Increasing Equitable Access to Co-Occurring Care

Ayorkor Gaba, Psy.D.
Angela Wangari Walter, Ph.D., M.P.H., M.S.W.
Debra Pinals, M.D.

National Association of State Mental Health Program Directors (NASMHPD) Annual Meeting
July 30, 2023

Disclosure

The ideas, attitudes, and opinions expressed herein are our own and do not necessarily reflect those of the University of Massachusetts Chan Medical School, University of Massachusetts Lowell, or other institutions. We are not endorsing any of the entities or resources mentioned in this presentation and have no relevant disclosures or conflicts of interest to report.

Acknowledgments

- Talitha Dantas - Research Assistant, UML
- Care providers and systems
- Individuals and families impacted by COD
- Genna Schofield, M.P.H. - NASMHPD
- Indigenous Peoples

Objectives

Describe co-occurring mental health and substance use disorder (COD) prevalence and unmet treatment needs, including among minoritized and marginalized populations.

Identify multilevel factors impacting COD treatment access and engagement.

Describe evidence-informed approaches to advance equitable access to and engagement in COD treatment .

Co-occurring Mental Health and Substance Use Disorder (COD) in the US

01

10.1 percent (or 25.8 million) adults (18 and older) have a COD

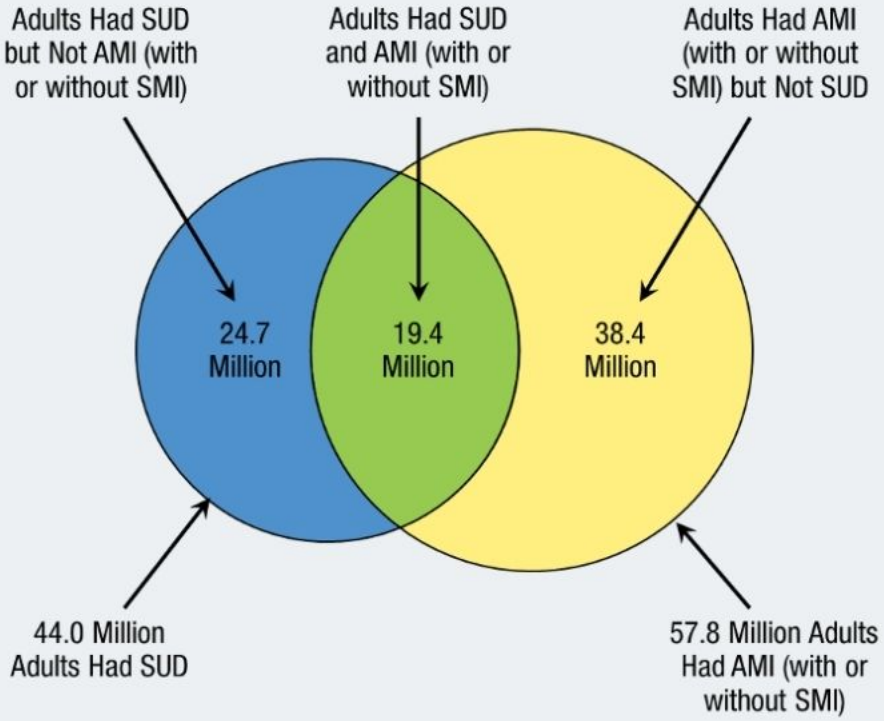
02

3.7 percent (or 935,000) adolescents (12 to 17 years) have a COD

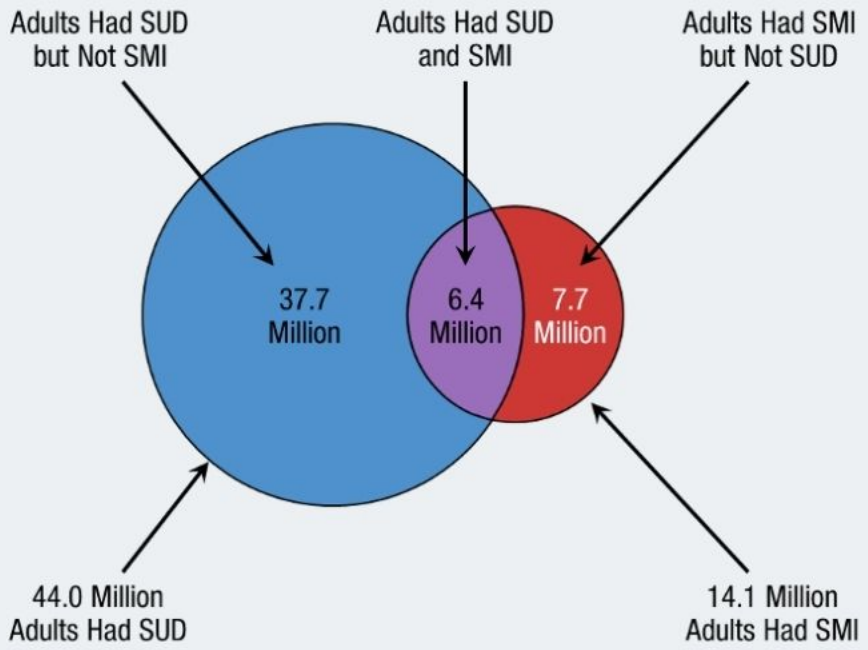
03

Only 7.4% of individuals with COD received treatment for both disorders

Substance Use Disorder, Any Mental Illness, & Serious Mental Illness Among Adults (18+) in the Past Year (2021)



