

Health Equity in BH and the Role of CHWs & CHCs

2021 Virtual California Health Equity Summit:

Healing Communities Beyond 2020:

June 11, 2021

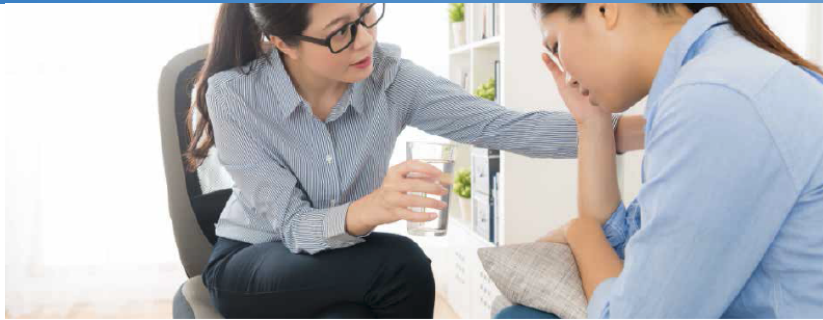
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2020 Behavioral Health Services Survey



2020 Behavioral Health Services Survey

The California Primary Care Association (CPCA) conducts a bi-annual behavioral health survey of California's community health centers (CHC) to understand the trends and trajectory of CHCs in the behavioral health delivery system. The 2016 version of the survey emphasized topics around operations, billing and workforce. The 2018 version of the survey focused on the relationships between health centers and the broader care continuum to measure the progress of our state advocacy strategy, which seeks to expand integration of CHCs in local behavioral health systems. We re-scoped the survey in 2020 to include questions around the expansion of telebehavioral health.

Respondents included C-suite level staff and directors from behavioral health departments across 91 community health centers representing a total of 899 sites.

About the Survey

The 2020 survey was made up of several sections to represent a high-level overview of CHC behavioral health services in California, telebehavioral health, and a deeper dive into county level information. CHCs quickly pivoted to implement telehealth due to the novel coronavirus causing Coronavirus Disease 2019 (COVID-19) causing a statewide shelter-in-place order in March 2020 which directed all Californians to stay home except to go to an essential job or to shop for essential needs and could not see their care providers in-person. The survey was administered from September to October 2020, several months after the pivot to virtual care.

Respondent sites were evenly split between Northern California, the Central Valley and Southern California, with missing representation in the Rural Northeast and Central East counties. Whenever possible, the survey attempts to differentiate between mental health and substance use disorder (SUD) services. Combined mental health and SUD services are referred to collectively as behavioral health services.

In evaluating the data on the following pages, it is important to note that not all respondents answered all questions in the survey. Some questions may have a total exceeding 100 percent because respondents could select as many answers as they desired for each multiple choice question. Percentage listed indicate the percentage of respondents that chose that answer out of the total respondent to the question, which might vary.

- Bi-annual survey to understand the trends and trajectory of CHCs in behavioral health.
- **91 Community Health Centers Participated - representing a total of 899 sites.**
- Representation from Northern, Central Valley and Southern CA, with missing rep. in Rural Northeast and Central East counties.
- 2020 survey included additional questions around the expansion of telebehavioral health.

2020 Behavioral Health Services Survey

Key Results

VIRTUAL BEHAVIORAL HEALTH SERVICES offered by community health centers at the time of completing the survey:

96% Telephonic Services

89% Telehealth (including video)

53% In-Person Services

THE DIGITAL DIVIDE is the most prevalent issue with implementing telebehavioral health.

CHILD AND ADOLESCENT CARE are the most requested training topics by community health centers for continued telebehavioral health delivery.

