



Tuesday, April 16; 11:00am – 12:00pm PT

# Person-Centered Equitable Behavioral Health Integration

## CalHIVE BHI Commons



California Quality  
Collaborative

# Tech Tips



## Welcome!

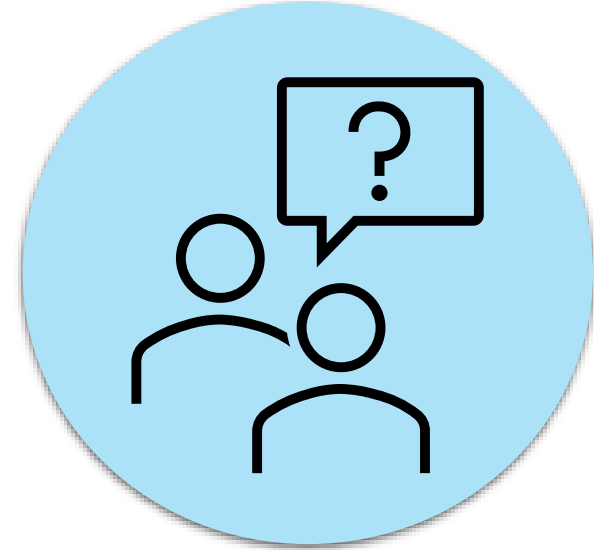
Add your organization  
to your name

Turn on video (if  
comfortable and able)



## Engaging Today

- Share questions and perspective in the chat or come off mute
- Participate in Zoom polls



## Need help?

Direct message  
Anna Baer  
if you have any  
technical issues

# Community Guidelines

- Respect diverse perspectives
- Trust intent. Name impact.
- Use "I" statements
- Listen to learn not to respond
- Take the time you need, knowing others need time as well
- You may pass
- Honor confidentiality
- **Do you have any feedback or reflections?**



## CalHIVE BHI Collaborative Values

1. Collaboration around a common goal
2. Trust & transparency
3. Reflect, revise & learn

# Our Agenda

## Today, we'll:



**Reflect on your lived experience within the health care system**



**Identify how to incorporate health equity in Behavioral Health Integration**



**Practice how to create equity-focused AIM Statements**

# CalHIVE BHI Learning Areas



- **Project planning:** project management and quality improvement activities



- **Patient family engagement:** feedback from patient and families



- **Workforce:** recruitment, hiring, retention and training



- **Health IT:** electronic health records, registries, privacy and security



- **Clinical/care model:** operational workflows and clinical decisions



- **Financing:** funding and financial planning



- **Data/reporting:** performance measurement and quality reporting



- **Sustainability:** creating standard work; spreading pilot



- **Health equity:** addressing disparities in care and outcomes

# Reflecting on Your Lived Experiences

Take a few minutes to reflect on your lived experiences in life and the health care system.

In a moment we are going to share several questions for you reflect upon. We will enter an anonymous poll.



# Reflecting on Your Own Lived Experiences

1. Do you have access to adequate health insurance?
2. Do you have a primary care provider?
3. Has anyone (family member or a member from your community) ever put you down morally and emotionally for obtaining health care services or having a physical or behavioral health condition?
4. Have you ever been cared by a behavioral health provider?
5. Have you had culturally competent behavioral health services?
6. Do you speak English as your preferred language?
7. Do you have access to private and accessible public transportation (e.g., car, bike, etc.)?
8. Do you have a higher education degree (e.g., undergraduate, graduate, etc.)?
9. Do you live in a neighborhood where you feel safe and have access to community parks or open spaces?
10. Do you have access (e.g., driving or walking) to a grocery store within 5 minutes of your home?

## Instructions:

- Respond to each question with a 'Yes' or 'No'.
- As we proceed, count the number of times you respond 'No'
- After presenting all 10 questions, you'll respond to a poll, noting the number of questions you responded 'No'



# Reflecting on Your Own Lived Experiences

**What reflections or reactions do you have to the poll results?**

Come off mute or put your thoughts in the chat.