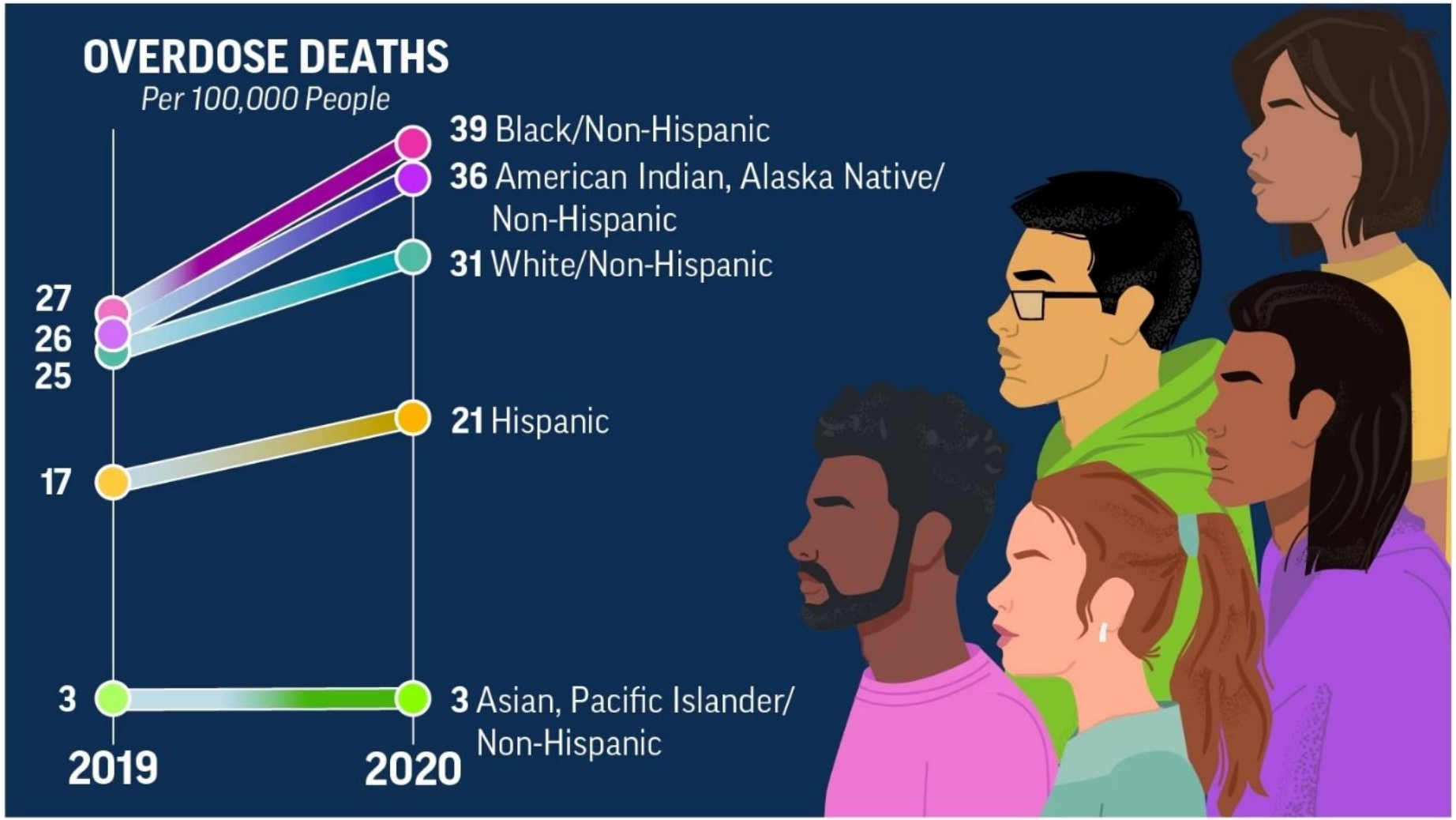
82.5 Million Adults Had Either SUD or AMI (with or without SMI)



