

Advancing Behavioral Health Equity in Primary Care

Informational Webinar

AUGUST 04, 2021 | 12-1 PDT



California
Health Care
Foundation

I Housekeeping



Mute

Minimize Interruptions

Please make sure to mute yourself when you aren't speaking.



Chat

Go Ahead, Speak Up!

Use the Zoom chat to ask questions and participate in activities.



Naming

Where Are You From?

Please rename yourself and add your organization's name.



Tech Issues

Here to Help

Chat Lydia privately if are having issues and need tech assistance.



I Agenda

- 1 Welcome & Introductions
- 2 Why Now?
- 3 Program Overview
- 4 Next Steps





Welcome & Introductions

Please chat in your name and organization!

■ This program is made possible by a generous grant from:



California Health Care Foundation

HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

Meet the Team



Juan Carlos Piña

He/Him/His

Program Manager



Juliane Tomlin

She/Her/Hers

Director



Lydia Zemmali

She/Her/Hers

Program Coordinator

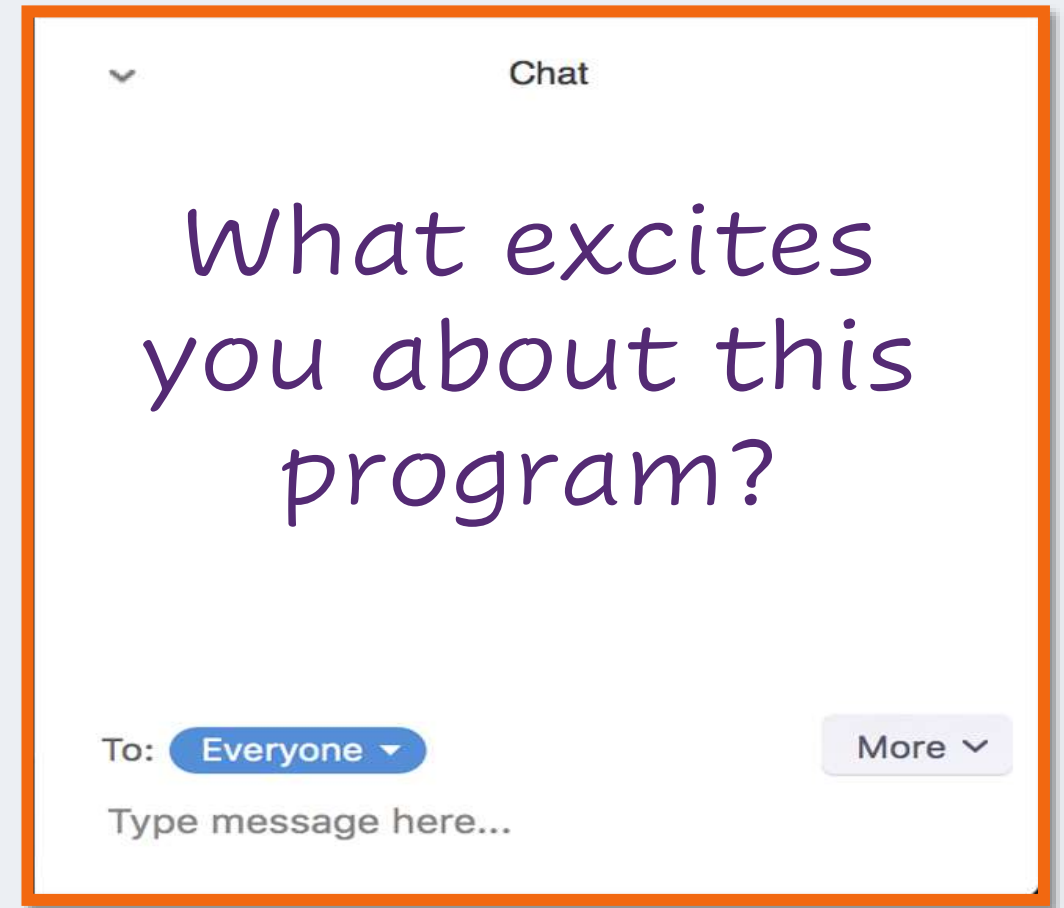




OUR MISSION

We spark, seed, and spread innovations that strengthen the health and well-being of historically underinvested communities. We create lasting change in collaboration with our partners in the health ecosystem.

■ We Want to Hear From You





Why Now?





