

Welcome!

We will get started shortly.

As you get settled, please chat in your name, organization, and any aspirations or intentions you have for this new year.



Tuesday, February 11, 2025 | 11 a.m. – 12 p.m. PT

Behavioral Health Equity Improvement Plan

CalHIVE BHI Commons



Tech Tips



Welcome!

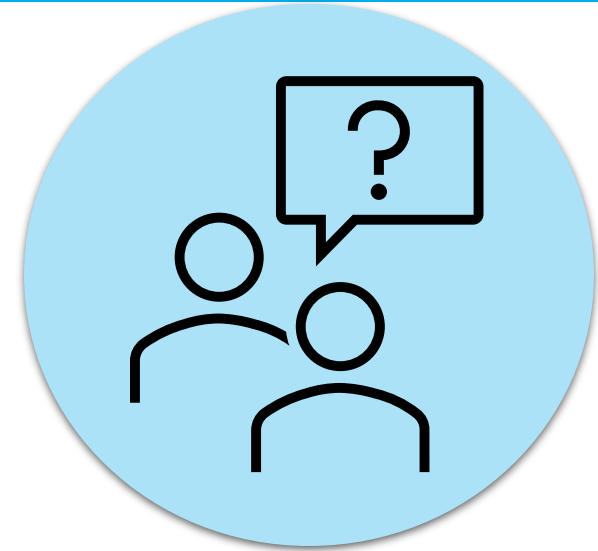
Add your organization to
your name

Turn on video if possible



Engaging Today

- Share questions in the chat or come off mute
- Join breakout rooms



Need help?

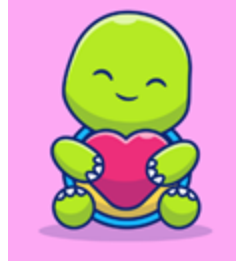
Direct message
Anna Baer
if you have any technical
issues



Welcome!



**CHINESE
HOSPITAL
& CLINICS**



Riverside Family Physicians



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



perlmanclinic++



POMONA VALLEY HOSPITAL
MEDICAL CENTER



SHARP



CalHIVE BHI Program Timing & Implementation “Launch”



PREPARE

- Build team
- Readiness assessment & recommendations
- Select integration model and pilot site
- Report and analyze BH screening data

IMPLEMENT

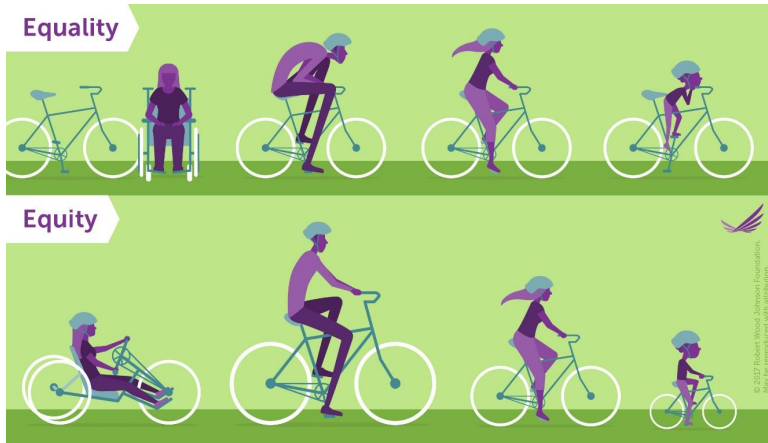
- Implement care model at pilot site
- Adopt clinical, data, operational workflows, including training
- ***Make improvements!***
- Analyze and improve patient engagement
- Create Behavioral Health Equity Improvement Plan

SCALE

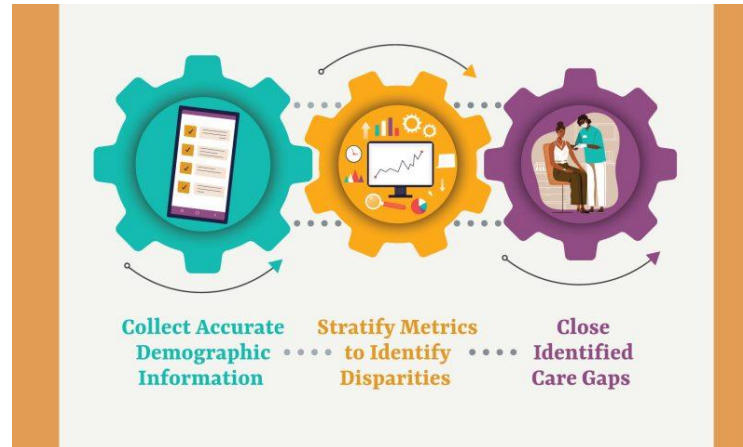
- Analyze pilot progress, identify improvement and spread plan
- Craft sustainability plan
- Complete project documentation and communication plan

Our Agenda

Today, we'll:



Review the Model for Improvement framework and its application to the Behavioral Health Equity Improvement Plan.



Examine the Plan-Do-Study-Act (PDSA) cycle to enhance the effectiveness and equity of the Behavioral Health Equity Improvement Plan.



Create a Plan-Do-Study-Act (PDSA) cycle to improve Behavioral Health Equity.

Melissa Preciado

Melissa Preciado is the Associate Director of Equity and Transformation at PBGH's California Quality Collaborative. In her role, she provides leadership and management for various improvement initiatives. Melissa oversees the Equity and Quality at Independent Practices in Los Angeles County (EQuIP-LA) program—a multi-year improvement collaborative. She works in partnership with diverse stakeholders to enhance quality and reduce health disparities within Los Angeles' Medi-Cal populations.



Reflect on Your Vision Statement



To provide sustainable integrated behavioral health care to meet the needs of every patient.



Every patient is seen, heard, and offered compassionate, culturally sensitive, and holistic guidance for their mental health journey.



Riverside Family Physicians

To foster a culture that embraces continuous improvement and positive changes on improving patient and staff well being.



The best place to start and support your journey to happiness.



CHINESE HOSPITAL & CLINICS

Is dedicated to build a culturally and linguistically competent behavioral health center to lower the barriers for our community in accessing behavioral health care.



San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

To promote and support the wellbeing of all SFHN Patients through seamless care team collaboration.



Bringing comprehensive, compassionate and supportive behavioral health to southern California today, tomorrow, and forever forward.



