

Beyond Cultural Competence: Using Implementation Science to Address Behavioral Health Disparities

Heather J. Gotham, PhD

Director, MHTTC Network Coordinating Office

Clinical Associate Professor

Stanford University School of Medicine



Network Coordinating Office

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



Stanford
MEDICINE

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Learning Objectives

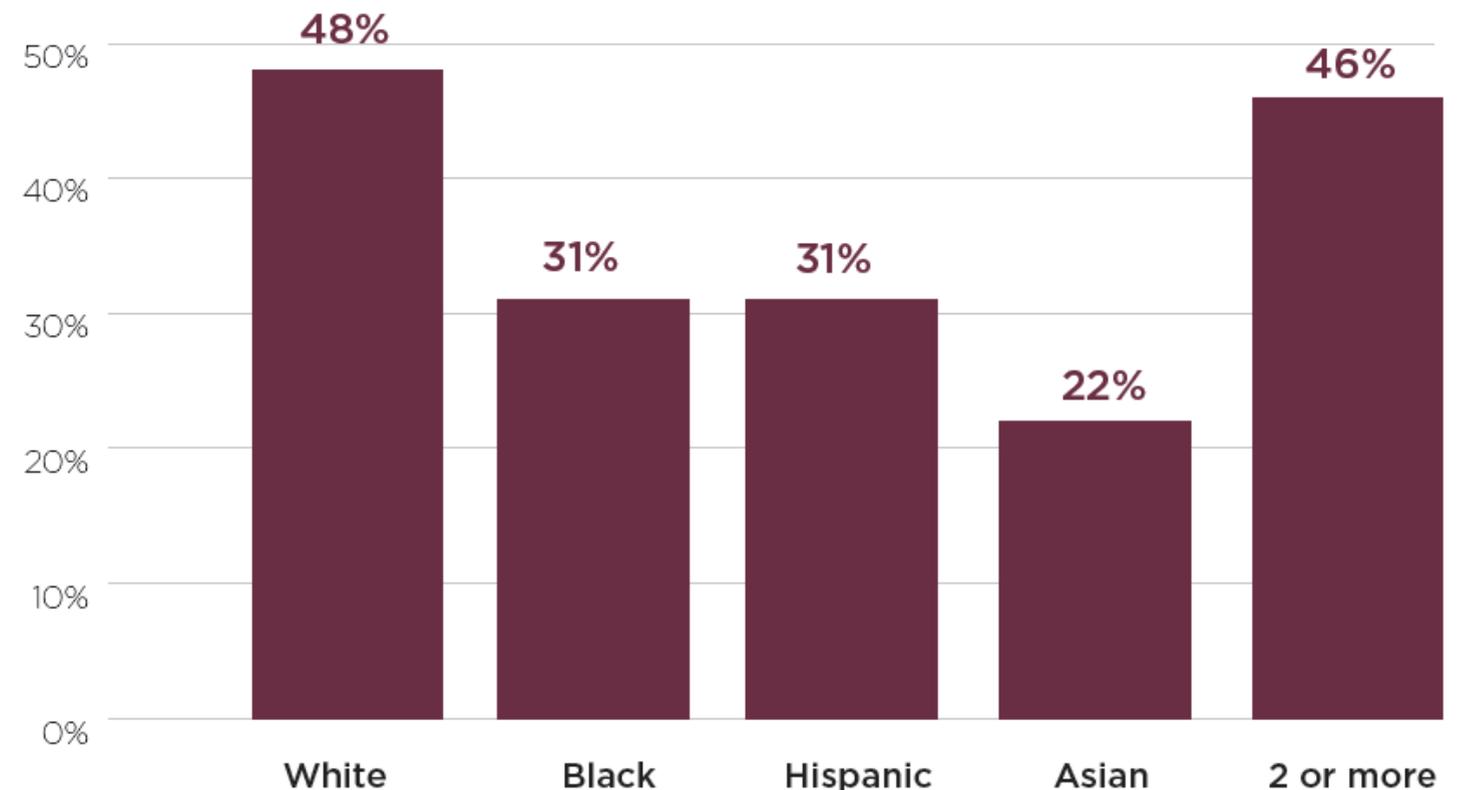
- Define behavioral health disparities pre/during COVID
- Describe how single focus efforts such as cultural competency training are not enough to produce behavioral health equity
- Analyze how implementation science frameworks and research, applied to workforce training and technical assistance efforts, can help decrease disparities
- Introduce several SAMHSA-funded training and technical assistance Centers that focus on behavioral health and disparities

Behavioral Health Disparities – Pre and During COVID

Behavioral Health Disparities

**Among People with Any Mental Illness,
Percent Receiving Services, 2015**

- Specific populations bear a higher burden of disability
- Specific populations are less likely to receive treatment, including effective treatment



Budhwani H, Hearld K, and Chavez-Yenter D., 2015; Maura & Weisman de Mamani, 2017; SAMHSA, 2015.

