

# Enhancing Equity in Access, Quality, and Outcomes of Children's Behavioral Health Care

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# Learning Objectives

1. Explain and discuss racial equity activities in Connecticut at the system, policy, and practice levels including applications to improving access, quality, and outcomes of care and reducing disparities.
2. Explain and discuss racial equity elements of Connecticut's statewide Children's Behavioral Health Plan.
3. Review and discuss findings from study examining racial/ethnic treatment outcome disparities among youth participating in evidence-based treatments, as well as programmatic and quality improvement activities that address issues of equity or disparity reduction.

# COVID Impact

## Pre-COVID, CT had many best practice elements in place...

- 1990s shift to system of care approach
  - 1990s: 79% of all Medicaid BH spending on 20% of youth
  - Significant shift in spending to home, school, community-based care based in SOC
- Medicaid BH Partnership & ASO Structure (Beacon Health Options), plus significant grant funding levels
- 96%+ of youth in CT have health insurance
- Strong community-based provider network
  - 24 child guidance clinics operating 95+ sites, several grassroots organizations, 96 School Based Health Centers (most providing BH services)
- Family advocacy organizations (FAVOR, AFCAMP)
- SAMHSA system of care grants (planning, implementation, sustainability)
- Web-based BH data collection and reporting system
- Full continuum of services
  - Prevention, early childhood, Wraparound care coordination, Mobile Crisis, outpatient, intensive center-based, intensive in-home, inpatient, PRTF)
- Evidence-Based Services:
  - Clinic- and School-Based: TF-CBT, MATCH-ADTC, CBITS/BounceBack, CPP, ARC...
  - In-Home: MST, MDFT, FFT, BSFT, IICAPS
- Statewide Mobile Crisis Intervention (statewide, free of charge)
- Statewide Children's Behavioral Health Plan

# COVID Impact

## ...but many limitations/gaps were revealed during COVID!

- System is fragmented and difficult to navigate
  - Fragmented funding sources, governance, data
  - Public vs. commercial plans
  - Lack of single point of access/no-wrong-door
- Shortage of inpatient and PRTF beds for highest need youth
- Insufficient expertise for youth with Intellectual Disabilities, Developmental Disabilities, Autism Spectrum Disorders
- Lack of telemedicine access
- Continued increases in behavioral Health ED volume
  - Fall 2021 surge has reached crisis levels
  - Gaps: BH Urgent Care, Crisis Stabilization Units, real-time bed reporting
- Significant workforce development crisis--rates/funding shortages
  
- **COVID coincided with George Floyd's murder and racial justice reckoning that LAID BARE disparities and racial injustice at system and organizational levels**
  - **Access to services, quality, disparate outcomes, insufficient attention to equitable approaches for communities of color**

# Systems and Policies Incorporating Racial Justice and Equity

# Factors Related to Disparities

Factors contributing to disparities include:

- Stigma, social inequality, racism, discrimination, distrust of systems and providers
- Insufficient or unaffordable insurance coverage; lack of providers that accept insurance
- Housing, transportation, child care, employment challenges
- Clinic-based vs. home, school, primary care delivery
- Limited funding/rates to support the provider network and a robust BH workforce
- Limited diversity in providers' language, culture
- Poor/unknown quality, lack of evidence-based services
- Limited infrastructure, data, quality improvement
  
- Innovation and development at the **system, policy, practice, and organizational levels** are needed to ensure equitable access, quality, and outcomes of behavioral health care

# Children's Behavioral Health Plan

Behavioral Health and other child-serving health/well-being systems are increasingly **incorporating racial equity** into system design, development, planning

## Behavioral Health

Post Sandy Hook legislation sought to address behavioral health needs of youth and young adults through system planning and service enhancements

### **Public Act 13-178: An Act Concerning the Mental, Emotional, and Behavioral Health of Youths**

*Section 1. "... In developing the implementation plan, the department shall include, at a minimum, the following strategies to prevent or reduce the long-term negative impact of mental, emotional and behavioral health issues on children:"*

**E. Being sensitive to diversity by reflecting awareness of race, culture, religion, language and ability**

# Children's Behavioral Health Plan

## **Goal E.1 Develop, implement, and sustain standards of culturally and linguistically appropriate care.**

Strategy E.1.1 Conduct a needs assessment at the statewide, regional, and local level to identify gaps in culturally and linguistically appropriate services.

