Against the Odds:
Addressing Race/Ethnicity Barriers via Systems of Care

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Overview
Systems of care offer unique opportunities to reduce race/ethnicities barriers for youth with SED:
• Access to Care - Race/ethnicity for families enrolled in MHSPY vs. compared to surrounding communities
• Engagement/Retention - Length of enrollment and drop-out rates
• Care Experience - Family Centered Behavior Scale collected from families; quantifiable measure of access, engagement and culturally competent processes

Background
• Health care status and health care access disparities exist, based on race and ethnicity (DHHS, 2001)
• Though access to mental health services for children in the U.S. is inadequate in general (DHHS, 1999), access to mental health services for children of color is worse (DHHS, 2004)
• Children receiving Medicaid half as likely to get treatment as children who are privately insured (Glied, 2003)

Background, cont.
• Given the trajectory of untreated mental illness (WHO, 2005), mental health delivery systems must improve access for all children
• Especially urgent to even the odds for children now at-risk of getting poor quality or no care at all

Mental Health Services Program for Youth
• MHSPY is an intensively coordinated system of care using blended funding from: Medicaid, Mental Health, Child Welfare, Juvenile Justice and Education (Grimes, 2006)
• Promotes mental health of youth at-risk of out-of-home placement; voluntary home and community-based clinical intervention
• Supports sustainable strategies for youth with mental health needs to live in the community

MHSPY Clinical Intervention: Logic Model

Context

Process

Outcomes

- Reduce risks
- Grow strengths

Youth Voice
Academic Success
Physical Health
Mental Health
Coping Skills
Peer Relationships
Family Readiness
Youth Productivity
Youth Employment
Youth Business
Reduced Days Out of Home
Improved Safety
Decreased Delinquency
Increased Self-Esteem
Enhanced Support System
Enhanced Employment

* Care Planning Team (CPT) is made up of the family, the Care Manager, and important professionals. All members and individuals cared for are entitled to the CPT and personal information about them are protected by HIPAA. Standard services are provided within the larger context of home and community-based services. Care is individualized, family driven and intensively coordinated.
Population At-Risk for Disparities

- Many MHSPY families have extensive histories of prior involvement with state agencies but few actual services; perceived and concrete barriers (e.g. cultural, linguistic differences, transportation, homelessness)
- MHSPY enrollees are a heterogeneous population; children and their families come from numerous countries and many are recent immigrants, including some undocumented

Methods: Engagement

- Intensive individualized home-based outreach extended as a key element of the referral, enrollment and care delivery processes
- Availability of family support specialists, themselves parents of children with special needs, to connect with enrolled families
- Uses natural supports in combination with traditional health services

Methods: Care Delivery

- Care Management: intensive interaction with the child/family, low case ratio (8:1), individualized and flexible service planning
- Access to culturally competent community services within the MHSPY benefit (both traditional medical and mental health services and non-traditional services)
- Coordination and funding of support services such as interpreter services, transportation, etc.

Methods: Cultural Competence

- Diversity is a major focus of staff recruitment
- Regular group training opportunities and individual supervision occurs for all staff; open dialogue promoted to support cultural competence
- Access to community based providers who have clinical expertise with a range of cultures
- MHSPY staff includes bi-cultural Care Managers and family support specialists

Methods: Data Collection

- Race/ethnicity data, based on self-report, is collected at enrollment; aggregate race/ethnicity rates compared to community prevailing rates
- Gender, Diagnosis, CAFAS, Referral Source, ALOE, Graduation and drop-out rates and Location at disenrollment; broken out by race/ethnicity
- Family Centered Behavior Scale (FCBS): The FCBS measures fidelity to system of care principles; measure of “family friendliness”

Results: Race/Ethnicity

- Community comparison - Race/ethnicity self-report survey results indicate more than half (51%) of MHSPY members are children of color (N=233) vs. 25% families of color in their communities
- Gender comparison – While MHSPY enrollees who are white have a 1:1 male to female ratio; among children of color, the ratio changes to 3:1 male.
Results: Sources of Referrals

- More children of color referred by schools and juvenile justice (N = 117)
- Latino children appear to be more likely to have been referred by juvenile justice than any other group (N = 36)
- More white children referred from the state mental health system and protective services (N = 116)

Results: Diagnosis

Review of diagnosis by race/ethnicity raises questions about access to state resources:
- Although higher percentage of white children are referred by protective services, a higher percentage of children of color have PTSD (40%)
- White children referred by state mental health system 13% of the time vs. Latinos 11%, however:
  - Higher percentage of Latinos (6%) than whites (4%) are diagnosed with Psychosis
  - Enrollees of color more likely to have Mood Disorders (28%) vs. Caucasians (25%)

Results: Baseline CAFAS

- MHSPY youth on average score > 100 on CAFAS at baseline (N = 233)
- Scores for enrollees of color (N = 117) in aggregate are approximately 10% lower on baseline CAFAS than those for white youth (N = 116)
- Baseline CAFAS scores for African-American/Bi-racial youth (98) and Latino youth (97) are comparable
MHSPY Family Centered Behavior Scale: 6 Month Score

Q7: The Care Manager respects our family’s beliefs, customs, and ways that we do things in our family.

- White: 18.3 months
- African American / Bi-Racial: 20.1
- Latino: 17.9
- Asian: 23.5
- All Persons of Color: 19.6

MHSPY Family Centered Behavior Scale: 6 Month Score

Q20: The Care Manager talks in everyday language that we can understand.

- White: 3
- Black/Bi-Racial: 1
- Latino: 1

Results: Average Length of Enrollment

Results: Program Retention

MHSPY, a voluntary program, has maintained a program retention rate between 95-97% for eight years. The distribution by race of those youth or families who have voluntarily disenrolled is:

- White: 3
- Black/Bi-Racial: 1
- Latino: 1

Results: FCBS

- Results from the FCBS survey indicate families scored their Care Managers at 80% or higher on all 26 questions
- Current vs. past care experience ratings differ widely
- Responses suggest that interactions with the Care Manager frequently fall into categories which could promote family engagement and resilience
Conclusions

- Access to MHSPY system of care services appears not to be limited by race/ethnicity; more children of color among enrollees than in reference population
- Active outreach and follow-up on referrals may help build relationships with referring parties and parents/guardians, thereby reducing barriers to initial engagement
- By attending to individualized needs and strengths, family culture is an integral part of the equation for how care is delivered.
- Deliberate efforts toward family-driven care, cultural competence and accessible home and community-based processes may drive low drop-out rate

Conclusions, cont.

- Access to broad network of community based providers promotes increased cultural competence for all participants on Care Planning Team
- These collaborative activities further reduce community level risk for racial/ethnic disparities in care delivery
- Recruitment and training of culturally competent clinicians contributes to shift in workforce, both in race/ethnicity make-up and in attitudes and behavior
- These shifts improve family resilience; greater chance for sustainable changes in consumer health care attitudes and health seeking behavior, thereby improving overall health status

References


References, cont.


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