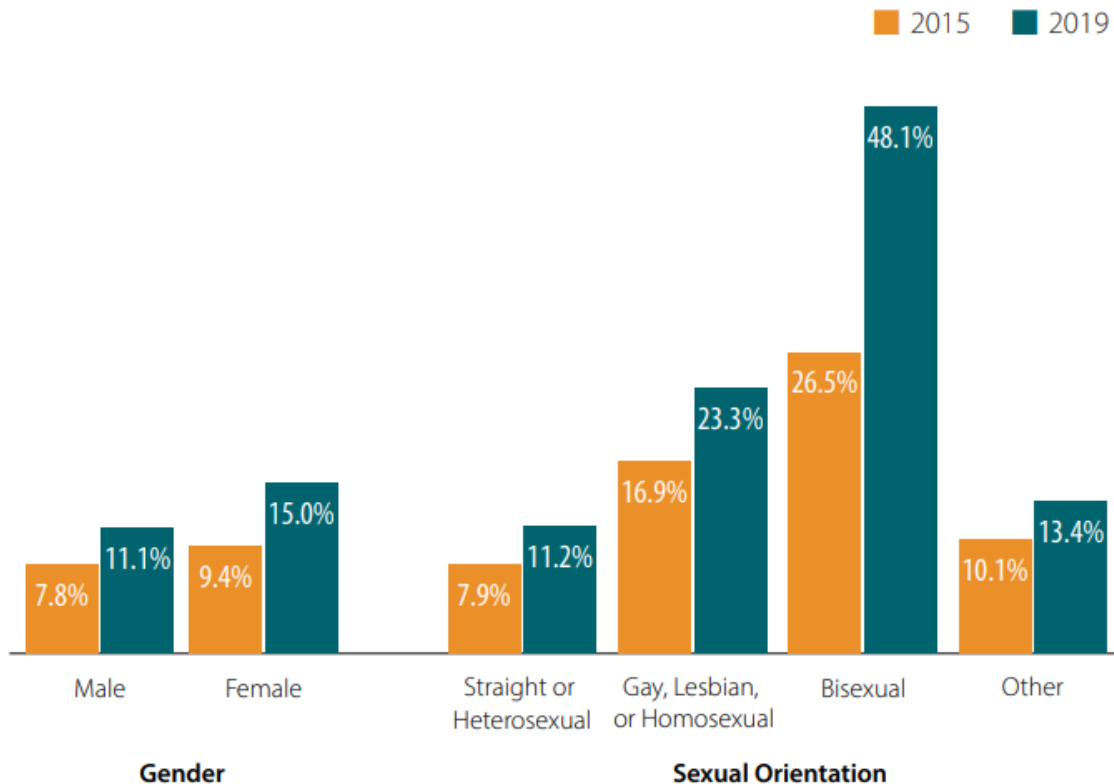
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# Health Equity & Social Drivers of Health in Behavioral Health Integration

# CA: Mental Health Prevalence

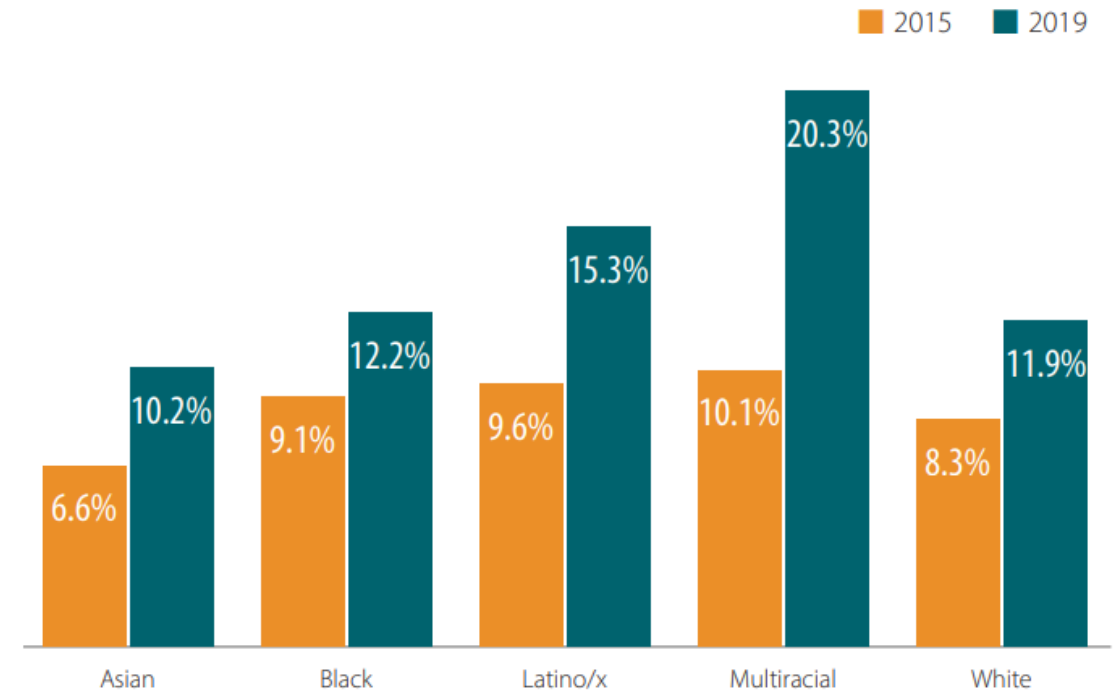
## Adults with Serious Psychological Distress in the Past Year, by Gender and Sexual Orientation, California, 2015 and 2019

