Connecticut BHP
Supporting Health and Recovery

beacon
health options

Health Equity Clinical Studies 2015-2020

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Agenda

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Definitions

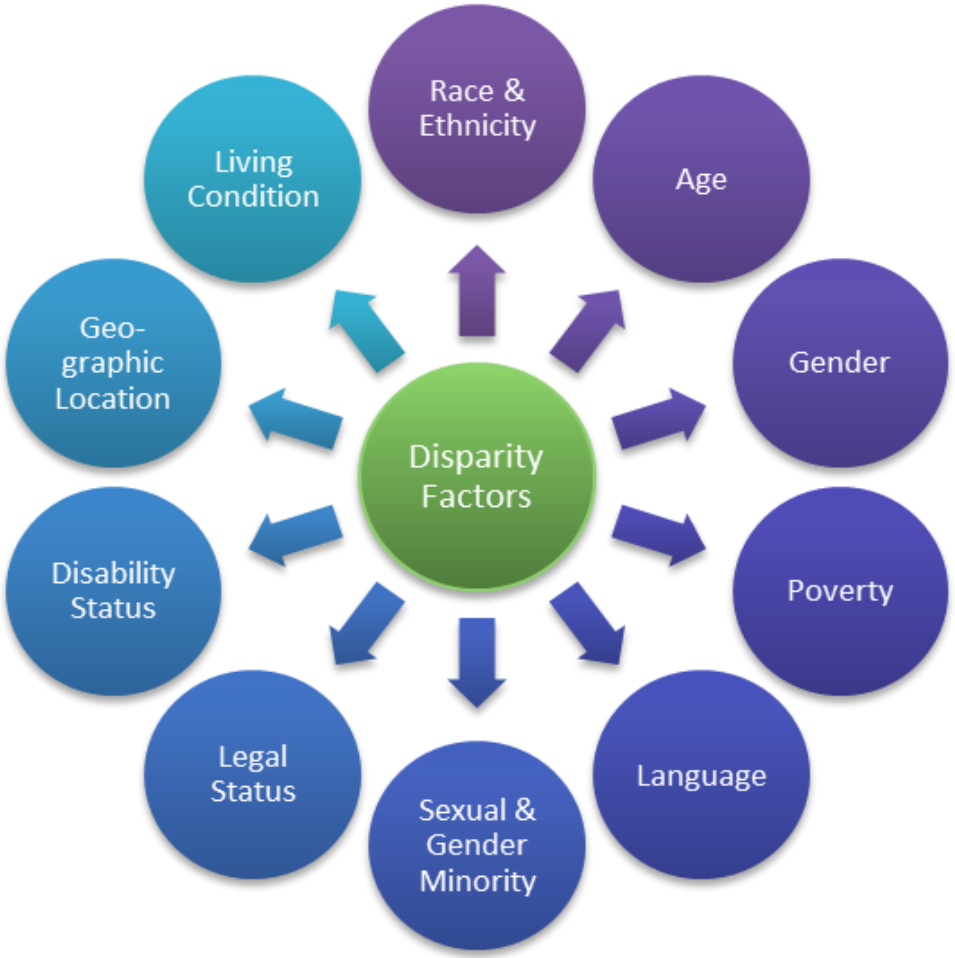
Health Equity is defined as the realization of systems and conditions that provide all people with the opportunity to achieve good health through equitable access, quality, and outcomes of health care.

Health Disparities are differences in health care access, quality, or outcomes among distinct segments of the population that are systematic, avoidable, and unjust.

CTBHP Initial Study of Health Equity in the Medicaid Behavioral Health Service System

