Behavioral Health Disparities Advisory Committee

Governor's Interagency Council on Health Disparities
April 17, 2012 Meeting Minutes

Advisory Committee Members Present:

Glenn Baldwin, Co-Chair
Victor Chacón, Co-Chair
Edith Elion
Dorothy Flaherty (phone)
David Haack (phone)
Winona Hollins-Hauge
Carrie Huie-Pascua
Stephen Kutz
Diane Narasaki
Mario Paredes
Annabelle Payne (phone)
Tory Clarke Henderson (phone)
Christine Yuodelis-Flores

Guests:

Hank Balderrama, Committee Consultant
YoonJoo Han, Recovery Services Director, ACRS
Victor Loo, Behavioral Health Services Director, ACRS

Staff:

Christy Hoff

Action Items:

- Glenn and Victor will work with staff to categorize the topics identified during today's meeting and send the list back out to the group. Members agreed to review and identify their top priorities.

1. Welcome and Introductions:

- Victor Chacón facilitated the welcome and introductions, and reviewed the agenda and goals for the meeting.
- Members of the committee and guests introduced themselves.

2. Discuss Miranda and Maguire Articles:

- Glenn Baldwin said he thought a discussion of the two articles could be a good way to start off the discussion about behavioral health disparities by reviewing our assumptions and identifying other sentinel articles that we should become familiar with.
- Glenn provided a summary of the articles. In general, both articles concluded that while eliminating social disparities is essential for reducing physical health disparities it is not necessary for achieving parity in mental health status—improving access to and quality of mental health care would likely improve the mental health of communities of color.
- He stressed that these articles were focused on mental health and not chemical dependency or behavioral health in general and asked members to share their thoughts.
- Carrie Huie-Pascua said that workforce is a key component to addressing behavioral health disparities. Both workforce capacity and development are very important and the articles affirmed that belief.
- Edith Elion said she was struck by how cultural factors provide protection. She said that communities accustomed to dealing with struggle develop resilience, which is a protective factor for mental wellness.

- Diane Narasaki said she disagrees with the premise of the articles that minorities have equal or better mental health. She provided examples for severe mental health disparities for some subgroups. She is also concerned about the conclusion that targeted approaches to addressing the social determinants of health are not necessary – she does not believe it needs to be an either/or situation. She also said looking at the social determinants of health is important because she believes in a public health approach and knows that poverty, for instance, is an important predictor of behavioral health outcomes. She emphasized the need to norm evidence based practices to the target population.
- Mario Paredes was concerned about the general finding that racial/ethnic minorities have better or equal mental health disparities to whites. He said that within the Hispanic/Latino population, disparities exist between those with more resources compared to those with few resources. He said one often won't see the poorer populations in the research or in the clinics, so the articles are likely undercounting those populations.
- Victor Loo, from ACRS, said he will publish an article on cultural adaptation to a substance abuse assessment tool (GAIN) used with youth. He said it is hard to find tools that have been tested on specific communities. He said we should not be mandated to use tools that are not culturally competent for all populations. Steve Kutz agreed, saying standardized tools are not necessarily useful with subpopulations because the questions might not be meaningful.
- YoonJoo Han, from ACRS, agreed the finding that communities of color had equal or better behavioral health outcomes was inaccurate. She stressed the importance of culturally competent research, adding that if the study is not conducted properly, the results are not going to be meaningful. She added that there is a great stigma around mental health for certain Asian and Pacific Islander (API) populations.
- Dorothy Flaherty concurred with the previous comments, including that the articles do not address stigma. She said underdiagnosis is a key issue and so she is skeptical of the data. She also echoed the previous comment that evidence-based practices often do not apply to different populations.
- David Haack said that evidence-based practices might also change depending on the physical and mental well-being of the population (i.e., a person's response to an evidence-based strategy can change over time depending on their circumstances).
- Hank Balderrama said the articles were not helpful in identifying prevention strategies. He said he did not like the idea presented in the article that for mental health disparities a "rising tide could lifts all boats."
- Christine Youdelis-Flores said there is pressure to integrate behavioral health services into primary care. She said the evidence referred to in the article comes from a single study of depression care for older, minority patients in a primary care setting. She stressed the importance of focusing on quality improvement as one strategy. She added that there are other issues, such as limited English proficiency, socioeconomic status, and fear of authority, among others, that must also be addressed.
- Steve Kutz said there is inadequate access to mental health services for all people but that access is even worse for communities of color and those in poverty who may face intergenerational trauma. He said integration is difficult because providers are not looking at the connections between mental health and wellness. He added that he sees rising mental health issues with the Tribes, including suicide. Steve commented on the

link between mental illness and chemical dependency. Christine agreed with Steve's comments about the importance of considering chemical dependency and the need for a holistic approach to health.