Strategy E.1.2 Ensure that all data systems and data analysis approaches are culturally and linguistically appropriate.

Strategy E.1.3 Require that all service delivery contracts reflect principles of culturally and linguistically appropriate services.

## **Goal E.2 Enhance availability, access, and delivery of services and supports that are culturally and linguistically responsive to the unique needs of diverse populations.**

Strategy E.2.1 Enhance training and supervision in cultural competency.

Strategy E.2.2. Ensure that all communication materials for service access and utilization are culturally and linguistically appropriate.

Strategy E.2.3. Provide financial resources dedicated to recruitment and retention to diversify the workforce.

# Related Systems: Education

## Use of ESSER Funds in Education



U.S. Department of Education

Student Loans

Grants

Laws

## U.S. Department of Education Releases “Return to School Roadmap” to Support Students, Schools, Educators, and Communities in Preparing for the 2021-2022 School Year

AUGUST 2, 2021

The Roadmap includes three “Landmark” priorities...these include... (2) building school communities and supporting **students’ social, emotional, and mental health...**”

“The Department will also lift up...and **address inequities** exacerbated by the pandemic, particularly for students in underserved communities.

- Launched a series of **Equity Summits** focused on addressing inequities that existed before, but were made worse by the pandemic
- Released a [report](#) on the **disparate impacts** of COVID-19 on underserved communities

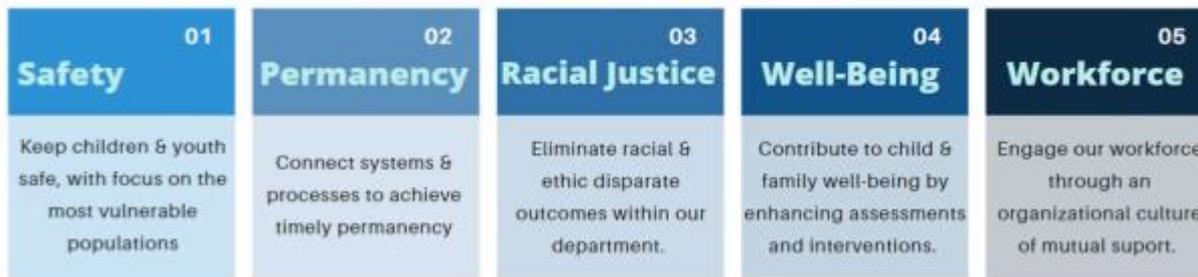
# Related Systems: Child Welfare

## Family First Prevention Services Act

- A shift in federal policy, extends the use of Title IV-E funds beyond foster care and adoption assistance to prevention services
- Prevention services eligible for federal reimbursement
  - evidence-based mental health treatment programs
  - substance abuse prevention and treatment programs
  - in-home parenting skill-based programs

**Sharpening the safety focus through prevention across the child welfare system.**

*Partnering with communities and empowering families to raise resilient children who thrive.*



# Related Systems: Juvenile Justice



## Mission

Connecticut is committed to eliminating racial and ethnic disparities of justice-involved youth to ensure fairness and equity for all youth, as outlined in the 2019-2021 Juvenile Justice Policy and Oversight Committee Strategic Plan. The Racial and Ethnic Disparity Workgroup, a legislatively-created committee of the JJPOC, promotes effective efforts to eliminate racial and ethnic disparities for youth in Connecticut's youth justice system and other youth-serving systems by:

1. **Recommending legislation** that is likely to have a measurable and positive impact on reducing racial and ethnic disparities in the youth justice system.
2. **Proposing policies** that state and local agencies can adopt to reduce or eliminate racial and ethnic disparities within the youth justice system.
3. **Promoting transparency and accountability** among state and local stakeholders, including data collection and reporting on racial and ethnic disparities and the efforts being made to eliminate those disparities.
4. **Developing a model of change** that gives benchmarks of success or a rubric to evaluate success.