PERCENTAGE OF ADULTS



## Adults with Serious Psychological Distress in the Past Year by Race/Ethnicity, California, 2015 and 2019

PERCENTAGE OF ADULTS

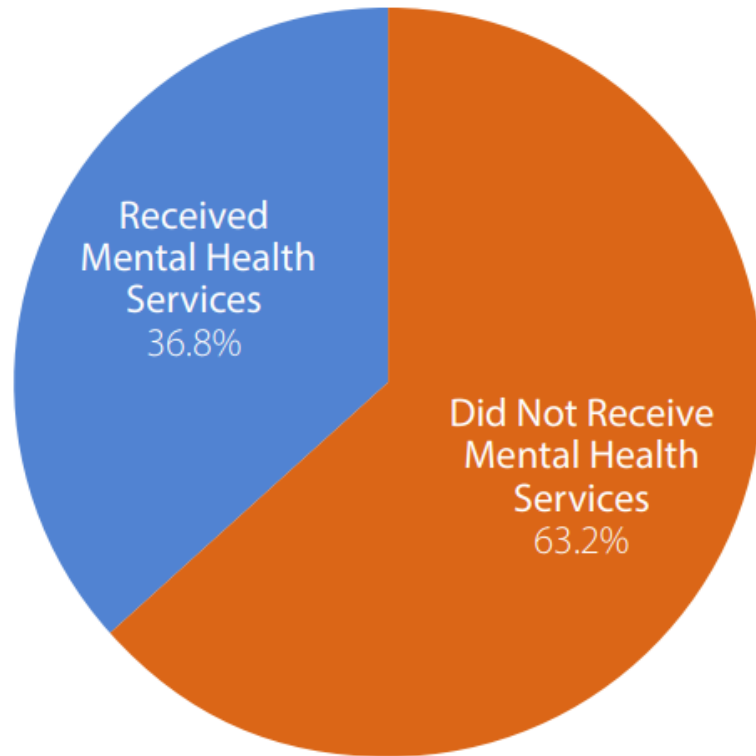


# CA: Adults Accessing Mental Health Services

## Mental Health Service Use

Adults with AMI, California, 2017 to 2019

PERCENTAGE WHO ...



- Between 2017 to 2019, only one third of Californians with any mental illness received mental health services.
- Barriers to mental health services:
  - Lack of insurance, underinsurance
  - **Mental illness stigma**, often greater among minority populations
  - Lack of diversity among mental health care providers
  - Lack of culturally competent providers
  - Language barriers
  - Distrust in the health care system

# Types of Stigma

- **Behavioral health stigma** refers to the negative attitudes, beliefs, and stereotypes that society holds about individuals who experience behavioral health conditions.

Types of Stigma	Public	Self	Institutional
<b>Stereotypes and Prejudices</b>	People with mental illness are dangerous, incompetent, to blame for their disorder, unpredictable	I am dangerous, incompetent, to blame	Stereotypes are embodied in laws and other institutions
<b>Discrimination</b>	Therefore, employers may not hire them, landlords may not rent to them, the health care system may offer a lower standard of care	These thoughts lead to lowered self-esteem and self-efficacy: "Why try? Someone like me is not worthy of good health."	Intended and unintended loss of opportunity

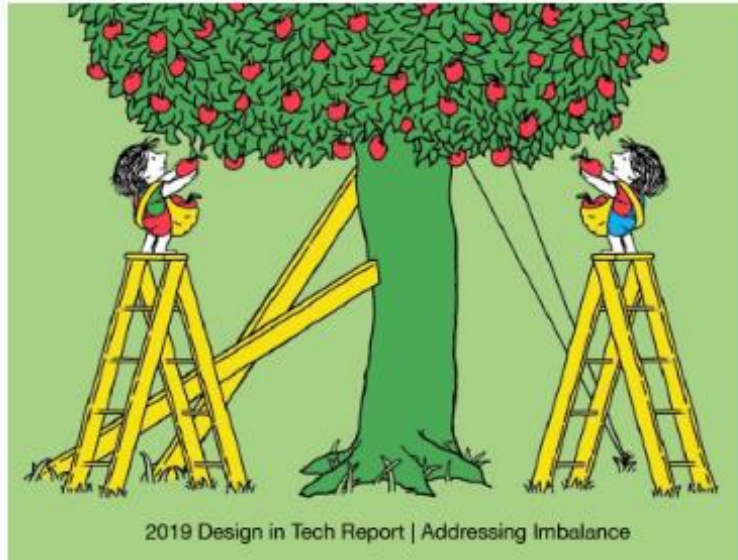
**Sources:**

- [American Psychiatric Association – Stigma, Prejudice and Discrimination Against People with Mental Illness](#)
- [National Alliance on Mental Illness](#)