51.7 Million Adults Had Either SUD or SMI

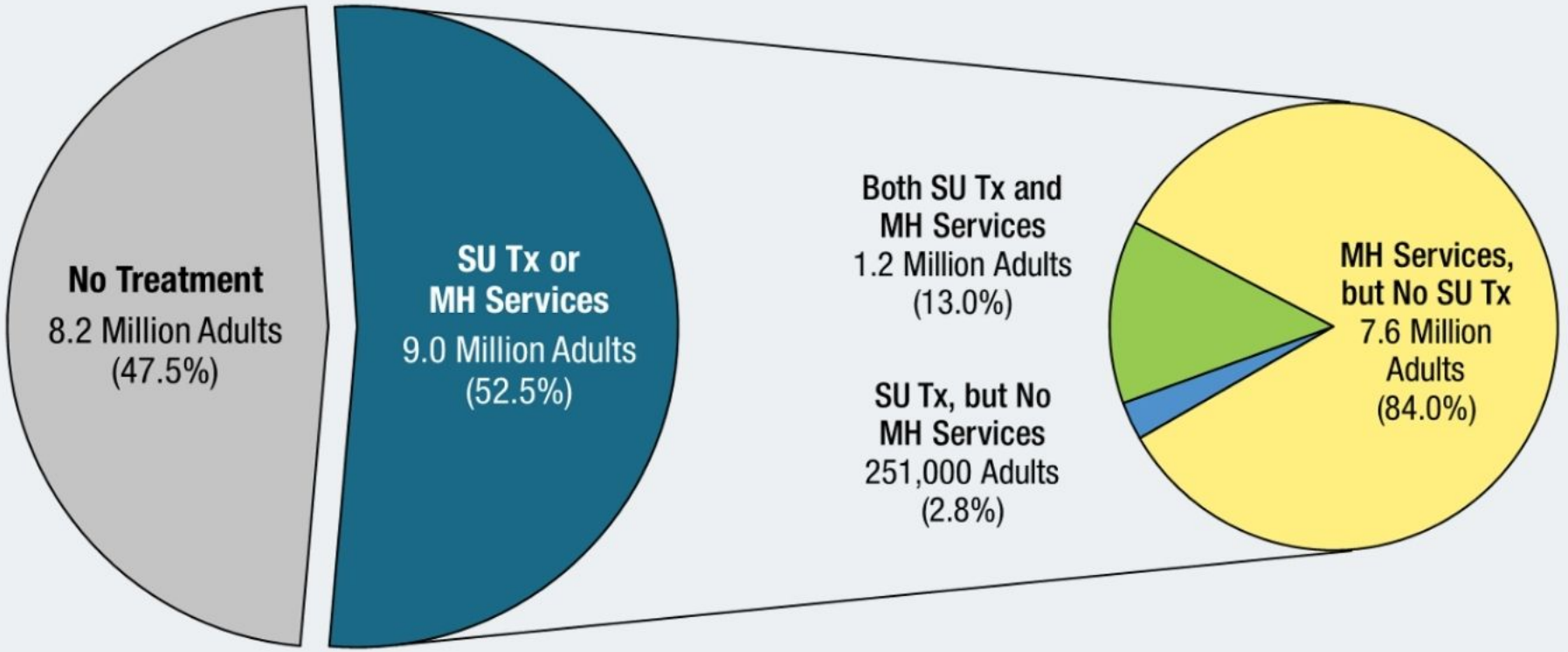
Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report

SAMHSA
Substance Abuse and Mental Health Services Administration



Center for Disease Control and Prevention. (2020). Overdose Deaths by Race and Ethnicity Over One Year. Drug Overdose Deaths Rise, Disparities Widen. Vital Signs - Center for Disease Control and Prevention. Retrieved 2023, from https://www.cdc.gov/vitalsigns/overdose-death-disparities/index.html.

