Community-Partnered Approach to Reducing Mental Health Disparities

Los Angeles DMH Afro-American Conference
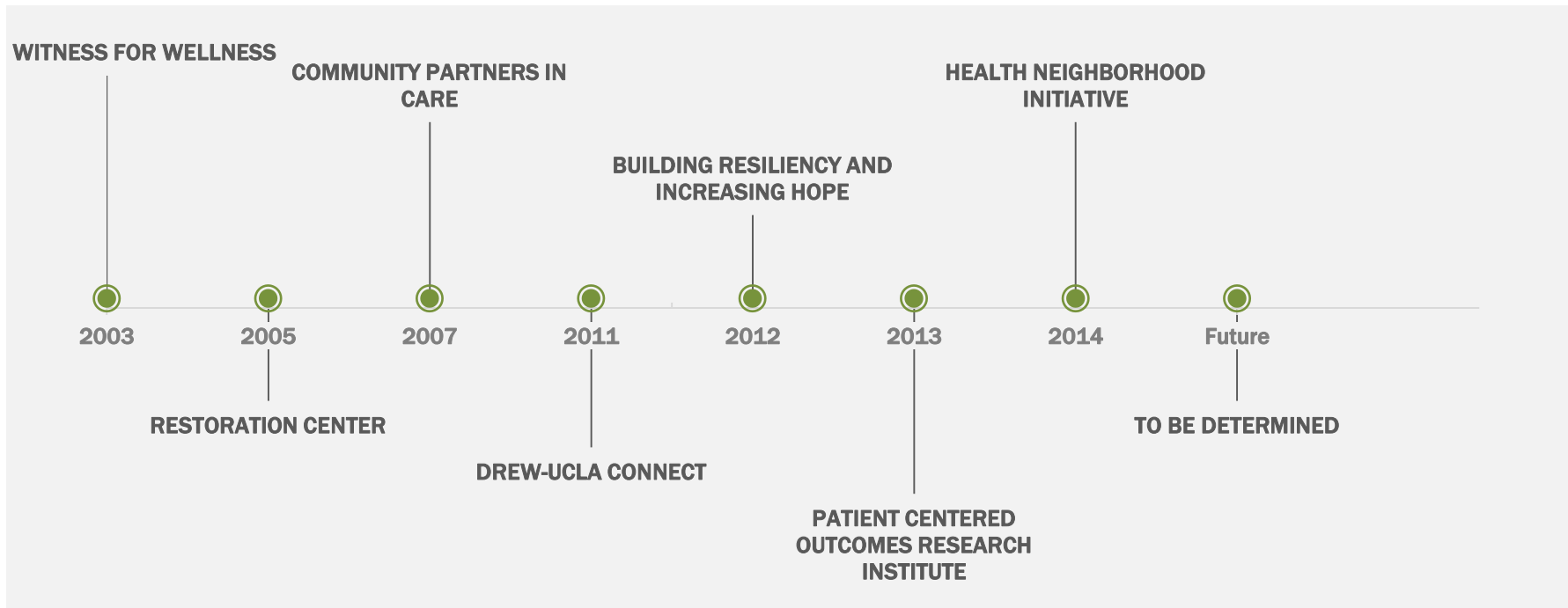
June 18, 2015, 2:30-4:00pm