# Organizational Development to Promote Anti-Racism and Equity

# Organizational Development

## National CLAS Standards

### Purpose

*To provide a blueprint for individuals and health care organizations to implement **culturally and linguistically appropriate services** that will advance **health equity**, improve **quality**, and help eliminate **health care disparities**.*

<https://thinkculturalhealth.hhs.gov/clas>

# Organizational Development

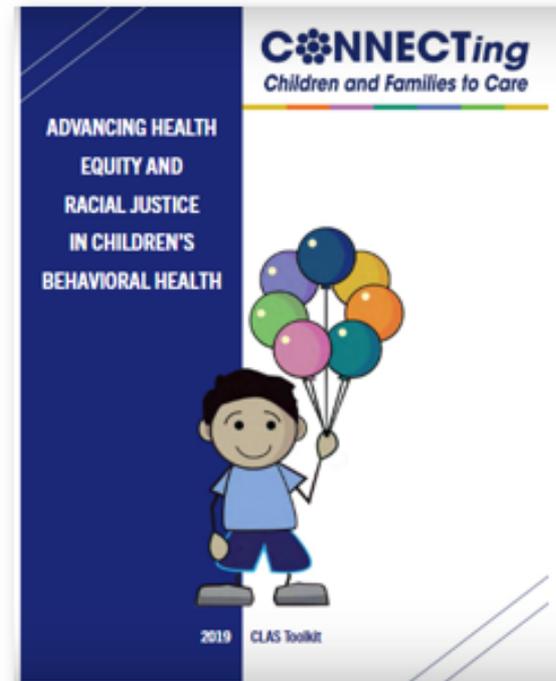
## Four Phase Change Model to Develop Health Equity Plans & Address Racial Justice and Health Disparities



# Organizational Development

## Highlights of Our Work

- 56 organizations trained in the 6 month cohort process or an accelerated cohort
- 35 agencies developed Health Equity plans with 6 currently in process
- 202 Individuals have been trained in Assess, Plan & Improve: An Equity Workshop
- CLAS Toolkit developed: [Advancing Health Equity and Racial Justice in Children's Behavioral Health](#)
- 41 Individuals have been trained in the Toolkit
- Regional Learning Communities with 49 unique organizations participating
- Conducted an analysis of Culturally and Linguistically Appropriate Services (CLAS) Health Equity Plans
- Presented at several national conferences including:
  - The Institute for Innovation and Implementation Conference in Washington DC
  - Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health in Tampa



# Organizational Development

## CHDI's Journey

- Committee on Anti-Racism and Equity (CARE)
  - Data Committee, Hiring/Retention Committee
- Organizational consultation from Health Equity Solutions
- Anti-Racism strategic plan development
- Stipend for staff lead, paired with a sr. management sponsor
- All-staff workshops
- Staff affinity group on identity, intersectionality
- Culture sharing events
- Revised Annual Review Goals
- Revised Employee Handbook
- Revised Annual Staff Survey