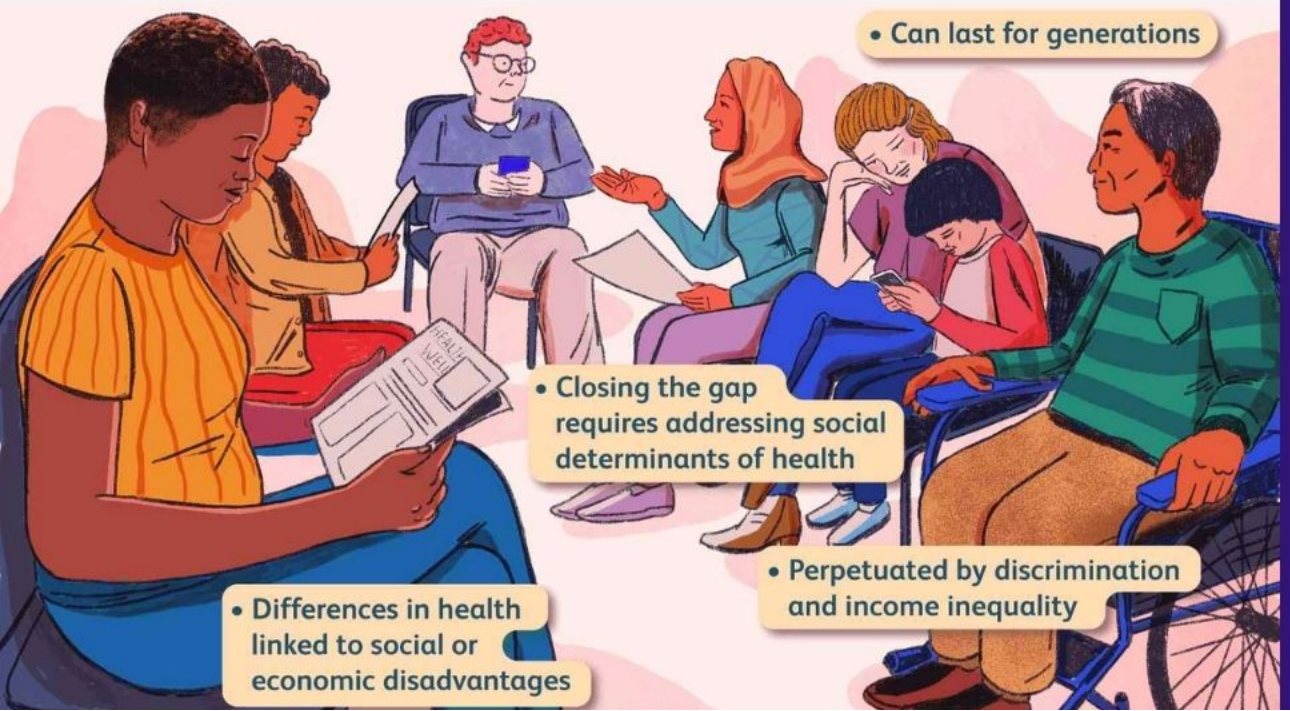
Substance Use Treatment at a Specialty Facility and Mental Health Services Among Adults (18+) in The Past Year (2021)



Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report

SAMHSA
Substance Abuse and Mental Health Services Administration

Disparities in COD



Black/African Ancestry, Indigenous, and People of Color and Latinx communities (BIPOC+) have less access to COD treatment than white individuals.

LGBTQ+ individuals may face discrimination and stigma when seeking COD care.

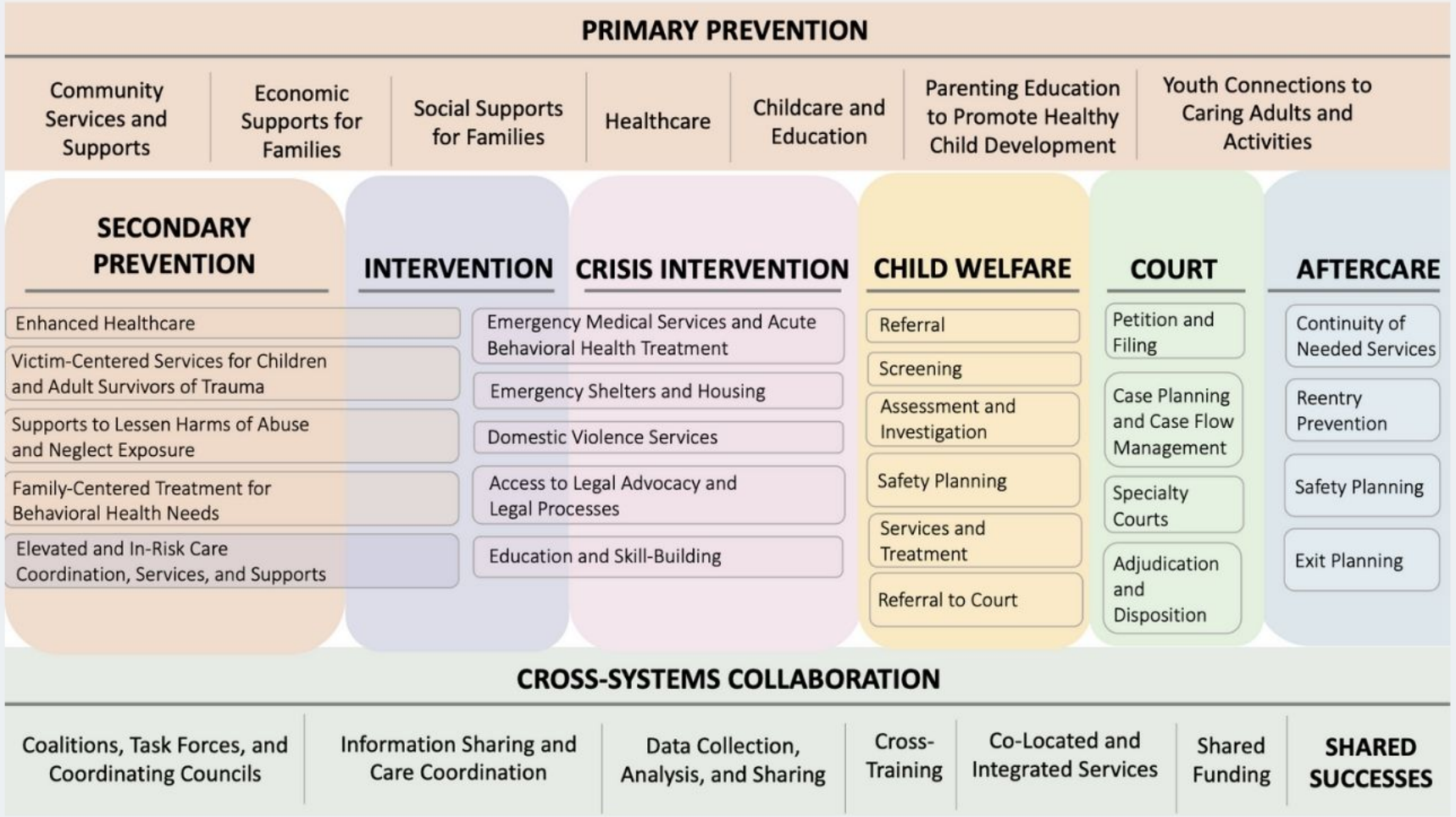
Low-income individuals may not have resources to access COD treatment.