Barriers to Effective Care in Diverse Groups

- Lack of insurance, underinsurance
- Mental illness stigma, often greater among diverse groups
- Lack of diversity among mental health care providers
- Lack of culturally competent providers
- Language barriers
- Distrust in the health care system
- Inadequate support for mental health service in safety net settings

COVID – Exacerbating Health and Behavioral Health Disparities

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.7x	0.7x	1.1x	1.9x
Hospitalization ²	3.5x	1.0x	2.8x	2.8x
Death ³	2.4x	1.0x	2.0x	2.3x

BIPOC Communities

- Less likely to receive adequate health care
- More likely to report COVID related stress and increases in depression, suicidal ideation, especially Hispanic/Latino respondents

Single Focus Efforts Are Not Enough to Produce Behavioral Health Equity

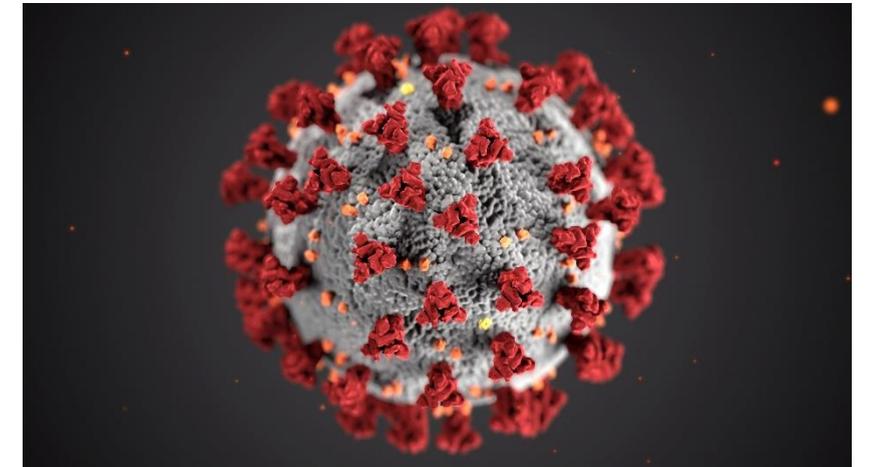
Myths about Eliminating Behavioral Health Disparities

- “We just need behavioral health providers to be culturally competent”
- “All that is needed is to culturally adapt interventions”
- “Focus on testing the efficacy and effectiveness of interventions in minority communities”
- “One size fits all: Just scale up interventions, it will improve the quality of care for everyone”



During COVID - Myths about Eliminating Behavioral Health Disparities

- “We just need behavioral health providers to be culturally competent”
 - Many community behavioral health providers closed programs/reduced services
 - Outreach services especially
- “One size fits all: Just scale up interventions, it will improve the quality of care for everyone”
 - Telehealth platforms difficult for diverse communities to access
 - Vaccine hesitancy in BIPOC communities



Implementation Science Frameworks and Research Can Help Decrease Disparities – Pre and Post-COVID

D&I Science: Terminology

- **Dissemination:** An active approach of spreading evidence-based interventions to the target audience via determined channels using planned strategies.
- **Implementation:** The process of putting to use or integrating evidence-based interventions within a setting.
- **Sustainment:** The process of maintaining or continuing the intervention within a setting, beyond a more active implementation period.

