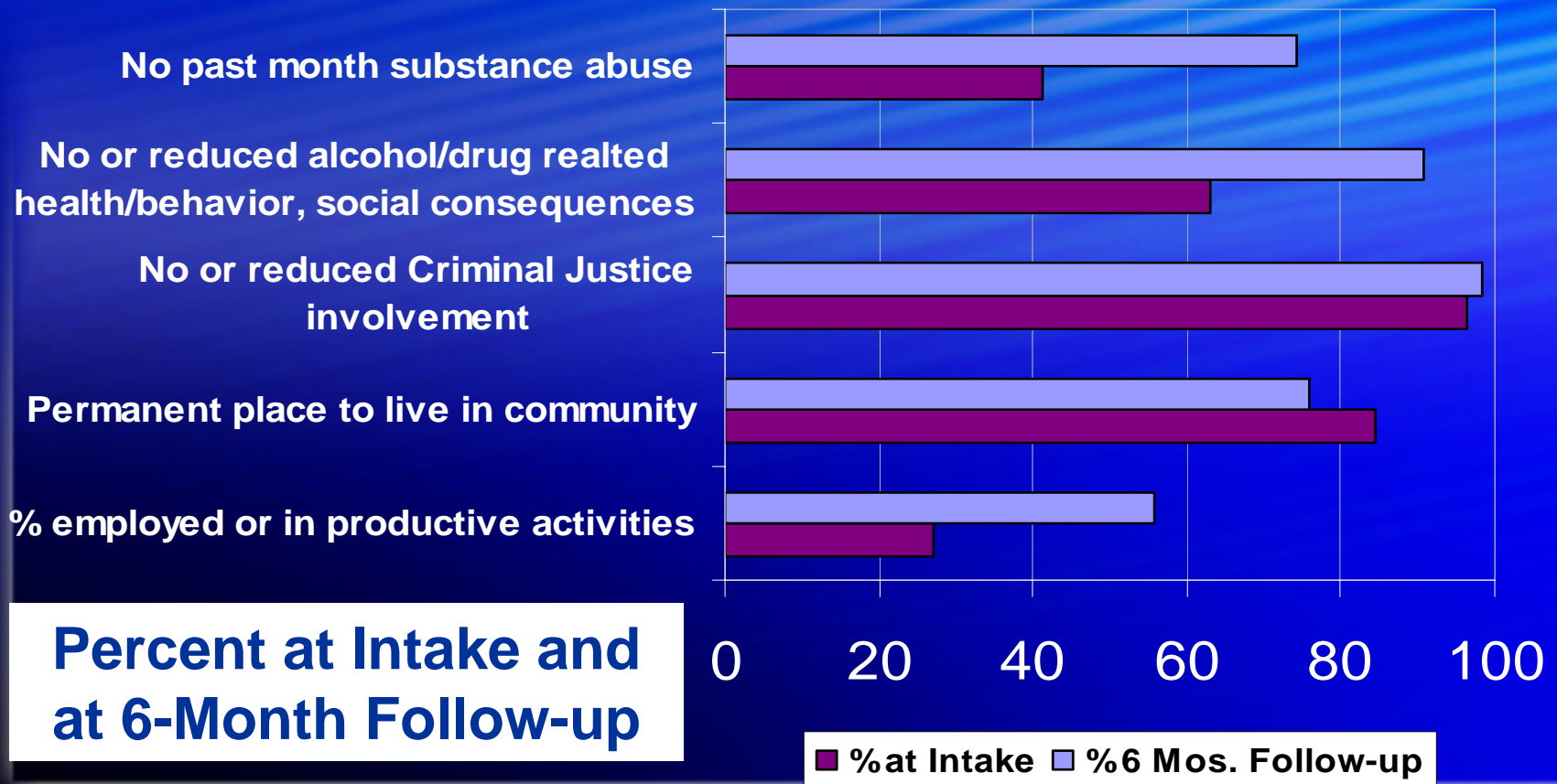
Access to Substance Abuse Treatment

Increased Treatment Admissions Among Latinos



