PROJECT BRAVO:

BEHAVIORAL HEALTH REDESIGN FOR ACCESS, VALUES AND OUTCOMES

Racial Equity Workgroup

April 21, 2021

FACILITATOR TODAY

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Agenda Today

- Overview: What brings us together
- Psychological Safety & Group Agreements
- Behavioral Health & Racial Equity: A National Context
- Scope of Action Proposal
- Brainstorming Exercise / Discussion
- Future Direction
- Immediate Next Steps

Enhanced Behavioral Health Services for Virginia

Vision

Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:

High Quality

Quality care from quality providers in community settings such as home, schools and primary care

Evidence-Based

Proven practices that are preventive and offered in the least restrictive environment

Trauma-Informed

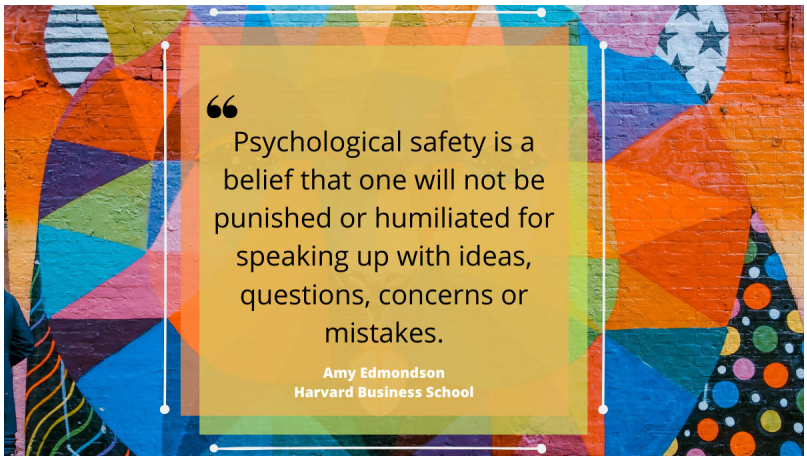
Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals

Cost-Effective

Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system

BLACK MENTAL HEALTH MATTERS

Psychological Safety



Group Agreements

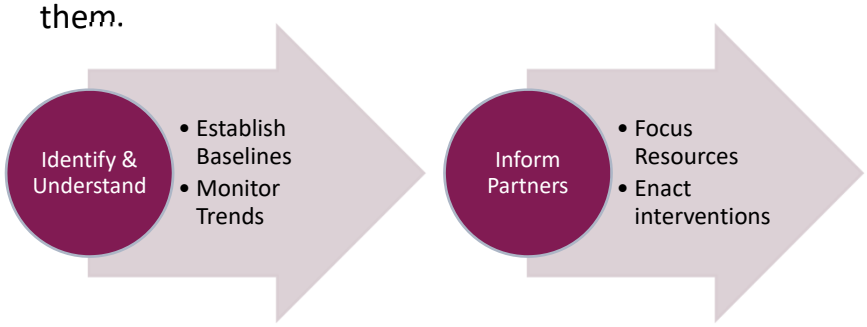
- Acknowledge that race is a social construct (not biological), though it still has real world implications
- Respect the dialectic
- Encourage curiosity and compassion
- Expect and accept non-closure and discomfort
- Listen to understand; Think in questions
- Share the air
- Use Oops & Ouch

Behavioral Health & Equity:
National Context

- SAMHSA Definition of Health Equity
  - The right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders.
- Advancing health equity involves ensuring that everyone has a fair and just opportunity to be as healthy as possible.
- In conjunction with quality services, this involves addressing social determinants, such as employment and housing stability, insurance status, proximity to services, culturally responsive care – all of which have an impact on behavioral health outcomes.

Foundational Understanding of Health Inequities

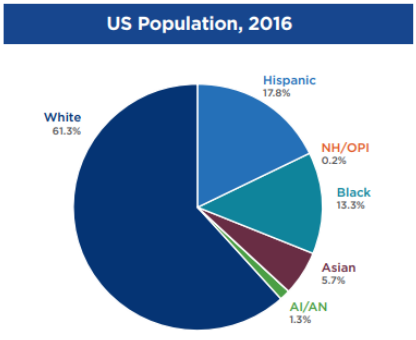
- Without a clear understanding of health inequities, well-intentioned strategies may have no effect on or could even widen health inequities.
- It is critical to have a clear understanding of what inequities exist, and the root causes contributing to them.



National Context

Increasingly Diverse Population

- The U.S. population is continuing to become more diverse. By 2044, more than half of all Americans are projected to belong to a "minority group" (any group other than non-Hispanic White alone).



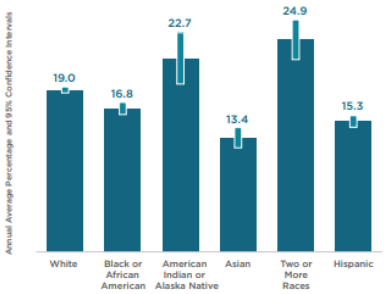
Source: US Census. Quick Facts: Population Estimates 2016. www.psychiatry.org/psychiatrists/practice/professional-interests/disaster-and-trauma (Notes: AI/AN – American Indian/Alaska Native, NH/OPI – Native Hawaiian/Other Pacific Islander)

Mental Health in Diverse Populations

Ethnic/racial minorities often bear a disproportionately high burden of disability resulting from mental disorders.