D&I Science: Terminology

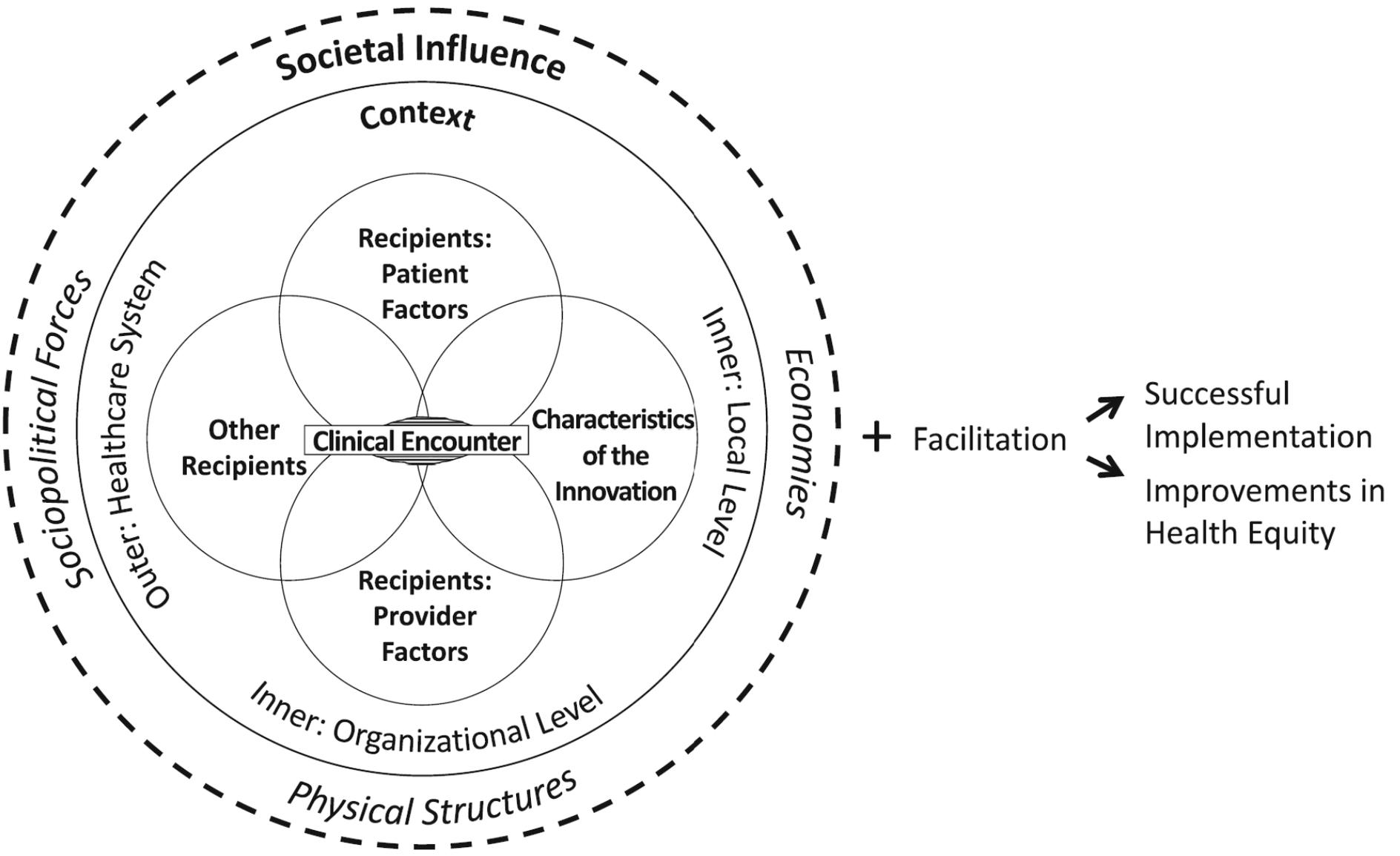
D&I Science

- Scientific study of processes and factors associated with successful integration of evidence-based interventions within a particular setting.
 - How do you get evidence-based practices into routine practice settings so that more people can receive the best care possible?
 - How do you keep the practice in place? (Sustainment research)

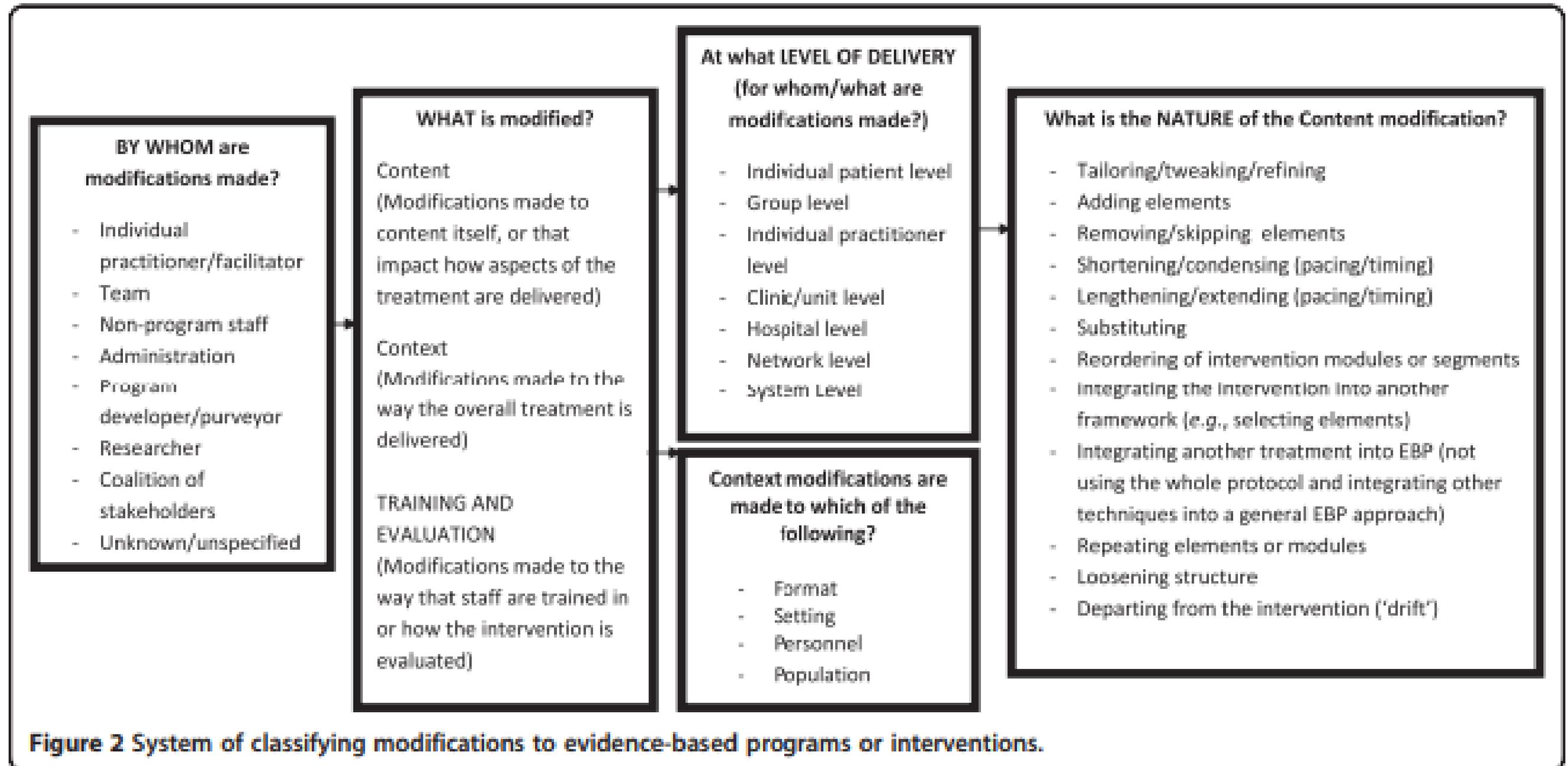
How Can Implementation Science Help Reduce Behavioral Health Disparities?