EQUALITY:
Everyone gets the same – regardless if it's needed or right for them.

EQUITY:
Everyone gets what they need – understanding the barriers, circumstances, and conditions.

Robert Wood Foundation. (2017). Visualizing Health Equity: One Size Does Not Fit All Infographic. Retrieved 2023, from https://www.rwjf.org/en/insights/our-research/infographics/visualizing-health-equity.html

Upstream Model



The National Center for State Courts: Upstream: Strengthening Children and Families through Prevention and Intervention Strategies: A Court and Community-Based Approach: State Justice Institute, 2021

FILSAN

1

13 years old

Emigrated to the U.S. with his mother and two older siblings

2

14-18 years old

Individual/family well-being impacted by acculturation, SDoH needs, economic hardships, racism, discrimination

3

19-24 years old

Alcohol & THC use.
Increased mental health Poor academic performance
Poor access and no engagement in COD services

4

25-28 years old

Loss of employment, isolation from & loss of social networks, involvement with the legal system (including charges of disorderly conduct, operating under the influence (OUI).

5

29-38 years old

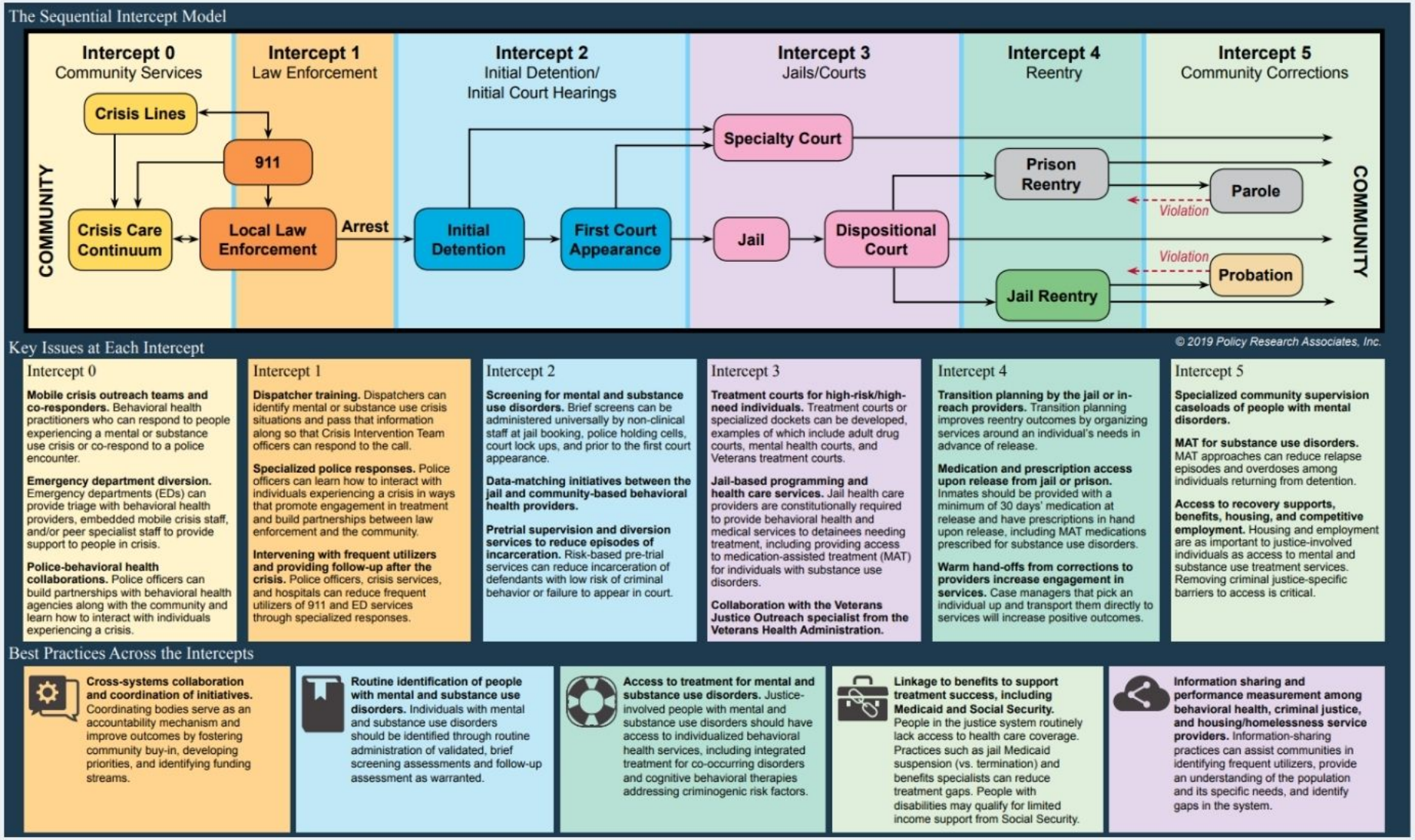
Sent back to his home country to receive COD treatment
COD worsened
Revolving door of sober house stays
hospitalization due to a substance-induced psychotic episode

