CEHDL 3RD ANNUAL CONFERENCE UNIVERSITY OF CONNECTICUT STORRS, CONNECTICUT MAY 20, 2008

Culture? Healthcare Disparities? So What?

Thomas A. Kirk, Jr., Ph.D.
Commissioner
Ct. Department of Mental Health and Addiction Services

GOALS OF PRESENTATION

- What strategies has DMHAS been using to address mental health and addiction healthcare disparities?

- How are the approaches integrated into the overall vision and goals of the agency?

- Benefits of "connecting the dots" versus silo or individual project focus?

- Partnerships…"Part of every agenda"

ESSENTIAL LEADERSHIP STRATEGIES FOR SUCCESSFUL TRANSFORMATION
(John Kotter, Harvard Business Review, January 2007)

- 1. **<u>Establish a Sense of Urgency</u>**
- 2. Form a Powerful Guiding Coalition
- 3. Develop a Vision
- 4. Communicating the Vision
- 5. Empowering Others to Act on the Vision
- 6. Planning for/Creating Short Term Wins
- 7. Consolidating Improvements and Producing Still More Change
- 8. Institutionalize New Approaches

Increased attention to:

- **gender**
- **culture**
- **trauma**
- **co-occurring disorders**

Why? So What?

To improve the effectiveness of care.

Why NOW? So What?

- It is the right thing to do…fits our Vision
- Nation's population is changing rapidly
- Health disparities are serious problems
- Greater knowledge base re causes/solutions
- Many of these individuals/groups are reliant upon a strained public sector healthcare system
- Too many people lack health insurance, the poor, people of color and culturally diverse groups.
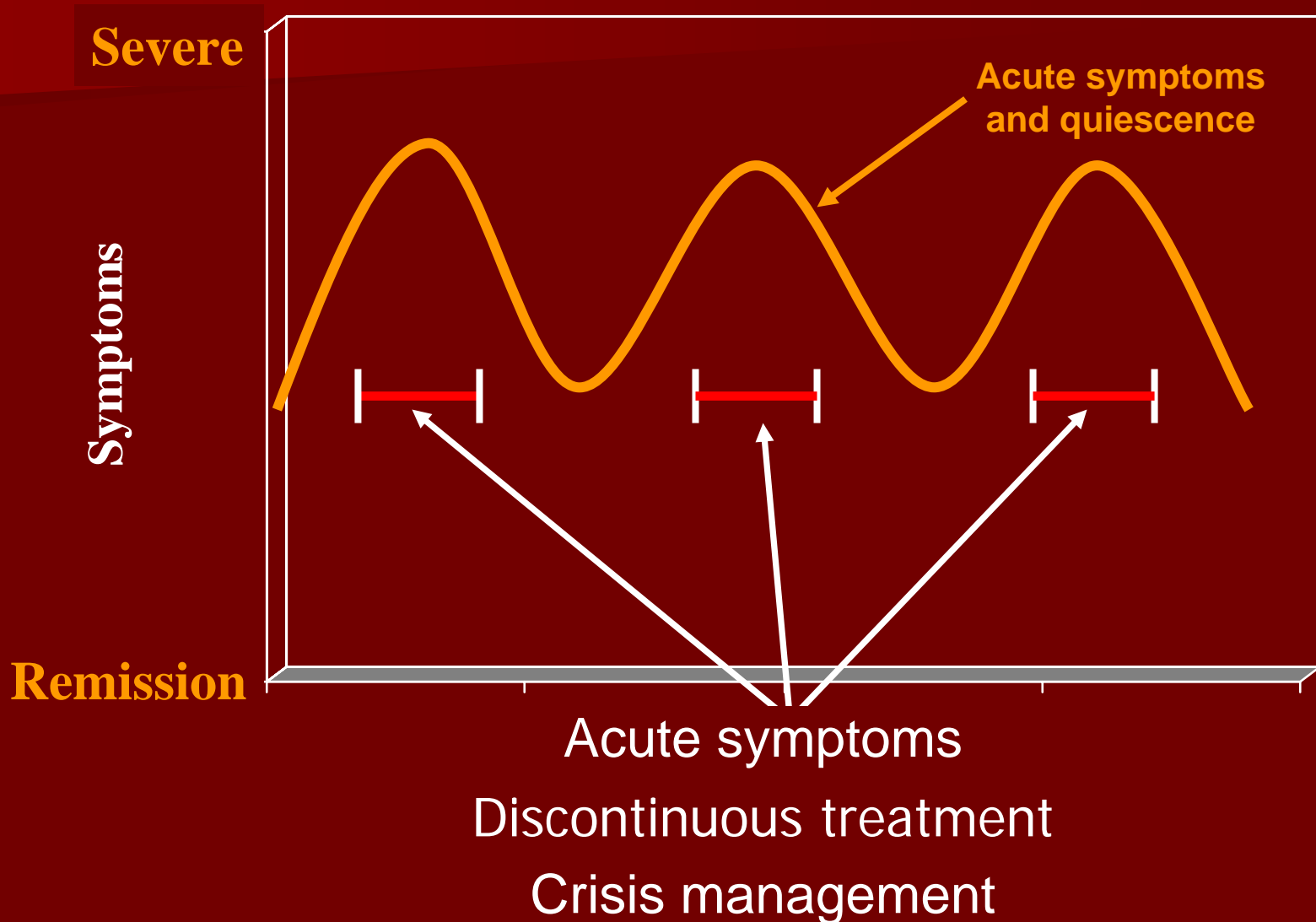
Our Vision

