Community Practice in Adult Health and Mental Health Settings

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Major Challenges

• Lack of access to quality care
• Lack of integration of health & mental health systems, & other public systems (i.e. criminal justice)
• Individuals not well integrated into community
• Informal networks not integrated with formal networks
• Need for true inclusion of consumer voice
The Uninsured

• In 2002, 14.6% of population
  – Hispanics: 33.2%
  – AA & Asians & PIs: 19%
  – White non-Hispanics: 10%
• Almost 1/3 of the poor are uninsured
• 3/4 of the uninsured are workers
• At high risk: employees of small firms, only high school diploma, young adults & men
Effects of Being Uninsured

• Less use of prevention and treatment
• Risk of poverty & bankruptcy
  – Uninsured families pay 40% or more of medical costs out-of-pocket
• Often delay care & are more likely to be hospitalized w/avoidable conditions
• Poorer health
Major Strategies To Increase Access

• Political advocacy
  – National healthcare
  – Tax credit proposals
  – Implementing existing laws
  – Targeting program gaps (early retirees, displaced workers, legal immigrants)
  – Mental health parity

• Expansion programs
  – Section 1115 waivers
Interventions for Uninsured

- Partnerships with providers, organizations & schools
- Provider collaboratives
- Address language and cultural barriers
- Outreach
- Increase citizen knowledge
- Technology
- Using volunteers/peers
Limitations of Medicare & Medicaid

- Affordability
- Availability of care
- Eligibility definitions
- Service limits
- Cost-containment strategies
- Poor accessibility of enrollment sites
- Language and cultural barriers
- Lack of prescription coverage w/Medicare
Community Practice Initiatives

- Out-stations (libraries, churches, etc.) to increase enrollment
- Use of *promotoras* (Latina volunteers who receive Medicaid)
- Obtaining medications through indigent med programs, donations & other sources
Medicaid Service Limitations

• Often impossible to find a provider
  – Less than 1/3 of office-based physicians will accept new Medicaid clients

• Advocacy and legal action
  – To raise reimbursement rates for providers
  – NC law suit established that Medicaid recipients have a right to sue if the state did not follow federal law re: accessible dental care.
Managed Care Organizations

• Selective contracting, financial incentives & utilization reviews to cut costs

• Criticisms of MCOs:
  – financial barriers to quality care
  – reduced costs b/c healthier enrollees &/or denying reimbursement for needed care
  – in 1997, 63% were for-profit
MC & Federal Programs

- 58% of Medicaid pop enrolled in MC (2001)
- By 2001, many HMOs exited the Medicare+Choice program b/c of low reimbursement
- Lack of education to recipients about MC systems
- Tight definition of “medical necessity” may limit needed services, eliminate prevention
Initiatives to Combat MC Barriers

• Community Social Services of NY
  – workshops & weekly radio show to educate people about healthcare issues.

• New Mexico
  – county leaders collaborating, sharing resources, & ensuring fiscal viability of the community safety net
Managed Mental Healthcare

- “Carve-out”
- “Carve-in”
- Mental health care through primary physicians
  - Risk that less $ will go to mental health
- Incentives to under-treat and shift costs
  - Especially problematic for people w/SPMI
Community Capacity

• Many people go untreated
  – 50% of diabetics
  – 2/3 of people with mental illness

• Public systems
  – Long waiting lists; inadequate resources; inappropriate treatment
  – Often end up in other public systems (criminal justice; social services)
Why Lack of Community Capacity?

- Inflexible service schedules
  - shift in service provision to jails, homeless shelters, emergency rooms
- Rigid eligibility requirements for Medicaid/SCHIP
- Funding of ineffective services & programs
- Lack of funding to shift people from institutions into the community
Capacity Initiatives - Two Examples

• Jail diversion
  – redirects low-level, nonviolent mentally ill from jails into community-based treatment
  – decreases $ spent, reduces overcrowding, and improves recovery chances

• HIV integration of prevention w/treatment
  – multidisciplinary teams, peer outreach, cultural competence training, linking people w/resources
  – Baltimore’s Needle Exchange Program
Health Disparities