Kenneth Wells, UCLA & RAND

Loretta Jones, Healthy African American Families II

Bowen Chung, DMH, UCLA, RAND

Felica Jones, Healthy African American Families II

Our History

WITNESS FOR WELLNESS

COMMUNITY PARTNERS IN CARE

BUILDING RESILIENCY AND INCREASING HOPE

HEALTH NEIGHBORHOOD INITIATIVE

2003   2005   2007   2011   2012   2013   2014   Future

RESTORATION CENTER

DREW-UCLA CONNECT

PATIENT CENTERED OUTCOMES RESEARCH INSTITUTE

TO BE DETERMINED

Mental health is not just the absence of mental disorder, but a state of well-being in which every individual realizes his or own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.
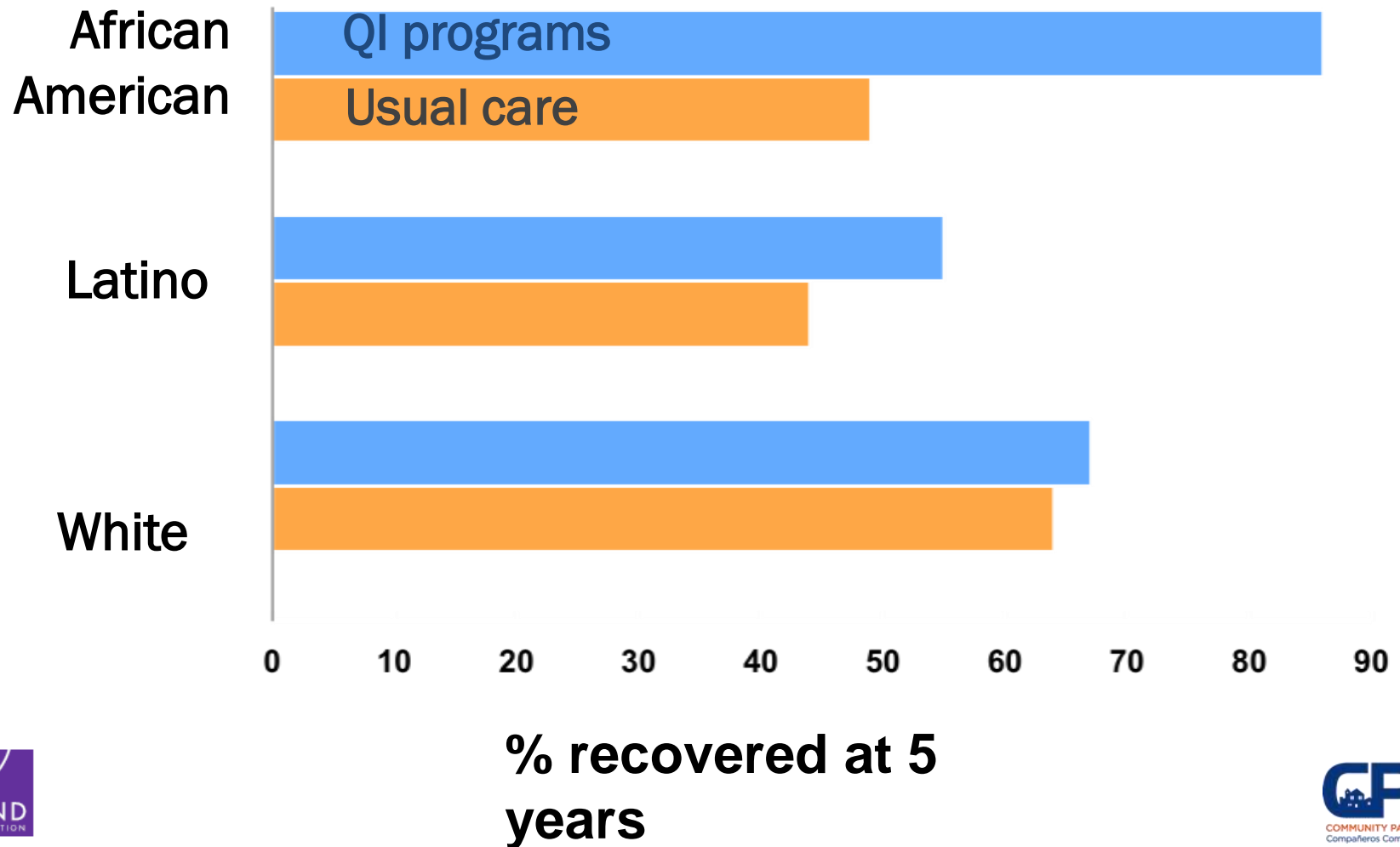
World Health Organization

Social Determinants of Health

- Circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.

- These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. World Health Organization

Interventions Reduced 5-Year Outcome Disparities for Depression (P.I. Wells)

QI programs

Usual care

African American

Latino

White

0   10   20   30   40   50   60   70   80   90

% recovered at 5 years

How can we translate the benefits of high quality depression care into **better lives** for under-resourced, communities of color today?

"**Little is known about the independent contribution of community linkages to improving health and behavioral health outcomes.**"—**SAMSHA 2012**

Challenges of Engaging Minority Communities in Research

- Tragic historical legacy of research abuses of minority populations

- Distrust of government programs and health services

- Participatory research approaches are recommended to engage and to enhance trust in research and services

Healthy African American Families II (HAAFII)

- Goal: To provide a forum for community to take active leadership in improving its own health

- Community Participatory Partnership Research Model (CPPR)
  - Community Engagement Approach

  - Applied the Model to many health problems

  - Depression offered an opportunity to partner with evidence-based research approaches

From Community Involvement...

- One step removed from community centered and driven

- Builds consensus for predetermined actions

- Reports back to funders

- "For" not"with" community

- Provides resources only during the initiative

- Timeline for success regardless of how the initiative is taking shape

- Predetermined agenda, action plan, and method of evaluation

...to Community Engagement

- Builds sustainable capacity to address community issues

- Builds trust and ownership over time

- Develops shared agendas, action plans, and methods

- Community controls and owns the initiative, while minding its collaborative nature

- Leverages ownership into action

- Accountability to community and funders

- Work is done "with" not "for" community

Find The Win-Win to Engage

	Wins
Community	Better daily lives
Community Based Organizations	Recognition, financial support, networking, training, resources
Business Community	Increased market share, image, tax write-off, visibility
Government	Community support; public trust in evaluation
Universities	Greater impact, partners for research, 2-way knowledge transfer promotes innovation or improves recruitment