Dr. Parinda Khatri

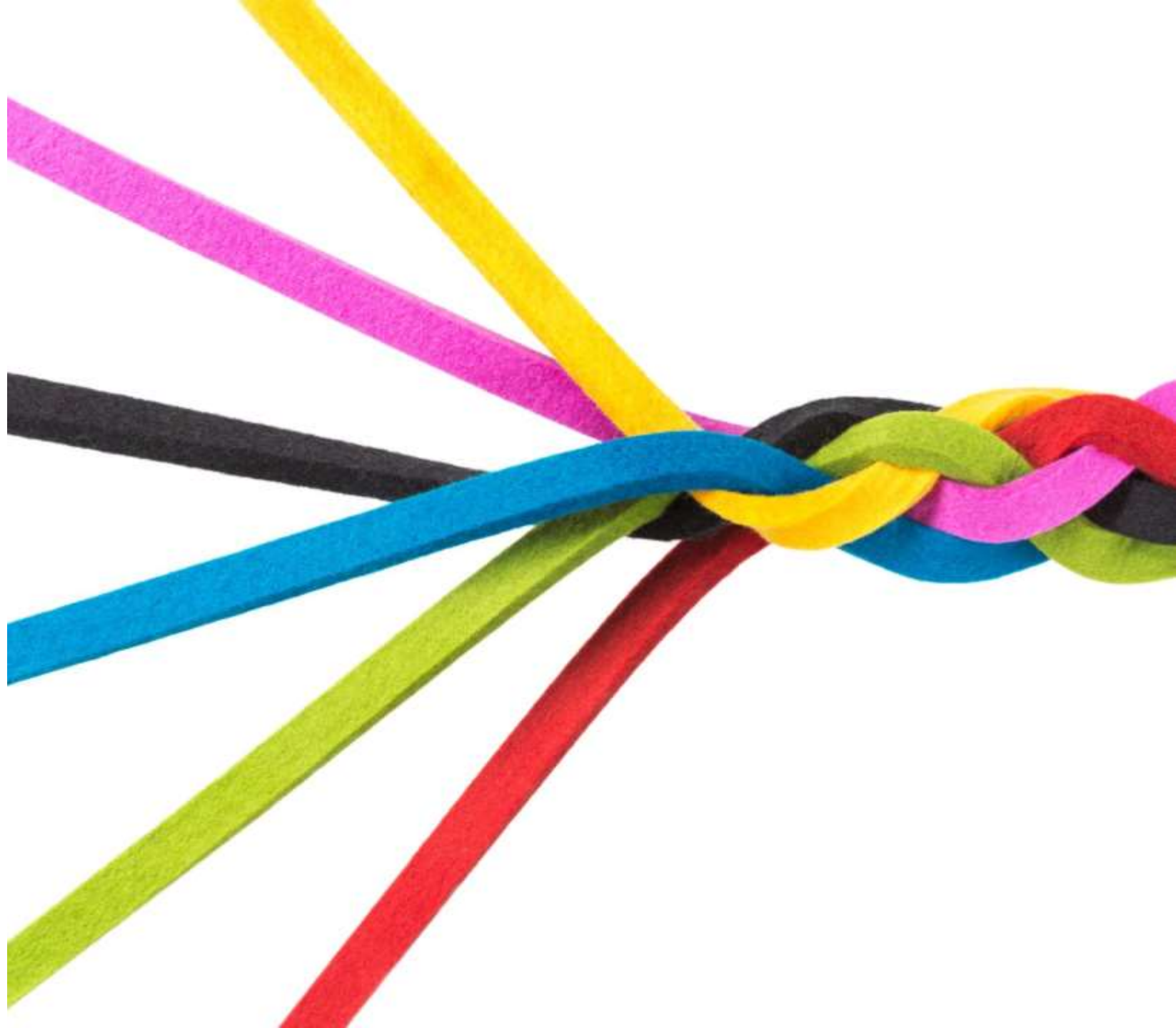
She/Her/Hers

Chief Clinic Officer,
Cherokee Health Systems

Advancing Behavioral Health Equity in Primary Care

A Call to Action

Parinda Khatri, PhD
Chief Clinical Officer
Cherokee Health Systems
August 4, 2021



Behavioral Health Equity is the **right to access quality health care for all populations** regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, geographical location and social conditions through prevention and treatment of mental health and substance use conditions and disorders.
[Samhsa.gov/behavioral-health-equity](https://www.samhsa.gov/behavioral-health-equity)

"Put mental health first, because if you don't, then you're not going to enjoy your sport and you're not going to succeed as much as you want to. So, it's ok sometimes to even sit out the big competitions to focus on yourself because it shows how strong of a competitor and person you really are, rather than just battle through it."

SIMONE BILES





Behavioral Health Equity

Behavioral Health Equity

> [J Clin Psychol Med Settings](#). 2017 Dec;24(3-4):182-186. doi: 10.1007/s10880-016-9465-8.

Promoting Mental Health Equity: The Role of Integrated Care

David Satcher¹, Sharon A Rachel²

Affiliations + expand

PMID: 27628200 DOI: [10.1007/s10880-016-9465-8](https://doi.org/10.1007/s10880-016-9465-8)

BLOG POST

May 12, 2021

Steps to Promoting Equity in Behavioral Health

6 ways to make behavioral health care more equitable in practice

MAY 14, 2021



Tanya Albert Henry
Contributing News Writer

Achieving Mental Health Equity: Collaborative Care

Maga E Jackson-Triche¹, Jürgen Unützer², Kenneth B Wells³

Affiliations + expand

PMID: 32773077 DOI: [10.1016/j.psc.2020.05.008](https://doi.org/10.1016/j.psc.2020.05.008)

APA PsycArticles: Journal Article

Promoting behavioral health equity through implementation of the Incredible Years within primary care.

