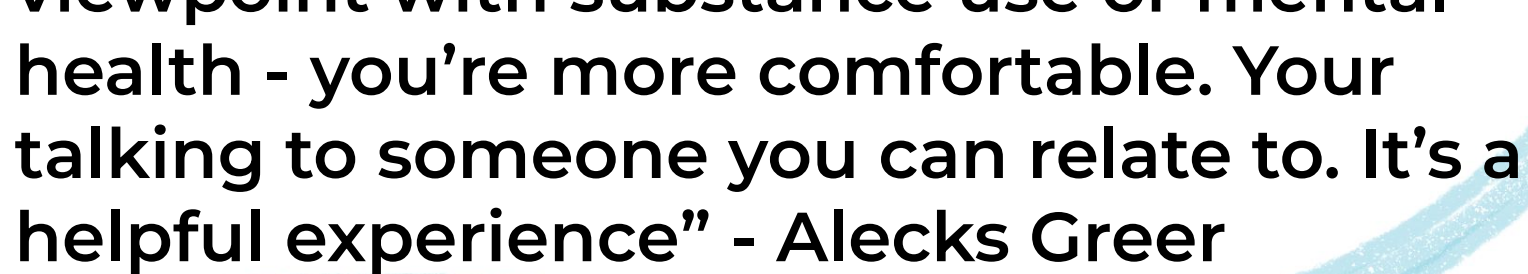


Topic 1: Elevating People with Lived Experience in Care Systems

September 29, 2022

“I have my therapy and my psychiatrist but having [a peer support specialist] someone who is coming from a similar viewpoint with substance use or mental health - you’re more comfortable. Your talking to someone you can relate to. It’s a helpful experience” - Alecks Greer



the

PRINCIPLE:

People with lived experience and expertise navigating the Medi-Cal system for behavioral and physical health services bring crucial perspectives that can ultimately improve policy and care.

Topic 1: Elevating People with Lived Experience in Care Systems

the

OPPORTUNITY

FOR DECISIONMAKERS
TO MAKE A DIFFERENCE

- Peer Support Specialist Certification provides opportunity to transform and increase use of peers across the state
- Peer support is evidence-based and has tremendous research and outcomes
- Rates should be commensurate with the value, not on current salaries
- Transparency on rates for peer support codes and process of determining



STORIES

THAT ILLUSTRATE THE BARRIERS
WHAT ACTION MAKES POSSIBLE

- Challenge of peers staying in same level for years
- Some systems not using peers because not able to pay for the service or other barriers



Topic 1: Elevating People with Lived Experience in Care Systems

the

OPPORTUNITY

FOR DECISIONMAKERS TO MAKE A DIFFERENCE

- Creation of positions, classification in job descriptions and support is needed to increase roles
- Increase in HR knowledge is important in order to elevate lived experiences in job descriptions
 - Ex: job requirement instead of optional; lived experience as important as relevant work experience



STORIES

THAT ILLUSTRATE THE BARRIERS
WHAT ACTION MAKES POSSIBLE

The Story of the POCC:
A Framework for the
Integration of Peer Support
Specialist, Lived Experience
Engagement, and
Leadership to Transform
Public Systems



The Story of the POCC Peers Organizing Community Change





QUESTIONS : DISCUSSION POINTS

- Is there a way to share data around rates across the state or county. For example the highest rates, lowest rates and average?
- What goes into determining what the rates are?
- What is leadership's commitment to engaging people with lived experience?
Peers have to be engaged to be elevated



Topic 2:

Data as an Equity Strategy

September 29, 2022



DELTA CENTER
CALIFORNIA

the

PRINCIPLE:

Collecting and using REAL (race, ethnicity and language) and SOGI (sexual orientation, gender identity) data in a person-centered way is critical to understanding the population we serve and delivering effective, accessible and equitable behavioral health and primary care services.

Topic 2: Data as an Equity Strategy

the

OPPORTUNITY

FOR DECISIONMAKERS TO MAKE A DIFFERENCE

DHCS has an opportunity to align SOGI data collection with Federal USCDI V2 standards (and subsequent updates) for REAL & SOGI data collection and to incentivize and build capacity for data collection at the provider level.