Getting Engaged

- Develop Equal Partnerships:
  - Share power, listen, respect differences
  - Develop and honor written agreements on principles and initiatives
  - Structure activities to level the playing field
- Embrace Community:
  - Not as "subject" but partner
  - Honor community strength while building capacity
  - Share and learn across community and academic partners in two-way exchange
  - Align Funding and Resources to Fit Principles and Support Win-Win
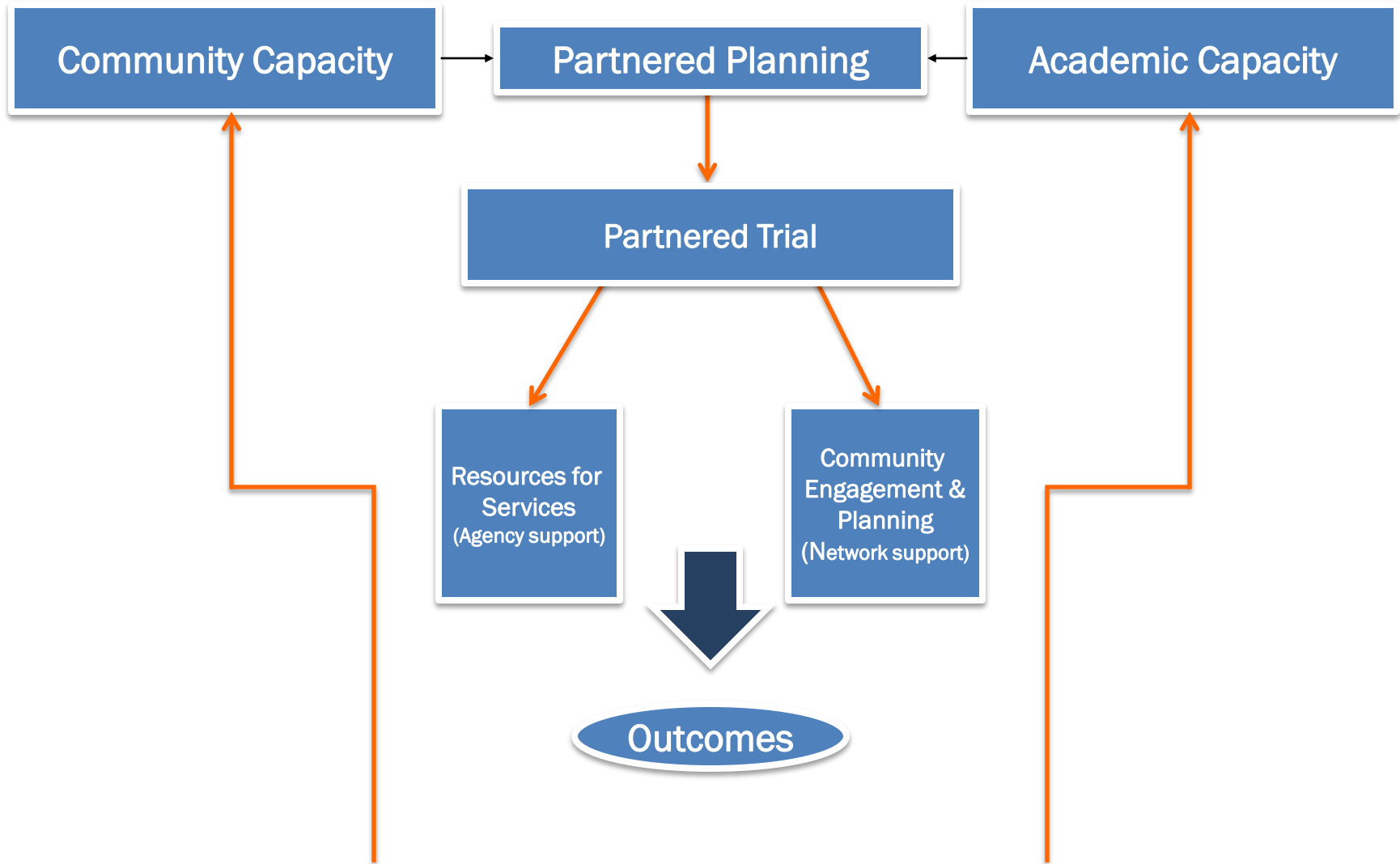
COMMUNITY PARTNERS IN CARE
Compañeros Comunitarios en la Salud

Working together in an *equal* partnership to learn how to improve depression care and build community strength
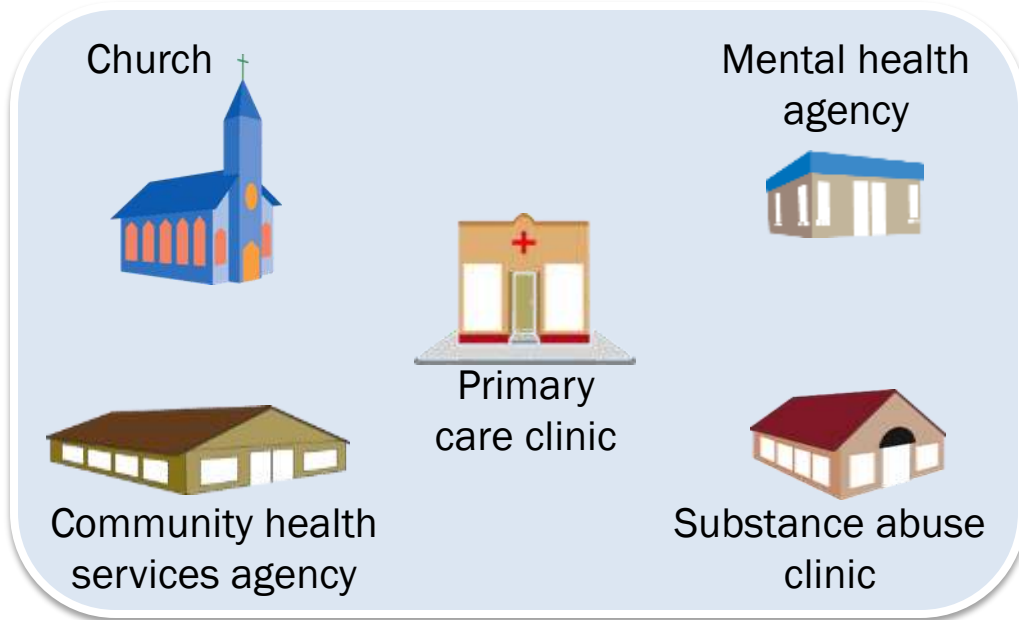
CPIC Learning model to beat depression

