Advancing Behavioral Health Equity in Primary Care

Informational Webinar

AUGUST 04, 2021 | 12-1 PDT

CCI CENTER FOR CARE INNOVATIONS + California Health Care Foundation
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

What excites you about this program?
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
6 ways to make behavioral health care more equitable in practice

MAY 14, 2021

Tanya Albert Henry
Contributing News Writer

Promoting Mental Health Equity: The Role of Integrated Care

David Satcher 1, Sharon A Rachel 2

Affiliations + expand

PMID: 27628200  DOI: 10.1007/s10880-016-9465-8

Achieving Mental Health Equity: Collaborative Care

Magda E Jackson-Triche 3, Jürgen Unützer 2, Kenneth B Wells 3

Affiliations + expand

PMID: 32773077  DOI: 10.1016/j.psc.2020.05.008

APA PsycArticles: Journal Article

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

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<table>
<thead>
<tr>
<th>Equity issues</th>
<th>Impact Behavioral Health</th>
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<tbody>
<tr>
<td>1. Equity matters for mental health.</td>
<td></td>
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<tr>
<td>2. Mental health matters for equity.</td>
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<tr>
<td>3. Equity and mental health intersect.</td>
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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

Physical Health

Behavioral Health

Inequities
Integrated Primary Care
Looking forward!

Thank you
Program Overview
Journey to Equitable Behavioral Health Integration

- Physical Health Care
- Mental Health
- Substance Use Treatment
- Social Determinants of Health
- Integrated Behavioral Health
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.

Program Objectives
Sept 2021 – May 2023

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

Advancing Behavioral Health Equity in Primary Care

- Senior Leadership & Organizational Commitment
- Data Driven Systems
- Access to Care
- Integrated Care Team & Care Delivery
- Patient Activation & Self-Management
- Community Partnerships

Health Equity

Patient & Family Engagement

Culture of Improvement
What We Will Provide

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

- Virtual and in-person learning sessions
- Site visits to exemplar organizations
- Online learning community
- Monthly one-on-one coaching
- Measurement and data support
- Expert consults

What We Will Provide

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

<table>
<thead>
<tr>
<th>Measure or Indicator Name*</th>
<th>Data Source</th>
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<tbody>
<tr>
<td><strong>Health Care and Outcomes</strong></td>
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<tr>
<td>Depression Utilization of the PHQ-9 Tool (NQF 0712e)</td>
<td>EHR or paper medical records</td>
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<tr>
<td>Depression Response at Six Months- Progress Towards Remission (NQF 1884)</td>
<td>EHR or paper medical records</td>
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<tr>
<td>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (NQF 0004)</td>
<td>Claims</td>
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<tr>
<td>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (NQF 0028e)</td>
<td>EHR</td>
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<tr>
<td>Substance Use Screening and Intervention Composite (NQF 2597)</td>
<td>EHR</td>
</tr>
<tr>
<td>SBIRT Unhealthy Alcohol Use Screening and Brief Counseling (NQF 2152)</td>
<td>EHR or Registry</td>
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<tr>
<td>Closing the Referral Loop: Receipt of Specialist Report</td>
<td>EHR</td>
</tr>
<tr>
<td>Number/ percentage of patients that are referred to treatment by health need/diagnosis of mental health or substance use disorder</td>
<td>EHR</td>
</tr>
<tr>
<td>AAFP Social Needs Screening Tool Utilization and Need Prevalence</td>
<td>EHR</td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorder Diagnoses; Behavioral Health Care Utilization (defined based on applicant focus areas)</td>
<td>Claims data</td>
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<tr>
<td><strong>Patient Experience</strong></td>
<td></td>
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<tr>
<td>Gains in Patient Activation (PAM) Scores at 12 Months (NQF 2483)</td>
<td>Instrument-Based Data</td>
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<tr>
<td>CAHPS Experience of Care and Health Outcomes Measures:</td>
<td>Patient survey</td>
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<tr>
<td>• Q7 Get appointment as soon as wanted</td>
<td></td>
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<td>• Q12 Clinicians explain things</td>
<td></td>
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<td>• Q17 Told about side effects of medication</td>
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<td>• Q18 Involved as much as you wanted in treatment</td>
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<td>• Q19 Talk about including family and friends in treatment</td>
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<tr>
<td>• Q21 Told about different treatments that are available for condition</td>
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<tr>
<td>• Q27 Care responsive to cultural needs</td>
<td></td>
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<tr>
<td><strong>Care Delivery, Cultural Competency, and Organizational Commitment</strong></td>
<td>Patient survey</td>
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<tr>
<td>Number and percentage of clinic staff with workforce training competencies completed</td>
<td>Clinic Data</td>
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<tr>
<td>Competency trainings include CLAS Standards (cultural humility, recognition and addressing of implicit bias), SUD stigma education, and others</td>
<td>Clinic Data</td>
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<tr>
<td>Care team’s perception of trainings as culturally competent/informative for care delivery.</td>
<td>Key Informant Interviews or Staff Survey</td>
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<td>Learning Sessions (Virtual / In-Person)</td>
<td>2021</td>
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<td>2021</td>
<td>2022</td>
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<td>SEPT</td>
<td>OCT-NOV</td>
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<td>Cohort Announced (Sept 20)</td>
<td>Nov 3 Kickoff Meeting</td>
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<td>Capability Assess. Orientation (week of 9/27)</td>
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<td>Webinars</td>
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<td>Site Visits (select 1)</td>
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<td>Coaching</td>
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<td>Coaches Assigned / 1st mtg</td>
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<td>Evalution</td>
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<td>Baseline Capability Assess with Team &amp; Coach (prior to kickoff)</td>
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<td>Mid-Point Capability Assess</td>
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<td>End-Point Capability Assess</td>
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<tr>
<td>Data Submission</td>
<td>Data Webinar / Orientation</td>
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Data Submission (x2)
Am I Eligible?
Eligibility Requirements

