

Transformation Workgroup #3 Disparities in Mental Health Services are Eliminated

March 30, 2006
9:05 a.m. – 12:15

Convener: Jose Ortiz

Major Topics/Discussion Points:

- Agenda was reviewed and updates were provided.
 - o Breakout groups submitted their recommendations to Jose during the previous 2 weeks- these will continue to be built upon and refined.
- Maria O'Connell reviewed the process of the statewide needs assessment and evaluation components of the transformation grant. The needs assessment will identify the needs, barriers and assets across the state agencies as well as a resource inventory of how much is being spent. It has three levels: consumers, providers/agencies, and citizens in the community. The evaluation of the transformation will focus on the process and outcomes as determined by SAMHSA. There was a discussion and members were encouraged to contact Maria if they had any ideas.
- Presentation and discussion
 - o Challenges and barriers: persons with mental illness have historically been overlooked by the system; day reporting programs haven't been taking persons with mental illness; many youth and adults with mental illness are incarcerated; average waiting list for residential treatment programs 40 days; serious disconnects and gaps in the continuity of care for clients (e.g., entitlements discontinued while incarcerated, no shelter after release, difficulty getting a job, difficulty obtaining services for mental health and co-occurring substance disorders);
 - o Progress: many efforts have begun to address these issues such as: trying to do a mental health AIC, expanding # of bail commissioners with mental health training
 - o Recommendation to have a continued collaborative oversight committee to care for clients with their cross-systems needs
 - o There are people aging out of prison population, need coordination with nursing homes
- Presentation and discussion
 - o Challenges and barriers: Medicare gives only 50% coverage for mental health vs. 80% medical, and there needs to be parity. Also, Medicare doesn't recognize wrap around, case management, peer support, etc. services. By 2020 total CT population will increase 9% but 65 and older will increase 35%. Problems with catchment areas, especially for those who live further away from their catchment of origin. There needs to be better coordination amongst service providers for older adults, system available is fragmented.
 - o Recommendations include: Need to have parity with mental health and medical coverage, address catchment areas problems, institute standardize nursing home policies

Presentation and Discussion

- One provider of adult outpatient services, private non-profit with state contracts. 69% of clients are Latino, half of whom are monolingual; 12% African American; biracial identities are becoming significantly more important among clients
- Challenges and barriers: high rates of trauma (institutional, from prisons, generational, immigration); high rates of co-occurring substance abuse disorders; difficulty getting people in and out the system; difficulty finding staff who have language capacities to serve all clients (e.g., Bosnians, Vietnamese); difficulty finding primary care physicians who can talk in client's language (this prevents discharge to primary care); high rates of co-occurring physical conditions and disabilities; difficulty accessing good doctors due to insurance problems, difficulty getting bilingual staff to get licensed, struggle over question of how to know if a therapist is culturally competent; community-wide stigma; can't bill for essential parts of treatment such as outreach
- Progress: They have done data breakdowns based on ethnicity/race; staff generally represent racial/linguistic background of clients; agency provides educational assistance to staff
- Presentation and discussion
 - Challenges and barriers: children of color overrepresented in corrections and child welfare; don't see people of color coming through voluntary or neutral means; people don't want to call abuse and neglect hotline even to receive voluntary services; trouble to keep data when families refuse to release their names; questions on how to infuse and operationalize cultural competency
 - Progress: attention to issues relating to cultural competency, examination of what it means (= equality) and the history of interest in the topic.
 - Progress: as outlined in the handout, there has been progress relating to policy, contracting and data, staffing; advisement, training, and service delivery
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- Developing recommendations
 - The recommendations that were submitted by the breakout groups had good ideas; however, they need to speak to race/ethnicity, and need to mention mental health. There were no recommendations related to geographically remote areas. Recommendations need to focus on infrastructure (training, legislature, language in statutes, policy development, data, standards and plans) and not service.
 - American Psychiatric Association focus on disparities report was given as an example of how to write up recommendations.
 - Groups 2 and 4 joined together and Groups 3 & 4 joined together to take the recommendations produced by their groups and develop them into one document. Group captains facilitated this process.
 - Over the next two weeks there will be more presentations and the documents will be revised, then eventually it will merge into one list of recommendations.

Other Barriers/Problems Identified:

- Not enough housing for consumers being released to the community
- Consumers released to the community are returned to the same environment they were in before, and the environment (drugs, etc.) can lead to challenges and relapse
- Community providers and consumers do not understand the state system.

- Not everyone is involved in the recovery model, trying to spread the word.
- For persons who are deaf and hard of hearing, there needs to be understanding of cultural issues and have interpreters

Other Ideas/Recommendations:

- Get in touch with UConn Center on Disabilities (in the Health Center) in Farmington to obtain their report on cultural competence across state agencies.
- Coordinate or find information about the bill in legislature on statewide long-term care needs assessment.
- Suggestion to include youth consumers in the needs assessment process.
- How will groups with limited English speaking such as refugees be included in the needs assessment process?
- More consumers should be involved in efforts aimed to address systemic problems. Consumers can be employed in this process.
- How to make this a consumer-driven system versus (or in balance with) funds-driven system?

Transformation Activities in Connecticut Discussed in the Meeting:

To Do/Tasks:

- A report that summarizes the themes from 160 reports from state agencies will be provided by Maria O'Connell. Workgroup members can review the report and identify if there is any important information that is missing.
- Everyone should re-visit or read the transformation report to re-orient ourselves with the goals and focus of the grant.
- Co-facilitators of the breakout group should e-mail the new document with recommendations to Jose by Friday April 7th.

Next Meetings:

Thursday, April 13th: 1:00-4:30 pm Room 213 Page Hall, CVH

Thursday, April 27th: 1:00-4:30 p.m., Room 213, Page Hall, CVH