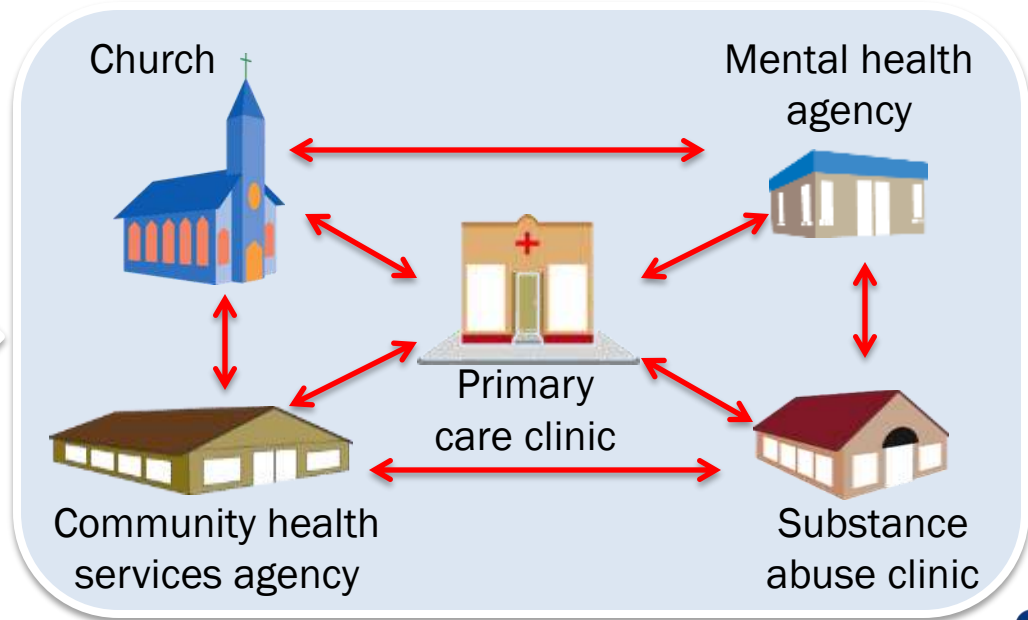# Service Planning Areas 4 & 6

- Hollywood-Metro Los Angeles
(0.5 million residents)

- South Los Angeles
(1.5 million residents)

Church

Mental health agency

Primary care clinic

Substance abuse clinic

Community health services agency

Resources for services

95 Programs in Los Angeles

Community engagement and planning

Church

Mental health agency

Primary care clinic

Community health services agency

Substance abuse clinic

RAND CORPORATION
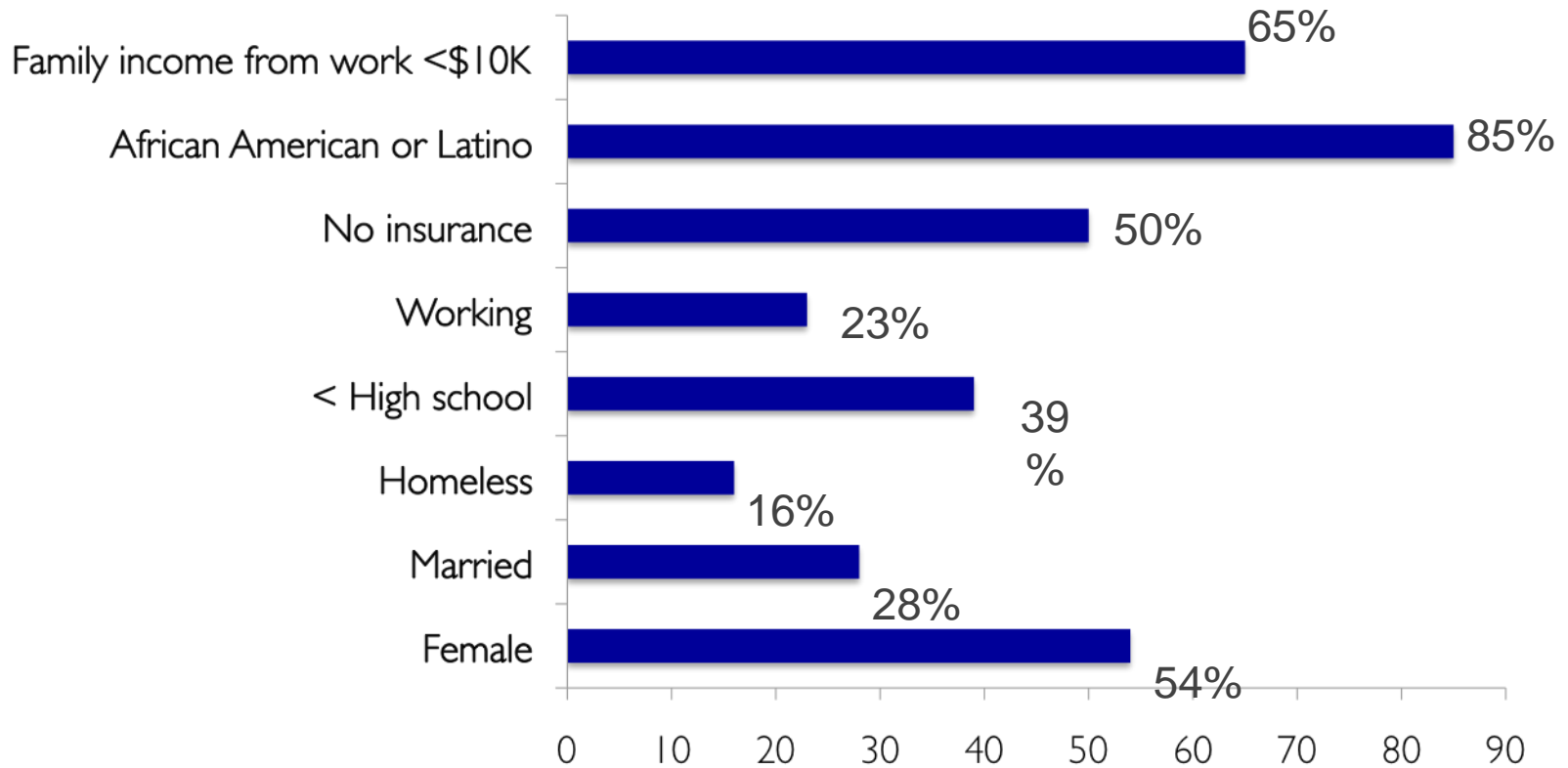
CPIC
COMMUNITY PARTNERS IN CARE
Compañeros Comunitarios en la Salud