- Examine disparities as part of the **context** when planning to implement EBPs
- Monitor **adaptation** as implementation occurs
- Use **implementation strategies/TA activities** that help reduce disparities
- Measure **implementation outcomes** with disparities in mind

Context = Implementation Barriers and Facilitators: The Health Equity Implementation Framework



Use Research on Adaptation - Stirman et al.'s model for tracking adaptation of EBPs



Use implementation strategies/TA activities that help reduce disparities

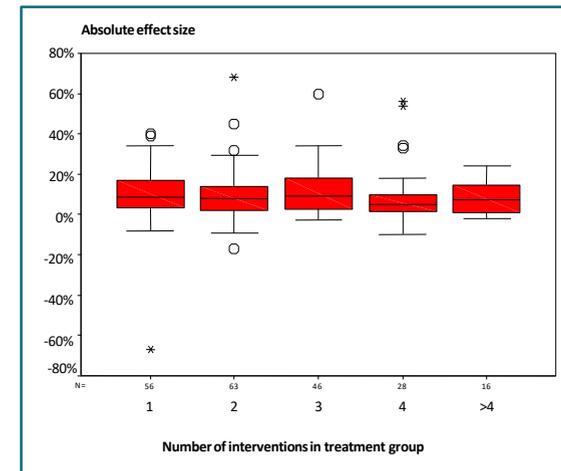
- Activities or causal agents for installation, scale up, scale out, or sustainment of an EBP
 - Training and technical assistance “interventions”
- Passive dissemination strategies (e.g., research publications, training manuals) and standalone trainings are not enough
- Which implementation strategies push practice change AND address disparities to build equity?

Category	Examples
Plan	Needs assessment; assess for readiness; develop implementation plan; build local consensus
Educate	Conduct ongoing training; inform local opinions leaders
Finance	Alter incentives; access new funding; make billing easier
Restructure	Change physical structure and equipment; change records systems
Manage Quality	Quality monitoring; audit and feedback; obtain patient/family feedback; clinical supervision
Attend to Policy	Encourage practices through accrediting bodies, licensing boards, and legal systems

Standard Practice – Imprecise Implementation Strategies



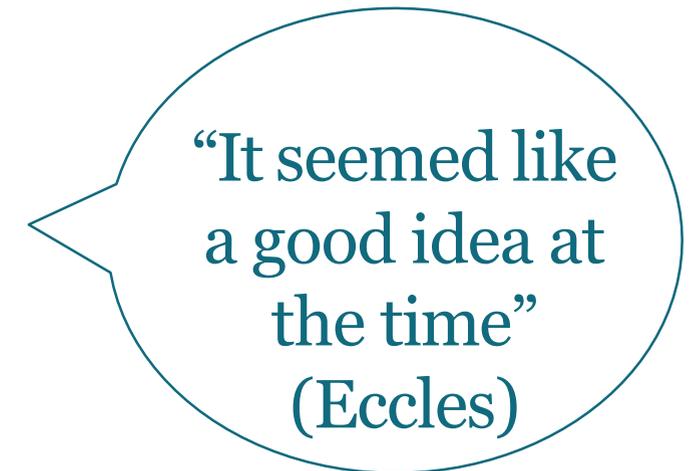
“Train and Pray”
Approach



“Kitchen
Sink”
Approach



“One Size Fits
All” Approach



“ISLAGIATT”
Approach

Tailor Strategies to Eliminate Disparities

- Use strategies that address contextual conditions that may lead to inequitable outcomes (e.g., resources, history)
- Use strategies that take advantage of opportunities to promote equity