© Request Permissions

Carson, M. C., Montañó, Z., Kelman, A. R., Coffey, D. M., & Javier, J. R. (2019). Promoting behavioral health equity through implementation of the Incredible Years within primary care. *Translational Issues in Psychological Science*, 5(4), 390–401. <https://doi.org/10.1037/tps0000212>

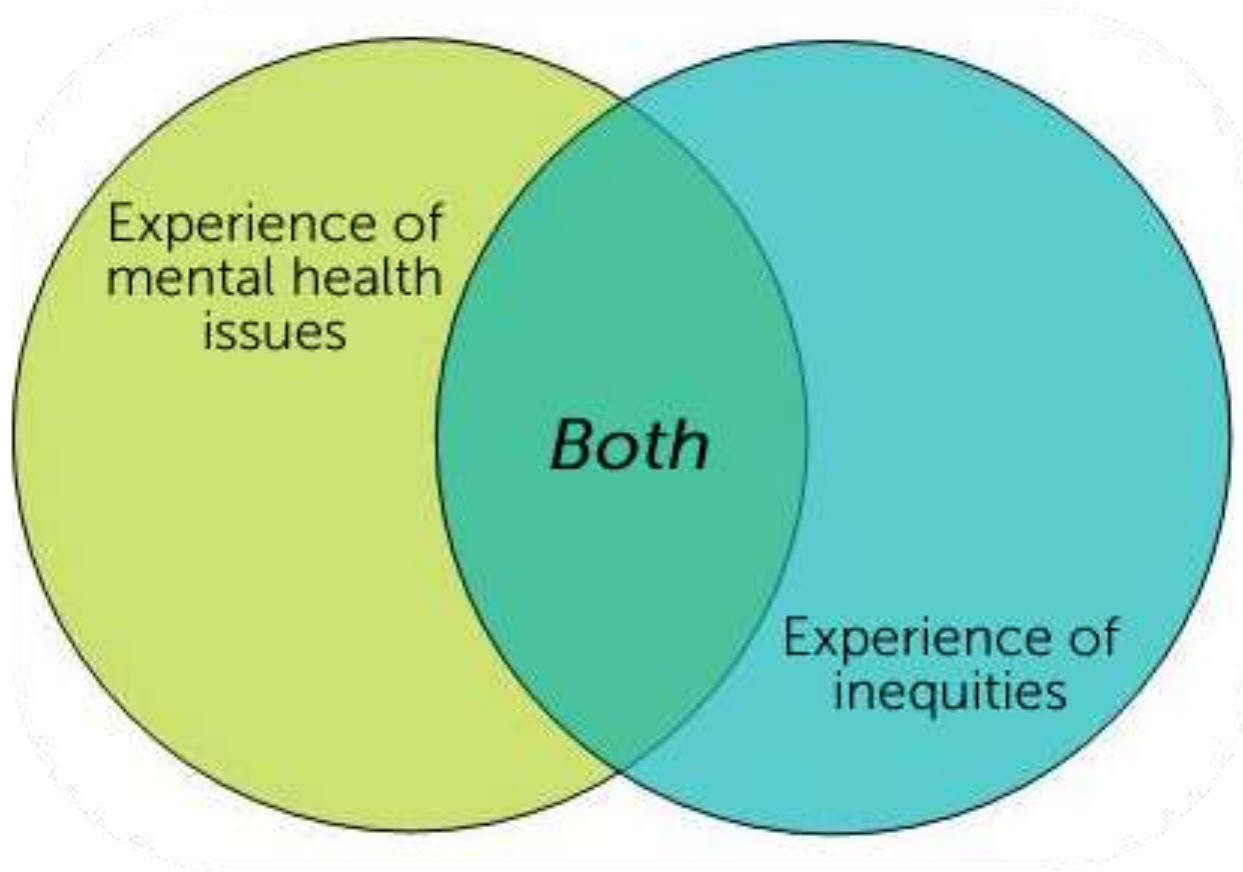
Equity issues impact Behavioral Health

1. Equity matters for mental health.

2. Mental health matters for equity.

3. Equity and mental health intersect.

Disproportionate Impact