2020 Behavioral Health Services Survey

Key Results

SERVICES COMMUNITY HEALTH CENTERS have either co-located or fully integrated into primary care:

- 100% Mental Health

- 87% Substance Use Disorder

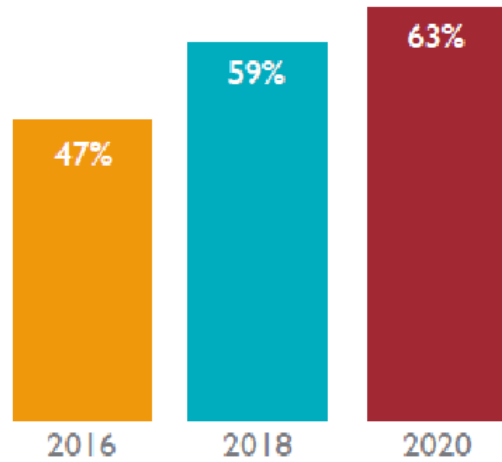
ONLY A FEW community health centers are currently contracted or exploring contracts with their county for:

- Specialty Mental Health (35%)

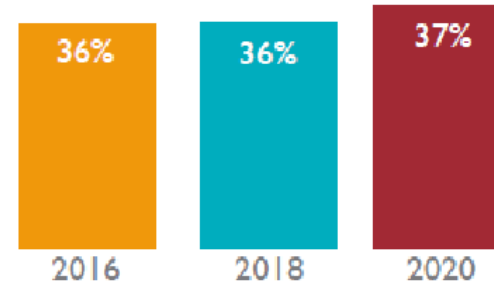
- Drug Medi-Cal (24%)

MENTAL HEALTH SERVICES ACT FUNDS are received by 23 community health centers across 12 counties

Mental Health Services are Fully Integrated into Primary Care



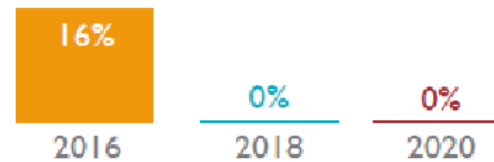
Mental Health Services are Co-located with Primary Care



Mental Health Services Coordinated by the Organization at a Site Separate from Primary Care Services (e.g. referred out)



This Organization Does Not Provide Mental Health Services



(2016 n = 60, 2018 n = 66, 2020 n = 91)

Key Themes of Responses for Telehealth

Challenges

“Still experiencing the following hurdles: lack of privacy for some patients making it difficult to have telephonic session, lack of financial resources to pay for phone bill, lack of adequate equipment to have tele(video) health visits, staff shortages because agency does not offer remote work as an option, inability to refer patients to other community-based organizations (CBO), lack of responsiveness by staff at other CBOs, inability to refer monolingual non-English speaking patients to psychiatric services or specialty mental health, difficulty in providing therapy or clinical services to young children”

Behavioral Health Equity

Role of CHCs

- The rate of mental health encounters within CHCs has skyrocketed in this last decade, and especially in 2020.
- There is a heightened reporting of fear, anxiety, depression, and other behavioral conditions amidst the shelter in place orders, economic recession, racism.
- CHCs continue to fill an important role in response to BH and COVID-19
- CHC see some of the the most diverse communities in our state
- Demonstrated effectiveness in providing tele-behavioral health services.

There are still several barriers, many which are not fully understood by data to support all and particularly the most vulnerable and marginalized Californians to access mental health and substance use disorder treatment.

Measuring Our Progress / Impact toward Equity

CPCA has begun internal conversations on how to measure the impact of our health equity efforts against health outcomes

Issues:

- UDS & State OSHPD data do not provide disaggregated data making it harder to draw certain correlations
- UDS only collects racial / ethnicity data for 3 items (prenatal care / hypertension / diabetes) while OSHPD does not
- CHCs have hesitation in sharing data w CPCA
- Determining the proper measures to track progress under current available data

Our Collective Approach to Health Equity

Goal: Intentionally apply a health equity lens to all the work that we do.