This could ensure California systems are “speaking the same language” so that Quality Strategy at the state and local levels are aligned.



STORIES

THAT ILLUSTRATE THE BARRIERS TO WHAT ACTION MAKES POSSIBLE

Community Health Center Network created a Racial Disparities Dashboard at Integrated BH FQHCs that looks at REL disparities around access to IBH programs to inform local policy priorities at the clinic and consortium level.

Solano County used population-wide data to identify and address disparities in access that are now being scaled across county behavioral health.

What if these local data collection efforts aligned with statewide data collection efforts?

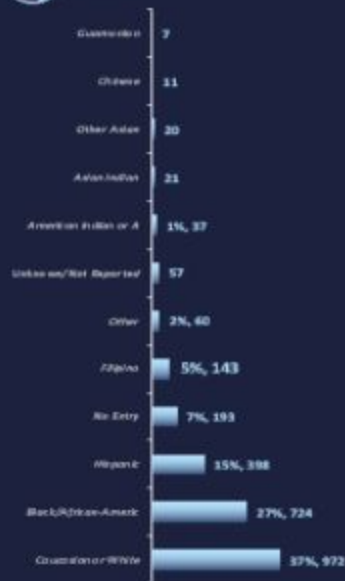


Data Dashboard: Solano County

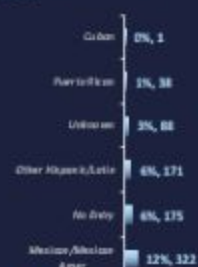
Data Dashboards – Adult System of Care 2022 Demographics