# How Can We Make Health Care Accessible?



# Take a minute and see the pictures



1. Which picture describes equity and why?
2. What other reflections do you have?

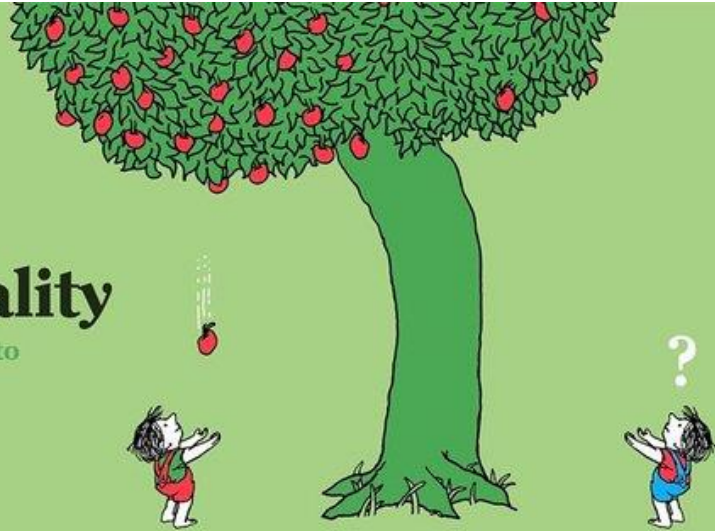
Please share in the chat or come off mute

Source: [Tony Ruth's Illustration in Design in Tech Report, 2019](#)

# What we saw and Other Perspectives

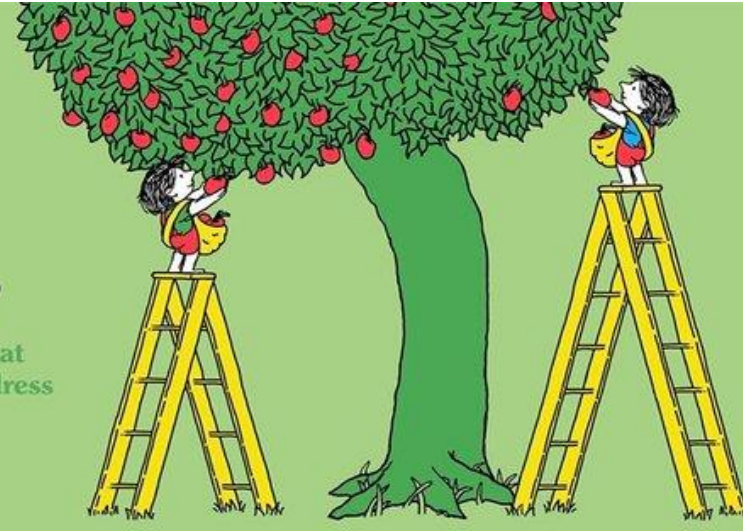
## Inequality

Unequal access to opportunities



## Equity

Custom tools that identify and address inequality



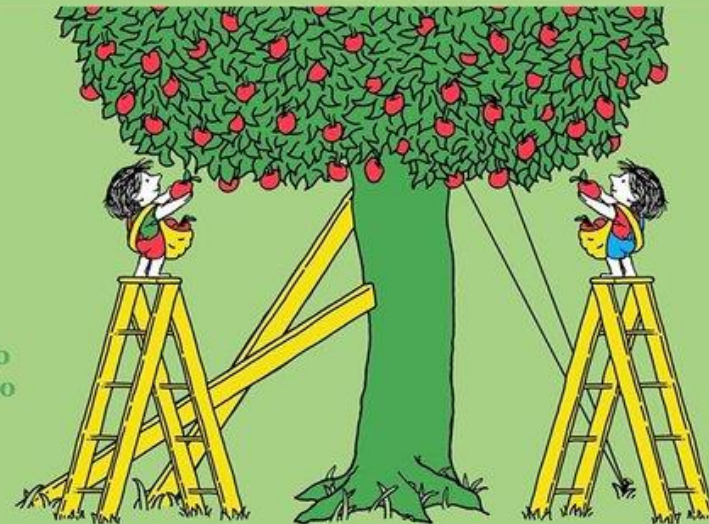
## Equality?

Evenly distributed tools and assistance



## Justice

Fixing the system to offer equal access to both tools and opportunities



Source: [Tony Ruth's Illustration in Design in Tech Report, 2019](#)