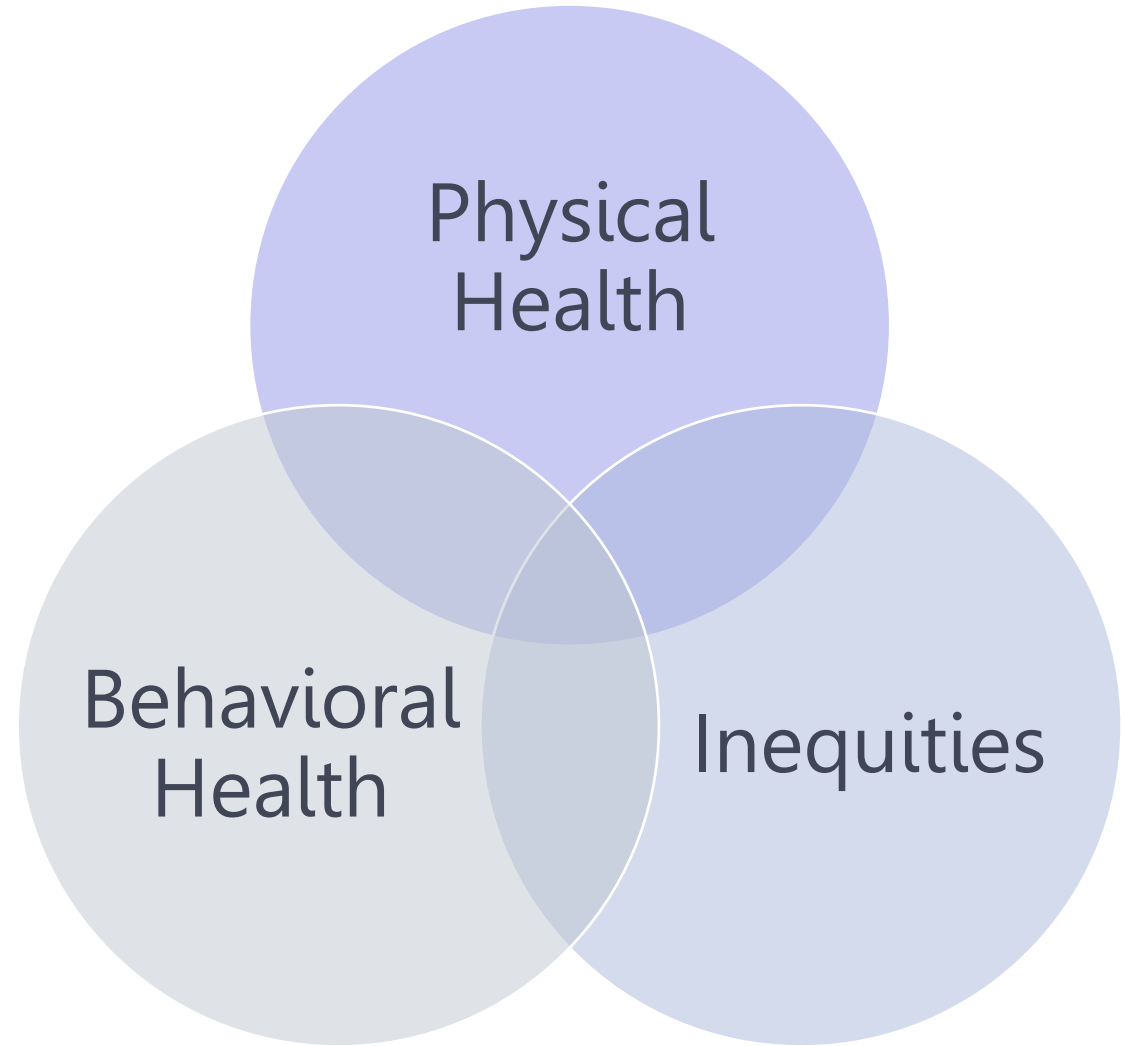


1. People with lived experience of behavioral health issues.

2. People who experience marginalization related to the social determinants of health such as sexual orientation, poverty, racialization and disability.

3. People with lived experience of behavioral health issues *who also* experience additional marginalization related to the social determinants of health

Intersectionality



Integrated Primary Care



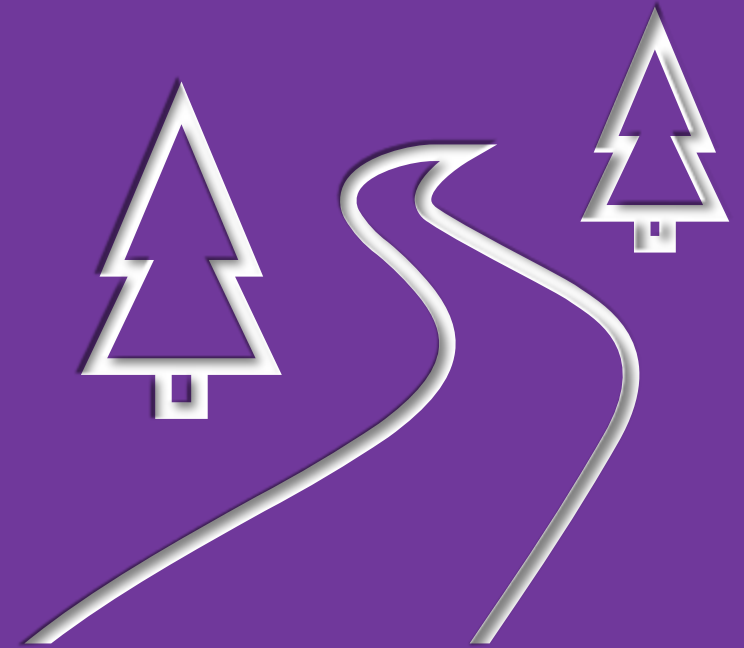
Looking forward!