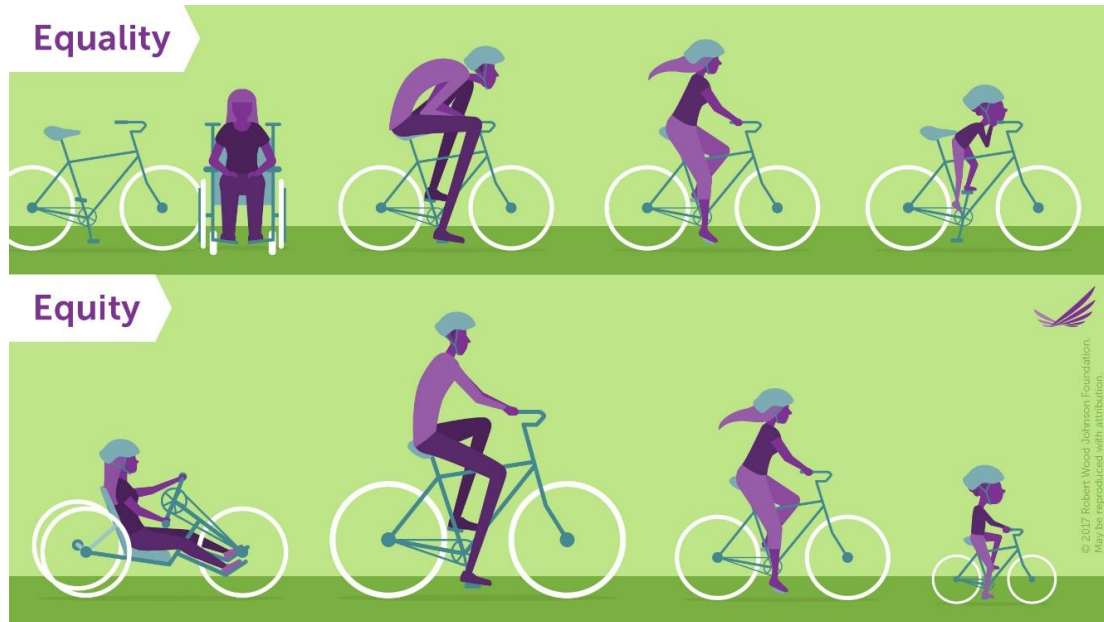
Every patient deserves access to appropriate resources driven by evidence-based care. To build systems that enable PCP's to confidently care for those with behavioral health needs that impact their overall wellbeing.



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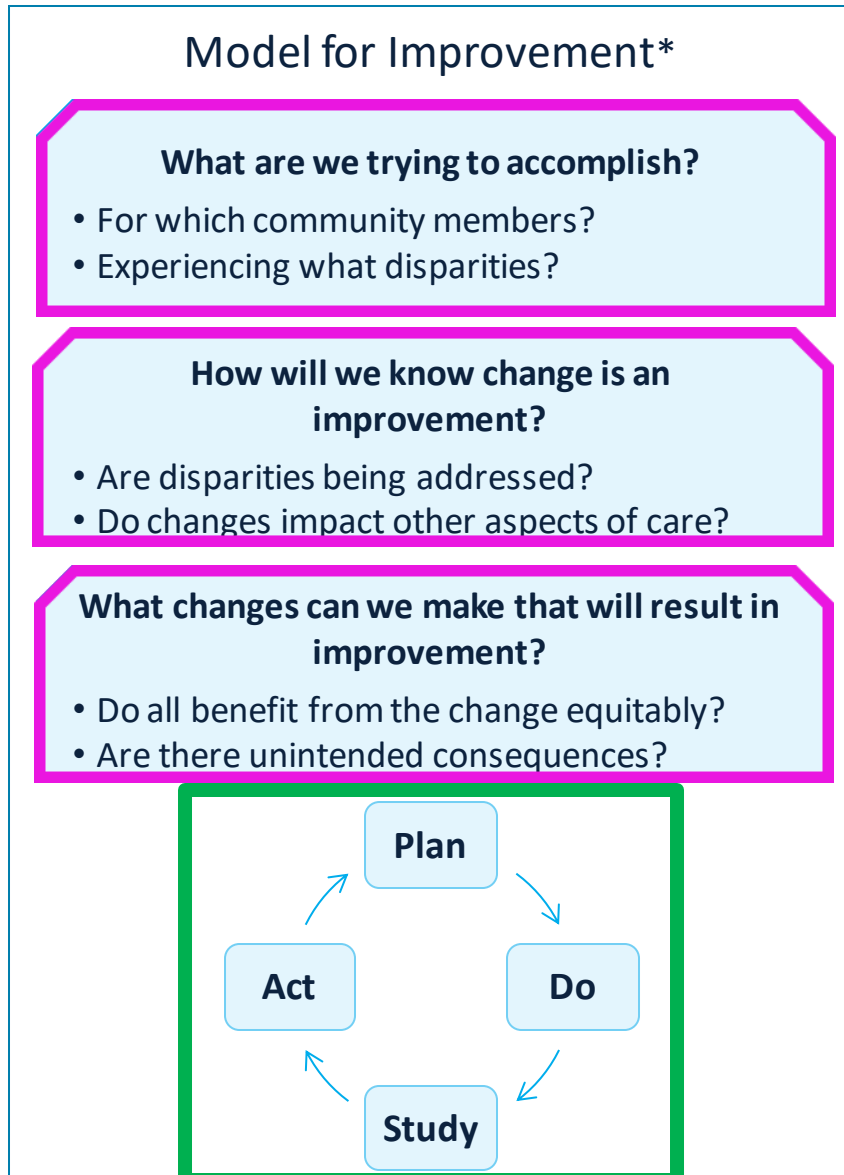
Model for Improvement