Culturally Competent Care Means Improved Outcomes

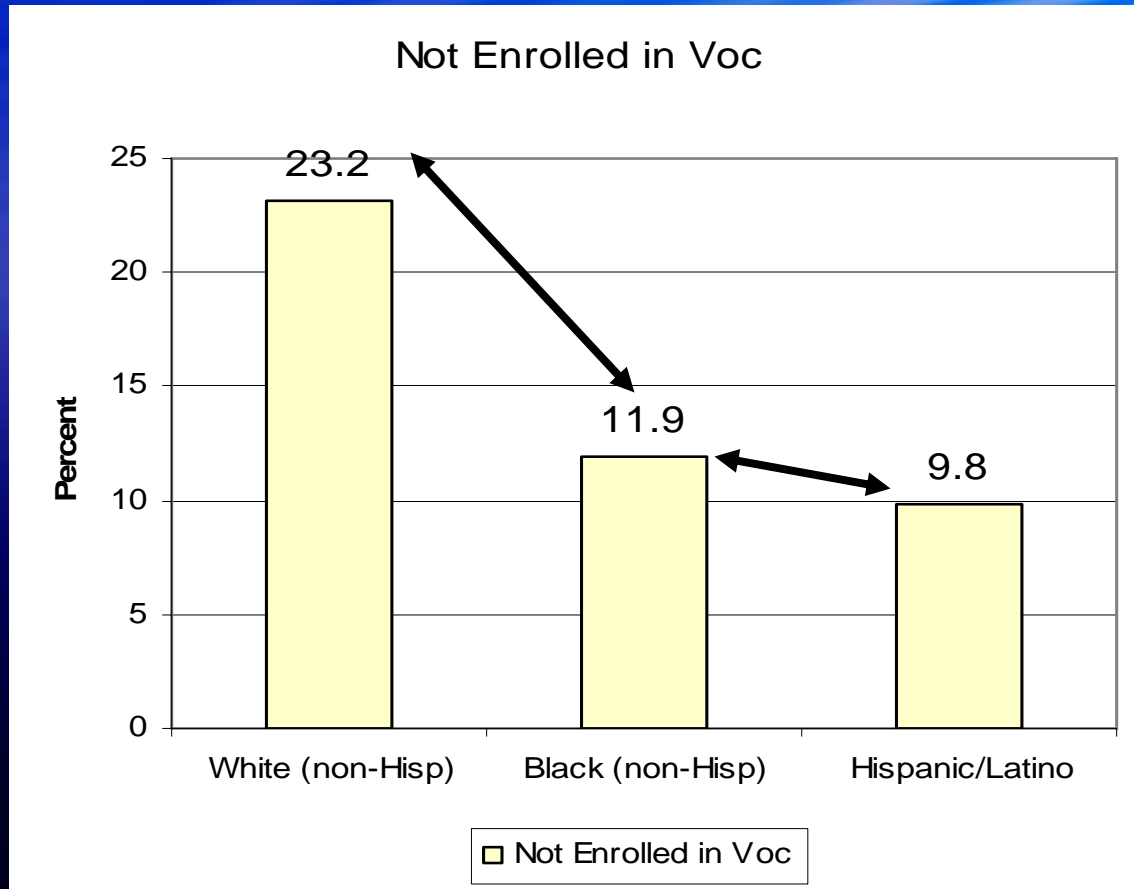
Amistad – A Culturally Specific Approach to Treatment