Thank you

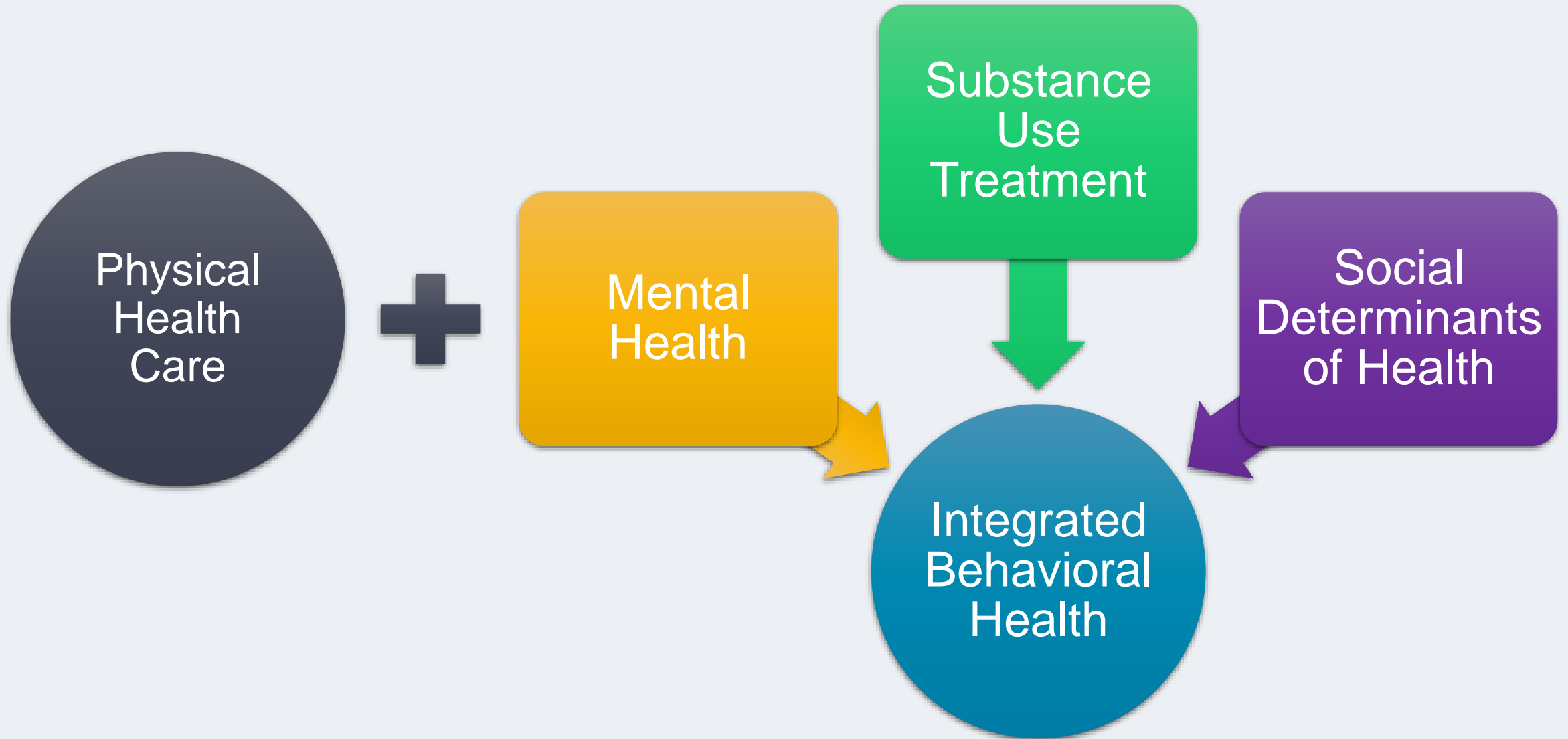




Program Overview



! Journey to Equitable Behavioral Health Integration



Program Objectives

Sept 2021 – May 2023

The Goal

To support **15 California community health centers (up to 45 sites)** in expanding integrated behavioral health care and improving outcomes with a specific focus on advancing health equity and aligning behavioral health and social needs resources.

1

Identify, manage, and treat mental health conditions and substance use disorders.

2

Identify & address patients' unmet social needs through consistent screening, tracking, and robust referral processes.

3

Stratify data to identify and understand where inequities are greatest.