6

PRESENT

Transfer of care to the U.S.
Partial Hospitalization program
Family recovery

Sequential Intercept Model



Munetz MR, Griffin PA: Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. Psychiatric Services 57:544-9, 2006

KOBE

1

8 years old

Kobe emigrated to the U.S.
Lives in Rural Community
Parental SUD & MH symptoms increasing

2

12 years old

Starts using substances and exhibiting psychosocial problems. CPS involvement. First contact with police

3

10-21 years old

Increasing substance use, behavioral, psychosocial problems. Increasing contact with police

4

21-25 years old

Cross country move, loss of natural supports, employment and housing stability, increasing poly substance use & declining mental health

5

25 years old

Brief hospitalization for psychiatric emergency
DV Arrest during mental health crisis
Release/Assault
Sentenced to 15 years

6

PRESENT

Currently Incarcerated
Set to release in 9 months
Physical & Mental Health poor
Returning to rural community

Recommendations

To advance equitable access to and engagement in COD care

Recommendation #1

Prioritize and fully fund COD screening, assessment, and treatment across the age spectrum and continuum of care.

Recommendation #2

Prioritize and fund integrated COD treatment.

Recommendation #3

Fund case management, navigation services, and other linkage supports to address Social Determinants of Health (SDoH) needs.

Recommendation #4

Fund COD stigma reduction and public awareness campaigns.

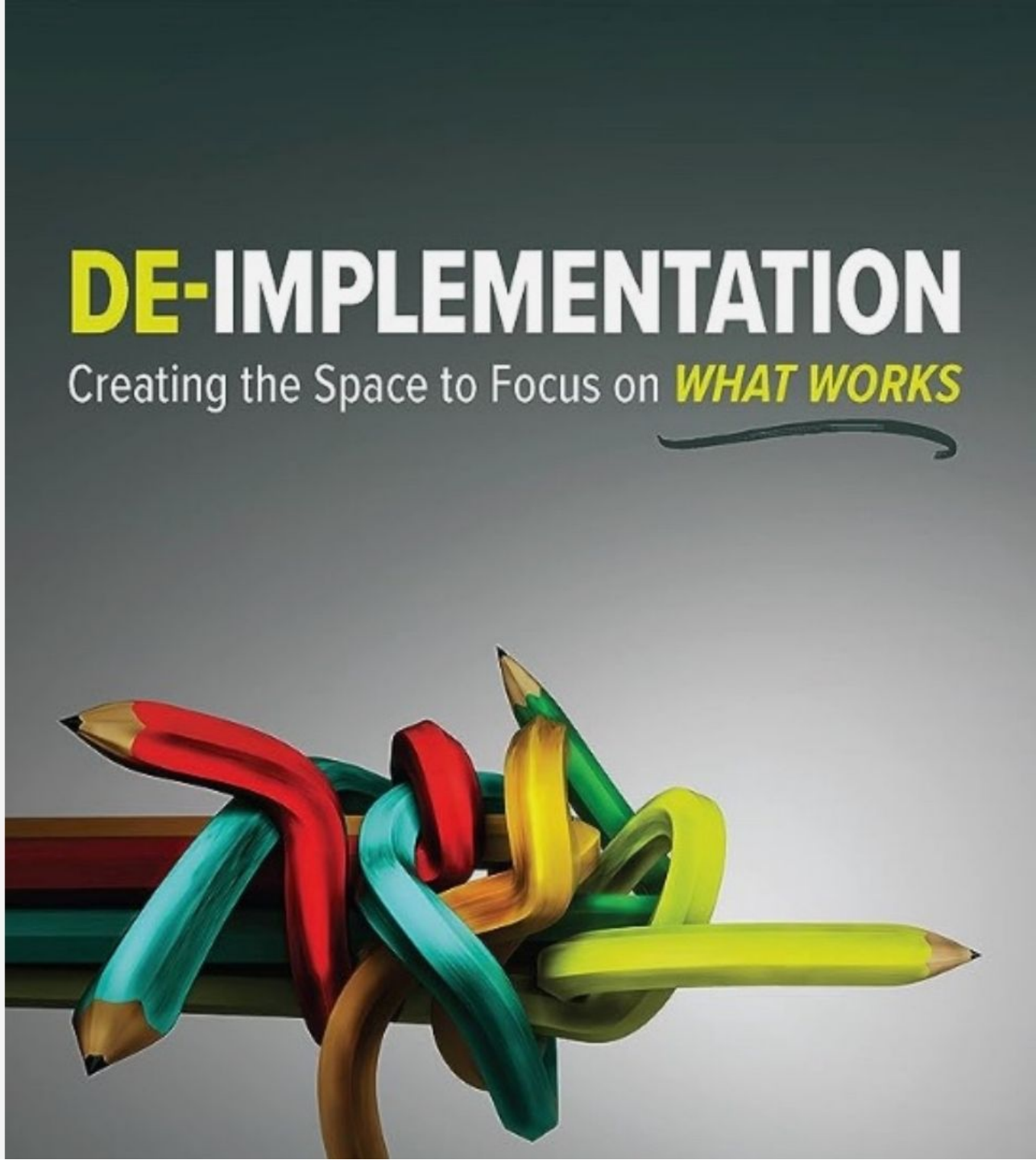
Recommendation #5: Assess structural barriers to COD treatment access and engagement.