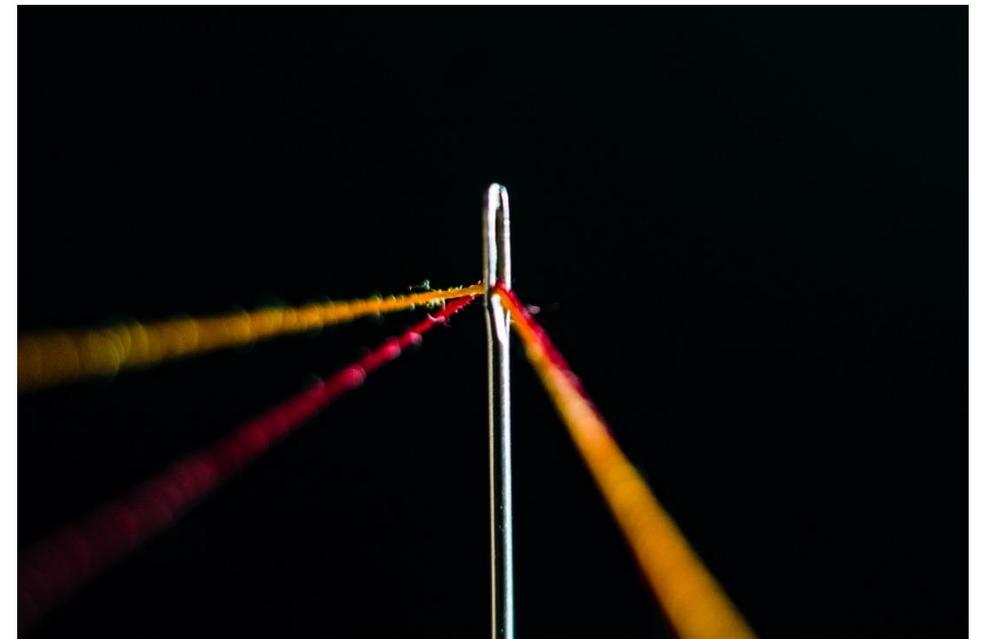


Photo by [amirali mirhashemian](#) on [Unsplash](#)

Evaluating Implementation: Focus on Disparities & Equity

- How can I know whether the new practice, and how it is implemented, works?
- Example: RE-AIM

Reach	Are there differences by group in who receives treatment?
Effectiveness	Does the treatment work better or worse for different groups?
Adoption	Is one group of providers more likely to use the treatment?
Implementation	Do organizations that serve large populations of racial/ethnic minorities deliver the treatment with the same quality?
Maintenance	Are there differences in which patients continue to receive the treatment? Do some types of organizations stop using the treatment?

SAMHSA-funded Technical Assistance Centers Focused on Behavioral Health Disparities