# Effective and Evidence-Based Practices Focused on Addressing Disparities

# Effective Behavioral Health Practices

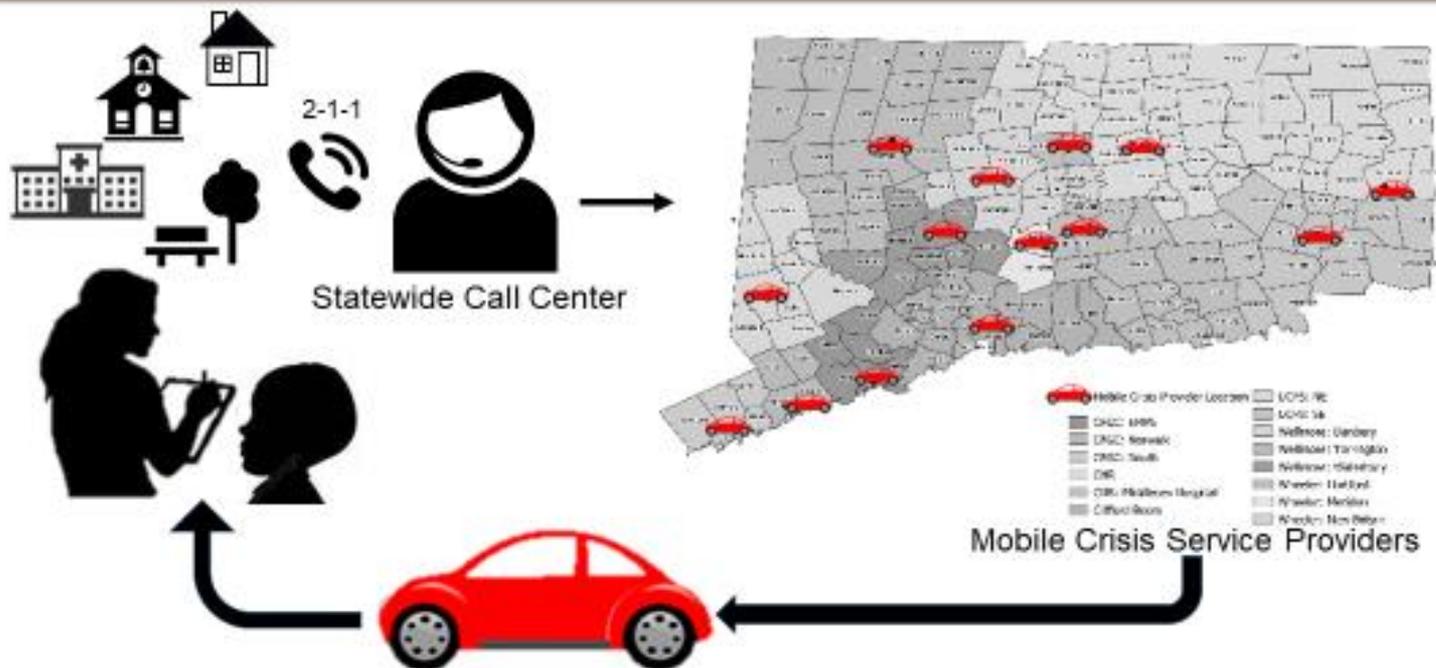


## Some Key Questions:

- If you build it, they will come.... Or will they?
- Are services available, or are they accessible?
  - Expansion of mobile, home, school, and primary care based services
- Do evidence-based treatments work for children and families of color?
- Do we have the data to answer these questions?

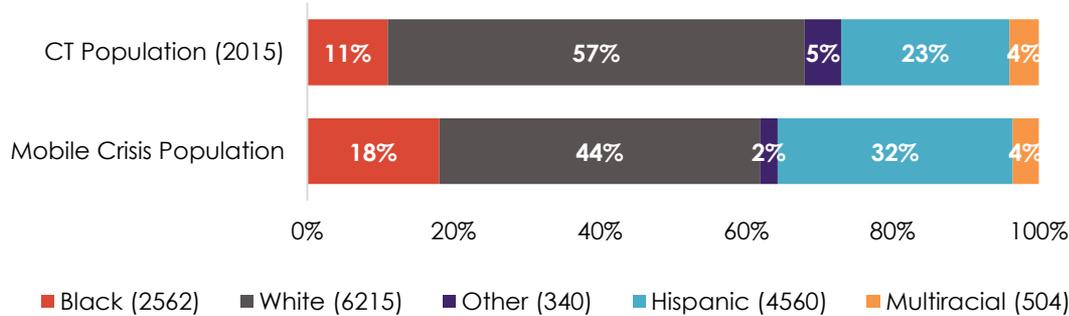
# Mobile Crisis Intervention Services

## Mobile Crisis: Mobile Provider Network



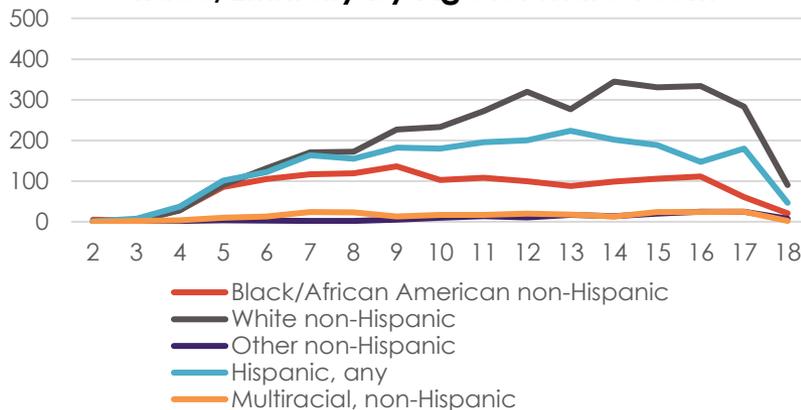
# Mobile Crisis – Demographics (FY2019)