# Defining Health Equity

## Health Equity:

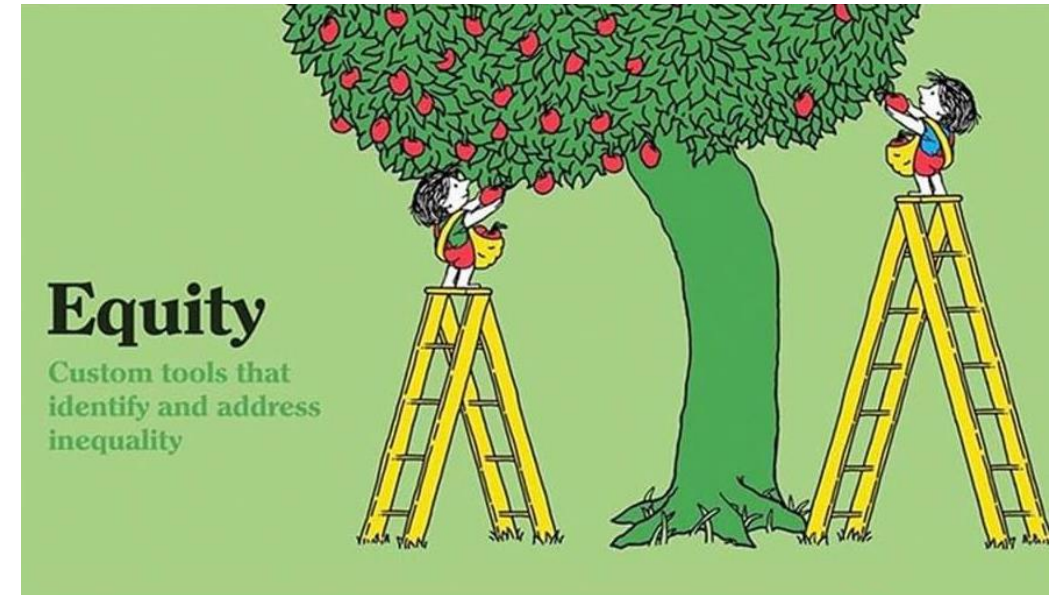
- Achieved when everyone has the opportunities and resources they need to be as healthy as possible, and no one is disadvantaged due to **social drivers** or policies. Because structural racism has systematically denied opportunities and resources based on race, health equity is inextricably linked to racial equity.

## Health Disparities:

- Differences in health status rates between population groups.

## Health Inequities

- Health disparities that are due to differences in access to social, economic, environmental, or health care resources. Simply put, health inequities are health disparities that are unfair and unjust.



## Sources:

1. Rishi Manchanda, Roza Do, and Nasaura Miles. [A Toolkit to Advance Racial Health Equity in Primary Care Improvement](#). California Improvement Network, California Health Care Foundation, Healthforce Center at UCSF, April 2022
2. [Tony Ruth's Illustration in Design in Tech Report, 2019](#)