CPIC Clients Are Diverse

(N = 4,440, mean age 47 years)

Client Depression
Common Across Program Types
(N=4,440)

% of screened clients with PHQ-8 ≥ 10
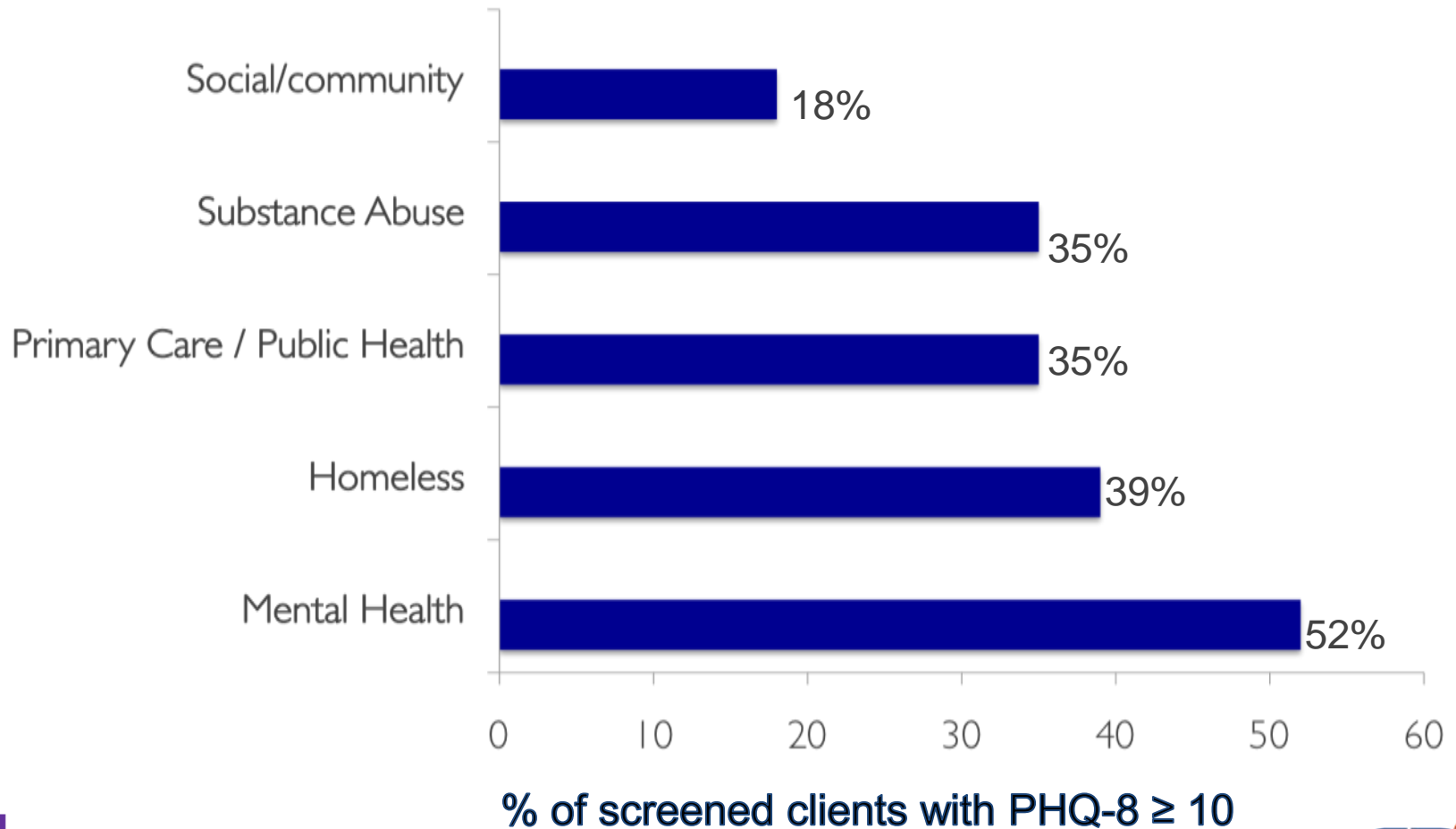
One Homeless Participant's Quest for Services

Community Engagement Stone Soup

Summary of 6-month Outcomes

- **Both CEP and RS improved client mental health quality of life**

- **CEP was more effective than RS in**
  - improving mental health quality of life and physical activity
  - reducing homelessness risk
  - reducing behavioral health hospitalizations

- **CEP shifted** outpatient depression services away from specialty medication visits toward primary care, faith-based and park services for depression