Quality Improvement and Health Equity

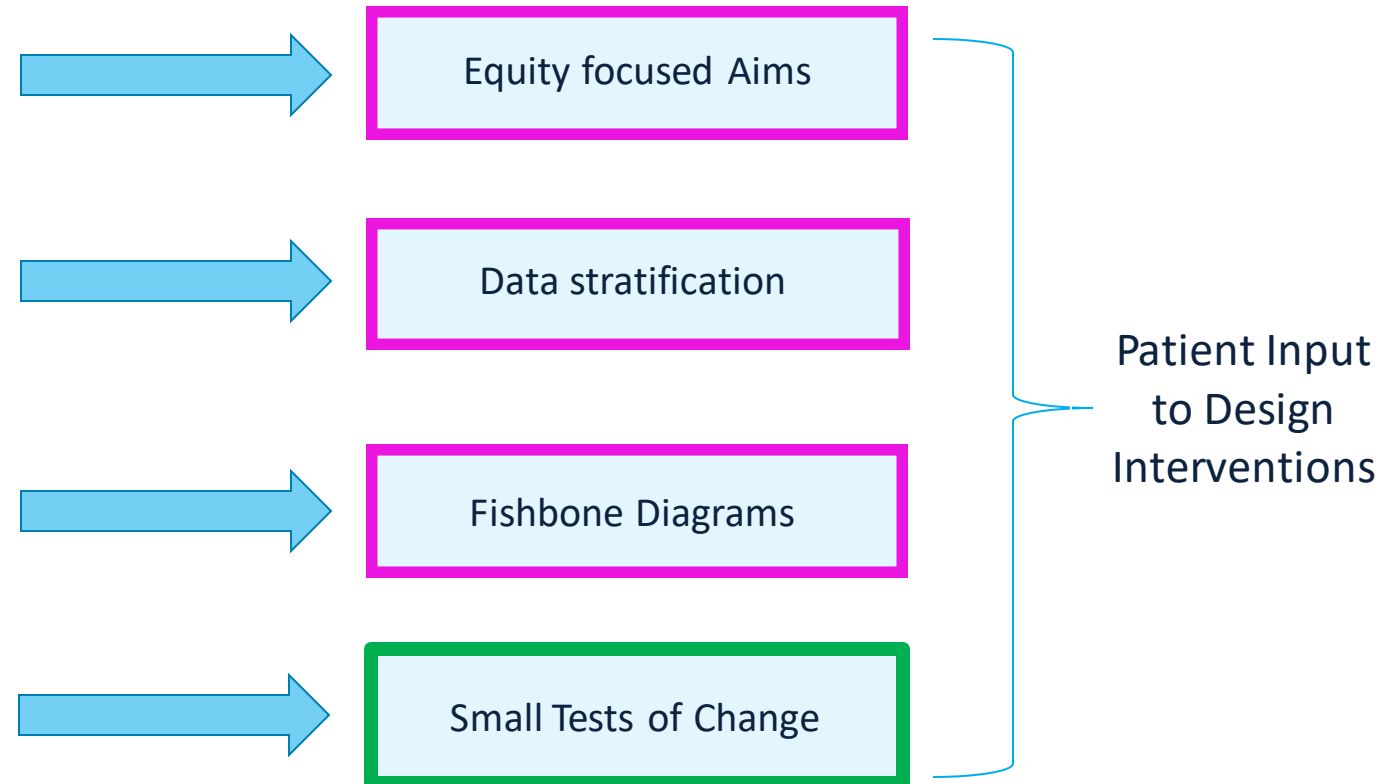


Source: CIN / Health Begins - [A Toolkit to Advance Racial Health Equity in Primary Care Improvement](#)

Model for Improvement: Equity Lens



QI Strategies to Reduce Inequities

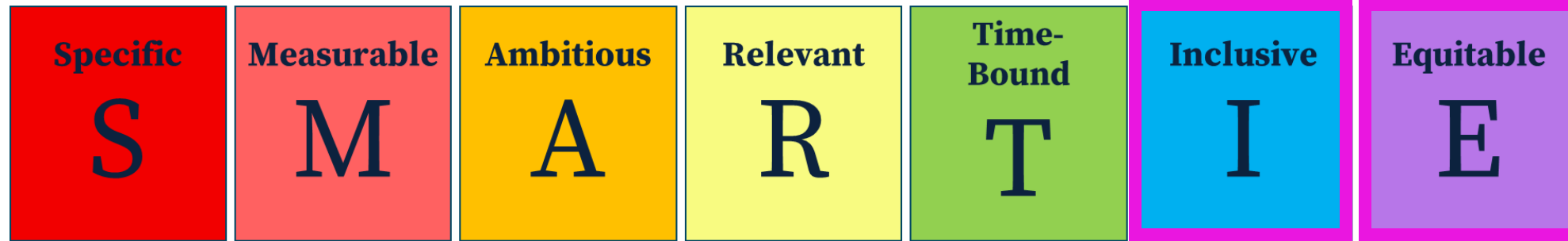


* Adapted from:

- Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd Edition). San Francisco: Jossey-Bass Publishers; 2009.
- Richie J. Rubio, Ph.D, San Francisco Department of Public Health [CIN presentation](#), 2021

What are we trying to accomplish?

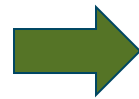
Equity-Focused Aim Statement



Aim Statement

By **December 31, 2025**, Seaside Clinic will improve depression screening rates by **increasing the number of patients screened with a PHQ-2 or PHQ-9 from 60% to 80%**.

SMART
Characteristics



Equity-focused Aim Statement

By **December 31, 2025**, Seaside Clinic will improve depression screening rates by **increasing the number of Hispanic patients ages 20 to 50 screened with a PHQ-2 or PHQ-9 from 60% to 80%**.

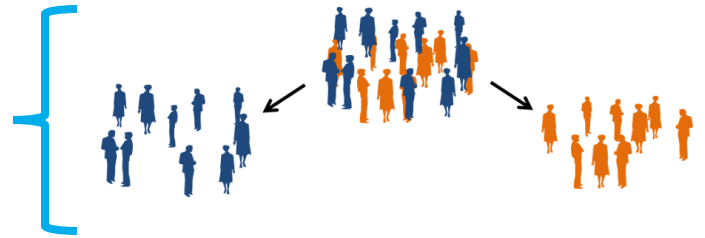
SMARTIE
Characteristics

How will we know a change is an improvement?

Data Stratification

Stratification

- % of Hispanic people age 20 to 50 who receive PHQ-2 or PHQ-9 screening.



Outcome

- Depression screening and follow-up rates

Process

- % of patients who screened positive and received follow-up care

Process

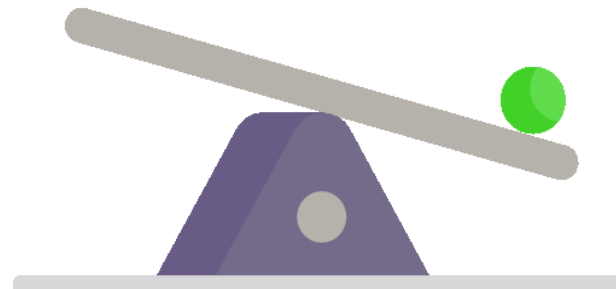
- % of patients who received the screening