# What are Social Drivers of Health?

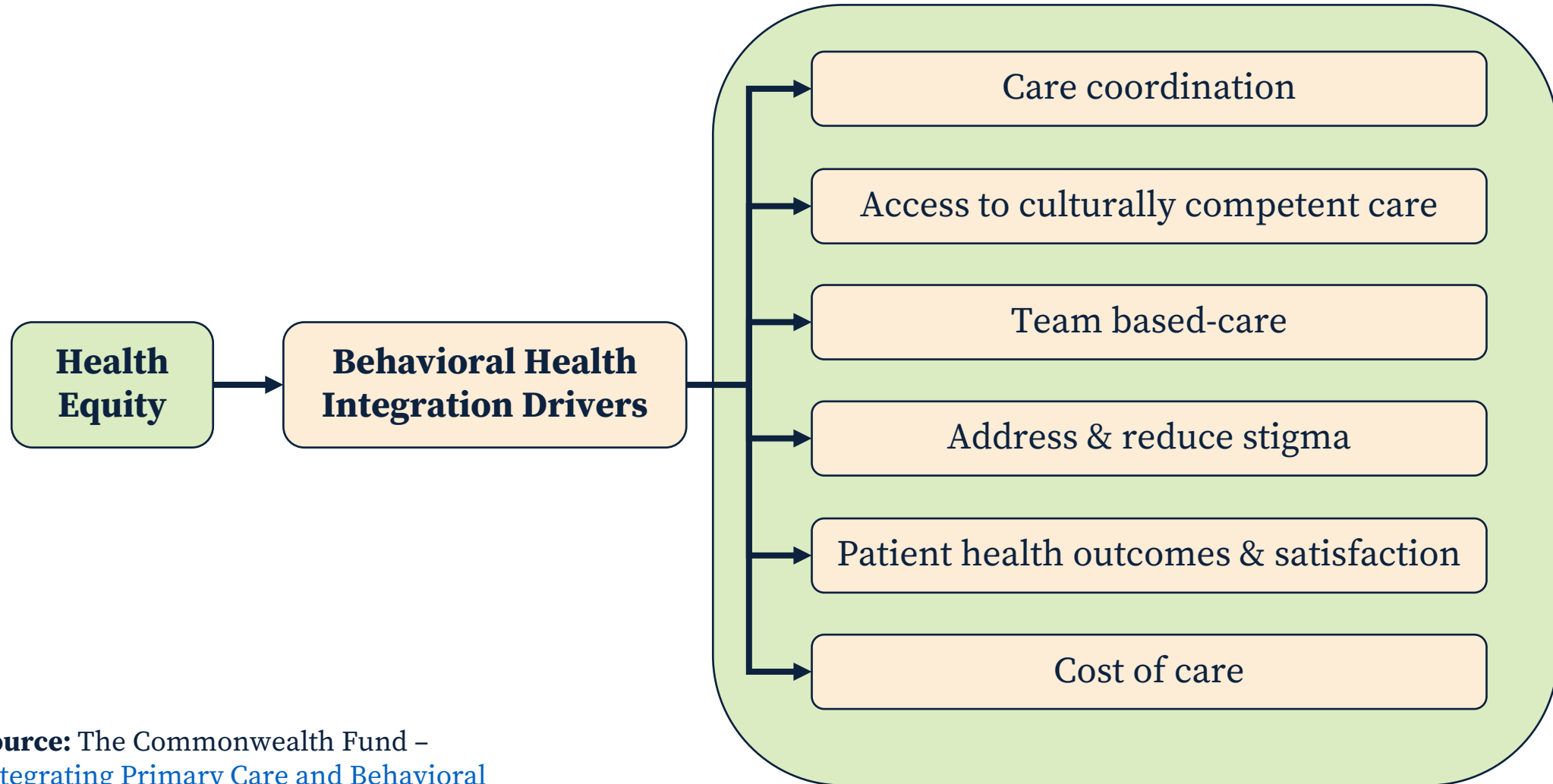


## Social Drivers of Health (SDOH)

The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

[Healthy People 2030](#)

# BHI Drivers to Promote Health Equity



**Source:** The Commonwealth Fund – [Integrating Primary Care and Behavioral Health to Address the Behavioral Health Crisis](#)

# Examples of Advancing Health Equity through BHI

Care coordination

Access to culturally competent care

Team based-care

Address & reduce stigma

Patient health outcomes & satisfaction

Cost of care

## Screening and Follow-up



- Utilizing screening tools that **addresses the preferred language and age of patients.**



- Proactively asking about **transportation accommodations when arranging follow-up** (flexible f/u times, scheduling PCP/BHC/CoCM f/u on the same day, telehealth f/u, etc.).

## Responsive, tailored care & support



- Extra validation/appreciation/flexibility** when working with people of color and underserved populations.



- Having **culturally appropriate/specific community referral resources** for behavioral health and social connection.



- LGBTQ+ signage** near Integrated behavioral health provider pod/office.



- Sliding scale options** for economically disadvantaged (writing off BHI visits, or f/u by phone vs. in-person visit to decrease costs).

# Q & A





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# Equity Focused AIM Statements

What Are We Trying to Accomplish?

# Advancing Health Equity through your AIM Statement

When designing your AIM Statement(s) delineate health equity as part of your clear, shared vision with aligned incentives, resources and buy-in.

- **Engage stakeholders** relevant to the work.
  - Patients directly impacted, practice staff, QI team, providers, leadership, DEIB committee etc.
- **Assess the organization's readiness** to make changes and provide training around health equity if necessary
- **Include data-informed planning** of desired outcomes and how those may impact organizational structures, policies, procedures and patient populations.
- **Determine and implement strategies to get buy-in and funding** from leadership, providers, staff and patients



# Include SMARTIE Characteristics in your AIM Statements

**Specific**

**S**

**Measurable**

**M**

**Ambitious**

**A**

**Relevant**

**R**

**Time-Bound**

**T**

**Inclusive**

**I**

**Equitable**

**E**

# Utilize Existing Health Equity Data for your AIM Statements

**Health equity data:** Quantitative and Qualitative information that enables the examination of health differences between populations and their causes across access, cost, and quality of care. (e.g., race, ethnicity and language (REaL), sexual orientation and gender (SOGI), etc.)

## Leveraging health equity data allow us to:

- Stratify measure performance data
- Identify if disparities and inequities exist among different patient populations
- Prioritize patient population(s) with the most need to address and monitor progress to close gaps in care and achieve better patient health outcomes.



## Source:

CMS – [The Path Forward: Improving Data to Advance Health Equity Solutions](#)



# Develop an Equity-Focused AIM Statement

## Original AIM Statement

Seaside Clinic will improve depression screening rates for all patients.

No **SMARTIE** Characteristics

## Updated AIM Statement

By **December 31, 2025**, Seaside Clinic will decrease **(by 80%)** the gap between patients who have been screened by a PHQ-9 or PHQ-2, while **improving depression screening rates** for all patients **(to 60%)**.

**SMART** Characteristics

## Equity-focused AIM Statement

By **December 31, 2025**, Seaside Clinic will decrease **(by 80%)** the gap between **(Hispanic and Non-Hispanic White)** patients between the **ages of 20 -50 years** who have been screened by a PHQ-9 or PHQ-2, while **improving depression screening rates** for all patients **(to 60%)**.