4

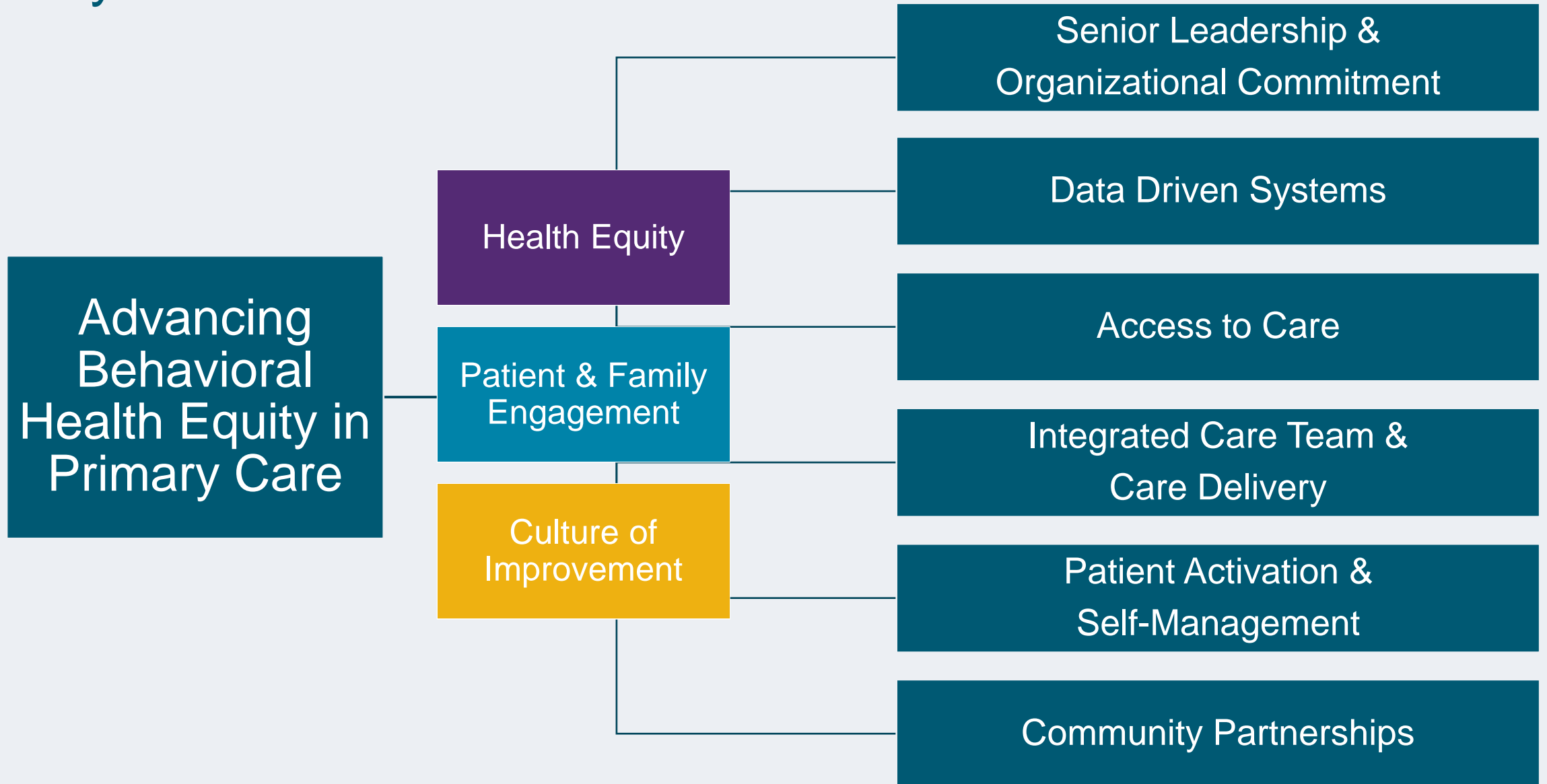
Take effective action to reduce barriers to care – specifically, *racism, discrimination, stigma, and trauma*.

5

Sustain and spread successes.



Key Drivers

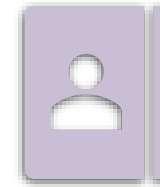


What We Will Provide

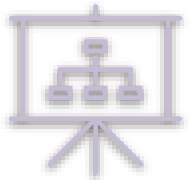
\$75,000 base grant (up to \$125,000)



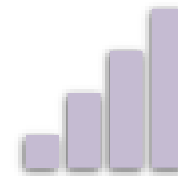
Virtual and in-person learning sessions



Monthly one-on-one coaching



Site visits to exemplar organizations



Measurement and data support



Online learning community



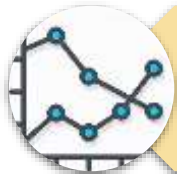
Expert consults



I Evaluation, Reporting, & Deliverables



Complete Capability Assessment at the beginning, mid-point, and end of the program



Submit data on global measure set (2x)



Submit quarterly progress reports of qualitative and quantitative data



Work with CCI's metrics & analytics consultant to define metrics that measure what's important to your organization



Complete post-event surveys, annual surveys, and interviews



Universal Measure Set

Measure or Indicator Name*	Data Source
Health Care and Outcomes	
Depression Utilization of the PHQ-9 Tool (NQF 0712e)	EHR or paper medical records
Depression Response at Six Months- Progress Towards Remission (NQF 1884)	EHR or paper medical records
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (NQF 0004)	Claims
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (NQF 0028e)	EHR
Substance Use Screening and Intervention Composite (NQF 2597)	EHR
SBIRT Unhealthy Alcohol Use Screening and Brief Counseling (NQF 2152)	EHR or Registry
Closing the Referral Loop: Receipt of Specialist Report	EHR
Number/ percentage of patients that are referred to treatment by health need/diagnosis of mental health or substance use disorder	EHR
AAFP Social Needs Screening Tool Utilization and Need Prevalence	EHR
Mental Health and Substance Use Disorder Diagnoses;	EHR
Behavioral Health Care Utilization (defined based on applicant focus areas)	Claims data
Patient Experience	
Gains in Patient Activation (PAM) Scores at 12 Months (NQF 2483)	Instrument-Based Data
CAHPS Experience of Care and Health Outcomes Measures: <ul style="list-style-type: none"> Q7 Get appointment as soon as wanted Q12 Clinicians explain things Q17 Told about side effects of medication Q18 Involved as much as you wanted in treatment Q19 Talk about including family and friends in treatment Q21 Told about different treatments that are available for condition Q27 Care responsive to cultural needs 	Patient survey
Care Coordination Quality Measure for Primary Care (CCQM-PC)	Patient survey
Care Delivery, Cultural Competency, and Organizational Commitment	
Number and percentage of clinic staff with workforce training competencies completed	Clinic Data
Competency trainings include CLAS Standards (cultural humility, recognition and addressing of implicit bias), SUD stigma education, and others	Clinic Data
Care team's perception of trainings as culturally competent/informative for care delivery.	Key Informant Interviews or Staff Survey



