Santa Clara County Mental Health Board

Community Heroes Award

Bridging the Gap: A Community-Based Approach to Effectively Reducing Mental Health Disparities in Underserved Communities

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Santa Clara, CA
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The “Treatment Gap”

Between 50 to 90% of people with serious mental disorders have not had received appropriate mental health care in the previous year.
Treatment Gap in the U.S.

- Levels of **unmet need** (not receiving specialist or generalist care in past 12 months, with identified diagnosis in the same period)
  
  - Hispanics – 70%
  - African Americans – 72%
  - Asian Americans – 78%
  - Non-Hispanic Whites – 61%

Source: Alegria et al., 2006
Who Utilized Services?

- 38% of U.S. born received care
- 15% of immigrants received care
- 9% of migrant agricultural workers received care

Source: Aguilar-Gaxiola, Vega, et al., 2000
Latinos’ Lack of Engagement in Behavioral Healthcare

- Latinos are more likely than non-Hispanic Whites to terminate treatment prematurely, with as many as 60-75% dropping out after just one session (McCabe, 2002)

- Mode number of visits is 1 and median is 3 to both psychiatrists and psychologists (Alegria, 2007)

- Action Needed: Meaningful Patient Engagement
Untreated Mental Illness

- Intensify over time...can reduce life expectancy
- Causes intense and prolonged suffering to individuals and their families
- Limits individuals’ ability to reach social and educational normative goals
- Leads to significant costs to individuals, families, and communities
CASE STUDY: Solano County Mental Health Interdisciplinary Collaboration and Cultural Transformation Model

First county to design a multi-phase Innovation training and transformation project that combines CLAS with community engagement
MHSA Innovation – Nuts & Bolts

• Innovation programs and services must be:
  – Unique and creative: new, not just “new to me”
  – Promote recovery and resiliency
  – Developed with communities, including underserved populations within communities
  – Lead to system reformation and new approaches
Project Goals

- Improve access to and utilization of mental health services for Latino, Filipino American, and LGBTQ communities

- Enhance collaborative partnerships between County, Community, and CBOs

- Increase workforce diversity

- Develop organizational policies, programs, and support systems to ensure and sustain cultural and linguistic competency in service delivery
Discovering the Stories, Strengths, and Histories
Phase I: Organization Cultural Assessment

County → Community → CBOs
A Shared Culture of CLAS
Phase II: CLAS Transformational Curriculum Training

- County
- CBOs
- CLAS Teams and QI Projects
- Community

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Coordinated QI Programs
Culturally Competent Care
Language Supports
Diverse Workforce and Leadership Development
CLAS Policies and Procedures
Community Engagement

Walking the Talk
Phase III: Implementation

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A Curriculum for Developing Culturally and Linguistically Appropriate Services

Department of Health Care Services

Center for Reducing Health Disparities

DHHS Office of Minority Health

Department of Public Health

Providing Quality Health Care with CLAS
Culturally and Linguistically Appropriate Services

Participant Workbook

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Culturally and Linguistically Appropriate Services (CLAS)

The enhanced CLAS standards:

- Promote health equity as integral to the operational environment and strategic planning process of health care organizations

Outcomes

■ **Short-term** (i.e., increased bidirectional trust, communication, and collaboration). Use metrics re: what matters to communities, county, CBOs, and researchers and reach a balance

■ **Intermediate-term** (i.e., increased community capacity to engage in joint decisions re: service delivery AND county and CBOs capacity to engage with communities): Enhance the experience of care, improve health outcomes, and lower the costs (Triple Aim)

■ **Long-term outcomes**: Achieve health equity in access and utilization of mental health services by Filipinos, Latinos, and LGBTQ communities
“Quadruple Aim” Outcomes

- Consumer Satisfaction Surveys
- Focus Groups
- Utilization Rates

- Hospitalization rates
- Emergency room use
- Psychometric ratings (i.e., BDI, PHQ, Hopkins)

- Provider Satisfaction/Burnout* Indicators
- Social Network Inventories

- Per capita costs

*loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment.