- Although rates of depression are lower in Black (24.6%) and Hispanic (19.6%) populations than in white (34.7%) populations, depression in Black and Hispanic populations is likely to be more persistent.
- People who identify as being two or more races (24.9%) are most likely to report any mental illness within the past year than any other race/ethnic group, followed by people identifying as American Indian/Alaska Natives (22.7%), White (19%), or Black (16.8%).
- Individuals of American Indian/Alaskan Native identity report higher rates of posttraumatic stress disorder and alcohol dependence than any other ethic/ racial group.
- White Americans are more likely to die by suicide than people of other ethnic/racial groups.

Any Mental Illness in the Past Year among Adults, by Race/Ethnicity, 2008-2012



Source: Substance Abuse and Mental Health Service Administratio., Racial/Ethnic Differences in Mental Health Service Use among Adults. 2015

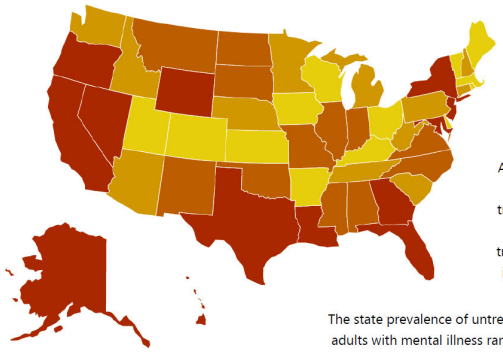
Mental Health in Diverse Populations

- Mental health problems are common among people in the criminal justice system, which has a disproportionate representation of individuals identifying as belonging to racial/ ethnic minorities.
  - Approximately 50% to 75% of youth in the juvenile justice system meet criteria for a mental health disorder.
- Racial/ethnic minority youth with behavioral health issues are more readily referred to the juvenile justice system than to specialty primary care, compared with white youth.
  - Individuals identifying as belonging to racial minority groups are also more likely to end up in the juvenile justice system due to harsh disciplinary suspension and expulsion practices in schools.

Mental Health in America Report 2021

Adult Access to Care

Adults with AMI who Did Not Receive Treatment



57 percent of adults with a mental illness receive no treatment.

Over 26 million individuals experiencing a mental illness are going untreated.

Although adults who did not have insurance coverage were less likely to receive treatment than those who did, 86 percent of people who did not receive mental health treatment were covered by health insurance, indicating that ensuring coverage is not the same as ensuring access to care.

The state prevalence of untreated adults with mental illness ranges from:

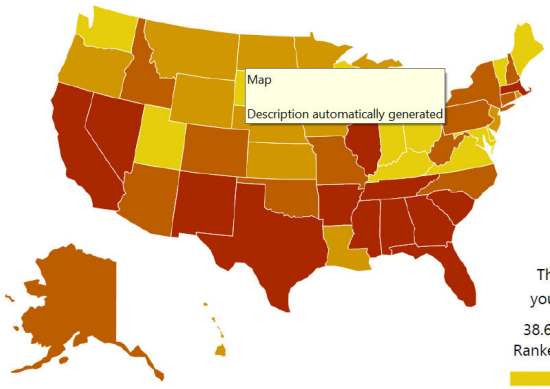
42.8% (VT) Ranked 1-13

65.8% (HI) Ranked 39-51

Mental Health in America Report 2021

Youth Access to Care

Youth with MDE who Did Not Receive Mental Health Services



59.6 percent of youth with major depression do not receive any mental health treatment.

Youth experiencing MDE continue to go untreated. Even among the states with greatest access for youth, over 1 in 3 youth are still not receiving the mental health services they need.

The state prevalence of untreated youth with depression ranges from:

38.6% (ME) Ranked 1-13

71.0% (NV) Ranked 39-51

Mental Health in America Report 2021

Racial Disparity Highlights

- First time that racism included in question about main things contributing to MH problems (7.65%)
- Anxiety screenings showed highest average % change over time (0.74%) for those respondents identifying as Black.
- From February to September, average rate of mod-severe anxiety among Black respondents increased from 70 to 79%
- Similar patterns for depression, though Native American /American Indian respondents had highest overall rates
- Suicidal ideation rates grew for all, though greatest growth for those noting SI every day and identifying API (36 to 43%) or Black (29 to 38%)

Mental Health in Diverse Populations

- Lack of cultural understanding by health care providers may contribute to under-diagnosis and/or misdiagnosis of mental illness in people from racially/ethnically diverse groups.
- Factors that contribute to these kinds of misdiagnoses include:

Language Differences

Stigma

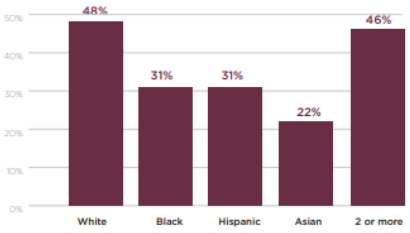

Cultural Presentation of Symptoms

Disparities in Mental Health Service Use

Individuals identifying with racial/ethnic minority groups are less likely to receive mental health care.