- BUT: No difference in depressive symptoms, use of antidepressants or healthcare counseling for depression

 *--So mechanism is not more "formal" treatment*

CPIC provided 157 training events using depression care toolkits

- Team management

- Clinical assessment, medication management and alternative health practices

- Cognitive behavioral therapy for depression

- Care management / case management

- Patient education resources

- CEP: Support for networks to innovate in services delivery and fit to their community

CEP Improved Physical Health and Homelessness
(N=1,018)

*p<.05

Physically Active
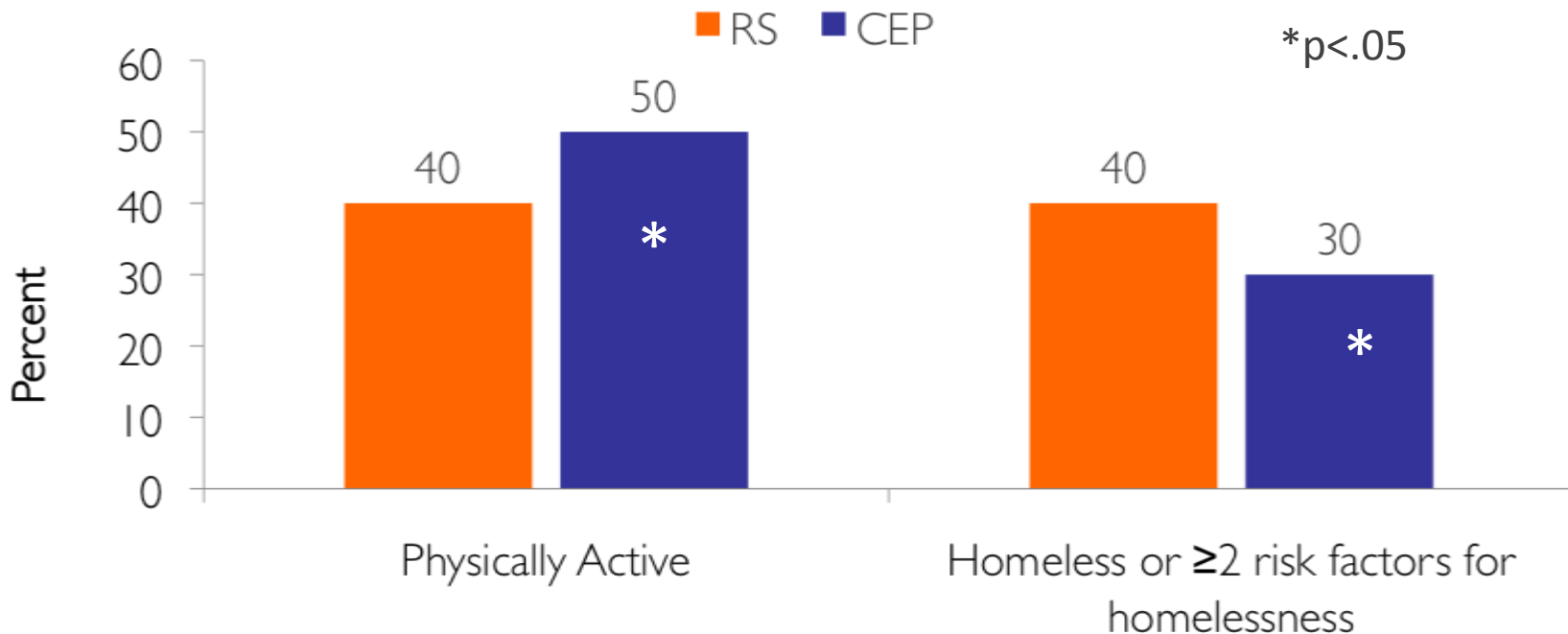
Yes to all health limits
- Moderate activity
- Stairs
- Physical activity

Homeless or ≥2 risk factors for homelessness

Risk Factors:
- food insecurity
- eviction
- severe financial crisis
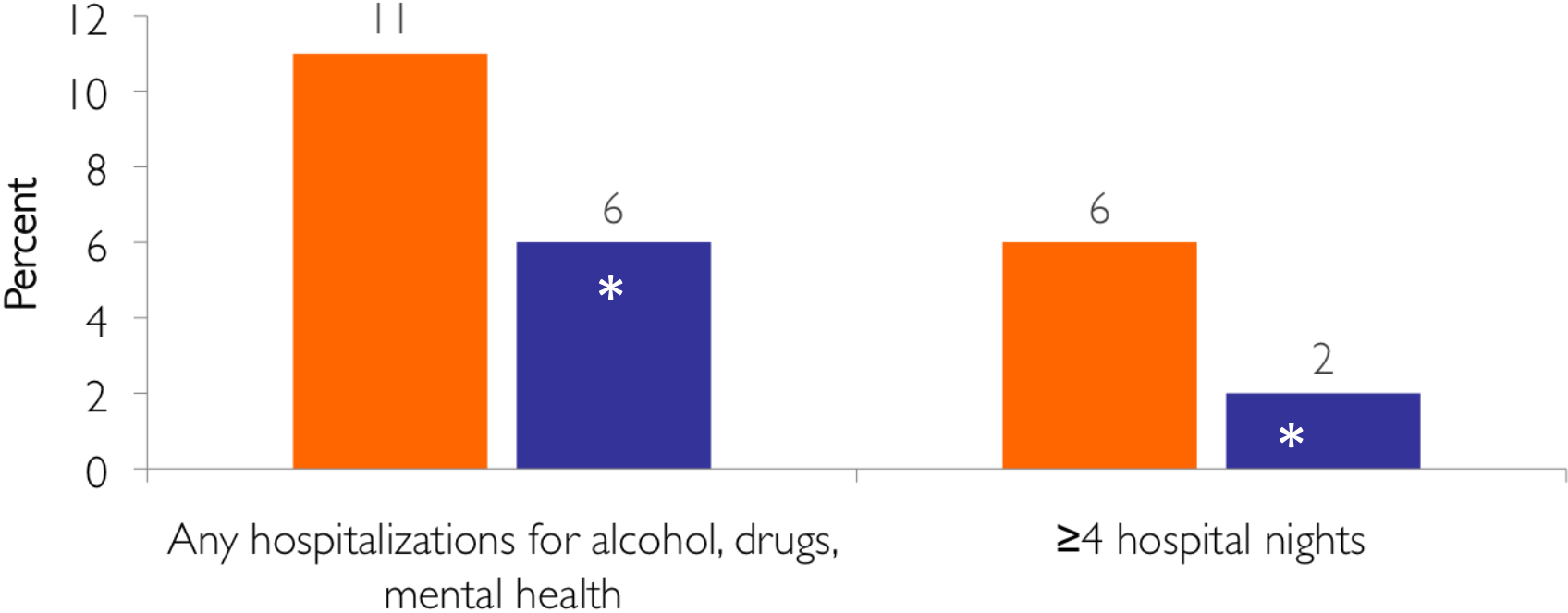
CPIC Video Summary of 6-month Outcomes