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

California-based community health centers (CHCs)
## Behavioral Health Integration Expectations

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

<table>
<thead>
<tr>
<th>COORDINATED KEY ELEMENT: COMMUNICATION</th>
<th>CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY</th>
<th>INTEGRATED KEY ELEMENT: PRACTICE CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL 1 Minimal Collaboration</td>
<td>LEVEL 2 Basic Collaboration at a Distance</td>
<td>LEVEL 5 Close Collaboration Approaching an Integrated Practice</td>
</tr>
<tr>
<td>In separate facilities, where they:</td>
<td>In separate facilities, where they:</td>
<td>In same facility within the same facility (same shared space), where they:</td>
</tr>
<tr>
<td>➤ Have separate systems</td>
<td>➤ Have separate systems</td>
<td>➤ Have resolved most or all system issues, functioning as one integrated system</td>
</tr>
<tr>
<td>➤ Communicate about cases only rarely and under compelling circumstances</td>
<td>➤ Communicate periodically about shared patients, by phone or email</td>
<td>➤ Communicate consistently at the system, team, and individual levels</td>
</tr>
<tr>
<td>➤ Communicate, driven by provider need</td>
<td>➤ Collaborate, driven by need for each other’s services and more reliable referral</td>
<td>➤ Collaborate, driven by shared concept of team care</td>
</tr>
<tr>
<td>➤ May never meet in person</td>
<td>➤ May meet as part of larger community</td>
<td>➤ Have regular team meetings to discuss overall patient care and specific patient issues</td>
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<tr>
<td>➤ Have limited understanding of each other’s roles</td>
<td>➤ Appreciate each other’s roles as resources</td>
<td>➤ Have an in-depth understanding of roles and culture</td>
</tr>
<tr>
<td>➤ Have limited understanding of each other’s roles</td>
<td>➤ Feel part of a larger, yet non-formal team</td>
<td>➤ Have a basic understanding of roles and culture</td>
</tr>
<tr>
<td>➤ Share some systems, like scheduling or medical records</td>
<td>➤ Collaborate, driven by need for consultation and coordinated plans for difficult patients</td>
<td>➤ Have regular face-to-face interactions about some patients</td>
</tr>
<tr>
<td>➤ Communicate in person as needed</td>
<td>➤ Collaborate, driven by desire to be a member of the care team</td>
<td>➤ Have a basic understanding of roles and culture</td>
</tr>
<tr>
<td>➤ Communicate indirectly</td>
<td>➤ Actively seek system solutions together or develop work-arounds</td>
<td>➤ Have resolved most or all system issues, functioning as one integrated system</td>
</tr>
<tr>
<td>➤ Meet occasionally to discuss cases due to close proximity</td>
<td>➤ Communicate in person as needed</td>
<td>➤ Communicate consistently at the system, team, and individual levels</td>
</tr>
</tbody>
</table>

Behavioral health, primary care and other healthcare providers work:
How to Apply
How to Apply

STEP 1: ATTEND INFORMATIONAL WEBINAR
Applicants are encouraged to participate in an Informational Webinar on August 9, 2023, at 12:00 PM 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, 2023 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 (if applicable) in the application.

Download RFA at PDF
We want to hear from you!
How Can We Help?

Do you have any questions for us?
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
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!