

Improving Behavioral Healthcare for Low-Income Californians

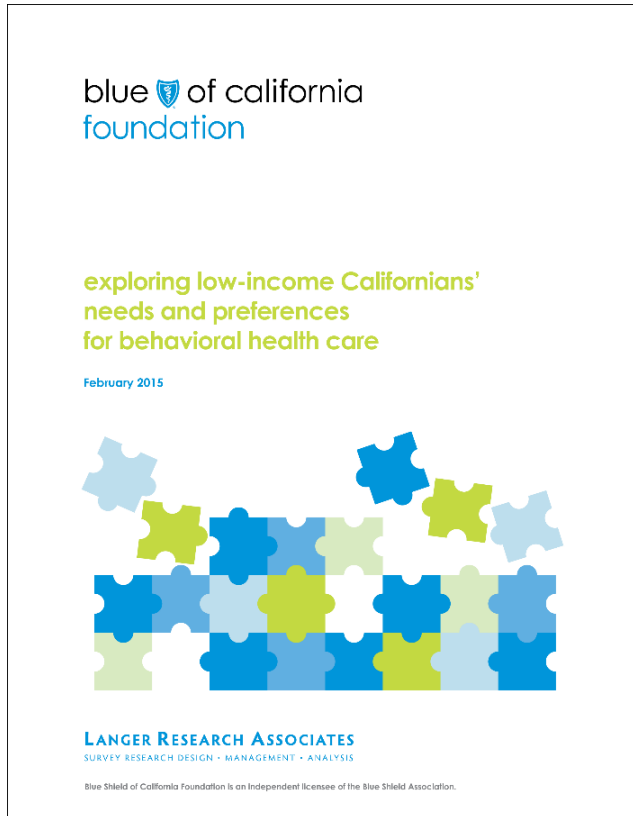
Presenters:

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about the survey



- Extends Foundation-initiated research (2011) aimed at helping California safety net facilities better understand and serve low-income clients in a changing healthcare marketplace.
- 2014 survey: telephone interviews (English and Spanish) with 1,033 low-income Californians (at 200% of FPL) between 19 and 64 years of age.
- Two resulting reports:
 - *Delivering on a Promise: Advances and Opportunities in Health Care for Low-income Californians*
 - *Exploring Low-Income Californians' Needs and Preference for Behavioral Health Care*

research questions addressed

How many low-income Californians felt they needed help with a behavioral health issue in the past year?

What behavioral health-related services are available to patients at their primary care facilities?

What barriers prevent patients with behavioral health needs from seeking help?

What models of behavioral healthcare services do patients prefer, and what factors influence those preferences?

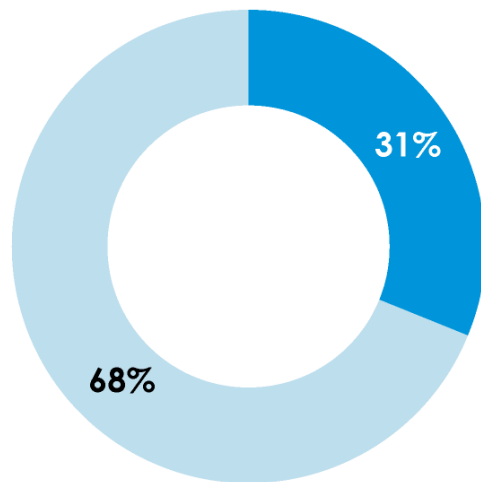
"Which services are or are not available at the place you (usually go/last went) for care:

- A counselor to talk to about any stress, anxiety or emotional issues
- Help for people with drug or alcohol issues
- Referrals to social services for things like housing, employment or legal issues"