Include measures of structural barriers impacting care in program and individual-level data collection.

Sample Measures:
The Perceived Structural Racism Scale
Major Experiences of Discrimination Scale

Recommendation #6: Identify and de-implement policies, programs, and practices contributing to disparities.

Resources: SAMHSA Centers
African American Behavioral Health Center of Excellence
LGBTQ+ Behavioral Health Equity Center of Excellence
E4 Center of Excellence for Behavioral Health Disparities in Aging



Recommendation #7

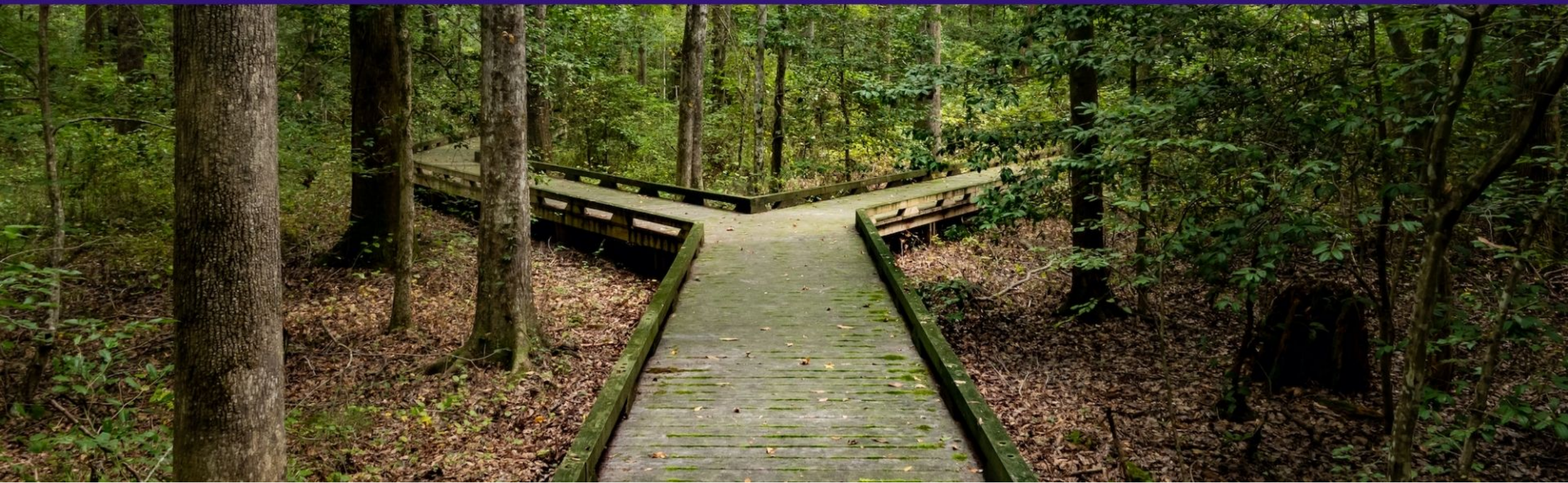
Improve COD education and training for the workforce.

Recommendation #8

Require data collection to assess COD service availability.