HEALTHY PEOPLE, HEALTHY COMMUNITIES...LET'S MAKE IT HAPPEN!

OVERALL HEALTH, ECONOMIC OPPORTUNITY AND THE FULLEST QUALITY OF LIFE FOR ALL PEOPLE ACROSS THE LIFESPAN IN SUPPORT OF THE HOPES, STRENGTHSAND GOALS OF EVERY PERSON, FAMILY AND COMMUNITY.
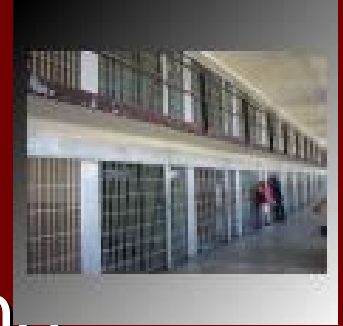
CTDMHAS2008

Health Disparities: Access

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

The "natural history" of serious mental illness/substance use and (Too Often) Typical Service Response

Severe

Symptoms

Remission

Acute symptoms and quiescence

Acute symptoms

Discontinuous treatment

Crisis management

Criminal Justice System

- 94% of all inmates in U.S. state and federal prisons are men
- Black and Hispanic inmates constitute 62% of the prison population
- 16% have mental illness
- Policy implications:
  - Front Door – Jail Diversion
  - Back Door – Community Reentry

Health Disparities:
Client Engagement & Retention

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

Health Disparities: Effective Treatment

- Quality of 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

Health Disparities:
Support Resources in the Community

- Availability of During & Post Treatment Recovery Supports in the Community
- Availability of Alternatives to Formal Treatment
- Program Availability in the Community
- Stigma of Mental Illness/Substance Use

WHAT IS DMHAS DOING ABOUT ALL THIS?

TOOLS, VALUES AND POLICY SHAPE PRACTICES

Anchors for the Recovery System Implementation

Commissioner's Policy Statement #83

➢ Provides recovery vision for the system

➢ Establishes recovery and quality as overarching system goals

➢ Emphasizes person centered , culturally responsive approach

➢ Guides policy and planning efforts

➢ Highlights importance of meaningful community membership

POLICY CONTINUED

- "Embed the <u>language, spirit and culture</u> of recovery throughout the system of services, in our interactions with one another and with those persons and families who entrust us with their care"

- Being Reviewed and Updated by Multi-stakeholder group, Due June 2008

Setting the Tone Through Policy

- Commissioner's Policy Statement #33, Individualized Recovery Planning, March 27, 2007

  - *...The Plan of care shall be developed in collaboration with the person... with provisions to ensure that they have the opportunity to play an active, meaningful role in the decision-making process.*

  - *...Focusing solely on deficits in the absence of a thoughtful analysis of strengths leads to disregarding the most critical resources an individual has on which to build on his or her efforts to... advance in his or her unique recovery journey.*

  - *...The primary focus of recovery planning is on what services the person desires and needs in order to establish and maintain a healthy and safe life in the community...Given this community focus, one tool required is an adequate knowledge of the person's local community and its opportunities, resources, and potential barriers.*