**Race/Ethnicity of Children Served**

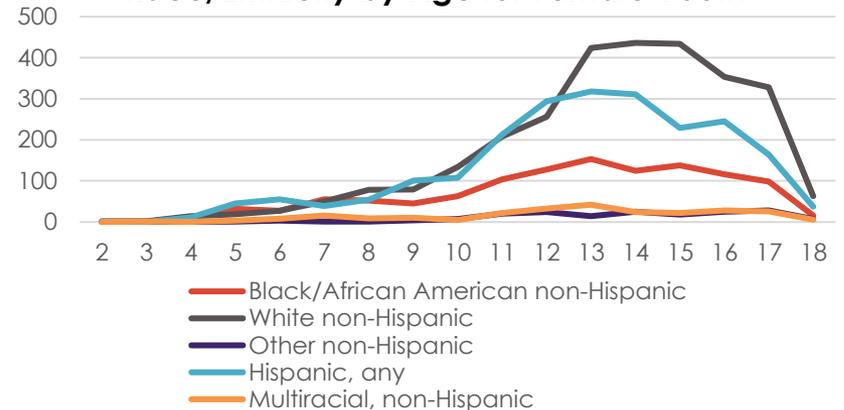


Proportion of Black and Hispanic youth served relative to Connecticut population

**Race/Ethnicity by Age for Male Youth**

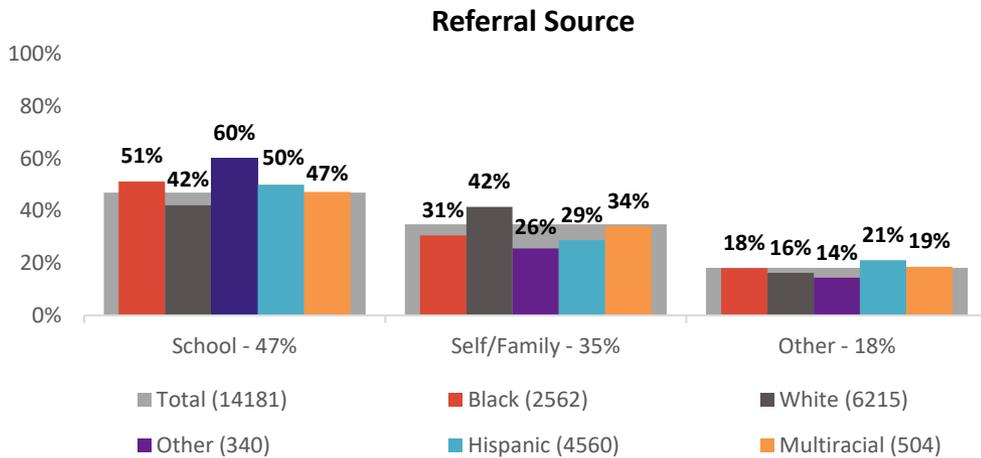


**Race/Ethnicity by Age for Female Youth**

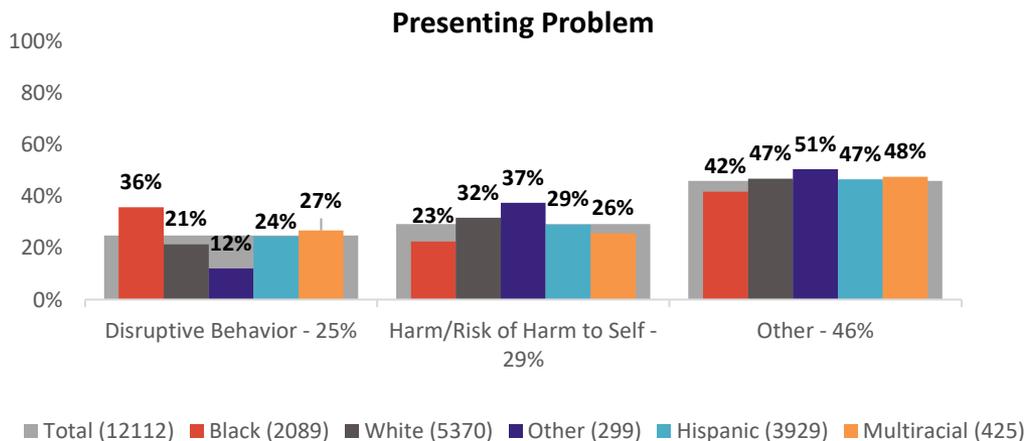


Boys are more likely to be referred at younger ages; girls are more likely to be referred during adolescent years.