Process

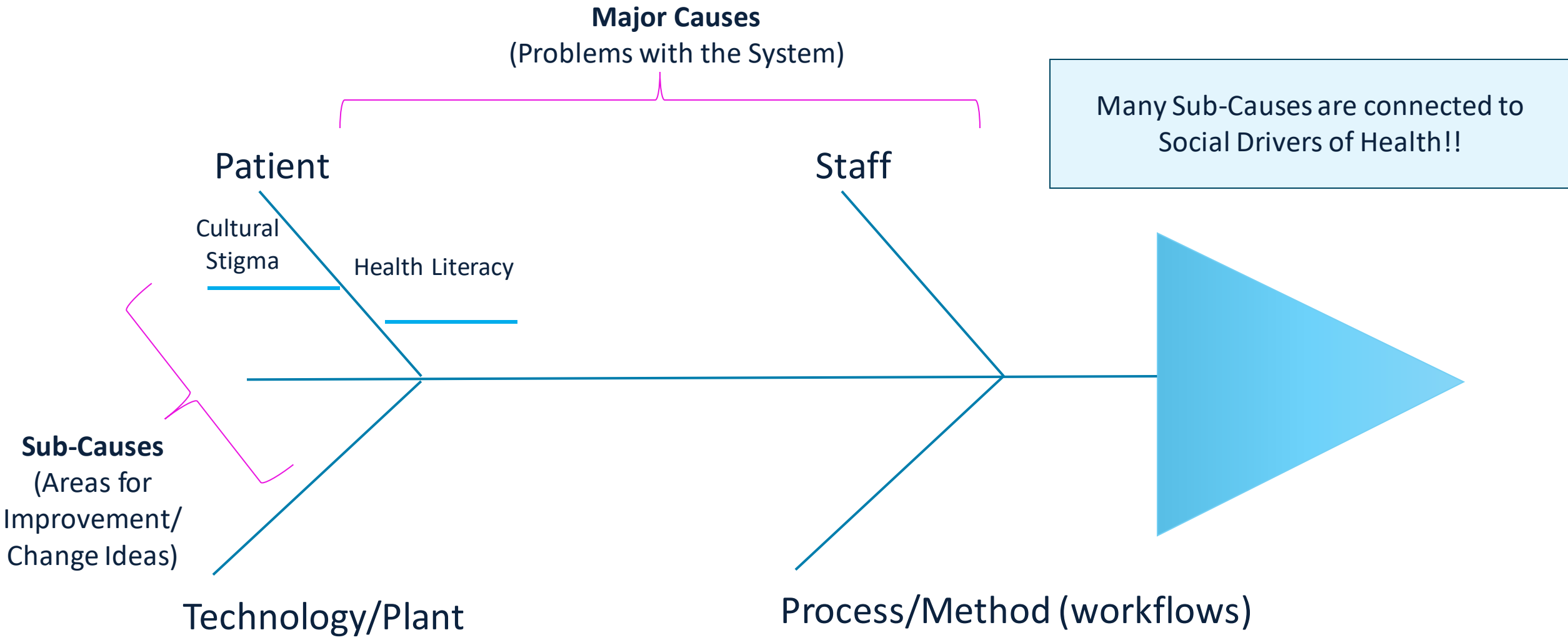
- % of staff and patients educated on screening guidelines and procedures

Balancing

- Depression screening and follow-up rate



Root Cause Analysis: Sub Cause and SDOH





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Plan-Do-Study-Act (PDSA) Cycle

Small Tests of Changes

Reality of Quality Improvement



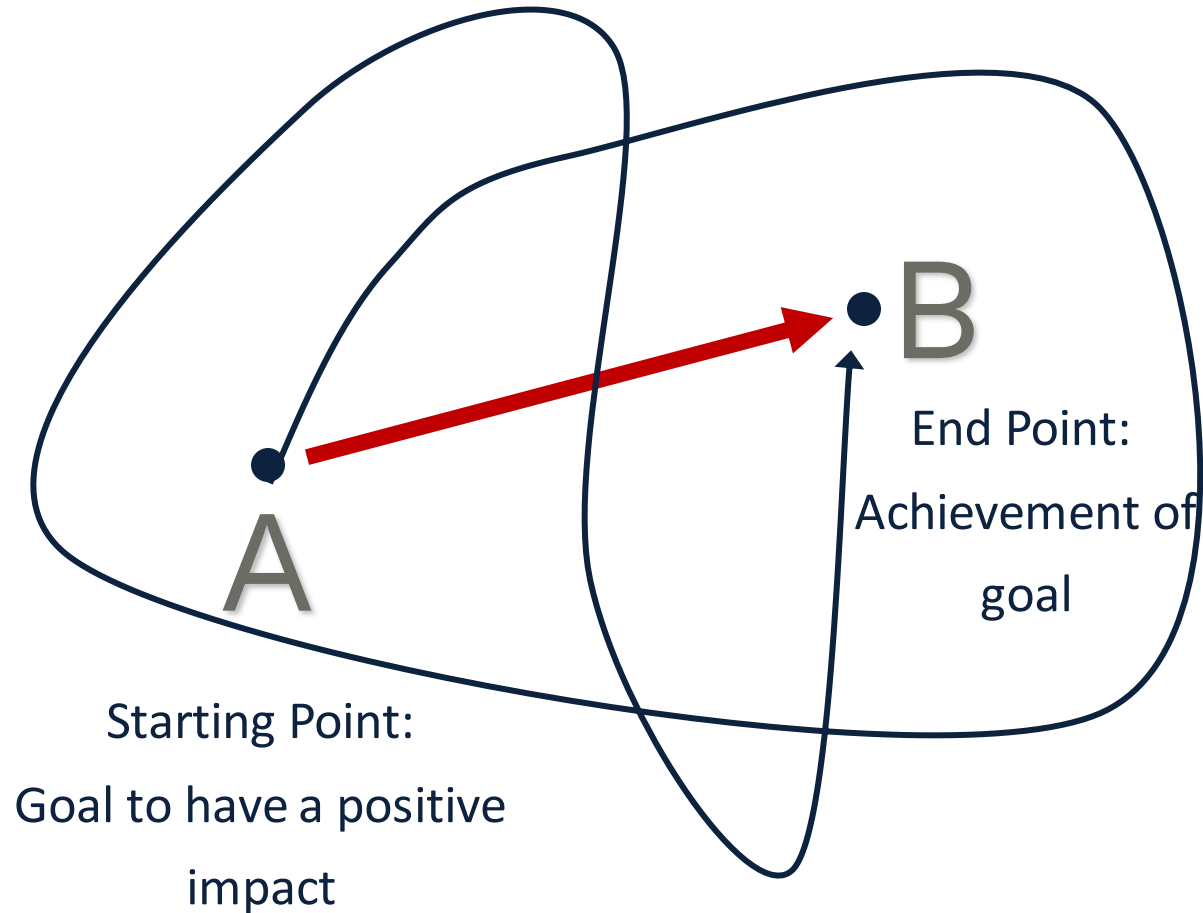
Question:

What happens to the shape or form of spaghetti when boiled?