Eliminating Health Disparities Involves Simultaneous Initiatives
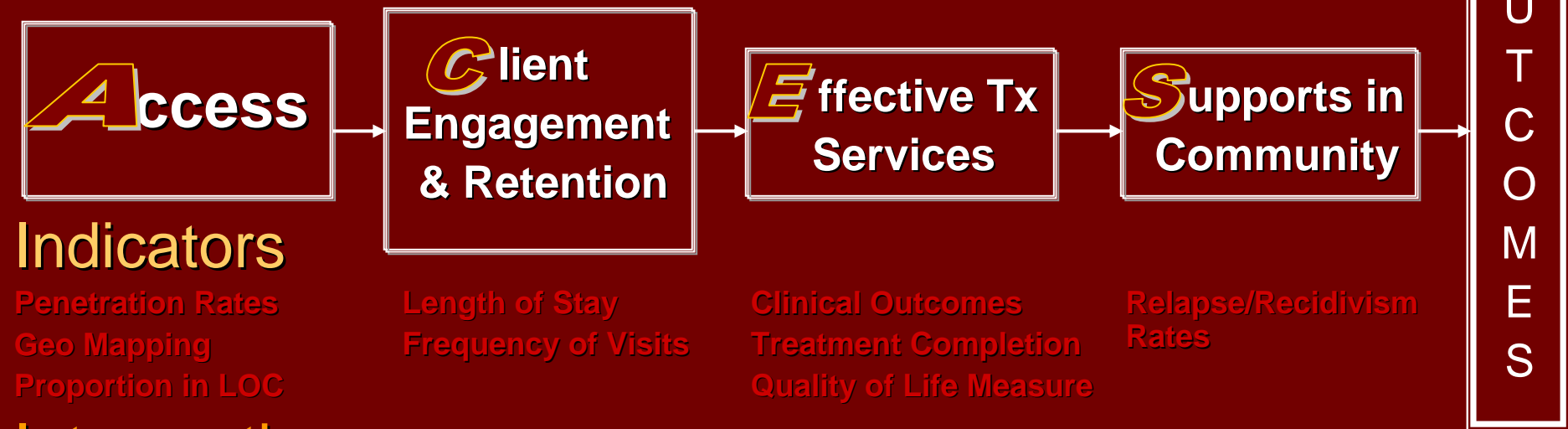
Academic Partners

Community Partners

Culturally Specific Programs

Health Disparities Policy

BHDI

Model Development & Research

DMHAS

Workforce Development

Post Docs

CT Behavioral Health Disparities Initiative (CT BHDI)

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

| *A*ccess | → | *C*lient Engagement & Retention | → | *E*ffective Tx Services | → | *S*upports in Community | → | OUTCOMES |

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

CONNECTING THE DOTS

Recovery Umbrella

Recovery Practice Guidelines

Housing and Jobs

Interagency Collaboration

Cultural Comp Health Disparities (Access, Quality)

Co-occurring & Trauma (Specialty Training)

Evidence-Based Practices (Science to Service)

MH Transformation Process

Workgroups

1. Mental Health is essential to Overall Health
2. MH Care is consumer and family driven
3. Disparities in MH services are eliminated
4. Early MH screening, assessment and referral are commonplace
5. Excellent MH care is delivered
6. Technology is used to access MH care and information
7. The MH workforce is transformed

Trans-formed System

Healthy People, Healthy Communities

Practice Guidelines

1 Primacy of Participation

2. Promoting Access and Engagement

2

3. Ensuring Continuity of Care

3

4. Employing Strengths-Based Assessment

4

5 Offering Individualized Recovery Plan

6 Functioning as Recovery Guide

7 Community Mapping, Development, and Inclusion

8 Identifying and Addressing Barriers to Recovery

http://www.dmhas.state.ct.us/document/pacticeguidelines.pdf

The Utility of Practice Guidelines

- ➢ **Promote increasing accountability among providers and system as a whole** (*You'll know you're doing it when…*)

- ➢ **Provide a road-map for trainees/providers who WANT to make changes, but they feel un/under-prepared**

- ➢ **Assist in prioritizing state training & consultation objectives**

- ➢ **Educate consumers and families re: what they can/should expect from supporters and the system at large**

**Guidelines can be a useful blueprint
for desired change!**

WHAT'S ELSE ?