**SMARTIE** Characteristics

# Breakout Activity: Develop a SMARTIE AIM Statement

## In Mixed Breakout Groups:

**13 mins** - Develop a SMARTIE AIM Statement based on the following criteria:

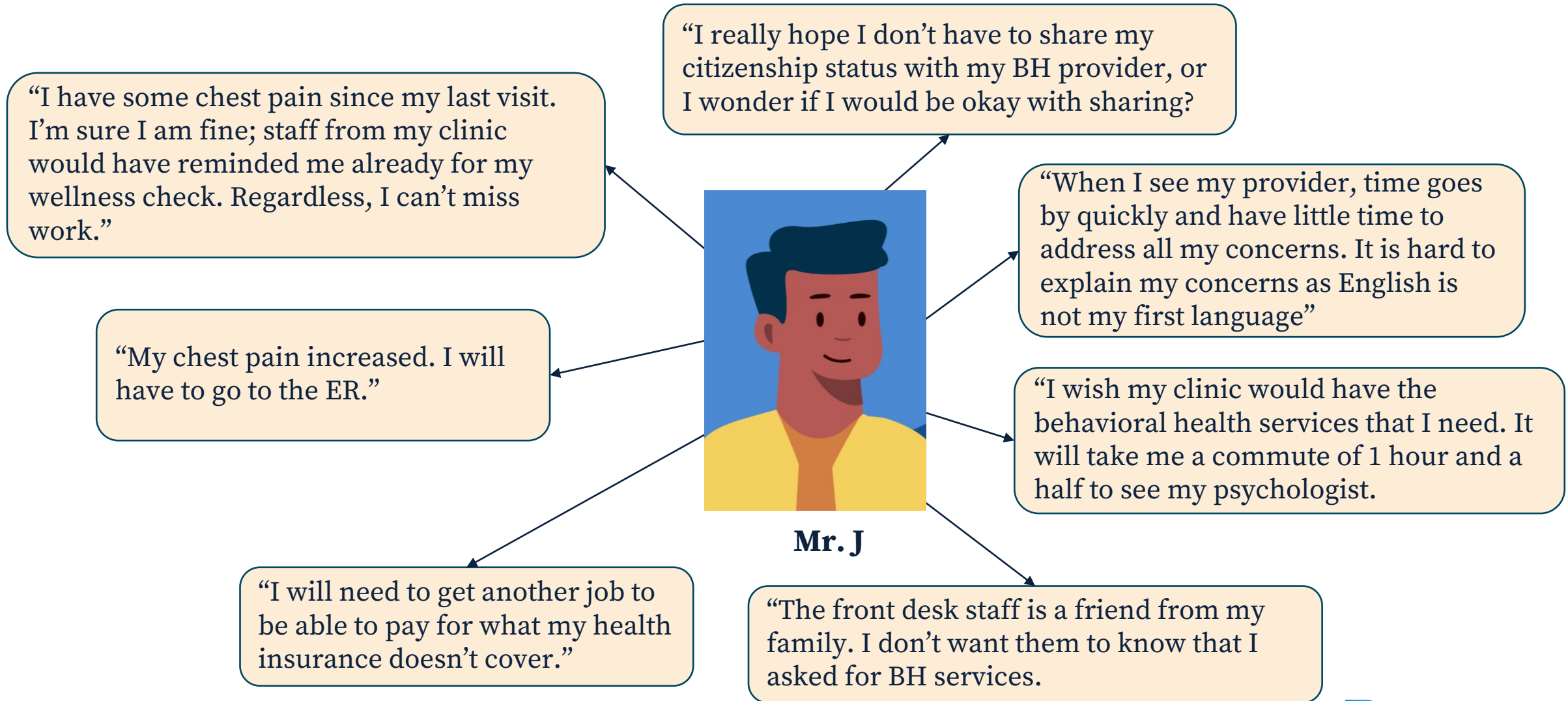
- **Salud 4 All Clinic** is in the city of Los Angeles and wants to improve depression screening from 63% to 80% by Sep. 30, 2024.
- Care Team wants to focus on patients with hypertension that have not been screened for depression (**look at the tables**).
- Patients with hypertension will be handed a PHQ-9 upon registration during their wellness visit or any other visit

Depression Screening Performance		
Denominator	Numerator	Rate (4/1/2024)
1,200	760	63%

Depression Screening Performance for Patients with Hypertension		
Denominator	Numerator	Rate (4/1/2024)
400	200	50%

Depression Screening Performance for Patients with Hypertension Stratified by Race/Ethnicity			
Race/Ethnicity	Denominator	Numerator	Rate (4/1/2024)
Black or African American	150	150	100%
White	50	50	100%
Multiracial	150	0	0%
Native American	50	0	0%

# Devolving SMARTIE AIM Statement will be the Beginning in Supporting Patients like Mr. J



# What did I learn today?

## What was your takeaway from today's webinar?

- 2 min – Think and type your answer (**don't hit the submit button!**)
- Once I say “GO” **submit your answers!**



# Aim Statement – What's Next

- **All organizations** – working to submit an Aim Statement for the CalHIVE BHI Program **by Tues. 4/30**