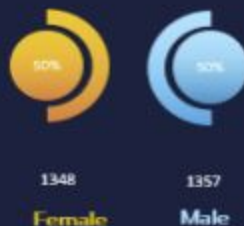
Race



Ethnicity



Gender



Age

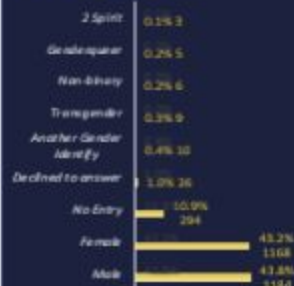
Avg Age

46

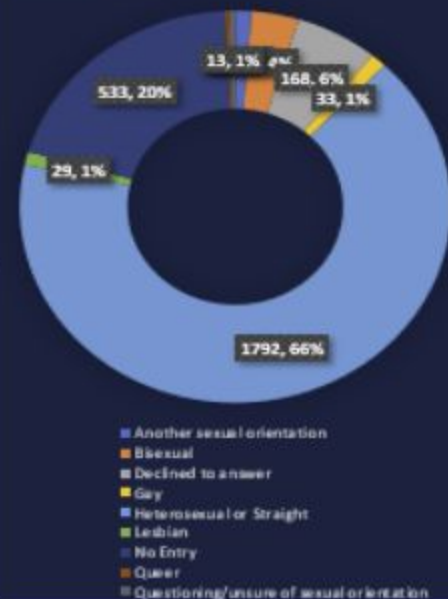
18

88

Gender Identity

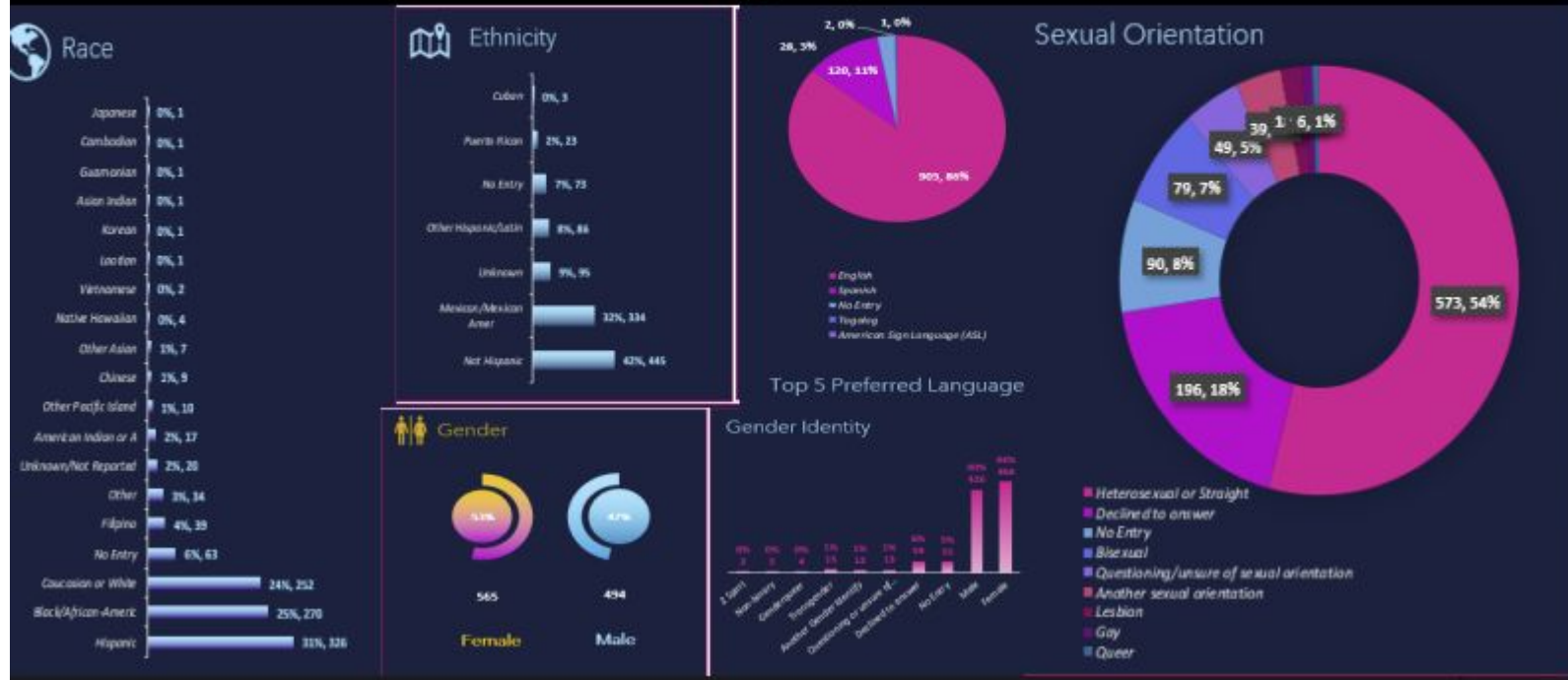


Sexual Orientation



Data Dashboard: Solano County

Data Dashboards – Children's System of Care 2022 Demographics



Topic 2: Data as an Equity Strategy

the

OPPORTUNITY

FOR DECISIONMAKERS TO MAKE A DIFFERENCE

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Topic 2: Data as an Equity Strategy

the OPPORTUNITY

FOR DECISIONMAKERS TO MAKE A DIFFERENCE

Create a behavioral health data exchange advisory group to inform the state's quality improvement and data exchange efforts across DHCS and HHS.

This group would be comprised of specialty and non-specialty behavioral health providers to inform new initiatives and bring awareness to BH providers about new funding and other opportunities.



STORIES

THAT ILLUSTRATE THE BARRIERS TO WHAT ACTION MAKES POSSIBLE

At Gateways and ICSI, we are ready to be part of the conversation and design of data collection informed by community-based care.