- Help ensure that in all we do we are thinking of how our work impacts / involves health equity
- Track our efforts and recommendations for improvement

Our Collective Approach to Health Equity

- How can we each improve health equity? What steps can CHCs take? CPCA? PCAs? HRSA? BHPC?
- We need to work in collaboration to help create significant impacts in this space

Creating the Space for Discussion - SBC

Supporting Black Communities Workgroup

Workgroup was created in June 2020 in response to the protests against police brutality and institutional racism.

Created to ensure CPCA and CHCs were strategizing on how to respond to the needs of this population recognizing that they are highly marginalized and at times left behind.





Supporting Black Communities Workgroup Goals & Priorities

Supporting Health Equity for Black Communities

- Black Maternal & Infant Health, Cardio & Respiratory Issues (like asthma), Led Testing and Exposure, Lowering Cancer Rates
- Behavioral and Mental Health

Improving Education & Outreach Efforts to Black Communities

- Address the stigma against the health care system, including behavioral health services
- Help bring Black Communities into care at CHCs by reevaluating approach to education and outreach
- Support policies that advance CHWs / health navigators who help connect community to services

Supporting Black Communities Workgroup Goals & Priorities

Removing Barriers to Health Care Access

- Address SDOH issues (such as transportation and housing)
- Expand Telehealth / Telemedicine & Address Digital Inequities
 - How is telehealth / telemedicine working for Black Communities?

Organizational Self Reflection - Addressing Internal Biases & Racism

- Reevaluate internal CHC policies and procedure
 - Such as offering bias trainings to providers and staff
 - Hiring approach – does our staff reflect the community we serve?
 - Improve leadership diversity both at CHC and Board levels
 - Obtain feedback from patients on how they prefer to receive health care services

Resource: Bringing Implicit Bias Conversations to CHCs

CREATING AN EQUITY LENS



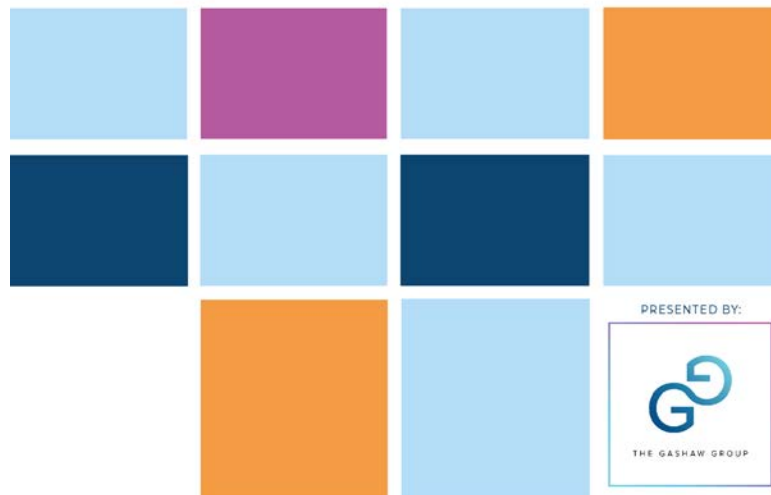
A How-To-Guide for Implementing
Implicit Bias Training

Implicit Bias How To Guide

This guide outlines what you need to implement implicit bias awareness and training at your health center.