Program Timeline

		2021			2022					2023		
		SEPT	OCT-NOV	DEC-JAN	FEB-MAR	APR-MAY	JUN-JUL	AUG-SEPT	OCT-NOV	DEC-JAN	FEB-MAR	APR-MAY
	Learning Sessions (Virtual / In-Person)	Cohort Announced (Sept 20)	Nov 3 Kickoff Meeting	Dec 2 Learning Session #1								
	Webinars	Capability Assess. Orientation (week of 9/27)										
	Site Visits (select 1)											
	Coaching	Coaches Assigned / 1 st mtg										
	Evaluation	Baseline Capability Assess with Team & Coach (prior to kickoff)					Mid-Point Capability Assess					End-Point Capability Assess
	Data Submission	Data Webinar / Orientation	Data Submission (x2)									





Am I Eligible?



Eligibility Requirements



California-based community health centers (CHCs)

- 1 Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes
- 2 Community clinics, rural health clinics, and free clinics
- 3 Ambulatory care clinics owned and operated by county health systems or public hospitals
- 4 Indian Health Services Clinics



Behavioral Health Integration Expectations

Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
<ul style="list-style-type: none"> » Have separate systems » Communicate about cases only rarely and under compelling circumstances » Communicate, driven by provider need » May never meet in person » Have limited understanding of each other's roles 	<ul style="list-style-type: none"> » Have separate systems » Communicate periodically about shared patients » Communicate, driven by specific patient issues » May meet as part of larger community » Appreciate each other's roles as resources 	<ul style="list-style-type: none"> » Have separate systems » Communicate regularly about shared patients, by phone or e-mail » Collaborate, driven by need for each other's services and more reliable referral » Meet occasionally to discuss cases due to close proximity » Feel part of a larger yet non-formal team 	<ul style="list-style-type: none"> » Share some systems, like scheduling or medical records » Communicate in person as needed » Collaborate, driven by need for consultation and coordinated plans for difficult patients » Have regular face-to-face interactions about some patients » Have a basic understanding of roles and culture 	<ul style="list-style-type: none"> » Actively seek system solutions together or develop work-a-rounds » Communicate frequently in person » Collaborate, driven by desire to be a member of the care team » Have regular team meetings to discuss overall patient care and specific patient issues » Have an in-depth understanding of roles and culture 	<ul style="list-style-type: none"> » Have resolved most or all system issues, functioning as one integrated system » Communicate consistently at the system, team and individual levels » Collaborate, driven by shared concept of team care » Have formal and informal meetings to support integrated model of care » Have roles and cultures that blur or blend





How to Apply



Advancing Behavioral Health Equity in Primary Care

[OVERVIEW](#)[ABOUT](#)[APPLY](#)

How to Apply

STEP 1: ATTEND INFORMATIONAL WEBINAR

Applicants are encouraged to participate in an Informational Webinar on August 4, 2021, at 12:00 PM~1:00 PM (PT) to hear a detailed description of the program and ask questions.

[Register here!](#)

STEP 2: APPLY ONLINE

Your proposal and budget must be submitted through the Application Submission Form below by Tuesday, August 17, 2021 at 5pm.



Applications should include the following:

1. Application Narrative: [Download narrative questions.](#)
2. Budget Template: [Download budget template.](#)
3. Tax Status Documentation
4. Letter of Leadership Support from the chief medical officer, chief operating officer, or chief executive officer: refer to "Participant Expectations" in the application.

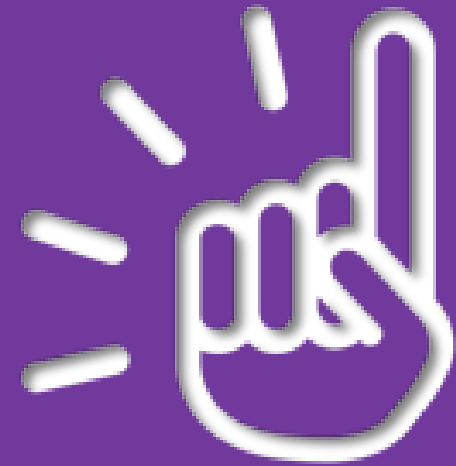
[Download RFA as PDF](#)