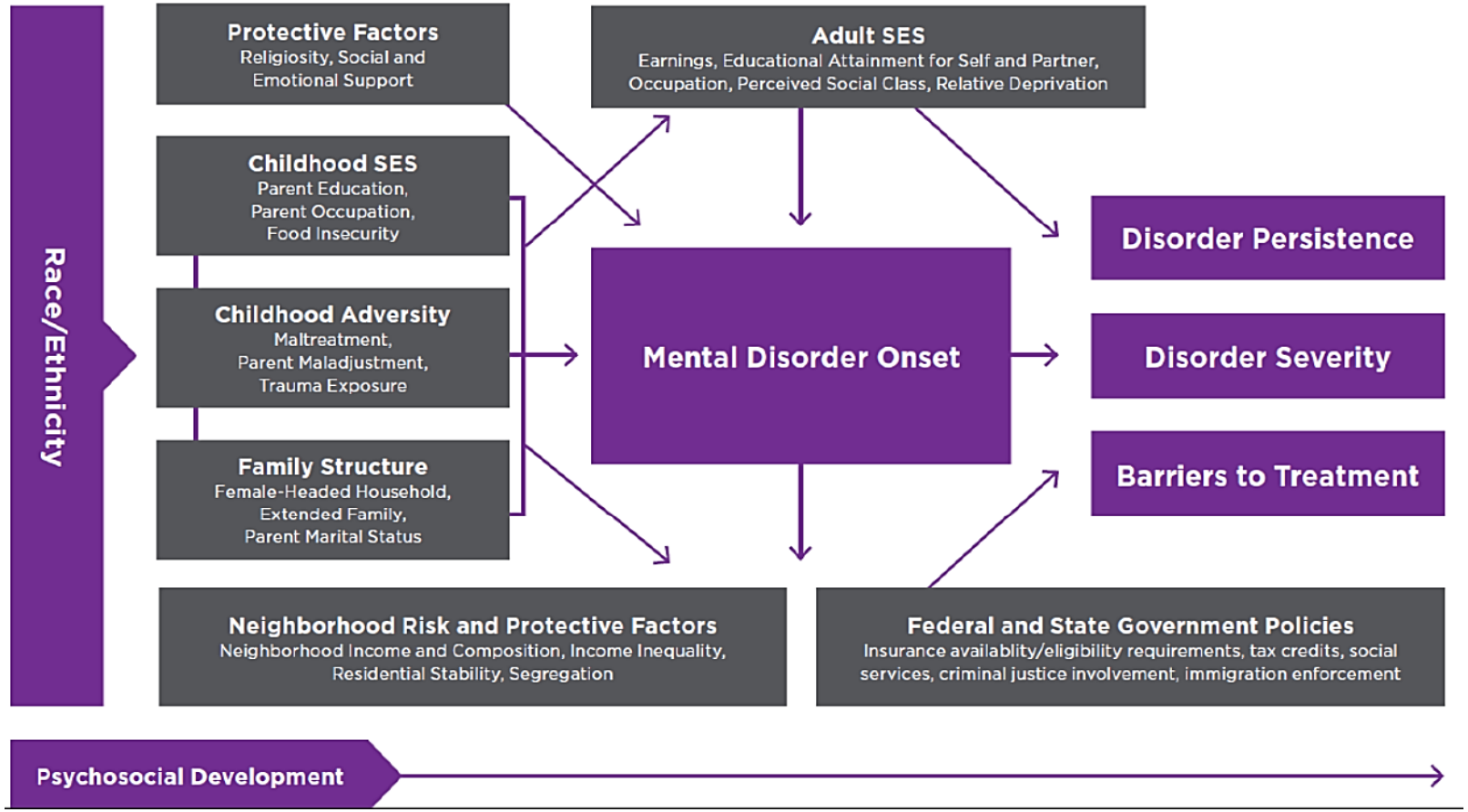
- ***In 2015, DSS, DCF, & DMHAS directed Beacon to conduct a Health Equity Study.***
- ***The study was focused on understanding Health Inequities among Medicaid Recipients, specifically focused on Behavioral Health–including mental health and substance use disorder services.***

Various groups, defined by demographic and social conditions, experience disparities



Factors Influencing Disparity

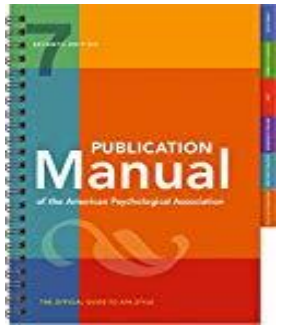
Figure 1: Conceptual Model for Child Mental Health and Mental Health Service Disparities



Health disparity is a complex phenomenon with multiple interdependencies.