# Mobile Crisis Race and Ethnicity Report



Black and Hispanic children have significantly higher likelihood of being referred by schools, and for disruptive behavior, compared to White children



Continue monitoring trends and disparities

Use findings to inform state-level policy; QI with providers

# School Based Diversion Initiative (SBDI)

## School-Based Arrests in the News

### Muslim teen Ahmed Mohamed creates clock, shows teachers, gets arrested

Posted: September 16, 2015, By Ashley [Fantz](#), Steve [Almasy](#) and [AnneClaire Stapleton](#), CNN



### Police handcuff Georgia kindergartner for tantrum

Posted: Apr 17, 2012, By Jeff Martin and [Jeri Clausing](#), Associated Press



### Kiera Wilmot, 16, Arrested & Expelled For Explosive 'Science Experiment'

Posted: May 1, 2013 By [Rebecca Klein](#), Huffington Post



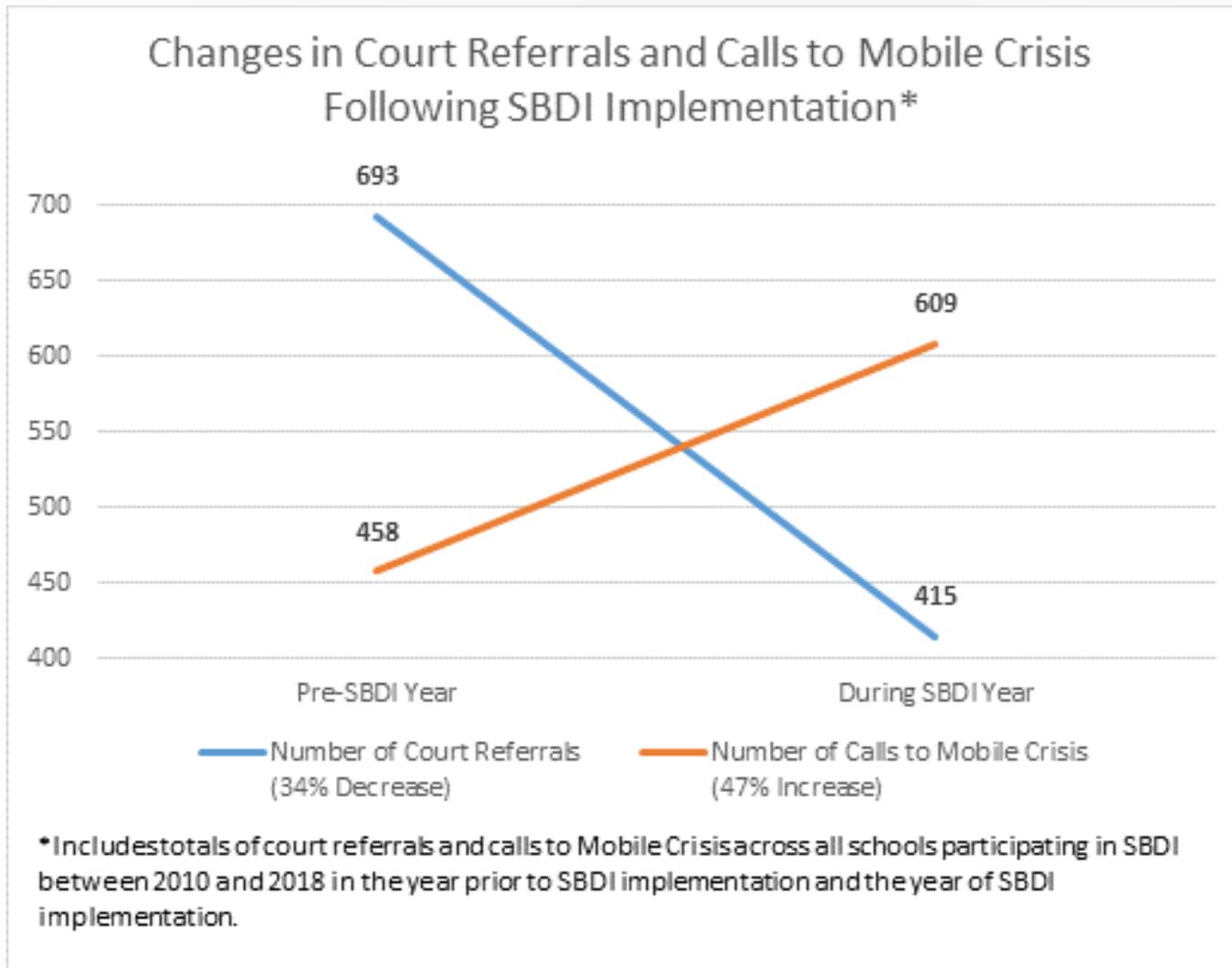
### Two Easton lacrosse players suspended under zero-tolerance policies