CEP improved
mental health quality of life over 12 months

% Clients with
MCS-12≤40

Chart showing % Clients with MCS-12≤40 over Baseline, 6 months, and 12 months for RS and CEP groups.

- RS (blue): Baseline 53.3%, 6 months 52.7%, 12 months 50.2%
- CEP (red): Baseline 53.4%, 6 months 44.3%, 12 months 43.9%
- p=0.028
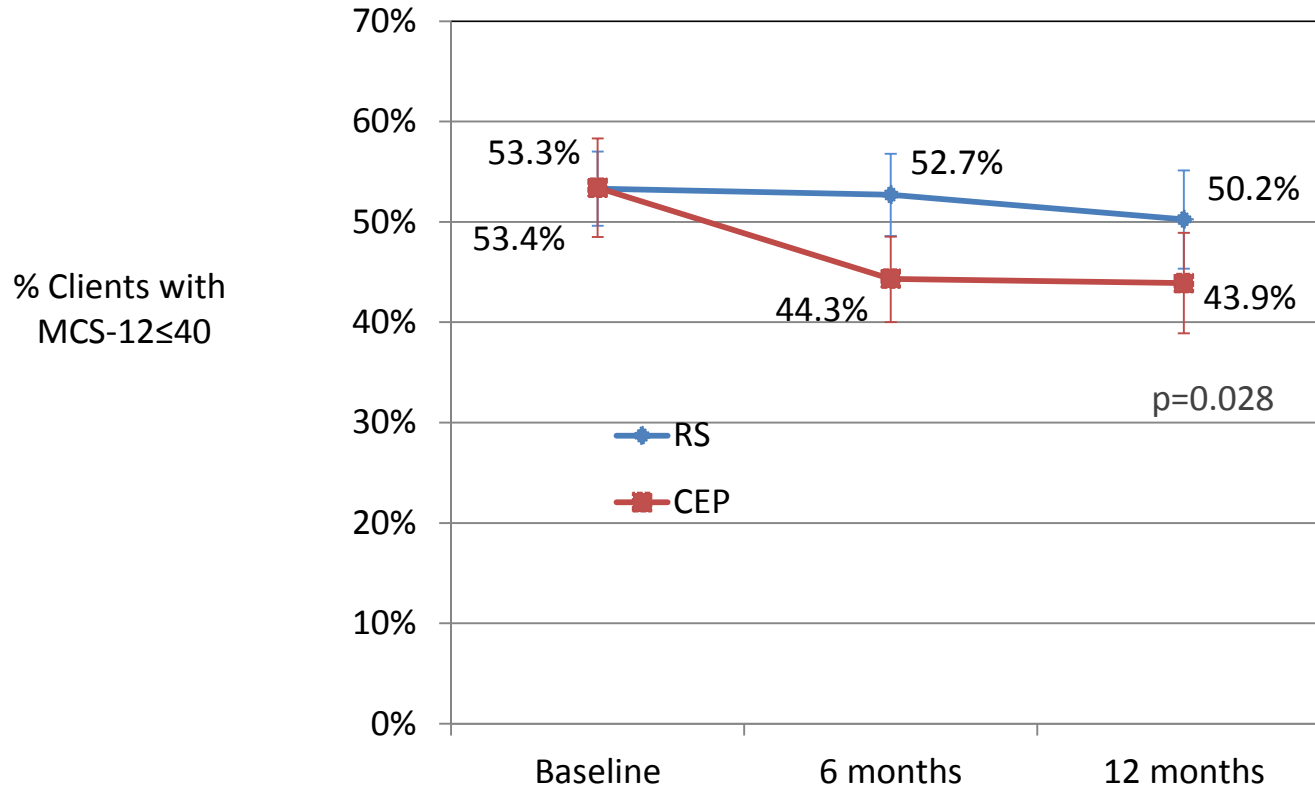
Summary of 12-month Outcomes

- Quality of life continued to be better and hospitalizations were continuously reduced

- However statistical significance of results vary somewhat based on how the analysis is done, but direction always consistent

CEP Start-Up Cost More...
Because More Staff Were Trained

	RS	CEP
Total Cost	$47,523	$249,459

Most costs are provider training time--you get what you pay for

Training benefits spread
over many clients, not
just those enrolled in CPIC

Most Services Costs are Healthcare; CEP & RS Similar

Mean cost per enrolled client	Baseline		6 Months		12 Months	
	CEP	RS	CEP	RS	CEP	RS
All services $	5225	5669	4061	3998	2,590	2621

Modeling with national inpatient LOS, 6-month behavioral health hospital costs lower for CEP

How?