- DMHAS OMA and Yale PRCH conducting focus groups with persons of Hispanic/Latina(o) origin
- Feedback used to improving service delivery
- Updating Multicultural Best Practice Standards
- Developing Cultural Competence Resource Kit

  containing a variety of tools and resources to assist agencies in improving cultural and linguistic competence at the organizational and direct care levels.

ETHNICALLY SPECIFIC PROGRAMS

- Proyecto Nuevo - HIV, SA, CJ Puerto Rican
- Latino Outreach - 34% increase 1st 3 years
- COSIG Dame La Mano Dual Disorders
- CT Latino Behavioral Health System – 13 agency Network, South Central, primary care and behavioral health integrated
- Office of Multicultural Affairs – 18 week Cultural Competence Training
- Six Day Multicultural Training Institutes

Multi-Level, Multi-Dimensional Approach

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

Levels

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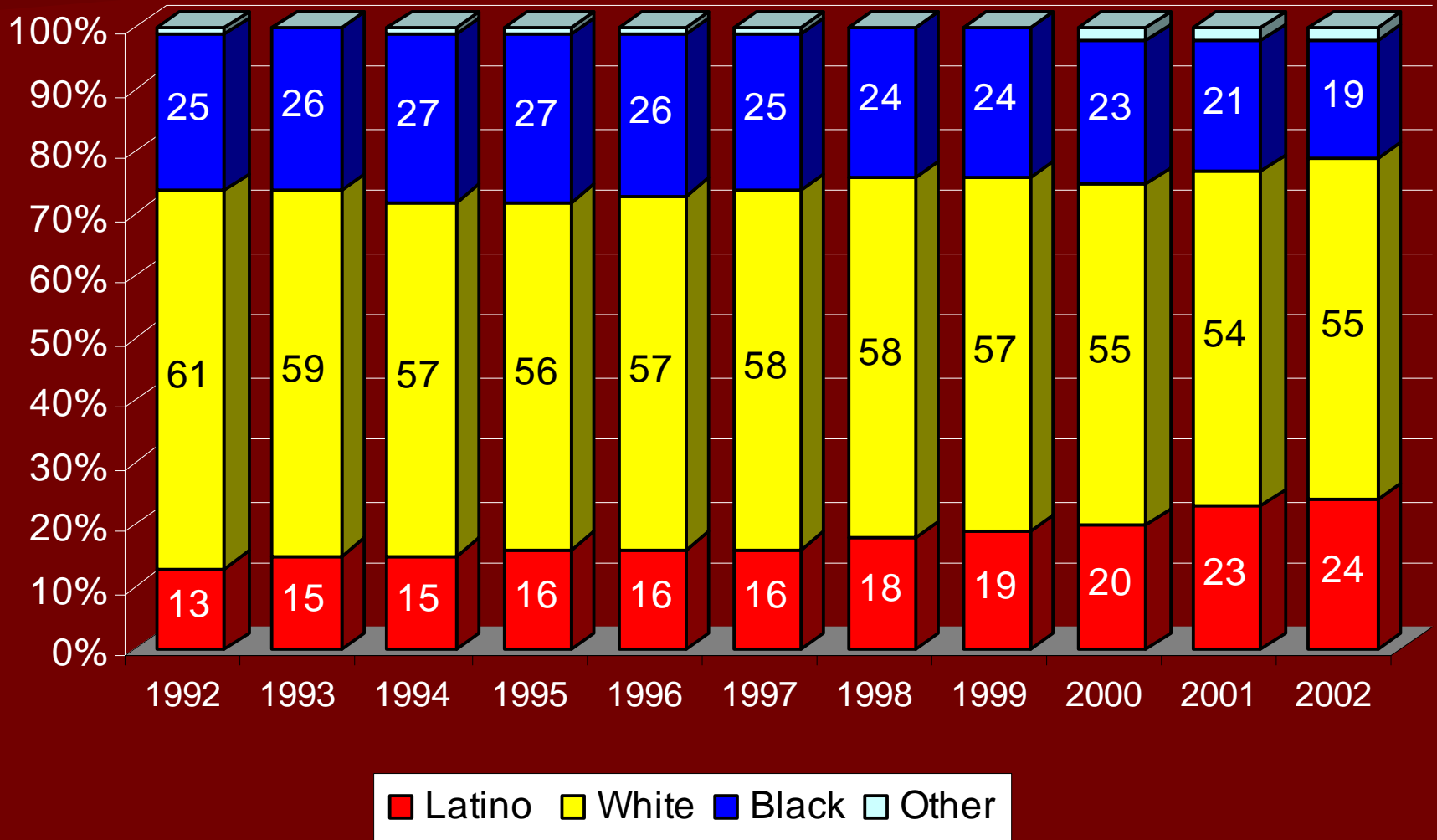- Program (Provider)
- System (Policy)