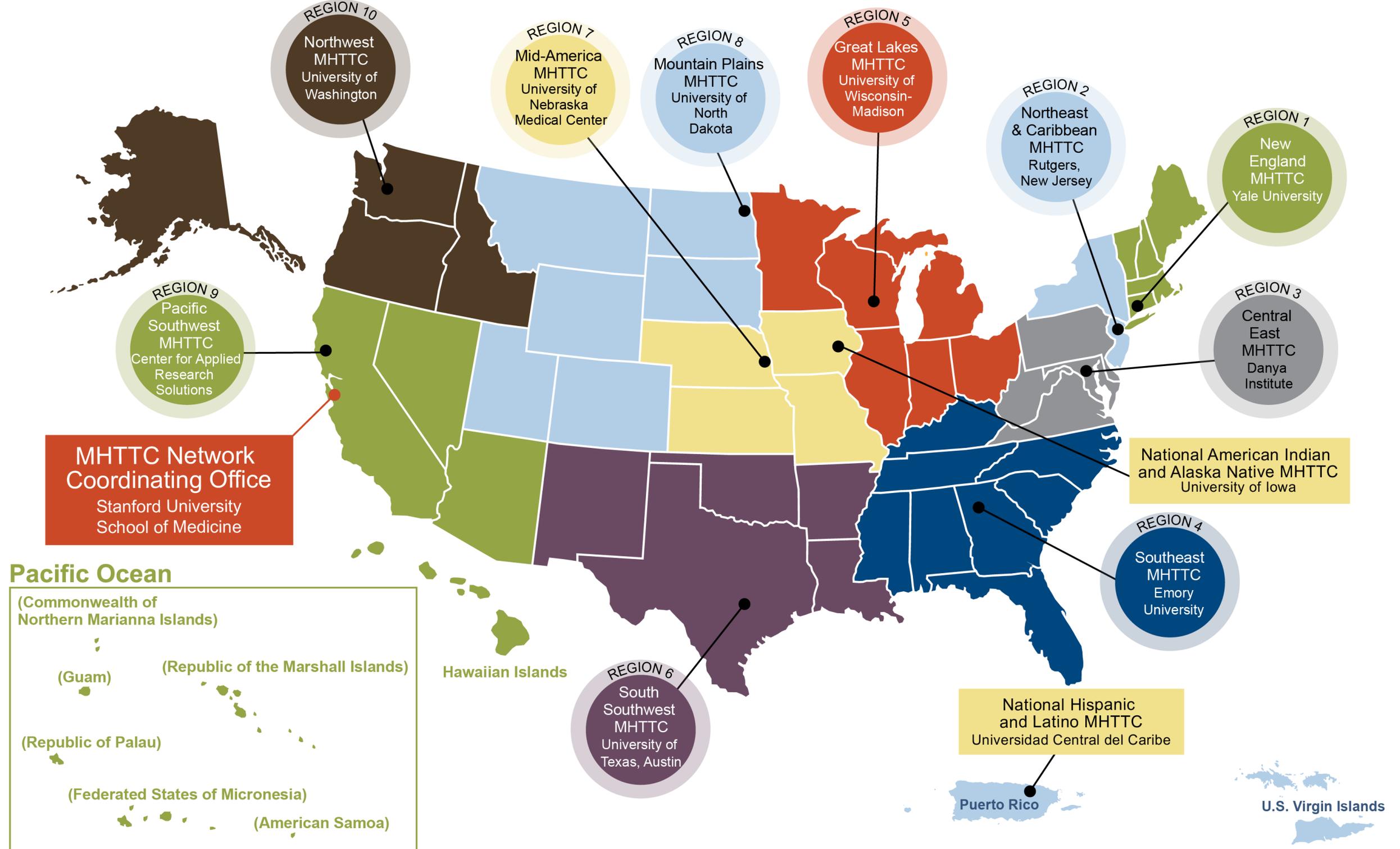


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MHTTC Network: How We Work

- Provide regional or population-tailored services to states and treatment provider systems across mental health prevention, treatment, and recovery
- Work closely with SAMHSA Regional Administrators, state behavioral health commissioners, and local stakeholders to understand pressing needs in the region/population, and develop annual workplans (versus emphasis on TA requests/grantees)
- D&I science increasingly informs our services
 - Context - what are local/regional barriers and facilitators to implementation?
 - Precision implementation strategies specific to the need - training, coaching, coalition building, implementation facilitation, learning collaboratives
 - Maximize impact on service delivery systems

MHTTC Network

- Provide TA to improve access to culturally responsive mental health services
- Promote mental health equity and discuss the negative effects of racism, discrimination, and violence on mental health



Join the Conversation:
Culturally Responsive Evidence-Based and
Community-Defined Practices for Mental Health

— A six-part series —

Every other Thursday at
11am PT / 1pm CT / 2pm ET
from May 20 – August 5



Liberty, Humiliation, and Identity: Race and the Suffering of America

Publication Date: June 17, 2020

Developed By: **Great Lakes MHTTC**

Supporting School Mental Health in the Context of Racial Violence

A TWO-PART LEARNING FORUM —

12-1:30 p.m. CT

Friday, July 31 | Friday, Aug. 7

<https://bit.ly/SMHRacialEquity2020>



South Southwest (HHS Region 6)

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Cultural and Linguistic Responsiveness in Telehealth

The Intersection of Racism, Discrimination and Mental Health in Communities of Color

1:00pm - July 23, 2020 | Timezone: US/Eastern

Hosted By: **National Hispanic and Latino MHTTC**

How Implicit Bias Affects Our Work: Organizational Culture and Climate

3:00pm - July 22, 2020 | Timezone: US/Pacific

Hosted By: **Pacific Southwest MHTTC**



Southeast (HHS Region 4)

MHTTC Mental Health Technology Transfer Center Network
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Elevating Language through COVID-19 Part I - The Power of Language

National American Indian and Alaska Native MHTTC

Anne Helene Skinstad, PhD, Director

Sean Bear, BA, Meskwaki Nation, Co-Director

Megan Dotson, BA, Program Manager

The NAIAN MHTTC strengthens and promotes systematic behavioral health practice changes that both honor and contribute to the health and well-being of American Indian & Alaska Native communities, tribes, and individuals.