Improving Employment



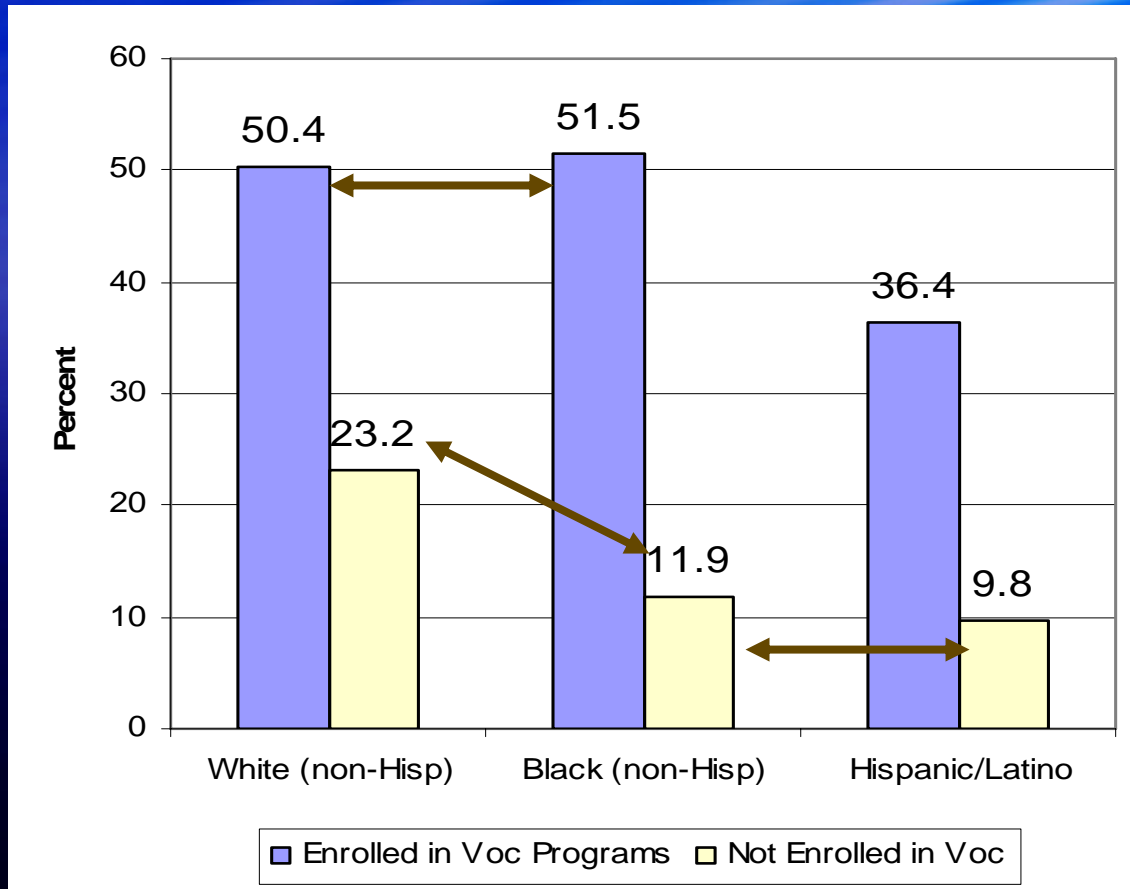
Results from the "Voice Your Opinion 2000-2001" Connecticut Consumer Survey



Improving Employment



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Culturally Specific Programs

- African-American Men in Recovery (AMIR)
- Amistad Project
- Project Nueva Vida
- Asian Family Services
- Dame La Mano

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Project for Addiction Cultural Competency Training

Goal:

- is to provide under-represented groups such as Latino/Hispanic, African American, Asian Americans and Native Americans with the opportunity to pursue a career in substance abuse counseling.

RECOMMENDATIONS

Recommendations for Policy Framework

- Develop Cross System policy framework for Reducing Disparities
- Ensure that the Broad Range of Services necessary to meet the Needs of Diverse Populations, especially Community-Based Services
- Ensure that Resource Distribution matches identified needs in the system
- Bring together policy, community, provider and academic resources to plan, implement and evaluate health disparity strategies

Recommendations for Policy Framework cont'

- Ensure that racial/ethnic data is routinely collected, analyzed and used in all quality improvement efforts
- Systematically disseminate lessons learned and preferred culturally competent practices
- Implement workforce development strategy to ensure that there is racial/ethnic diversity at all levels within the service system