## AIM Statement and Measurement Plan:

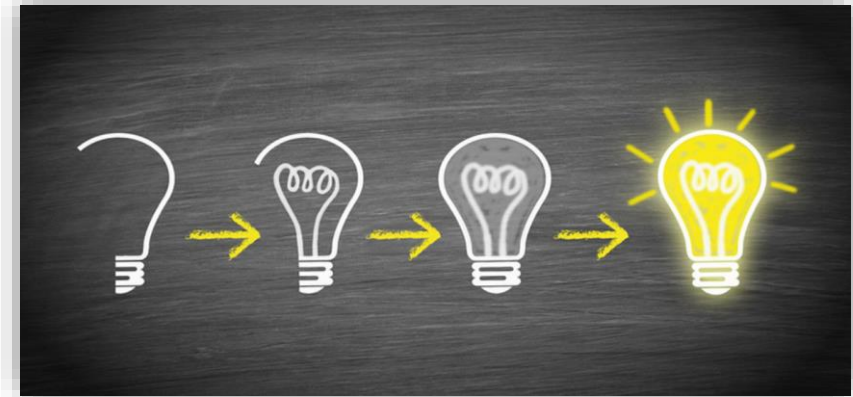
- **Q:** How does the Aim Statement align with my Measurement Plan for our pilot site?
- **A:** The Measurement Plan is focused on pilot site progress.
  - You can include measure(s) from your measurement plan in your AIM Statement to make it Masurable.
  - Your Aim Statement will focus on project, system-level success (**BHI in your pilot site**)



# Feedback please!

1. Today's webinar was useful for me and my work *[select one]*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



2. Of the topics we covered today, what was especially helpful? *[select multiple]*

- Reflect on your lived experience within the health care system
- Identify how to incorporate health equity in Behavioral Health Integration
- Practice how to create equity-focused AIM Statements

# Q2 2024 Sprint: Implement, Improve, Impact

## APRIL

### Improvement Advising

- Conduct IMAT 2 of 4
- Collaborate on and finalize Aim statement & Convening Pre-Work

**Thurs. 4/4 (12-1) – Data Office Hours**

**Fri. 4/12– Baseline Data due**

**Tues. 4/16 (11-12)**

### CalHIVE BHI Commons – Person Centered Equitable BHI

- Review health equity opportunities in BHI care
- Understand opportunities to reduce stigma in patient populations

**Tues. 4/30 (11-12)**

### [OPT] Webinar – Model for Improvement Fundamentals (Webinar 2 of 2)

- Plan how to incorporate quality improvement and data-driven decisions

**By Tues. 4/30**

### Aim Statement & Convening Pre-Work Due

- Create goal with measurable objectives for end of program (including a disparity analysis)
- Finalize pre-work for May in-person convening

## MAY

### Improvement Advising

- Review baseline data trends
- Conduct IMAT 2 of 4

**Tues. 5/7 (11-11:30)**

### [OPT] CalHIVE BHI Webinar – Convening Prep

- Prepare for annual in person meeting

**Tues. 5/21- Wed. 5/22**

### CalHIVE BHI Convening 2024: Implement, Improve, Impact

- Day 1: BHI workflows
- Day 2: Reflect on pilot site integration progress and capture improvements; analyze individual and cohort data trends and Aim Statements; identify patient engagement opportunities

**By Fri. 5/31**

### Implementation Milestone Tool (#2 of 4)

Final scores documented

## JUNE

### Improvement Advising

- Review baseline data trends
- Complete BHI Implementation plan

**Tues. 6/11 (11-12)**

### CalHIVE BHI Commons – BHI Workflows: Barrier Busting

- Reflect on BHI workflow development: challenges, real-life progress and solutions

**Thurs. 6/13 – Data Webinar: Cycle 1**

**Tues. 6/25 (11-12)**

### [OPT] Pilot Site Evaluation & Engagement Office Hours

- Review themes, recommendations & resources

**By Fri. 6/28**

### BHI Implementation Plan: Section 7 – BHI Workflows

- Due to IA

Improvement Advising

Webinars

In Person Events

Data / Reporting

Assignments

# Thank you!

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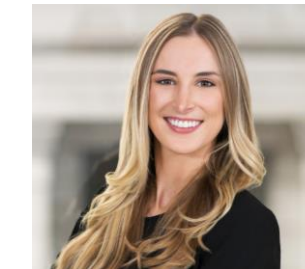
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# Appendix: Advance Health Equity through BHI Efforts?

Practices/organizations integrating behavioral health can advance health equity by:

1. Update organizational mission and goals to include health equity

2. Create a workplace culture of belonging, dignity and justice

3. Implement policies and training to eliminate bias, discrimination and racism.

4. Screen for social drivers of health

5. Screen for trauma

6. Improve access to telehealth technologies

7. Monitor and evaluate health equity on a regular basis