Source: Bodenheimer & Sinsky, From Triple to Quadruple Aim, 2014
## Whole Patient Experience Workflow

<table>
<thead>
<tr>
<th>Touch Points</th>
<th>Potential Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>• Where does the mental health patient journey begin?</td>
</tr>
<tr>
<td></td>
<td>• How does the patient get to the visit? Is there access to public transportation?</td>
</tr>
<tr>
<td></td>
<td>• Can the patient speak for themselves? Language barriers? Cultural barriers? Family Barriers?</td>
</tr>
<tr>
<td></td>
<td>• Child care?</td>
</tr>
<tr>
<td></td>
<td>• How do patients access their providers? Phone? Web-based?</td>
</tr>
<tr>
<td>Pre-mental health visit</td>
<td>• Who and where are the primary care physicians?</td>
</tr>
<tr>
<td></td>
<td>• How does the referral coordination process work?</td>
</tr>
<tr>
<td></td>
<td>• Is a referral needed to mental health specialist? Who is involved in the referral process?</td>
</tr>
<tr>
<td></td>
<td>• Is there any direct communication between primary care and mental health specialist? Does any feedback go back to primary care for patient? eHR system of communication?</td>
</tr>
<tr>
<td></td>
<td>• Who are the top referrers for the County?</td>
</tr>
<tr>
<td>Primary Care</td>
<td>• How many mental health clinics are there in Solano County? Where are the mental health clinics? In relation to primary care clinics?</td>
</tr>
<tr>
<td></td>
<td>• How many specialists? How best to engage in this project? Would they be willing to sit down for a focus group? Key informant interviews?</td>
</tr>
<tr>
<td></td>
<td>• Who first contacts the patient for scheduling? What is the method of communication?</td>
</tr>
<tr>
<td></td>
<td>• How do patients access their specialists? Phone? Web-based?</td>
</tr>
<tr>
<td></td>
<td>• Are language services used to connect with patient?</td>
</tr>
<tr>
<td></td>
<td>• Where do patients park? Is there a parking attendant? Valet? Handicapped parking? Wheelchair assistance available?</td>
</tr>
<tr>
<td></td>
<td>• Are patients often accompanied by family?</td>
</tr>
</tbody>
</table>

Source: Bisognano & Kenney, Pursuing the Triple Aim, 2012
## Whole Patient Experience Workflow (2)

<table>
<thead>
<tr>
<th>Touch Points</th>
<th>Potential Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lobby</td>
<td>• Who greets patient upon entry into clinic? Are language services offered?</td>
</tr>
<tr>
<td></td>
<td>• What does the lobby look like? Are the educational materials available to patients in the lobby? What is the atmosphere of the lobby/waiting area?</td>
</tr>
<tr>
<td></td>
<td>• What is the wait time before being called into the encounter?</td>
</tr>
<tr>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td>Waiting Area</td>
<td></td>
</tr>
<tr>
<td>Physician Encounter</td>
<td>• Does a nurse call the patient back? What is the procedure? How long does this take? How long between when the patient is called back to when the MD comes?</td>
</tr>
<tr>
<td>Vitals Area</td>
<td>• What is the patient/physician encounter like? Is there anyone else in the room with the patient during the encounter?</td>
</tr>
<tr>
<td>Exam Room</td>
<td>• How long does the whole encounter take?</td>
</tr>
<tr>
<td>Discharge</td>
<td>• What is the discharge process? Who comes in contact with the patient? How are discharge instructions administered?</td>
</tr>
<tr>
<td>Check out</td>
<td>• How is follow-up scheduled? Are language services offered?</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>• Within clinic? Or outside pharmacy? Medications and health insurance?</td>
</tr>
<tr>
<td>Follow-up</td>
<td>• What is the follow-up process?</td>
</tr>
<tr>
<td></td>
<td>• Are there any patient satisfaction survey tools used in facilities?</td>
</tr>
</tbody>
</table>

Source: Bisognano & Kenney, Pursuing the Triple Aim, 2012
“Go in search of people. Begin with what they know. Build on what they have”

Chinese proverb