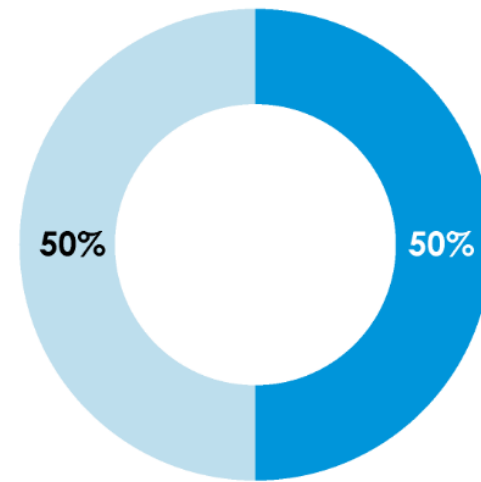
"How comfortable would you feel talking with your healthcare provider about any stress, anxiety or emotional issues you might be having?"

the need and the treatment gap

Needed to talk about a behavioral health issue
(among low-income Californians)



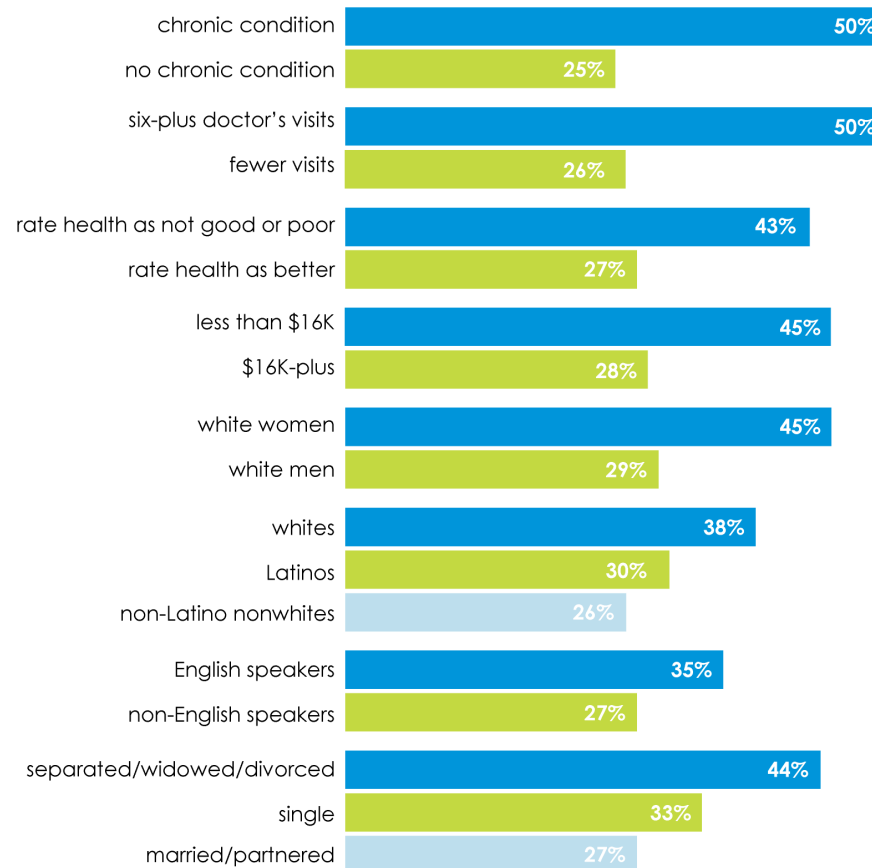
If needed to talk, actually spoke with a healthcare professional
(among low-income Californians)