Reality of Quality Improvement



Reality of Quality Improvement



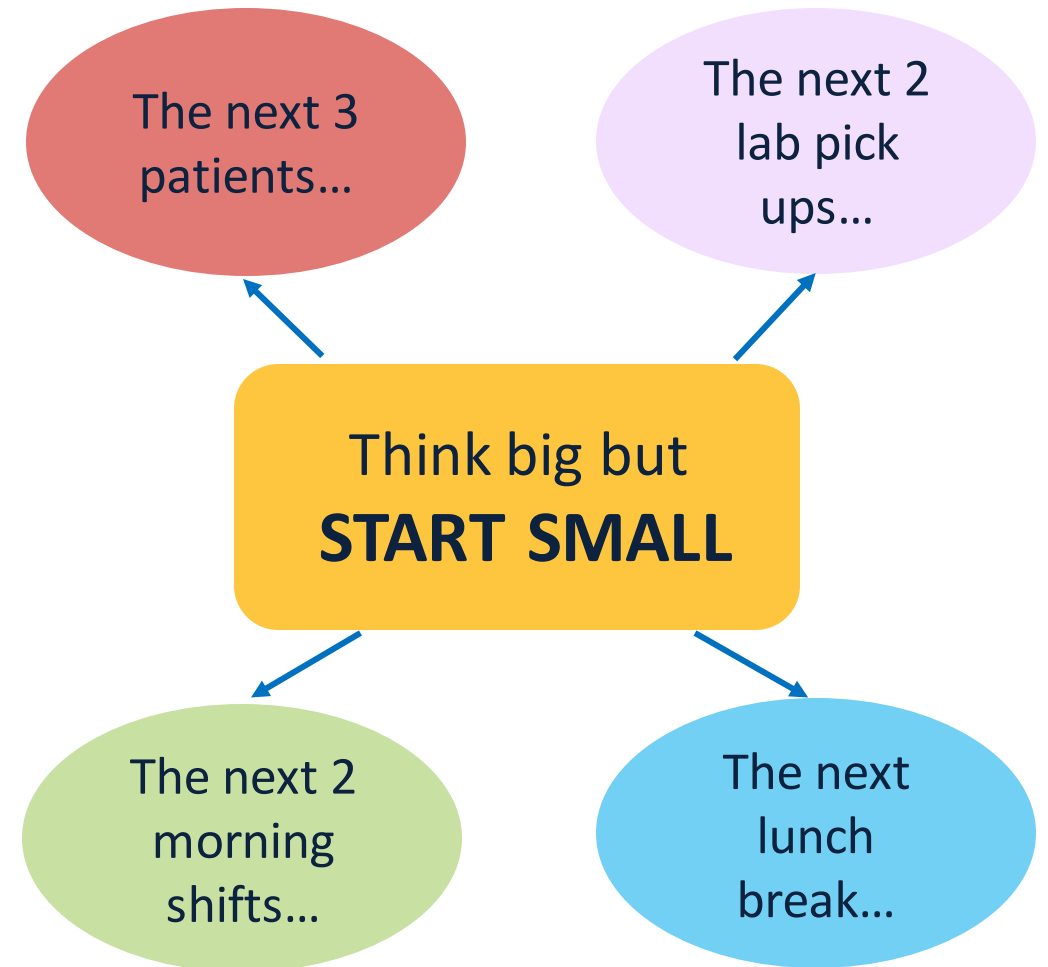
Why Do Small Tests of Change

- Learn from a temporary situation
- Understand whether the change **WILL** result in improvement
- Understand limitations of change
- Address unexpected consequences **EARLY**
- Gain buy-in