National American Indian and Alaska Native

MHTTC

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- Native Cultural Sensitivity Training Program
 - A 3-day curriculum on how to provide services to Native clients
- The Spirit of Communication - Motivational Interviewing and Native Teachings
 - Culturally adapted training on the use of Motivational Interviewing
- Project Enhancement and Implementation
 - Preparations for program implementation and funding opportunities
- Healing the Returning Warrior
 - How to provide services to returning Native veterans
- Skills-based Video-conferencing to Utilize Tele-behavioral Health
- Honoring our Relations - Increasing Knowledge on Native LGBTQ/Two Spirit Wellness
- Monthly Listening Sessions (Strategies of Support) and webinars

National Hispanic & Latino MHTTC

Ibis S. Carrión González, PsyD, Director

Ángel D. S. Casillas Carmona, MHS, Project Manager

Serve as a key subject matter expert and resource for mental health providers and school based mental health workforce across the US and territories to ensure:

- High-quality services;
- Effective mental health treatment;
- Recovery support services; and
- Implementation of evidence-based and promising practices





National Hispanic and Latino

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- Addressing Latinx Health Disparities in the U.S.
- Symposium: Culturally Responsive & Trauma-Informed Services for Hispanic and Latino Populations
- The Emerging Role of Mental Health Professionals in the Immigration Field
- Latino Indigenous Populations
- Gender Violence among Latinas: Key Concepts and Cultural Considerations
- Latinos and Suicide: A Clinician's Guide to Prevention and Treatment Masterclass Part I



La CLave (The Clue or Key) A Psychoeducational Tool to Reduce Treatment Delay in Latinx with First Episode Psychosis



Many Latinos with serious mental illness (SMI) and their family members fail to recognize the signs of a first episode of psychosis symptoms. In general, they have



Suicide Attempts and Culturally Responsive Approaches for Latinos



Suicide is a major public health concern as it is among the leading causes of death in the United States.¹ Death by suicide and suicide attempts need to be understood with the context of the



ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



National American Indian
and Alaska Native ATTC



National Hispanic and
Latino ATTC

www.attcnetwork.org



PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

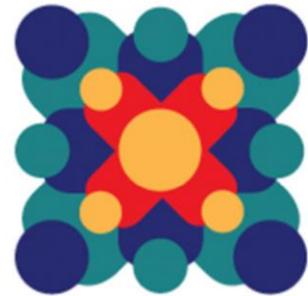


National American Indian
& Alaska Native PTTC



National Hispanic & Latino
PTTC

www.pttcnetwork.org



African American Behavioral Health
CENTER OF EXCELLENCE

<https://africanamericanbehavioralhealth.org/>



Engage, Educate, Empower for Equity: E4
Center of Excellence for Behavioral
Health Disparities in Aging