2015 Study Methods

- Literature review
- Key Informant Interviews
- Member Focus Groups
- Analysis of Medicaid Data on Disparities in Access



Literature Review Summary

- Racial and ethnic groups, particularly Blacks and Hispanics, experience some of the most pronounced and significant disparities
- Other groups are significantly affected, including
  - Smaller minority populations (e.g., Asians)
  - Gender and Sexual Minorities
  - Individuals with disabilities
- Data and metrics are needed to document disparities and track change over time

CT Data Highlights: Race and Ethnicity

- In general, Blacks, Asians and Hispanics are underrepresented in populations who utilize any behavioral health service, as well as those that utilize the Emergency Department (ED), Inpatient Detoxification, and Inpatient Psychiatric Services.
- Blacks and Hispanics were overrepresented among those that utilize the ED for medical care.
- Blacks were disproportionately overrepresented in those that utilize State Hospital Beds.

CT Data Highlights: Gender

- Women were generally underrepresented in those receiving Medicaid-funded behavioral health services.
- This finding is in contrast to national data indicating a higher prevalence for women for the most common mental health disorders (anxiety, depression, and stress disorders), as well as national studies that indicate women are more likely than men to utilize behavioral health services.
- This finding is concerning, but can also be explained by the high prevalance of substance use disorders in CT's behavioral health services system, and that there is a higher prevalence of substance use disorders among men

CT Data Highlights: Age

- Adults aged 45-54 tended to be overrepresented in behavioral health service utilization at all levels of care
- Those adults in the 18-25 year old age range were disproportionately underrepresented in BH care utilization, despite comprising a significant portion of the Medicaid adult population

Focus Groups

5 Focus Groups & DCF Community Conversations

FOCUS GROUP METHODS

- 2-hour Session for Each Group
- Translator Present
- Session Video/Audio Taped
- Themes Extracted by Multiple Reviewers

MAJOR THEMES

Translation services
Experiences of discrimination
Need for outreach
LGBTQ friendly practitioners
Location of services

Cultural understanding
Staff better reflecting clients served
Increase use of peers
Staff Turnover

Summary of Key Informant Interviews

- **17 Key Informant Interviews**
- **Rich diversity of ideas and opinions**
  - Multiple professions/fields (advocates, state agency, academic, public health, etc.)
  - focused on multiple affected groups
  - types of disparity considered most important
  - variety of proposed strategies
- **Common Themes**
  - Need for better data and metrics
  - Need to address underlying social determinants
  - Outreach and Education
  - Training of Providers

Purpose of 2018-2019 Study (2018-2019)

1. Improve measurement methodology
2. Improve reporting of health disparities
3. Identify strategies to mitigate/eliminate disparity in the service system
4. Involve stakeholders in assessing strategies
5. Promote greater collaboration and alignment across initiatives

Focus of Current Study

1. Identify interventions to reduce disparities in outpatient clinic service utilization by minority populations
2. Implement enhancements to Beacon's reporting and analysis of health equity across all services and levels of care
3. Create opportunities to collaborate across state agencies and the broader healthcare system to align efforts and support progress

- Psychiatric hospitalization
- Substance Use Detoxification Inpatient
- Partial Hospitalization Program (PHP)
- Extended Day Treatment
- Psychiatric Residential Treatment Facility
- Residential Treatment
- Adult Group Homes
- Child Group Homes
- Home-based Services
- Case Management
- Outpatient Services
- Intensive Outpatient Services
- ETC.

Methods

- Literature Review
  - Methods of Disparity Measurement
  - Interventions to Reduce Disparity

- Identification of 10 Proposals for Reducing Disparity
  - Multi-method: Literature Review, Focus Groups, Key Informants

- Stakeholder Feedback on Interventions
  - CFAC Members
  - **Non-Profit Behavioral Health Leaders via the NPA**