the patient population

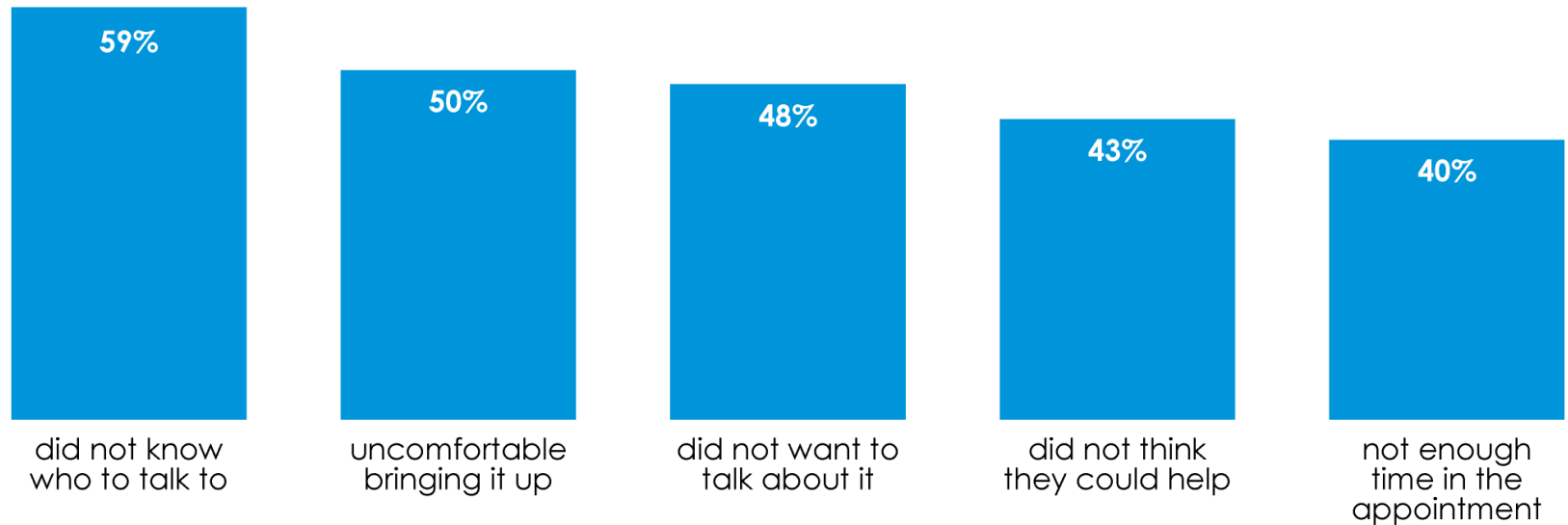
Percent who wanted to talk with a healthcare professional about behavioral health concerns in the past year

(among low-income Californians)