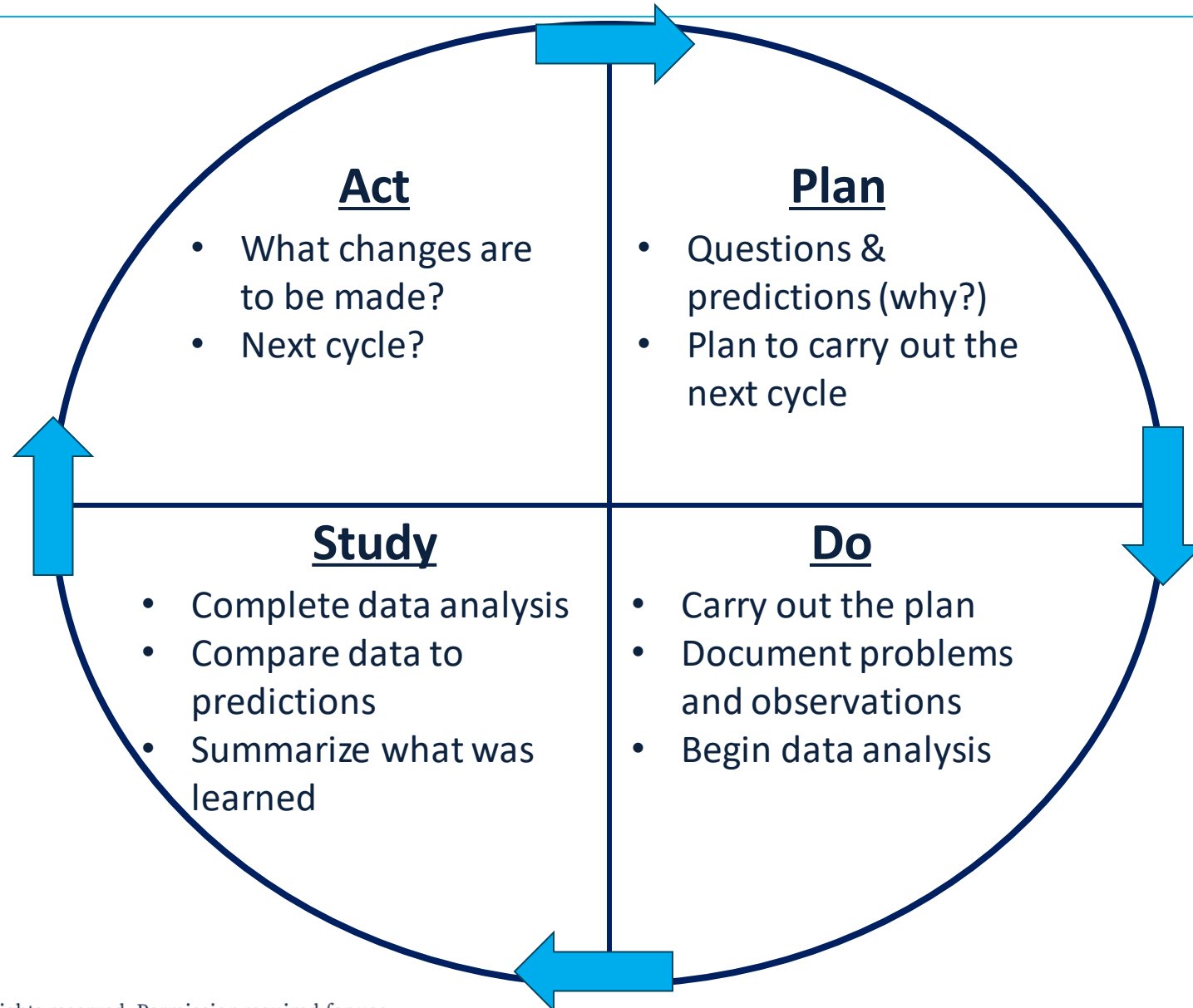


PDSA – Taking Small Steps

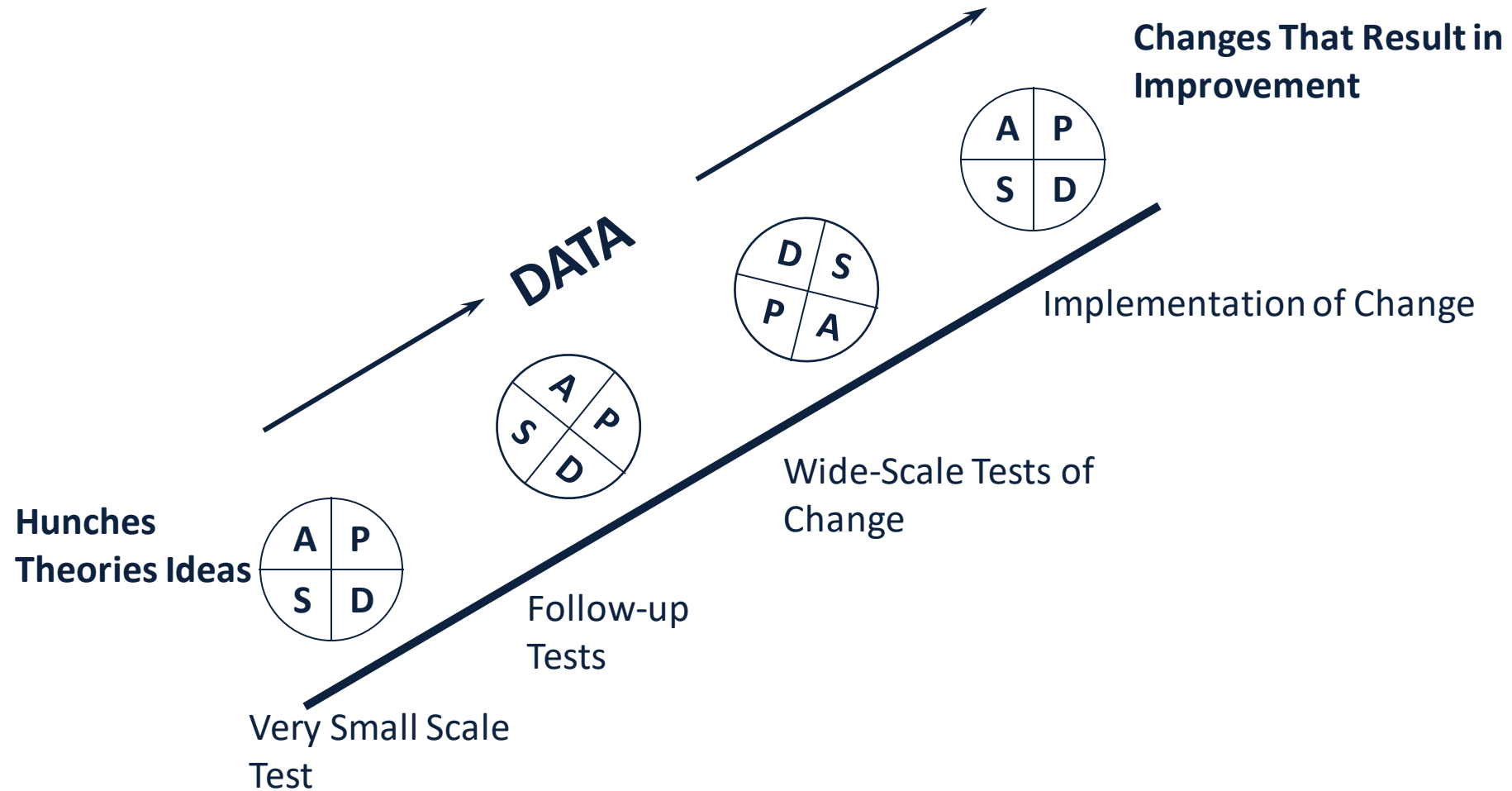
- Small scale tests = BIG changes
- Experimentation is required
- Small, rapid tests of change → PDSA cycle



PDSA Cycle



Repeated Use of PDSA Cycle



PDSA in action – bilingual postcard appointment reminder

Objective of PDSA Cycle 1	Effectiveness of a mailed postcard appointment reminder
Plan	<ul style="list-style-type: none"> Mail a postcard to a subset of members due for an annual physical exam During member visit, address all three HEDIS measures N= 424 members mailed a postcard Patient demographics: Asian, Black, Hispanic, Other, White (variation across three practice sites) Measuring total number of care gaps across each HEDIS measure, comparing from baseline to cycle 1 intervention Predict: members will proactively contact the practice to schedule their physical exam
Do	<ul style="list-style-type: none"> Followed cohort of members from Sept. – Nov. Tracked progress in number of scheduled appointments and members who show up to their scheduled appointment from baseline to intervention period
Study	<ul style="list-style-type: none"> Practice learned that postcards (English and Chinese) is an effective tool for scalable outreach Timing of postcards is key (avoid holiday season)
Act	<p>Adapt</p> <ul style="list-style-type: none"> Postcard campaign will go a second wave early in year, mid-year, and end of Q3; Q4 not ideal as it is holiday season Compliment a postcard with a robocall from the practice and these calls will be dutifully tracked by care team Postcard will undergo further editing to offer practice hours of operation and location options