"We're trying to make sure all of our technological systems are ready to connect with other systems - but we're designing in the dark...[Can the State share] where is the state on [aligning local and state SOG and REAL data collection]?"
--Delta Center CA participant





QUESTIONS : DISCUSSION POINTS

1. *Can the State share any actions or guidance on how the state is thinking about aligning local and state SOGI and REAL data collection with best practice to advance the statewide comprehensive quality strategy?*
2. *In what ways are MCPs approaching BH providers (or vice versa) about using incentive dollars for Enhanced Care Management and Community Supports to build data infrastructure and capacity around REAL or SOGI data collection? How will DHCS ensure these investments reach specialty behavioral health providers not directly connected to ECM or Community Supports?*



Topic 3: Building and Navigating Partnerships Across Systems

September 29, 2022



DELTA CENTER
CALIFORNIA

the

PRINCIPLE:

Under California's current fragmented primary care and behavioral health systems, building partnerships and effectively collaborating across systems and organizations are essential to advancing care integration. This requires clear communication across systems; resources and flexibilities to support partnership-building; mutual respect; and the inclusion of communities in decision-making.

Topic 3: Building and Navigating Partnerships Across Systems

the OPPORTUNITY

FOR DECISIONMAKERS TO MAKE A DIFFERENCE

California has an opportunity to **apply for the CCBHC demonstration grants** that open next month!

In the interim:

- State certification/recognition of Certified Community Behavioral Health Clinics as a provider
- All current CCBHCs to serve as a pilot to inform demonstration



STORIES

THAT ILLUSTRATE THE BARRIERS TO WHAT ACTION MAKES POSSIBLE

- Headline: CCBHC: The Solution for “No Wrong Door”
- It’s so hard to create seamless care in a system that artificially delineates between mild/moderate and moderate/severe.
- CCBHC is the right solution for everyone (patients, providers, cost, quality of care, and health outcomes, and advancing equity)
- Also related to topic 1 (Elevating Lived Experience in Leadership) and 5 (Workforce Wellness)



Topic 3: Building and Navigating Partnerships Across Systems

the

OPPORTUNITY

FOR DECISIONMAKERS
TO MAKE A DIFFERENCE

- CA Dept of Health Care Access and Information, other funders: Provide funding for training placements for graduate counseling & medical students in community-based mental health organizations

STORIES

THAT ILLUSTRATE THE BARRIERS
~ WHAT ACTION MAKES POSSIBLE

- ICSI (behavioral health CBO) has developed partnerships with education systems to train providers, but this work is unfunded
- These partnerships support workforce development and retention of workforce in under-resourced areas





QUESTIONS : DISCUSSION POINTS

- What specific action plan can we take to encourage the state to apply for the CCBHC Planning Grant?
- How do these opportunities (CCBHC demonstration and workforce development) align with the State's vision and current initiatives and upcoming policies? (i.e. CalAIM)



Topic 4: Expanding Access to Care through Telehealth

September 29, 2022

the

PRINCIPLE:

Telehealth is an important tool for improving access to behavioral health and primary care, and needs to be offered alongside supporting resources and other modalities that consider equity and patient preferences.

Topic 4: Expanding Access to Care through Telehealth

The PHQ-9 (depression screening)

Over the last 2 weeks, how often have you been bothered by the following problems?

1. *Little interest or pleasure in doing things*
2. *Feeling down, depressed or hopeless*
3. *Trouble falling asleep, staying asleep, or sleeping too much*
4. *Feeling tired or having little energy*
5. *Poor appetite or overeating*
6. *Feeling bad about yourself - or that you're a failure or have let yourself or your family down*
7. *Trouble concentrating on things, such as reading the newspaper or watching television*
8. *Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual*
9. *Thoughts that you would be better off dead or of hurting yourself in some way*

Our group discussed some of the settings where a PHQ-9 may be administered (e.g., as a part of a **perinatal mental health** program for new parents, in a **residential treatment** facility, with a **primary care** provider)

Considerations for PHQ-9 via telehealth:

Whether staff:

- have rapport and a relationship with the patient
- are asking the questions with sincerity, with an ethos of care rather than "checking a box"
- are asking questions in a potentially stigmatizing way

Whether the individual/patient:

- feels comfortable being honest with the staff
- feels stigmatized by the questions or how they are asked
- is in a safe and private space (especially if abuse is occurring)
- has a provider who speaks their language or needs interpreter services
- is worried that their answers may lead to punishment (like their child(ren) being taken away)
- is having technical difficulties
- is someone who may have difficulty with telehealth or need more support (e.g., recently incarcerated, elderly, experiencing paranoia related to virtual platforms)

... and this is just one example of one screening tool!