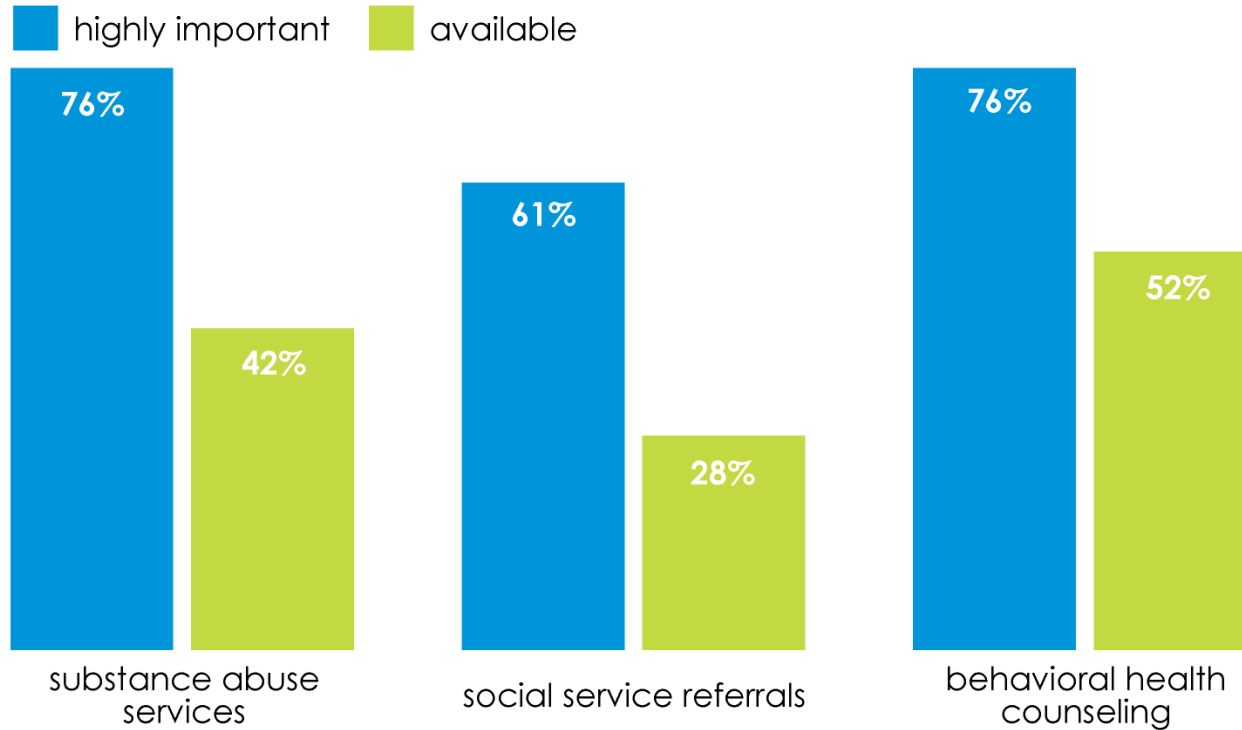
barriers to seeking help

Percent saying each item is a reason for not speaking with a healthcare professional about behavioral health issues
(among low-income Californians)



interest vs. availability

Importance of behavioral health-related services vs. availability (among low-income Californians)



interest vs. availability

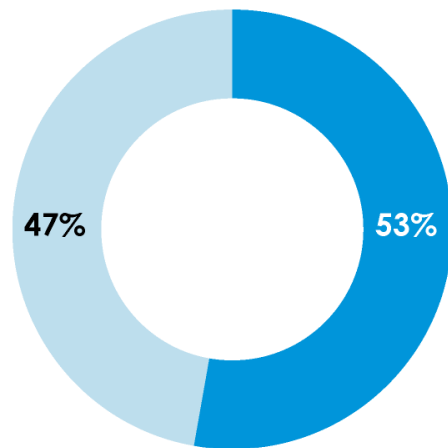
Availability of behavioral health-related services by facility type (among low-income Californians)

	counselor	substance abuse services	referrals to social services
kaiser permanente	77%	57%	29%
all clinics	50%	42%	31%
CCHC	55%	43%	38%
non-CCHC	46%	41%	26%
private doctor	42%	34%	21%

location of behavioral health care

Among those who saw a counselor, where was it?

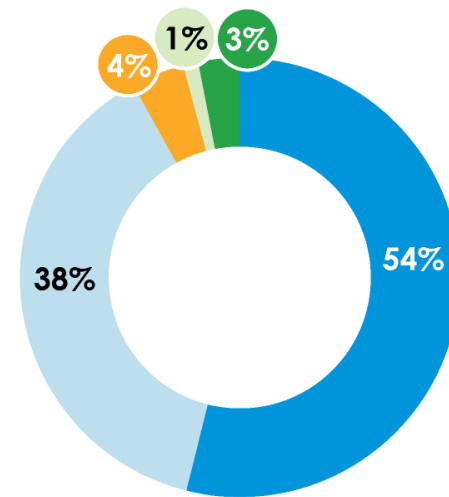
(among low-income Californians)



- place you usually go for care
- somewhere else

Where would you like to see a counselor in the future?

(among low-income Californians)



- place you usually go for care
- somewhere else
- no preference (vol.)
- wouldn't want to (vol.)
- no opinion

summary of findings

1

A broad gap exists between need for behavioral health services and eventual treatment.

2

Patient interest in receiving behavioral health services far exceeds availability.

3

Primary care providers can do a better job of asking about stress, anxiety, and emotional issues.

4

Patients who have behavioral health services experience higher levels of connectedness and continuity, which in turn, enhance patient satisfaction.