Dimensions

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

Access to Substance Abuse Treatment

Increased Treatment Admissions Among Latinos

Year	Latino	White	Black
1992	13	61	25
1993	15	59	26
1994	15	57	27
1995	16	56	27
1996	16	57	26
1997	16	58	25
1998	18	58	24
1999	19	57	24
2000	20	55	23
2001	23	54	21
2002	24	55	19

Legend: ■ Latino ■ White ■ Black ■ Other

Improving Employment

Results from the "Voice Your Opinion 2000-2001" Connecticut Consumer Survey
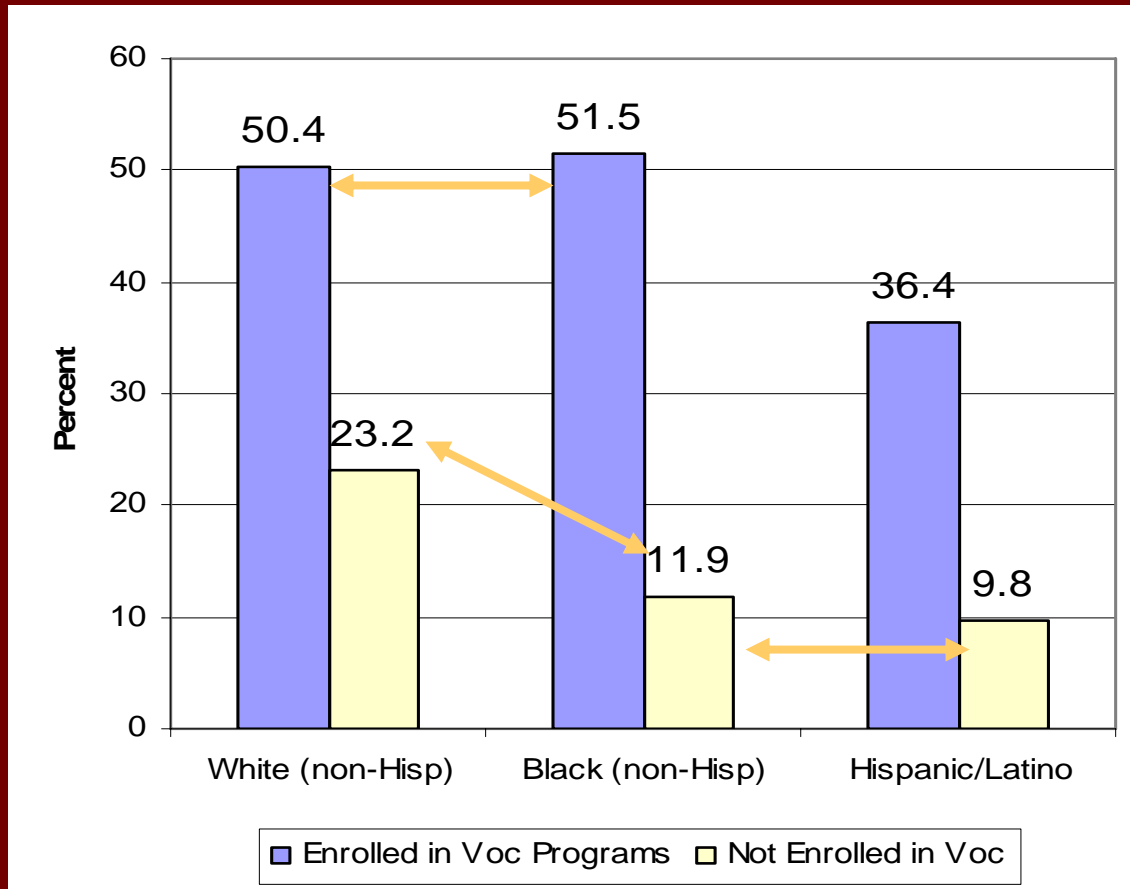
Systems Change & What Works: Lessons Learned