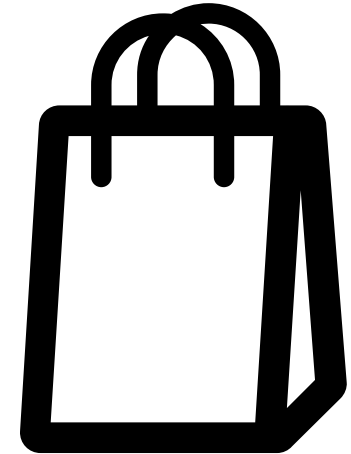
PDSA in action – patient phone outreach

Objective of PDSA Cycle 1	Member facing phone call outreach (<i>multiple variations of this PDSA across the IPAs</i>)
Plan	<ul style="list-style-type: none"> • Call members to schedule appointments to close care gaps across three measures • N= 68 members contacted out of 102 • Members called at least 3x times on separate days/times of week • Patient demographics: Asian, Black, Hispanic, Other, White (variation across three practices) • Measuring total number of care gaps across each HEDIS measure, comparing from baseline to cycle 1 intervention • Predict: multiple outreach efforts from the provider will result in improved member engagement and compliance rates
Do	<ul style="list-style-type: none"> • Followed cohort of members from Sept. – Nov. • Tracked progress in number of scheduled appointments and members who show up to their scheduled appointment from baseline to intervention period
Study	<ul style="list-style-type: none"> • Practice learned that timing of phone calls, during holiday season, yields decreased member availability to schedule an appointment • Members aren't responsive certain times of day, due to work or other appointments • Members have disconnected phone numbers • Members don't want to engage in conversation
Act	<p>Adapt</p> <ul style="list-style-type: none"> • Customize next cycle outreach efforts by developing a care team script • Develop a phone call outreach schedule that considers diverse availability of members (late evening or other)



PDSA in action – member incentive

Objective of PDSA Cycle 1	Member incentive offered after return of FIT/FOBT kit
Plan	<ul style="list-style-type: none"> • Offer promotional items to members when returning completed FIT/FOBT test • N= 15 members • Members reminded of the incentive ‘goodie bag’ • Patient demographics: Asian, Black, Hispanic, Other, White (variation across three practices) • Predict: multiple outreach efforts from the provider will result in improved member engagement and compliance rates
Do	<ul style="list-style-type: none"> • Measured the total number of kit tests returned for brief period when this intervention was piloted
Study	<ul style="list-style-type: none"> • 2 out of the 15 members returned their kit; the two members were provided the promotional goodie bag • Practice predicts an alternative incentive to consider is to offer a grocery store gift card
Act	Adapt <ul style="list-style-type: none"> • Continue with the incentive outreach efforts and consider alternative incentives to offer members due for a colorectal cancer screening



PDSA Cycle Considerations

- Conducting simultaneous tests can be done
 - Keep testing populations separate
- Bundling tests can be done
 - If your prediction is that BOTH elements are necessary for improvement





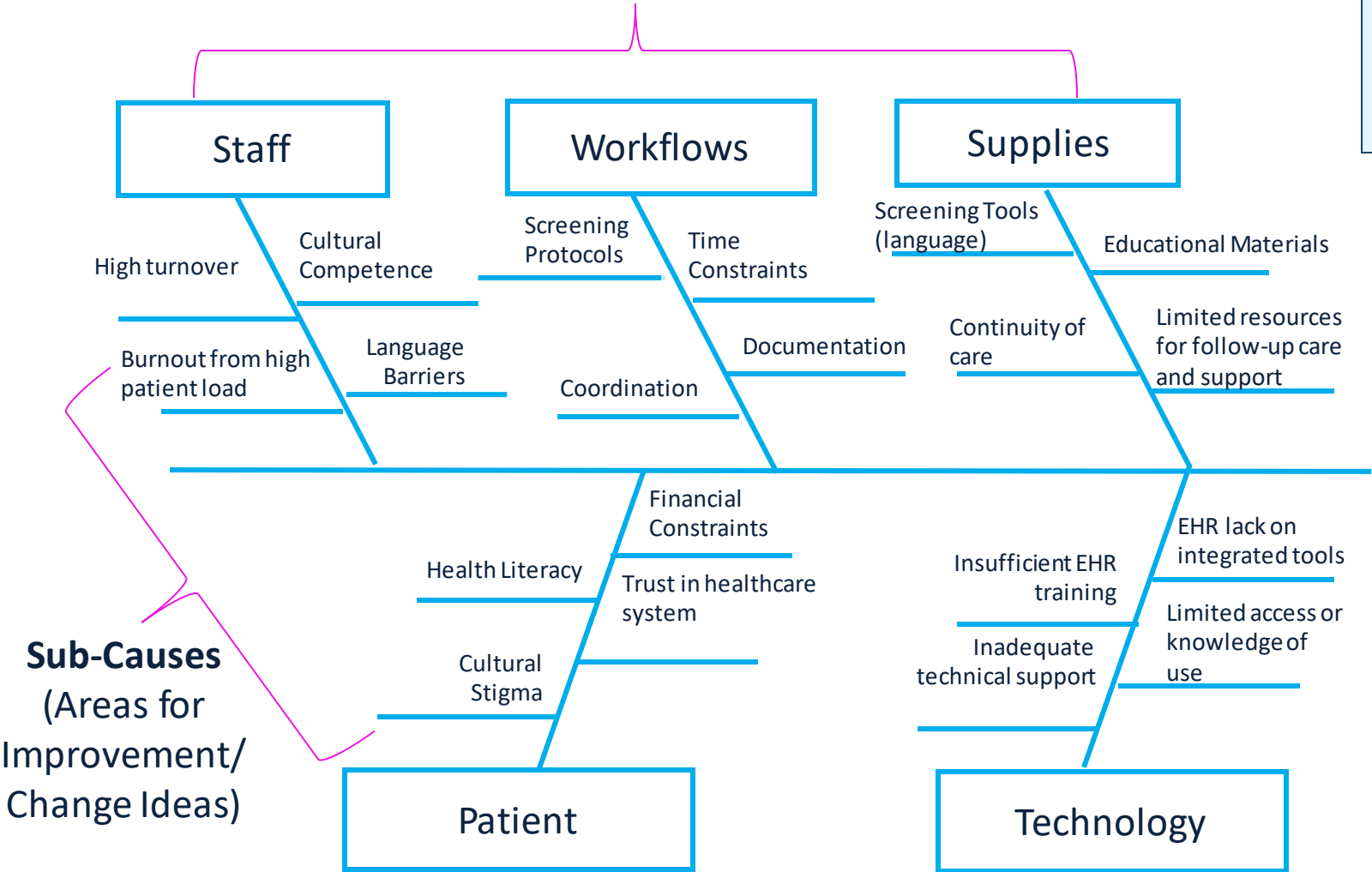
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Improving Equity in Behavioral Health

Fishbone (Cause and Effect) Diagram Example

Major Causes (Problems with the System)

Note how the smaller bones point to underlying Social Drivers of Health!



