REDUCING HEALTH DISPARITIES
IN BEHAVIORAL HEALTH:
The DMHAS Policy Framework

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Deputy Commissioner
CT Dept of Mental Health and Addiction Services

ALCOHOL DRUG POLICY COUNCIL

September 30, 2004
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

<table>
<thead>
<tr>
<th>CT Population in Thousands</th>
<th>July 2000</th>
<th>July 2025</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino*</td>
<td>288</td>
<td>574</td>
<td>99.3</td>
</tr>
<tr>
<td>African American</td>
<td>324</td>
<td>490</td>
<td>51.2</td>
</tr>
<tr>
<td>Am Indian, Eskimo, Aleut</td>
<td>8</td>
<td>11</td>
<td>37.5</td>
</tr>
<tr>
<td>Asian &amp; Pacific Islander</td>
<td>80</td>
<td>171</td>
<td>113.8</td>
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<tr>
<td>White</td>
<td>2873</td>
<td>3065</td>
<td>6.7</td>
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<tr>
<td>TOTAL</td>
<td>3285</td>
<td>3737</td>
<td>13.8</td>
</tr>
</tbody>
</table>
Many People of Color are reliant upon public sector services

CT DMHAS Fiscal Year 2003 Data

100%

Mental Health

- White: 57%
- Latino: 20%
- Black: 18%
- Other: 5%

Substance Abuse

- White: 54%
- Latino: 24%
- Black: 19%
- Other: 3%

Total

- White: 56%
- Latino: 22%
- Black: 18%
- Other: 4%

Source: CT DMHAS eCura
Too many people are uninsured

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

- Hispanic
- Asian and Pacific Is.
- Black
- White
- Total Population

Percent

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

- Blacks: 3Xs more inpatient utilization
- Latinos: 2Xs more inpatient utilization

Connecticut Data - Fiscal Year 2002

<table>
<thead>
<tr>
<th></th>
<th>White (non-Hisp)</th>
<th>Black (non-Hisp)</th>
<th>Hisp./Latino</th>
<th>Other (non-Hisp)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Adults CT General Pop</td>
<td>80.1</td>
<td>55.9</td>
<td>8</td>
<td>4</td>
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<tr>
<td>Inpatient MH</td>
<td>5.1</td>
<td>7.9</td>
<td>15.1</td>
<td>5.1</td>
</tr>
</tbody>
</table>
Improving Employment

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

Not Enrolled in Voc

<table>
<thead>
<tr>
<th>Group</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (non-Hisp)</td>
<td>23.2</td>
</tr>
<tr>
<td>Black (non-Hisp)</td>
<td>11.9</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>9.8</td>
</tr>
</tbody>
</table>

Not Enrolled in Voc
Access to Substance Abuse Treatment in CT Prisons

![Graph showing percent receiving treatment by age group and race.]

Source: DMHAS
SATIS Database - 2001

- White
- Non-White
Differential Treatment Effectiveness

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

Post-Traumatic Cognitions Inventory

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

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

Postdoctoral Fellows
We’ve been too focused on what happens within the “Black Box”

Historical Model

Client → Treatment Service → Outcomes

Treatment Improvement
Cultural Competency
We need to Consider Mediating Variables that Influence Outcomes

- Treatment Improvement
- Need to Understand
- Include in Our Conceptualizations
- Intervene

- Treatment Service
- Mediating Variables
- Outcome

- Treatment Improvement
- Cultural Competency
- Need to Understand
- Include in Our Conceptualizations
- Intervene

- Policy
- Access
- Stigma
- Payor Status
- Social Support
In Search of a Systems Perspective
The ACES Model

**Issues**
- Geographical
- Psychological
- Physical
- Insurance Coverage

**Indicators**
- Penetration Rates
- Geo Mapping
- Proportion in LOC

**Interventions**
- Addressing Payer Issues
- Geographical Access
- Culturally Specific Programs
- Staff Selection

**Access**
- Tx Participation
- Admission Process
- Establishment of Trust
- Therapeutic Relationship

**Client Engagement & Retention**
- Length of Stay
- Frequency of Visits

**Effective Tx Services**
- Clinical Outcomes
- Treatment Completion
- Quality of Life Measure

**Supports in Community**
- Relapse/Recidivism Rates
- Relapse/Recidivism
- Rates
- Relapse/Recidivism

**Outcomes**
- Motivational Enhancement Therapy (MET)
- Transcultural Approaches
- Faith Community
- Self-Help Groups

*Note: ACES stands for Access, Client Engagement & Retention, Effective Tx Services, Supports in Community.*
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

<table>
<thead>
<tr>
<th>Year</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Qtr</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Qtr</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; Qtr</th>
<th>4&lt;sup&gt;th&lt;/sup&gt; Qtr</th>
<th>Total</th>
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<td>FY 97</td>
<td>1754</td>
<td>1599</td>
<td>1612</td>
<td>1739</td>
<td>6704</td>
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<tr>
<td>FY 98</td>
<td>1953</td>
<td>1901</td>
<td>2244</td>
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<td>8323</td>
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<td>FY 99</td>
<td>2396</td>
<td>2216</td>
<td>2223</td>
<td>2359</td>
<td>9194</td>
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Baseline: 6704
Change: 24%
Change: 37%
Access to Substance Abuse Treatment

Increased Treatment Admissions Among Latinos

<table>
<thead>
<tr>
<th>Year</th>
<th>Latino</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
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<tbody>
<tr>
<td>1992</td>
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Culturally Competent Care Means Improved Outcomes

Amistad – A Culturally Specific Approach to Treatment

- No past month substance abuse
- No or reduced alcohol/drug related health/behavior, social consequences
- No or reduced Criminal Justice involvement
- Permanent place to live in community
- % employed or in productive activities

Percent at Intake and at 6-Month Follow-up

Source: CSAT GRPA Online Report (Sept 01 – Set 03)
Improving Employment

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Improving Employment

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

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<td>White (non-Hisp)</td>
<td>50.4</td>
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Culturally Specific Programs

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

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