Topic 4: Expanding Access to Care through Telehealth

the

OPPORTUNITY

FOR DECISIONMAKERS
TO MAKE A DIFFERENCE

Provide training support and technical assistance to staff and providers delivering telehealth services

STORIES

THAT ILLUSTRATE THE BARRIERS
TO WHAT ACTION MAKES POSSIBLE

At our community health center, Medical Assistants screen patients for depression using the PHQ-9. They received almost no training for how to do this well over the phone, which is now a routine part of telehealth (and an abrupt change during COVID). We need help training them to do this well, but we have limited internal resources and would welcome help!



Topic 4: Expanding Access to Care through Telehealth

the OPPORTUNITY

FOR DECISIONMAKERS
TO MAKE A DIFFERENCE

Support continued research and learning to build understanding of where telehealth is working and where it isn't (and for whom)

STORIES

THAT ILLUSTRATE THE BARRIERS
TO WHAT ACTION MAKES POSSIBLE

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QUESTIONS : DISCUSSION POINTS

1. What kind of supports and funding can DHCS offer to support provider training and technical assistance for delivering services via telehealth, especially those that may be sensitive or tricky to deliver virtually (e.g., depression screening)?
2. Can the state and foundations support research re: what is working versus not for telehealth?
3. How is DHCS approaching guidance for delivering telehealth services given the evolving research about what works and best practices?



Topic 5: Cultivating a Vibrant and Well Workforce

September 29, 2022

the

PRINCIPLE:

California's primary care and behavioral health workforce can be strengthened through policies and practices that create stronger career pathways for peers, support for Black, Indigenous, and People of Color in leadership roles, and foster a culture of belonging for all.

Topic 5: Cultivating a Vibrant and Well Workforce

the OPPORTUNITY

FOR DECISIONMAKERS TO MAKE A DIFFERENCE

DHCS has an opportunity to increase/right-size rates so CBOs and FQHCs are able to attract and retain a talented workforce. Adequate compensation also helps increase the number of staff at agencies which in turn can reduce burnout and moral distress. This is true for staff therapists and IBHCCs.



STORIES

THAT ILLUSTRATE THE BARRIERS TO WHAT ACTION MAKES POSSIBLE

CBOs are always cycling staff, creating disruptions to care for Medi-Cal clients. Clinicians and BH support staff frequently leave for other opportunities because the compensation and benefits are better. CBOs need better rates to help them keep up with other plans/providers/private systems.”

Numerous excellent therapists of color turn down positions at our community health center as we can't compete with larger health systems on salary.

When we are able to recruit and hire for therapist, community health workers, and IBHCCs, we often have applicants end up declining the position before reaching the start date. Often pay is said to be a determining factor.



Topic 5: Cultivating a Vibrant and Well Workforce

the

OPPORTUNITY

FOR DECISIONMAKERS TO MAKE A DIFFERENCE

DHCS has an opportunity to increase community engagement in their programming. We recommend the creation of participatory processes in which more power can be given to communities that are disenfranchised such as homeless and/or transitional youth, and formerly incarcerated folks. This access to decision making powers can offer better insights, solutions and/or practices.



STORIES

THAT ILLUSTRATE THE BARRIERS WHAT ACTION MAKES POSSIBLE

In cities like Vallejo or Boston, the use of participatory funding strategies increases voter engagement. Additionally, better services are offered to constituents of that city and/or city council district.

In California, juvenile courts are allowed to offer participatory defense and due to this community support, youth are often given opportunities to enter diversion programs that help their mental health and decrease the probability they will become repeat offenders.





QUESTIONS : DISCUSSION POINTS

- Is there any action taking place to increase rates so CBOs and FQHCs can pay higher wages to their staff?
- What community engagement strategies does DHCS currently employ? Is DHCS open to considering strategies to distribute decision-making power to patients and/or CBOs through advisory groups or otherwise?