Summary: Improving Health Equity Reporting

- Use of both **Absolute** and **Relative** Metrics
  - *Absolute* Metrics are better for tracking changes over time because they are less sensitive to changes in population base rates
  - *Relative* Metrics are better for taking population size into account because the same absolute disparity has a greater impact on smaller populations
- Use of both **Disparity** and **Inequity** comparisons to assess differences across groups
- *Disparity* refers to differences in rates when comparing a certain rate for a population (e.g., access to BH services for Hispanics) to their base-rate in the total population
- *Inequity* refers to a comparison of a population rate to the rate of the "best off" group, or the group showing the most favorable rate

Summary: Improving Health Equity Reporting

Key Recommendations

- Incorporate a health equity lens into all reports across business functions
- Report race and ethnicity categories rolled up on a single dimension, **and** report the separate combinations of race and ethnicity such as non-Hispanic Black and Hispanic Black
- Evaluate Geographic Disparities where possible
- Include a “Best Off” comparison in selected analyses

Summary: Opportunities for Cross-Department/System Collaboration

- Opportunities exist for alignment among health equity/racial justice initiatives at Beacon, DCF, DMHAS, DSS and The Primary Care Action Group
- Many projects and initiatives underway with significant opportunity for impact
- Consider securing funding for a Health Equity Statewide Summit for exchanging ideas, setting statewide goals, and measuring progress

Summary: Interventions to Improve Health Equity in Outpatient Clinic Services

- Curated a list of 10 concrete strategies based on prior work (literature reviews, member focus groups, key informant interviews, etc.)
- Separately live-polled the **Consumer and Family Advisory Council (CFAC)** and providers at the **NPA**
- Obtained valuable feedback regarding preferred strategies and the sensitivity of minority groups in answering questions about race and ethnicity
- Found **Agreement** among consumers and providers regarding the top 4 priorities

Comparing Provider and Member Demographics

		CFAC Members	Providers
Ethnicity	Hispanic or Latino	54%	5%
	Non-Hispanic or Latino	46%	95%
Race* *(only 18 respondents in CFAC)*	American Indian or Alaska Native	0%	3%
	Asian	0%	0%
	Black or African American	33%	0%
	Native Hawaiian /Pacific Islander	0%	0%
	White	44%	95%
	Multi-racial	22%	3%
Gender	Male	18%	26%
	Female	80%	71%
	Other	2%	3%
First Language	English	58%	100%
	Spanish	37%	0%
Sexual Orientation	Heterosexual	100%	86%
	Non-heterosexual	0%	14%

Curated List of 10 Concrete Strategies

1. Utilizing “peers” in delivering MH or SUD services
2. Collaborating with natural community supports to conduct outreach/education
3. Improving translation & interpretation capacity
4. Providing community outreach
5. Providing services closer to where people live
6. “Co-locating” mental health services in doctors’ offices or medical clinics
7. Facilitating access to social services such as food and/or housing supports as a component of clinic services
8. Using VBP or incentives to improve health equity
9. Providing MH or SUD “ apps”
10. Publishing provider staff demographic and cultural profiles

Top 4 Strategies as Selected by BOTH Consumers and Providers

1. Providing community outreach/education
2. Facilitating access to social services such as food and/or housing supports as a component of clinic services
3. Providing services closer to where people live
4. Improving translation & interpretation capacity

Other Qualitative Feedback

Providers

- Emphasis on the importance of *workforce development* and the creation of a concerted effort to develop a pipeline of appropriately trained, credentialed and culturally representative BH employees and leaders
- Importance of developing ways to *empower members* to understand what high-quality, equitable behavioral health care looks like

Members

- Paying providers more for addressing health inequities is not necessarily appropriate because, in theory, this should be part of their daily work.
- It is important to distinguish between race and ethnicity when asking demographic questions, and to be clear about if/how this information will be used.

2020 Health Equity Clinical Study

- Inclusion of demographic information as a standard across all current data reports and dashboards.
- Transparency in internal and external reporting on reasons for selecting particular methodologies for measuring health equity.
- Development of a geographic disparity analysis at the level of County for inclusion in health equity reporting.
- Enhance Beacon standards regarding cultural competence/diversity training
- Regular Dissemination of a Staff Cultural Competence/Cultural Diversity Survey to assess staff opinions and attitudes
- Continued implementation of Beacons Culturally and Linguistically Appropriate Services (CLAS) Plan

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Questions and Discussion

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Thank you!