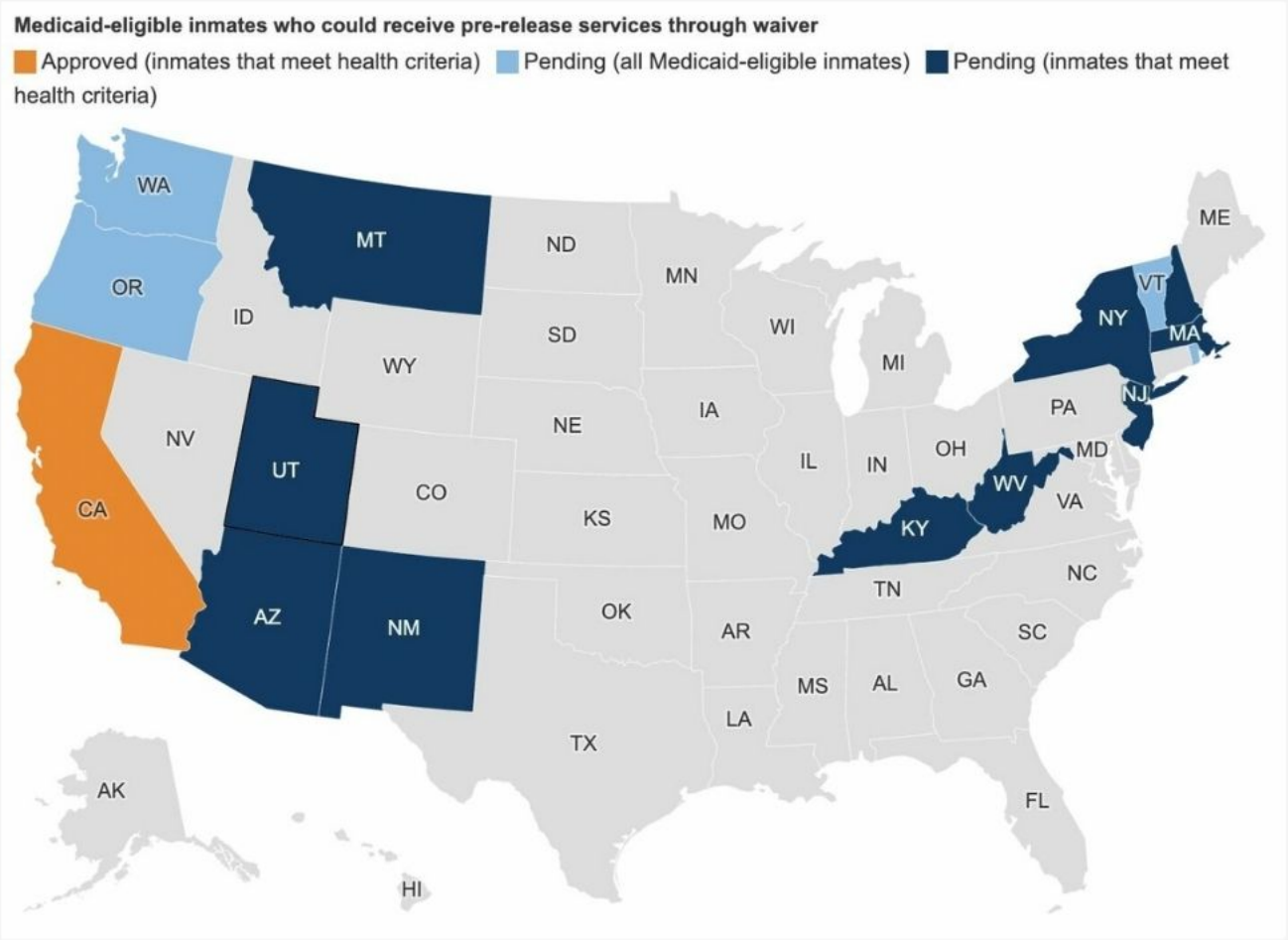
Recommendation # 9

Fund and implement evidence-informed and evidence-based programs (e.g., specialty courts) to divert youth and adults with COD from carceral settings to community-based treatment settings.



Recommendation #10

Ensure Medicaid coverage at release for all Medicaid-eligible individuals released from carceral settings and other institutions such as state hospitals and explore new opportunities for benefit coverage pre-release.



Rx Foundation. (2023). Medicaid-eligable inmates who could receive pre-release services through waiver. New Policy Advances for Medicaid at Reentry. Rx Foundation. Retrieved 2023, from https://www.rxfoundation.org/new-policy-advances-for-medicaid-at-reentry/.

Reccommendation #11

Provide universal OUD screening, prevention, and treatment spanning carceral and community settings.

Conclusion and Call to Action

Equitable access to COD care is a basic human right. Increasing equitable access requires equity-informed multi-systemic solutions. Let's work together to break down barriers and ensure everyone can get the help they need.

Thank you!