- Staff exposure to evidence-based practices
- Task Shifting counseling or case management practice delivered by faith-based, parks and recreation
- Task Enhancement: housing and social service programs know how to engage depressed clients
- Network Building: integration of healthcare and community-based programs

COUNTY OF LOS ANGELES
HEALTH NEIGHBORHOOD CONCEPTUAL FRAMEWORK

Social Services

Public Health

Schools

Homeless / Housing Services

Faith Based Organizations

Mental Health Services

Primary Care Services

Vocational / Employment Services

Mentoring / Tutoring Services

Substance Abuse Services

Other community organizations and ancillary supports

Domestic Violence Services

Law Enforcement
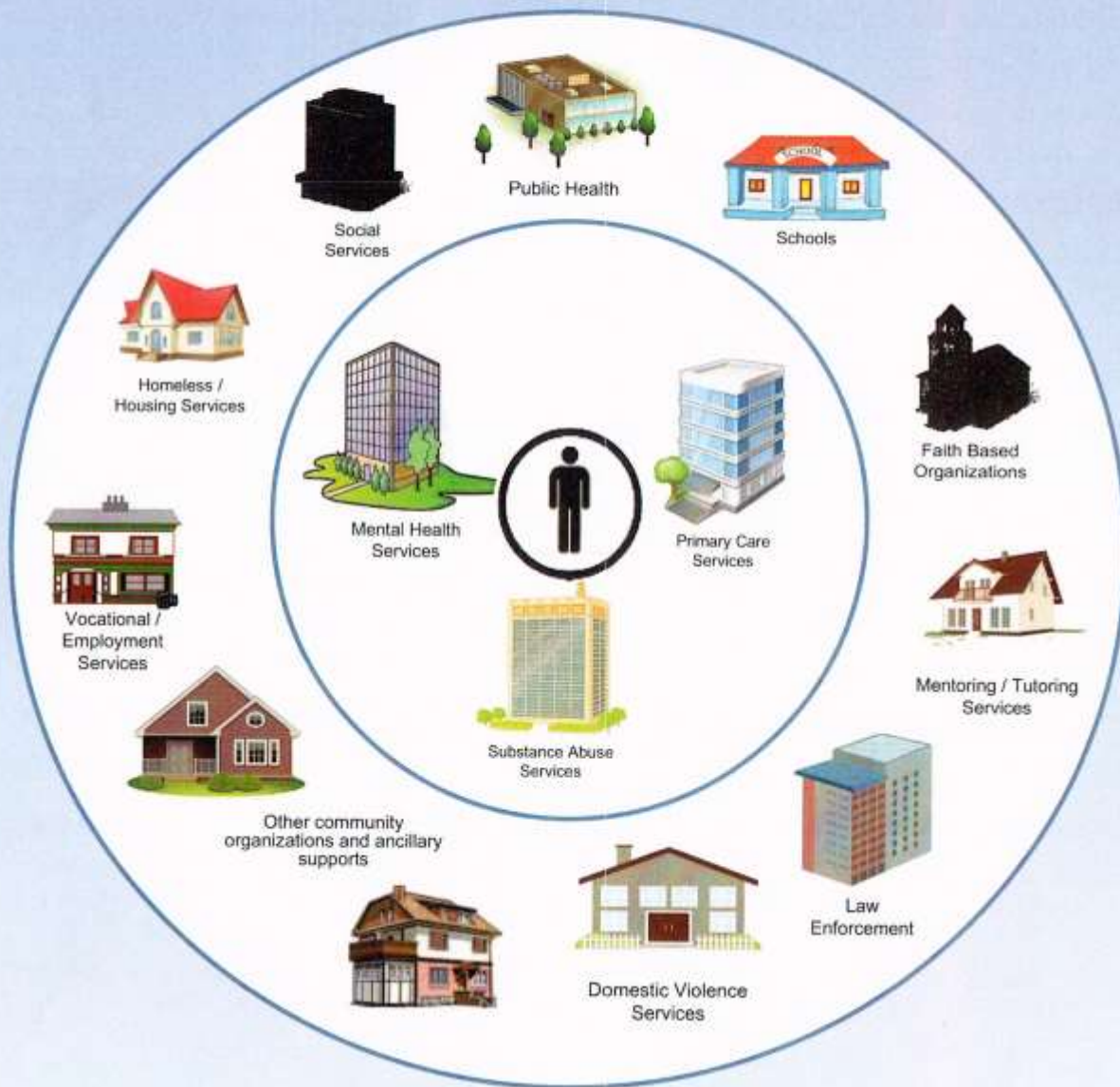
Community Engagement exercise

2014 ACTS Team Science Award!

Funders: National Institute of Mental Health; National Library of Medicine;
Robert Wood Johnson Foundation; California Community Foundation;
Patient Centered Outcomes Research Institute;
UCLA Clinical and Translational Science Institute

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