Problem Statement

The screening rate for depression among Hispanic patients is significantly lower

Sub-Causes
(Areas for Improvement/
Change Ideas)

Breakout Rooms: Peer Connection Activity

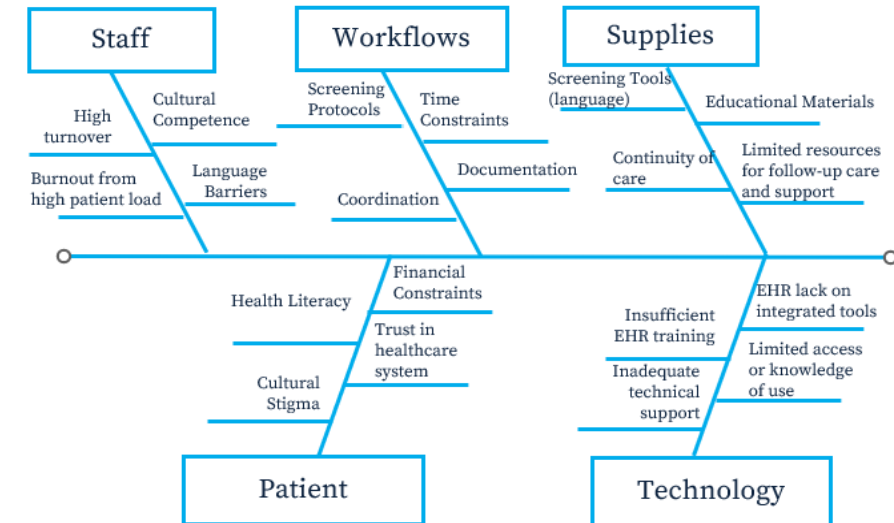
In a moment, you will be prompted on your screen to enter your assigned breakout room (message will pop up on screen)

Utilizing the Fishbone Diagram on the previous slide:

Spend 10 minutes with your group and a CQC facilitator developing the planning phase of a PDSA:

1. What are we trying to accomplish?
2. What change are we testing?
3. What do we expect to happen?

We will share reflections as a group when we return.



Group Discussion Insights



Reflect and share what idea you would take back with you.

How prepared do you feel to leverage the Model for Improvement?

Reflections

- To develop and/or improve your Behavioral Health Equity Improvement Plan

Chat in or unmute yourself

Behavioral Health Equity Improvement Plan (BHEIP)

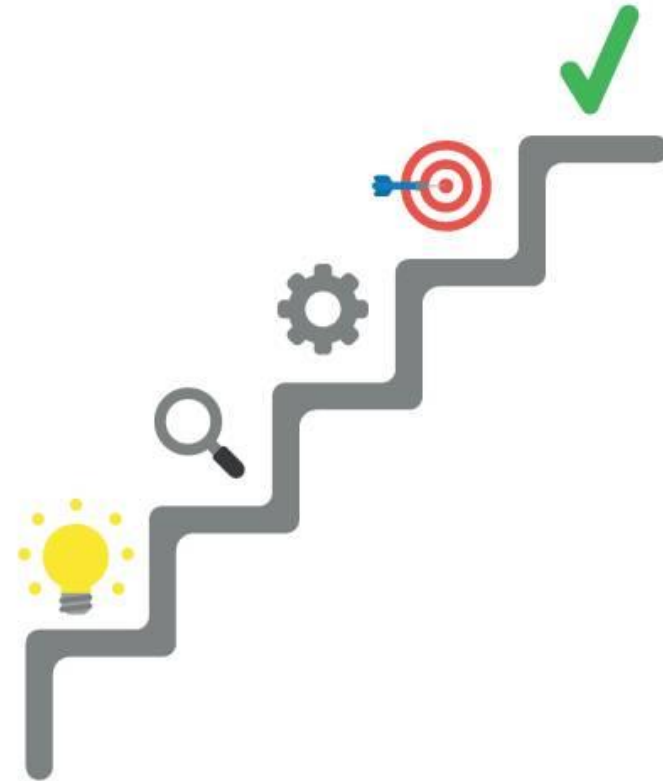
- **Stakeholder Engagement:** Involve internal and external stakeholders
- **Assessment:** Analyze current health and behavioral health disparities
- **SMARTIE Aim Statement:** Define objectives and desired outcomes
- **Root Cause Analysis:** Identify underlying causes of disparities
- **Strategic Planning:** Develop targeted, measurable interventions
- **Implementation:** Create an action plan with a timeline and clear roles
- **Monitoring and Evaluation:** Track progress and effectiveness of interventions



Next Step for BHEIP

Improvement Advisors have placed a template of the BHEIP in your box folder.

- **March 14, 2025:** Please submit your updated SMARTIE Aim to your improvement advisor.
- **April 25, 2025:** Submit your BHEIP worksheet to your improvement advisor.
- **May 13, 2025:** Convening, Discussion and feedback at CalHIVE BHI 2025 Convening
- **May 26, 2025:** Submit your organization's final Behavioral Health Equity Improvement Plan.



Registration is now open!

**Register today for the 2025 CalHIVE BHI Convening:
Successes, Systems and Sustainability in Long Beach, CA.**

- **When: Tuesday, May 13, 2025**
- **Where: The Grand, 4101 East Willow Street Long Beach, CA 90815**

[Cal-MAP](#) is a mental health care access program designed to increase timely access to mental health care for youth throughout California's communities, especially in the state's most underserved and rural areas. California Primary Care Providers (PCPs) can connect with a team of psychiatrists, psychologists and social workers provide **no-cost consultation, education, and resource navigation** mental and behavioral health concerns in youth 0-25.

- **Providers** - [register](#) for Cal-MAP to receive
 - Consultation: Real-time, direct-connect PCP-to-child and adolescent psychiatrist consultation for California-based primary care providers regarding screening, diagnosis, and treatment for youth ages 0-25 M-F 8:30-4:30, as well as specialized psychologist consultation in Early Childhood, Eating Disorder, Substance Use, Autism, ADHD and Mood/Anxiety Disorders.
 - Education: PCPs, school-based clinicians and staff can access no-cost trainings that offer accredited continuing medical education (CME) and continuing education units (CEUs).
 - Resource Navigation: An LCSW social worker can provide guidance on resources and referrals to PCPs, and direct support for families facing significant linkage barriers to connect with services.
- **Families and patients** can access [handouts and resources](#).

Find all details on the [Cal-MAP](#) website

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]*

- Review the Model for Improvement framework and its application to the Behavioral Health Equity Improvement Plan.
- Examine the Plan-Do-Study-Act (PDSA) cycle to enhance the effectiveness and equity of the Behavioral Health Equity Improvement Plan.
- Create a Plan-Do-Study-Act (PDSA) cycle to improve Behavioral Health Equity.

Thank you!

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