- Tory Henderson said there is a need to build the service system on the strengths and needs of individuals. She stressed the unique needs of children, including infants and toddlers. She was struck by the lack of focus on the social determinants of health. She said one thing learned from the Adverse Childhood Experiences (ACE) study is that sometimes people's addictions stem from childhood trauma and so they begin using substances as coping strategies.
- Annabelle Payne echoed many of the previous points. She stressed the importance of workforce development, saying that the poor economy has actually helped them with recruitment and retention in the rural areas. She noted the lack of substantive diversity training in rural areas. She said the medical schools don't do a great job of providing behavioral health training in general, much less on providing training on culturally competent behavioral health care for diverse populations. Christine added that primary care is doing a better job of recruiting diverse students and providing training on cultural competence but that such improvements are lacking for specialty training.

3. Roundtable Discussion and Priorities for Action:

- Glenn said the committee's eventual goal is to come up with three or four recommendations that will go to the Council and that the current task is to identify the broad issues to focus on.
- Each member provided thoughts on important areas for the group's focus and these were recorded on the white board:
    - Reorganization of RSNs – better respond to minority populations.
    - Health care reform.
    - Workforce development (bilingual/bicultural, cultural competence training, navigators/community health workers).
    - Connections between behavioral health and primary care/wellness (integration).
    - Focus on children, infants, and toddlers.
    - Outcome-based approaches.
    - Health literacy for the public.
    - Mental health housing.
    - Differential payment for language access services.
    - Global issues – equal/comparable access to behavioral health services and improve quality of care.
    - Qualified health homes should include community-based organizations.
    - Integration of behavioral health into primary care and vice versa – mental health and substance abuse as standalone.
    - Integrated care in school based clinics.
    - Evidence-based practices and tools need flexibility for promising practices and adaptability.
    - Certifications need flexibility for a broad range of professions, especially where you need a linguistic match.
    - Co-occurring disorders – coordination and integration.

  - Disaggregating racial/ethnic data.
  - Integrate payment models and reimbursement, and broaden span of coverage for tobacco cessation, self-management, case management, etc.
  - Enrollment and outreach of vulnerable populations by community-based organizations (method for increasing access).
- A few members identified selected targeted audiences for the recommendations:
  - Public mental health system.
  - Larger health system.
  - DSHS's behavioral health advisory committee.
  - Health professions training centers.
- A few members identified needs and resources to assist in future deliberations:
  - How can we compliment and not duplicate other recommendations?
  - Need to understand barriers to access and quality (e.g., stigma, language and systems issues).

4. Continue Discussion and Define Scope of Work:

- The group reviewed the topics listed on the board.
- Two items were added:
  - Consider dually trained or dually qualified providers to the piece around co-occurring disorders.
  - One of the audiences listed was the public mental health system –this should be changed to the broader public health system.
- Members agreed to review the list before the next meeting and identify their priorities.

5. Identify Future Needs:

- Glenn asked what the group needs to move forward with selecting its areas of focus.
- Steve suggested engaging with the health professions training institutions if they decide to focus on workforce issues (diversity, cultural competence, etc).
- Winona suggested that Dr. Nancy Fisher might be a good resource.
- Mario said it would be useful for staff to send out a standardized tool to committee members so they could provide feedback in a consistent way.
- Mario suggested Dr. Carey Jackson from Harborview Medical Center as a resource.
- Edith suggested staff categorize the topics a bit before sending out to the group.
- Carrie recommended Dr. Vijay Gangu as a good resource.
- Steve and Winona suggested looking at previous recommendations from the Health Disparities Council and DSHS's disparities work.

6. Meeting Summary and Wrap Up:

- Glenn and Victor will work with staff to categorize the topics identified during today's meeting and send the list back out to the group. Members agreed to review and identify their top priorities.
- The next meeting is May 2 from noon to 3 p.m. at the Department of Health in Olympia.