3 Parts To This Guide

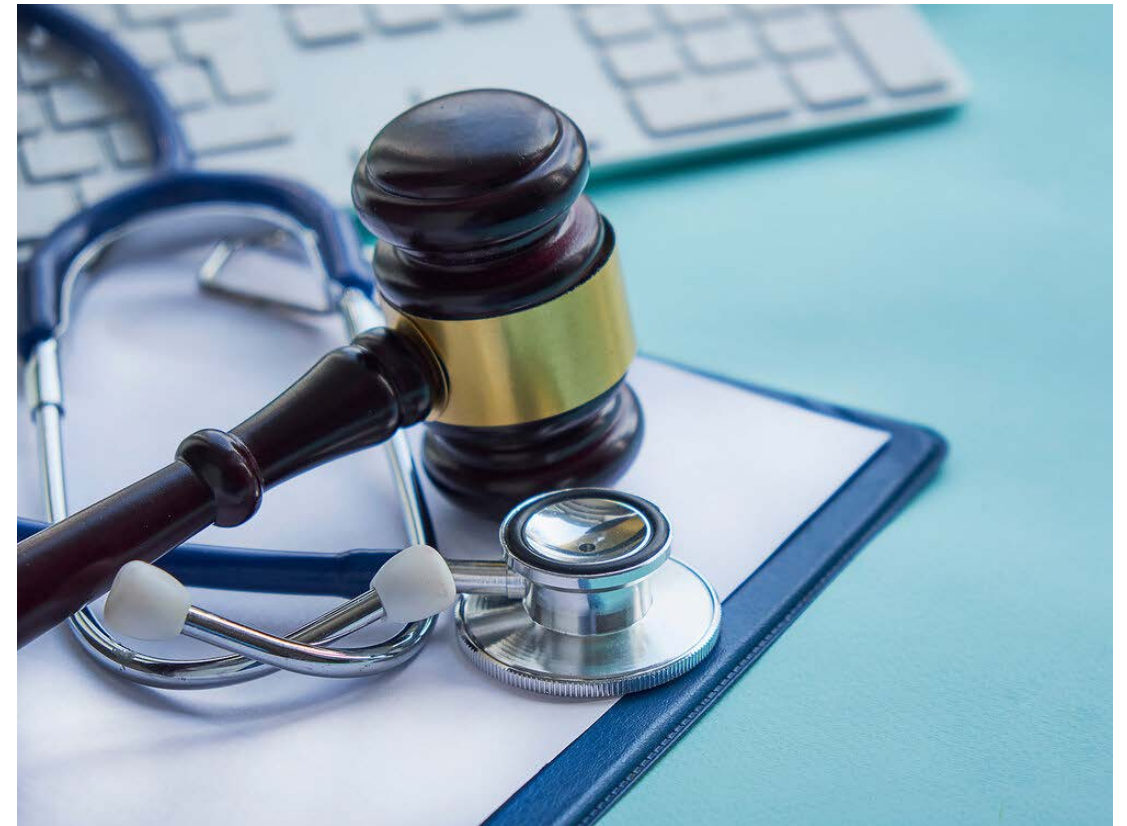
- **Part 1: The Fundamentals**
- **Part 2: Getting Started**
- **Part 3: Supporting Resources**



Creating the Space for Discussion - HETF

Health Equity Taskforce:

- Identify and respond to the inequities that have been exacerbated by COVID-19
- Centralize health equity related conversation in one place.
- Provide a space and avenue to have these conversations and strategize together to collectively create a plan towards health equity.



Setting Goals and Identifying Action Steps

SDOH Issues

- Address Health Disparities exacerbated by COVID
- Work to improve housing, food insecurity and income disparities
- Identifying e-quality measures

Racism / Institutional Racism

- Our Collective Approach to Health Equity Plan
- Equitable Distribution of COVID-19 Vaccine
- Share Recommendations w/ HRSA

Identifying 3 Key Areas of Focus

Review COVID-19 Education & Outreach Resources

- Provide input to ensure state resources resonate with patients
- Help identify issues and gaps in resources to share w CA-PIF Outreach and Comms Workgroup & state
- Help ensure a more equitable Distribution of COVID-19 Vaccine

Workforce

- Create a diverse workforce that mirrors the patient mix at CHC
- Trained on implicit bias and orgs approach to HE
- Improve data collection to understand race/ethnicity of CHC workforce
- Creating career ladders for CHC staff

Mental Health

- Address BH stigma to help patients access mental health / SUD
- Address digital divide now that we are in a telehealth / virtual world
- Improve BH workforce to ensure services are provided in a linguistic and culturally appropriate manner