<https://e4center.org/>



CENTER of EXCELLENCE
LGBTQ+ BEHAVIORAL HEALTH EQUITY

<https://lgbtqequity.org/>



News & Events

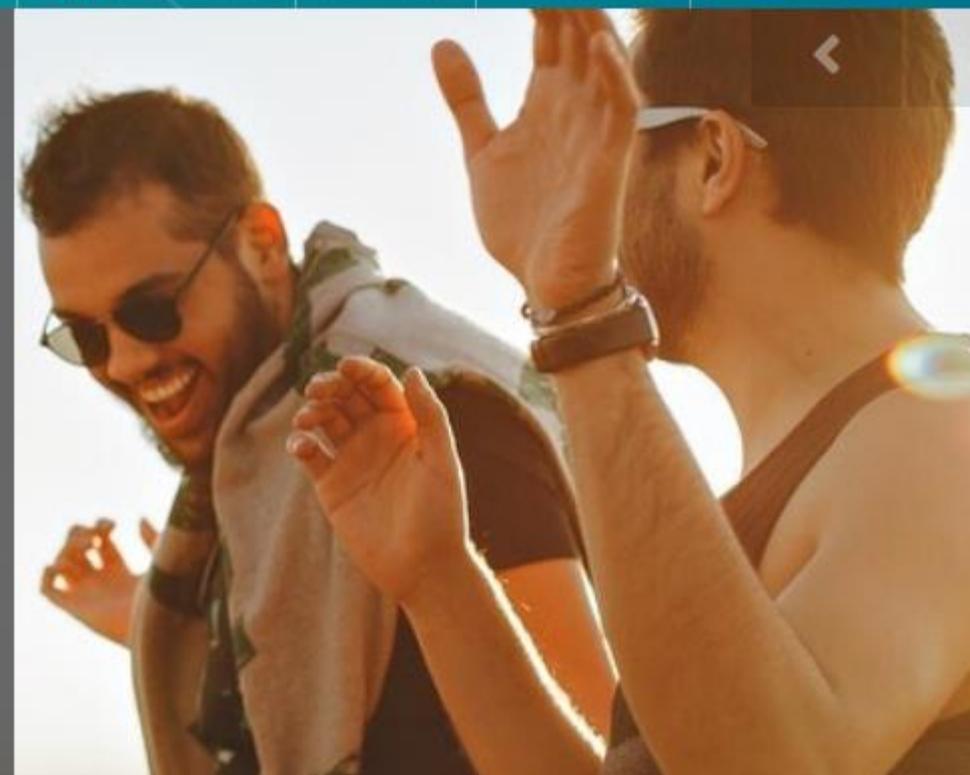
Opportunities

Connect

Resources

Join the NNED

Mental Health Disproportionately Affecting Young Hispanics, Statistics Show

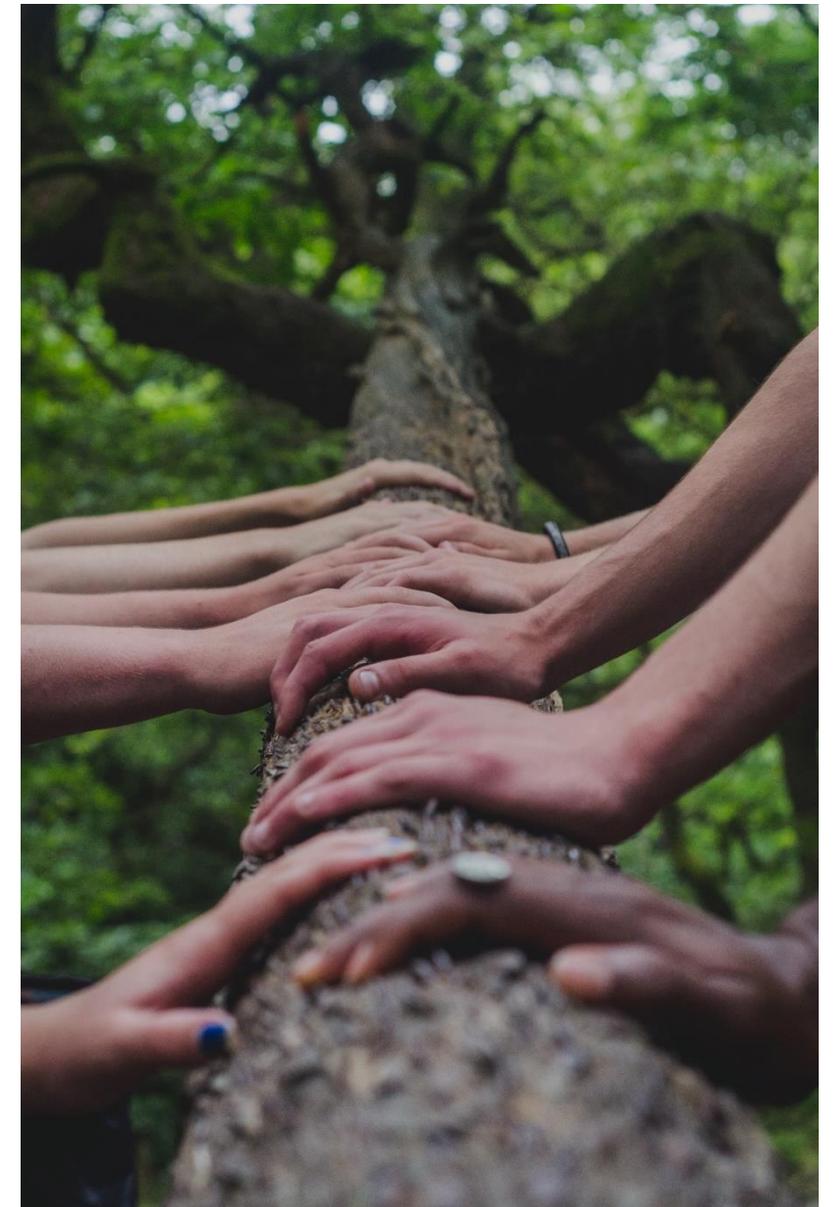


The **National Network to Eliminate Disparities in Behavioral Health (NNED)** is a network of community-based organizations focused on the mental health and substance use issues of diverse racial and ethnic communities. The NNED supports information sharing, training, and technical assistance towards the goal of promoting behavioral health equity.

<https://nned.net/>

Fast Forward after the Pandemic: Future of Addressing Race/Ethnicity Disparities

- Broaden focus from just cultural competency training
- Accelerate decrease in disparities through training and TA informed by implementation science
 - Post-COVID: Away from webinars, back to implementation support
- Increase attention on mental health equity



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THANK YOU!

Heather J. Gotham, PhD

Director, MHTTC Network Coordinating Office

Clinical Associate Professor

[Center for Behavioral Health Services and Implementation Research](#)

Department of Psychiatry & Behavioral Sciences

Stanford University School of Medicine

gothamh@stanford.edu