- For example, in 2015, among adults with any mental illness, 48% of white individuals received mental health services, compared with 31% of Black and Hispanic individuals, and 22% of individuals identifying as Asian.

Among People with Any Mental Illness, Percent Receiving Services, 2015



Source: Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health, 2008-2015.

Disparities in Mental Health Service Use

- There are differences in the types of services (outpatient, prescription, inpatient) used more frequently by people of different ethnic/racial groups.
  - Adults identifying as two or more races, as whites, and as American Indian/Alaska Native were more likely to receive outpatient mental health services and more likely to use prescription psychiatric medication than other racial/ethnic groups.
  - Inpatient mental health services were used more frequently by Black adults and those people reporting two or more races.
  - Asian individuals are less likely to use mental health services than any other race/ ethnic group.
  - Among all racial/ethnic groups, except American Indian/Alaska Native, women are much more likely to receive mental health services than men.

Barriers to Care

- Barriers to Care Factors affecting access to treatment by members of diverse ethnic/racial groups may include:

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
	Inadequate support for MH service in safety net settings (uninsured, Medicaid, Health Insurance Coverage)	

Goals for this group

- DATA
  - Develop Baseline Data
  - Monitor Utilization / Access
  - Consider other methodologies
- ACTION
  - Mindful and specific interventions to promote engagement and access
  - Cultivation of grassroots and local partnerships to foster culturally congruent interventions

Initial Brainstorms

Data and Action

- Disaggregated data for services
- Dashboard Discussions
- Service Utilization
- Engagement vs Treatment "Dosage"
- Community Conversations
- Culturally congruent outreach efforts in partnership with stakeholders and community partners
- Member communications around voice and choice

Enhancement of Behavioral Health Services: *Current Priorities Explained*

What are our top priorities at this time?

Implementation of ***SIX*** high quality, high intensity and evidence-based services that have demonstrated impact and value to patients

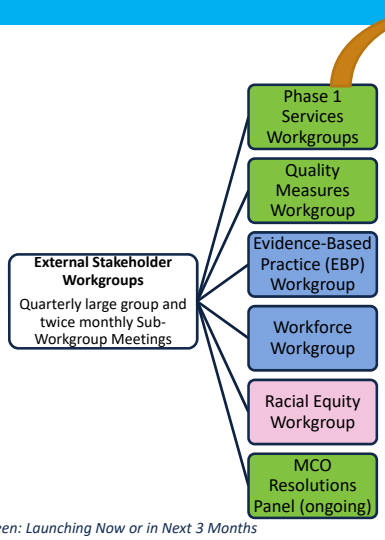
Services that currently exist and are licensed in Virginia ***BUT* are not covered by Medicaid *or the service is not adequately funded through Medicaid***

- Partial Hospitalization Program (PHP)
- Assertive Community Treatment (ACT)
- Multi-Systemic Therapy (MST)
- Intensive Outpatient Program (IOP)
- Comprehensive Crisis Services (Mobile Crisis, Intervention, Community-Based, Residential, 23Hr Observation)
- Functional Family Therapy (FFT)

Why Enhancement of BH for Virginia?

- ✓ Provides alternatives to state psychiatric admissions and offers step-down resources not currently available in the continuum of care, which will assist with the psychiatric bed crisis
- ✓ Demonstrated cost-efficiency and value in other states

BEHAVIORAL HEALTH ENHANCEMENT EXTERNAL WORKGROUP STRUCTURE



Green: Launching Now or in Next 3 Months
Pink: Will be seeking nominations
Blue: Need to consider how to use

Purpose

- Provide external stakeholder input on: service definitions, licensing and regulatory considerations, outcome/metrics, workforce credentials/considerations
- Serve as a means to disseminate widespread updates to all involved providers and or service recipients
- Provide feedback to internal agency work products

Who

- Each sub-workgroup will be composed of individuals for a respective service category: organizational representatives, subject matter experts.
- Ad hoc members may be included in the sub-workgroups as needed

Meeting Frequency

- Quarterly Large Group Meeting
  - Virtual, recorded and uploaded to website
- Twice Monthly Sub-Workgroup Meetings
  - MNC Review
  - Manual Review
  - Staggered based on BHE timeline

Stakeholder Action Asks

Data and Action

- Bring ideas about variables of interest
- Studies or writings on access conceptualization are welcomed
- Nominate community partners with contact information
- Consider becoming a regional lead for coordination of community conversations

Next immediate steps

Bi-Monthly Meetings

- Invitations to be sent ASAP, JUNE for next meeting

Data Drill Down

- We will come to next meeting with preliminary data on what we know currently about ACT

Goals for June

- Establish reasonable, actionable goal for each 2 month period that will build to larger impact

Thank you for your partnership, support and participation.

Additional Questions?

Please contact us at:
Enhancedbh@dmas.virginia.gov