1 *Emphasizing community life and natural supports*

2 *Recognizing that people in recovery have valuable and useful contributions to make*

3 *Using multiple forms of "evidence" to guide policy*

4 *Using a combination of approaches to address cultural needs and elimination of health disparities*

5

Establishing clear service expectations for providers and monitoring outcomes

6

Using "Practice Management Tools"adapted from the private sector to improve outcomes for people using public sector services

GOAL 3: DISPARITIES IN MENTAL HEALTH SERVICES ARE ELIMINATED

New Freedom Commission:

- _Recommendation 3.1:_ Improve access to quality care that is culturally competent

Connecticut Response:

- Office of Multicultural Affairs
- Healthcare Disparities Initiative
- Multicultural Leadership Institute
- Cultural Competence Plans
- Ct. Lessons Learned #4 - Use a combo of approaches to address cultural needs

A SAMPLING OF WHAT'S NEXT?

Practice Guidelines for Recovery-Oriented Behavioral Healthcare, 2nd Edition June 2008

Practice Guidelines Domains (IOM Enhanced)

Recovery Oriented Care is:

- Person and family driven
- Timely and responsive
- Person-centered
- Effective, efficient and equitable
- Trustworthy and safe
- Maximizes use of natural supports and recovery

JOURNEY CONTINUES- SAMPLE TOOLS

- **Practice Guidelines for Recovery-Oriented Behavioral Healthcare** (2006), 2nd Edition June 2008

  .Incorporates standards and policies developed for Cultural Competency, Co-Occurring Disorders, Practice Improvement Collaboratives, and Trauma
     WHY? Help to "connect the dots"

  Meshes Original 8 Practice Domains with Six Aims of IOM Quality Chasm Series to create 6 Domains.
     WHY? Better utility for potential performance and outcome measures

  Differentiates guidelines at System/Agency, Provider/Person in Recovery levels

  Includes "case study" examples of how it would look in actual practice

Challenge and Opportunity

- SUCCESSFUL INITIATIVES HAVE A 1000 FATHERS AND MOTHERS.

- FAILED INITIATIVES ARE ORPHANS…

- OUR JOURNEY TO A RECOVERY-ORIENTED AND TRANSFORMED SERVICE SYSTEM HAS TO HAVE MANY, MANY PARENTS (so that)

- "WHEN PEOPLE LEAD, THEIR LEADERS WILL FOLLOW."

CTDMHAS2008

CT Implementation Process

Samples of R and D, Tools for Change	**T-SIG, R&S CIT**	**NIH,CMS PCP**	**ATR, SPF COSIG**	
Education, training and workforce development	**CC, COD, Gender, Trauma**	**"Recovery Institute"**	**Reframed E and T Local Colleges**	
Service Enhancement	**Vocational, Employment Focus**	**Housing Supports**	**Peer Directed Services**	
Control and Participation	**Person Centered Recovery Plan**	**Practice Improvement Collaborative**	**Strong Advocacy Groups**	**Flexible Service Funding**
Laying the foundation	**Recovery Steering Committee** / **CSAT & CMHS Consultation**	**Cornerstones, Lessons Learned**	**DMHAS Advisory Council**	**Provider Recovery Assessment**

