

2009



POLICY

Summit



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National Policy Summit
on the Elimination of Disparities in Mental Health Care

Center for Mental Health Services
Substance Abuse and Mental Health Services Administration

STATE ABSTRACTS

Florida

Florida's rural communities often suffer from limited access to specialty mental health services. Of Florida's 67 counties, 33 are considered rural. Mental health providers in these areas struggle to recruit and retain mental health professionals, and non-mental health providers are often put in the position of serving patients with severe mental health problems with little or no specialty support. Modern technology is critical to the goals of improving access and enhancing the quality of mental health care for rural Floridians. The Department of Children and Families plans to collaborate with other public stakeholder agencies and private nonprofit companies to realize the objective of expanding and enhancing mental health care services through the use of a broadband wireless network that connects not-for-profit clinics, rural hospitals, and mental health providers to offer tele-medicine services.

Massachusetts

The Massachusetts Executive Office of Health and Human Services intends to develop the Children's Behavioral Health Initiative (CBHI) Interagency Policy Agreement that supports the goal of eliminating disparities in mental health care. CBHI agencies include the Departments of Children and Families, Mental Health, Public Health, Youth Services, and MassHealth, the State's Medicaid agency. This joint policy will improve service delivery by accomplishing the following.

- defining common data collection elements for race, ethnicity, and language across CBHI agencies. Developing the capacity to use data on demographics, prevalence data, service utilization, and geographic service availability to measure disparities and their contributing factors as well as inform policy and research development, program development, service delivery, and clinical practices.
- identifying common standards for cultural and linguistic competence that attend to performance and outcome measures for all CBHI agencies. Instituting performance measures for providers in contract language, including joint purchasing, to eliminate disparities in access, availability, utilization, and outcomes.

- developing a shared logic model to guide the system transformation of children's mental health across CBHI agencies to meet the needs of culturally and linguistically diverse communities, including the development of specialized community service agencies and made operational by an achievable CBHI Cultural and Linguistic Competence Strategic Action Plan.
- developing a common multi-pronged approach including the deployment of bilingual/bicultural staff, translated materials, appropriate signage, and the utilization of specially-trained interpreters to increase language access.

Maryland

State Motto: "Disparity Free" - In Action and In Policy

What the Data Say: Racial/Ethnic Disparity in Utilization of Mental Health Services. Data from the Maryland Behavioral Risk Factor Surveillance System (BRFSS) reveal that use of mental health services is at least twice as high for Non-Hispanic Whites than for other racial/ethnic minority populations. What makes this a disparity is that BRFSS data also reveal that these minority populations have equal or greater rates of reporting 30 days of poor mental health in the last month. We find low rates of utilization in the face of equal or greater need. Can we refine our understanding of the root causes of this under-utilization in Maryland? *What additional policy steps can enhance our Behavioral Health disparities data?*

Tactical Approaches to Eliminating Disparities. Maryland will examine the policy approaches to the potential causal factors which produce this under-utilization. These include community awareness, insurance, access, workforce diversity, cultural competency training, and quality assurance programs. *What additional policy steps can improve these factors with respect to Behavioral Health?*

Organizational Approaches to Eliminating Disparities. Maryland has an Office of Minority Health and Health Disparities, a Mental Hygiene Administration, an Alcohol and Drug Abuse Administration, and a Developmental Disabilities Administration. Each of these has various ongoing initiatives in Behavioral Health and/or in Health Disparities that include advocacy and provider organizations. *Can Maryland enhance the cooperation and integration of initiatives within and across these programs/services? What additional policy steps can improve integration within and across these three Behavioral Health arenas, and between Behavioral Health and Health Disparities?*

New Mexico

Disparity to be addressed. Access to quality behavioral health services that are culturally and linguistically appropriate.

Population. Native American and Hispanic consumers, youth, and family members involved with the public behavioral health system across the lifespan.

Theory of change. Building the capacity of New Mexico's behavioral health workforce will ensure that providers are available, accessible, and appropriately trained to meet the needs of Native American and Hispanic communities.

Cross system involvement and collaboration will occur by setting the policy initiative at the collaborative level.

Administrative structure to be developed at the State level. The Office of Cultural Competency, with the goal of providing a centralized office offering resources, technical assistance, and administrative oversight of all cultural competency and behavioral health disparity initiatives across the Collaborative.

Services and supports developed. Training curricula for behavioral health providers at the pre-service and in-service levels.

New York

The New York State Office of Mental Health (NYSOMH) is committed to improving cultural competency in the public mental health system to reduce disparities in the access to, and receipt of, mental health services by the multiple cultural groups in the State. To that end, the NYSOMH Bureau of Cultural Competence has been established to assist agencies with eliminating disparities in mental health among people of diverse backgrounds through the provision of training and technical support. NYSOMH also has a long standing Multicultural Advisory Committee that was established in 1989 for the purpose of advising the agency's Commissioner on policy, programs, and activities to better meet the mental health needs of diverse populations.

NYSOMH is a large agency with over 17,000 employees, 26 hospitals, and several satellite agencies which fall under their auspice. Although they have numerous data systems in place, the agency's goal during the summit is to close with a blueprint for a coordinated system of data collection that addresses how, when, why, and where disparities in mental health occur in New York. This policy initiative aims to introduce functionality within the NYSOMH to conduct data informed activities to identify disparities, work with groups on remedies for reduction of disparities, and to monitor progress in these efforts. Proposed policy initiative activities include

the formation of a charter team with input from community stake holders of major New York State cultural groups to assist in the identification of the types of disparities that could be addressed by the mental health system, review reports that are created, discuss ways to overcome disparities and evaluate the effectiveness of the procedures; using newly assigned NYSOMH staff to develop a comprehensive review of the data systems and tools available within NYSOMH and identify ways to utilize relevant data to identify disparities; use newly assigned staff to create timely reports that are reviewed by senior staff; and formally link the process to continuous quality improvement activities conducted by NYSOMH.

The anticipated impact on cultural group populations will be a reduction in identified mental health disparities.

Washington

The Washington State Policy Initiative to be implemented focuses on comparable access to services and comparable service outcomes for different race, ethnic, and cultural groups. This will involve establishing practice guidelines and consultation protocols, which will be incorporated into State regulation and contract terms with Regional mental health authorities (RMHA) and other contracted entities. Once established, the guidelines and protocol will promote greater access, consumer satisfaction, and positive outcomes. Certification of trained personnel then may be pursued. Current Centers for Medicare & Medicaid (CMS) approved service modalities already provide for some special population services; the guidelines and protocol will serve as a basis for the establishment of other groups for whom disparities exist.