- Minorities have worse health outcomes than whites, adjusting for income, insurance & type/severity of disease
- Uninsured minorities less frequent use of a regular physician & more difficulty accessing care than uninsured whites
- Blacks on Medicare 60% less likely than whites on Medicare to have bypass surgery
Barriers to Minority Access

- Language
- Fear, misunderstanding
- Ineligibility
- Distrust
- Poor cultural fit with providers
- Low SES correlated with race:
  - 23% of blacks, 21% of Hispanics & 10% of whites were below poverty level in 2001
Combating Health Disparities

- U.S. DHHS:
  - Closing the Health Gap
  - Healthy Communities Innovation Initiative
- Increase cultural competence
  - increase education/awareness
  - increase financial incentives & recruitment of minority providers
  - incorporate traditional healing practices
Geographic Disparities

- Problems in rural and inner-city areas:
  - poverty, poor health, high unemployment, violence, crime, transportation problems
  - stigma, confidentiality, culture
  - lack of appropriate services
  - difficulty with access and infrastructure
  - unable to recruit providers
Solutions to Geographic Disparities

- Emphasis on primary care and prevention
- Recruitment
  - National Health Service Corps
  - Community Health Center
- Integrating & networking systems of care
- Increasing use of telemedicine
- Increasing consumer involvement
  - peer support, education, support groups
Community Integration

- Stigma & discrimination are major barriers
  - rejection, segregation

- Strategies for integration:
  - community education
  - legal protection thru legislation & court action
  - linkage with informal networks
    - Strengths-based case management programs
Employment & Disability

- Employment may lead to loss of health coverage
- If employed & lose job, it takes time to resume benefits
- Some solutions have been achieved
  - Ticket to Work & Self-Sufficiency Programs (P.L. 106-170)
  - New Freedom Commission on MH Initiative
HIV & Integration

• Initiatives
  – International Red Cross - “Take a Look: Stigma Kills”
    • offers education, counseling, emphasizes prevention
  – ACT UP - public protest & political action

• Court Cases
  – no job discrimination, and ADA coverage
SPMI & Integration

• Initiatives
  – NAMI StigmaBusters
  – Center for MH Services “Know me as a person, \textit{not} by my mental illness”

• Overcoming barriers
  – Supported employment and vocational component of psychosocial rehab clubhouse programs have proven effective
  – Supported housing is effective
Consumer Participation

- Meaningful consumer participation - ability to express views, make demands & protests, and exert political pressure.
  - Must have well-informed consumers; vehicles/venues for consumers to express views; and responsive systems
  - Vulnerable pops do not have political clout
Consumer Voice

• Three levels

1) Individual treatment - right to appeal, file grievances, receive rapid & respectful response

2) Shaping programs - surveys, focus groups, advisory boards

3) Impacting healthcare policy - lobbying, planning, oversight, consultation, court action

• requires representation (National Health Law Project, Bazelon Center for Mental Health Law)
Consumer-Directed Services

• Values
  – mutual support, non-coercive, equality, provision of useful services

1) Incube
  • helps mental health consumers start and run their own businesses

2) Gay Men’s Health Crisis Initiative
  • to increase participation of HIV+ Medicaid consumers in development, implementation & monitoring of NY Medicaid managed care
Next Steps

• Political and Social Action
  – ensure effective treatment based on choice
  – minimize barriers to care
  – ensure integration of systems of care
  – equality of access
Next Steps

• Program Development & Community Liaison
  – create & maintain culturally competent programs
  – support consumer-directed programs
  – ensure accessibility, affordability, availability & acceptability
  – create & maintain programs focusing on whole self in context of family & community
Next Steps

- Community Development
  - strengthen communities’ ability to develop & direct provision of services
  - increase community ability & willingness to include individuals w/disabilities in meaningful roles
Next Steps

• Functional Community Building
  – establish functional consumer communities
  – increase members’ understanding of healthcare systems
  – maximize skills for participation in healthcare planning at all levels
Next Steps

• Social Movements
  – strengthen the health & mental health consumer movements
  – interweave need for individual and community empowerment, self-determination in programs, and voice in policy development
Reference