Anchors

Cultural Competency

Commissioner's Policy Statement
Quality System of Care

Advocacy Community
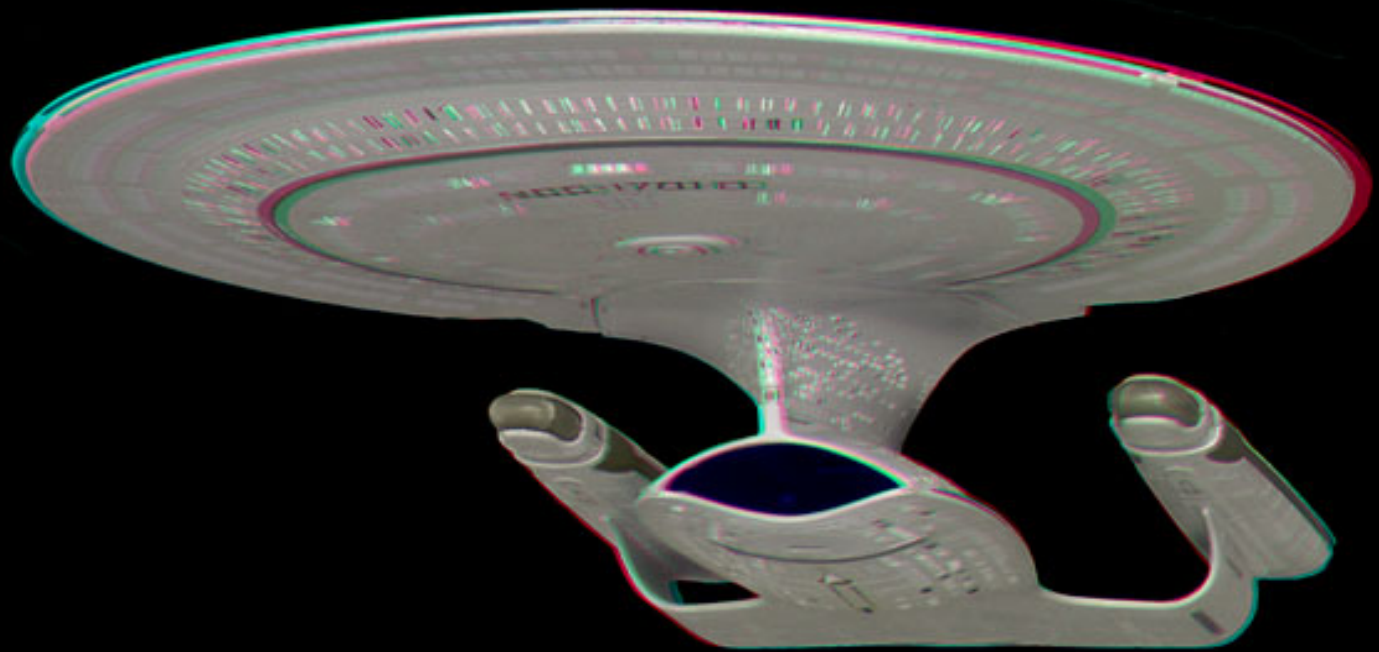
CORE VALUES AS ARTICULATED BY RECOVERY COMMUNITY

"STARSHIP DMHAS"

Health Affairs…The Policy Journal of the Health Sphere Whole Series of Articles in 2008 on Disparities in Health. Selected Findings:

- "…Physicians in high-minority practices depend more on low paying Medicaid, receive lower private insurance reimbursements, and have lower incomes."

- "These constrained resources help explain the greater quality-related difficulties delivering care reported by these physicians."

- "Definitions of racial and ethnic disparities fall along a continuum from differences with little connotation of being unjust to that that result from overt discrimination."

- "The degree to which one sees environmental factors and social context as shaping choices has important implications for the measurement of disparities and ultimately for directing efforts to eliminate them."

Health Affairs…The Policy Journal of the Health Sphere Whole Series of Articles in 2007/2008 on Disparities in Health. Selected Findings (Cont'd - 5):

- "…the public health and social science communities have bemoaned for years that the center of gravity for public policy initiatives intended to improve the health status of the most vulnerable has remained fixed on improving access to care."

- "Far less consideration has been given to equally important 'upstream ' factors affecting the overall health of the population, including socioeconomic status, education…"

- "…overemphasizing the medical model…95% of the health care economy pays for medical care, with only the balance addressing nonmedical determinants of health."

Health Affairs…The Policy Journal of the Health Sphere
Whole Series of Articles in 2008 on Disparities in Health. Selected
Findings (Cont'd - 6):

- "Extreme racial/ethnic disparities exist in children's access to 'opportunity neighborhoods.' These disparities arise from residential segregation and have implications for health and well-being…throughout the life course."

- "…We need to move beyond conventional public health and health care approaches to consider policies to improve access to opportunity-rich neighborhoods through enhanced housing mobility, and to increase the opportunities for healthy living in disadvantaged neighborhoods."

DMHAS, THE EVIL EMPIRE

CONTACT INFORMATION

Thomas A Kirk, Jr., Ph.D.
Commissioner
Department of Mental Health and Addiction Services

Office Phone: 860/418-7000
Office Fax: 860/418-6691
e-mail: thomas.kirk@po.state.ct.us

Connecticut Department of Mental Health and Addiction Services
A Healthcare Services Agency