Posted: May 10, 2011, By [Liz Bowie](#), The Baltimore Sun



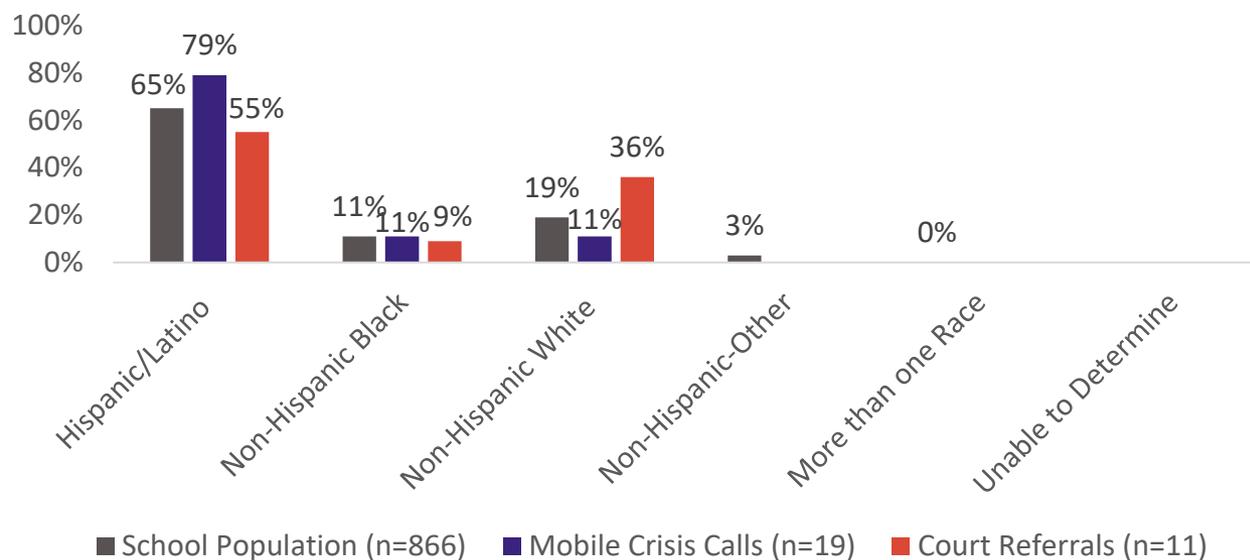


# School-Based Diversion Initiative



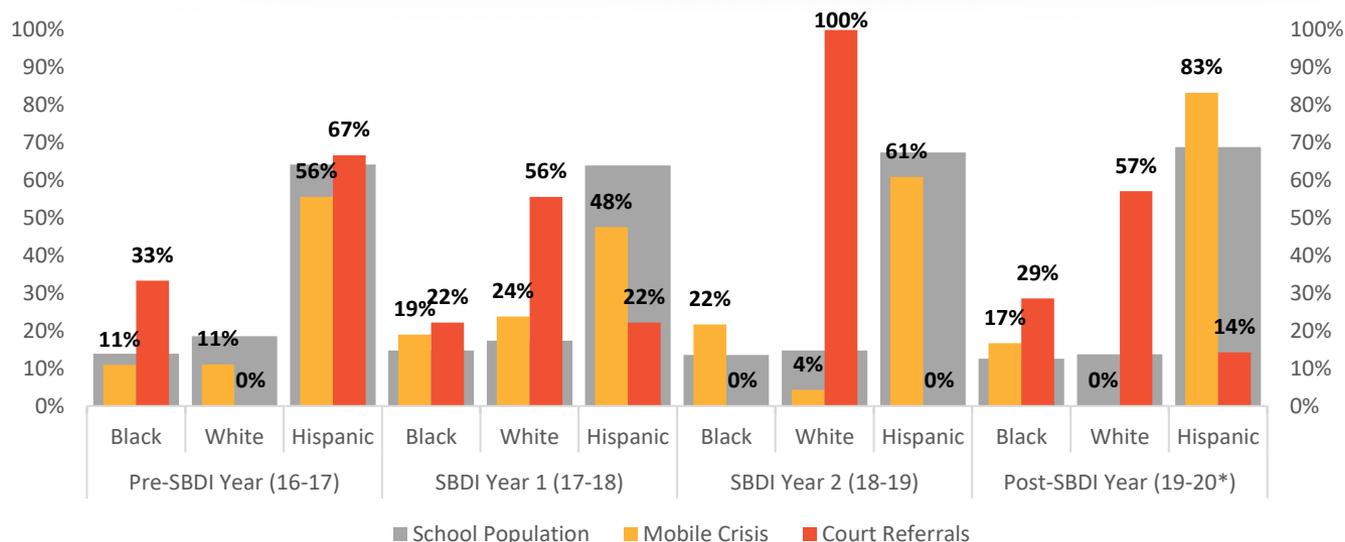
# SBDI – Looking Further

Quarterly dashboards breaking down court referrals and mobile crisis calls by race/ethnicity compared to the school population.



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# SBDI – Looking Further



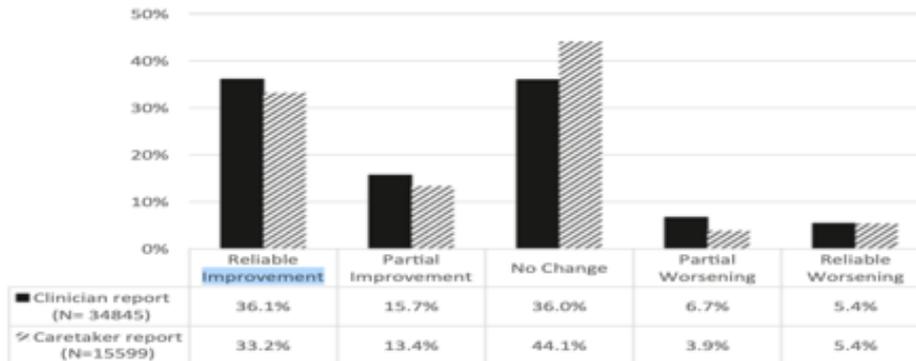
For the school shown above, there is a reduction in disparate court referrals during SBDI participation for Black and Hispanic youth, as well as an improvement of the rates of Mobile Crisis referrals for these students.

# Evidence-Based Treatments



## Behavioral Health Tx Outcomes Pre-Pandemic

- Administrative data: 46,399 children, 25 outpatient clinics, state system, 2013 - 2017
- Outcome measure: reliable and valid measure of child problems
- Results: Medium overall treatment effect



### Results:

- Close to ½ did not improve or deteriorated
- Overall
  - White children more likely to improve than Black or Hispanic children
  - 7-12 year-olds; females improved more
- Type of service differences
  - About ½ received CBT (per provider report)
  - 12% received a specific EBT
- Specific EBT (TF-CBT, MATCH) > CBT > no CBT
- EBTs reduced disparities in outcomes for Black and Hispanic children

# Evidence-Based Treatments



## **Better than Usual (Care):**

Evidence-Based Treatments Improve Outcomes and Reduce Disparities for Children of Color

**CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES**

## Officials commit to evidence-based treatments for children's mental health

Study shows therapies are particularly promising for children of color and can help close gaps between racial groups