APPLY NOW
CLICK HERE

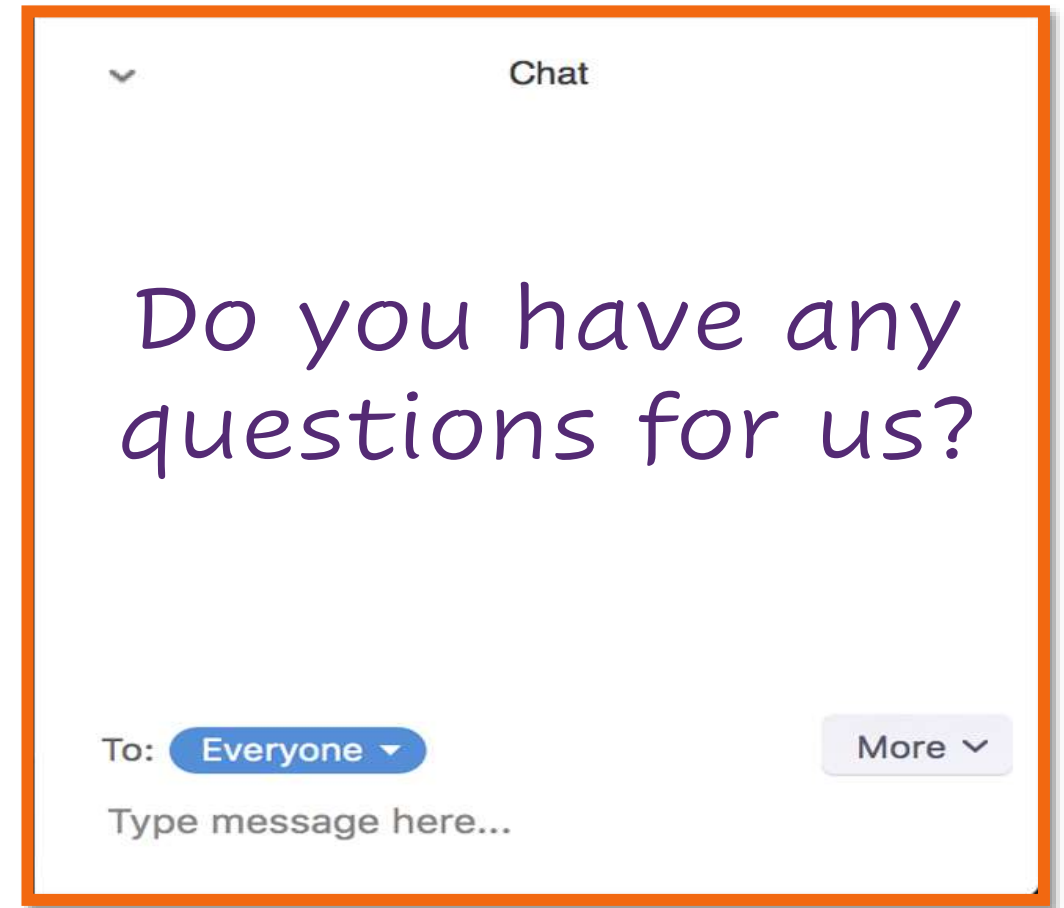




We want to hear
from you!

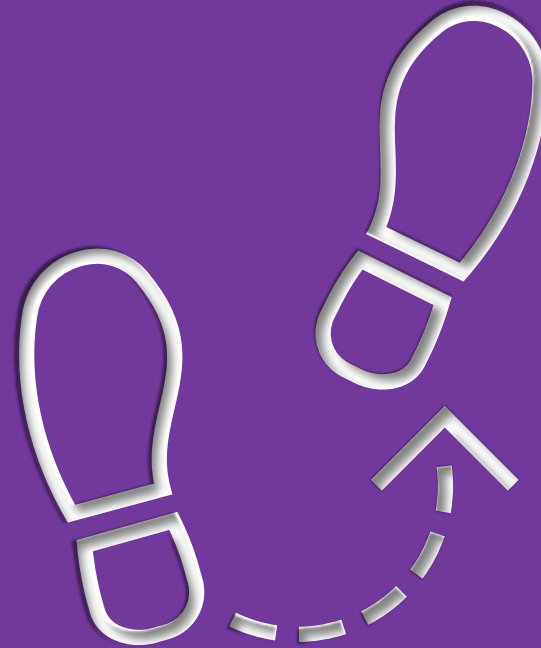


I How Can We Help?





Next Steps!



| Save the Dates



Application
Due Date

AUGUST 17
Due by 5:00pm



Cohort
Announced

SEPTEMBER 20



Program
Start

SEPTEMBER 27



Virtual
Kickoff

NOVEMBER 03



I Poll Questions



1. How likely are you to apply?



Very Likely
Likely
Not Sure
Unlikely
Very Unlikely

2. Are you interested in a follow up discussion with CCI?



Yes
No
Maybe



For Questions Contact:



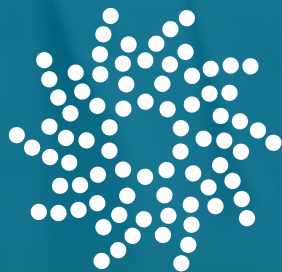
Juliane Tomlin

Director

juliane@careinnovations.org



Thank you!



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