By Amanda Blanco

a virtual press conference. "We are pivoting

get the help they are asking for, rather than a service that doesn't work for them "because that's all we have."

"If we have to make investments strategically ... our preference going forward is investing in

# Where is CT Heading?

## Building on strengths, addressing gaps revealed by COVID...

- System building within context of racial justice, health equity
- Better system integration
  - Pooled/blended funding, shared responsibility, streamlined governance
  - 9-8-8 implementation / Care Management Entity
- Increasing inpatient and PRTF bed capacity (and rates)
- Expansion of Mobile Crisis
- Implementation of BH Urgent Care (<24 hour) and Crisis Stabilization (1-14 days) as ED alternatives
  - Zero ED touch for youth with BH needs?
- Permanent telemedicine reimbursement
- Workforce Development (attract and retain the workforce)
- Ongoing capacity to identify and address disparities at system and provider levels

# Final Thoughts

- Impacting racial/ethnic disparities requires operating at the system, policy, and practice levels
  - Align efforts across child-serving systems
- Invest in the behavioral health workforce
  - Translate data to action (see CLAS Health Equity Plans)
- Invest in data infrastructure
  - You've got to have the data
  - Then, you have to disaggregate it and act on it
- A focus on access may lead us to more BH in mobile, home, school, and primary care settings
- Potential promise of EBTs for families of color

# Thank you!

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