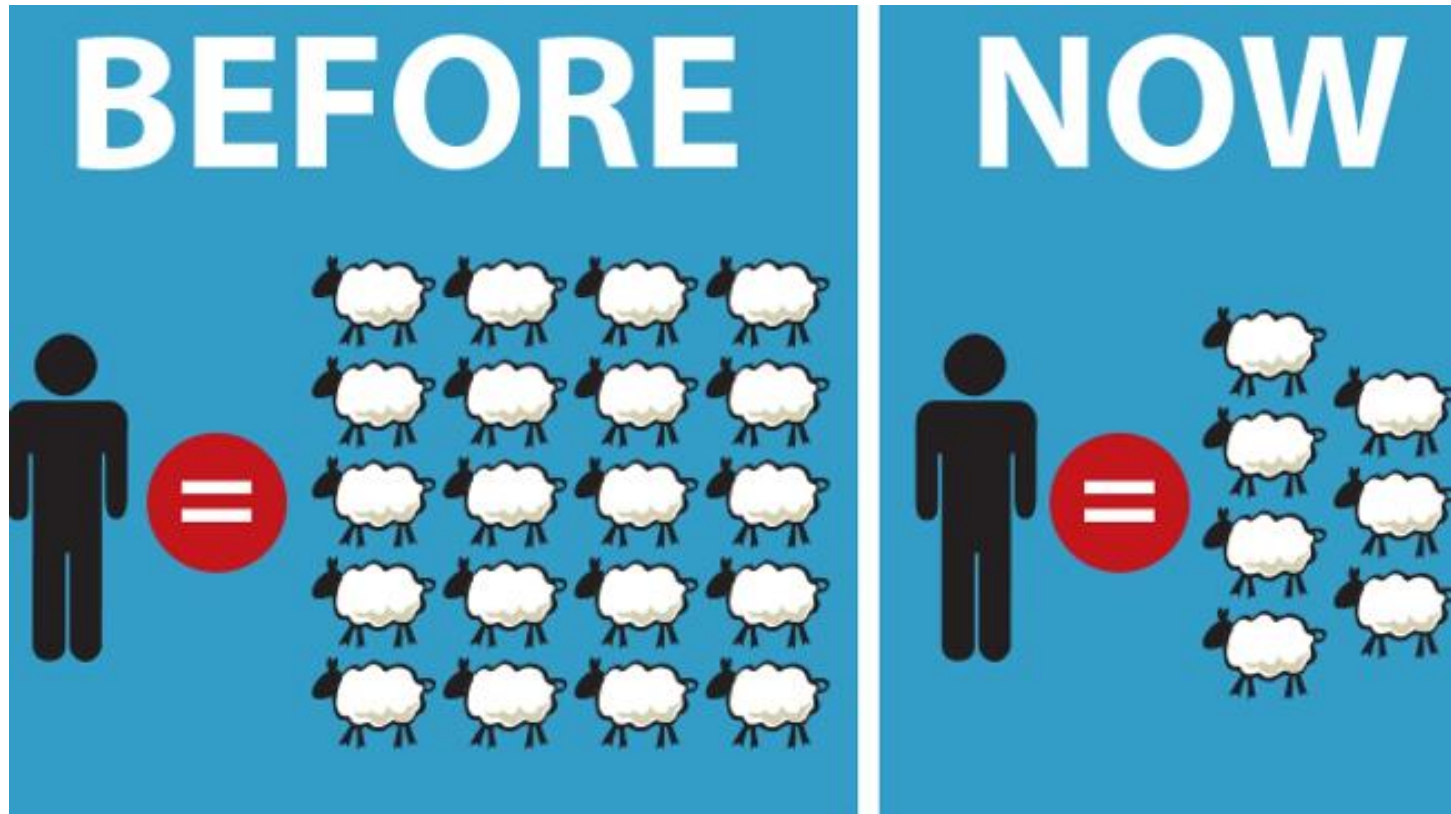
Do these resonate? How could you use them to move your system forward?



A Guide to Enhancing Behavioral Health Care for Low-Income Californians



#1: bring behavioral health clinicians in accurate ratios



#2: ensure organizational leadership reflects integration



#3: increase pathways to behavioral health services



#4: create open communication and active promotion



#5: embed behavioral health in healthcare team



Pick one of these five; Discuss with your partner, what would advancing mean in your organization?

- Ratios reflective of need
- Leadership reflective of integration
- All doors lead to any service
- Communicate about and promote BH
- Embed BH in healthcare teams

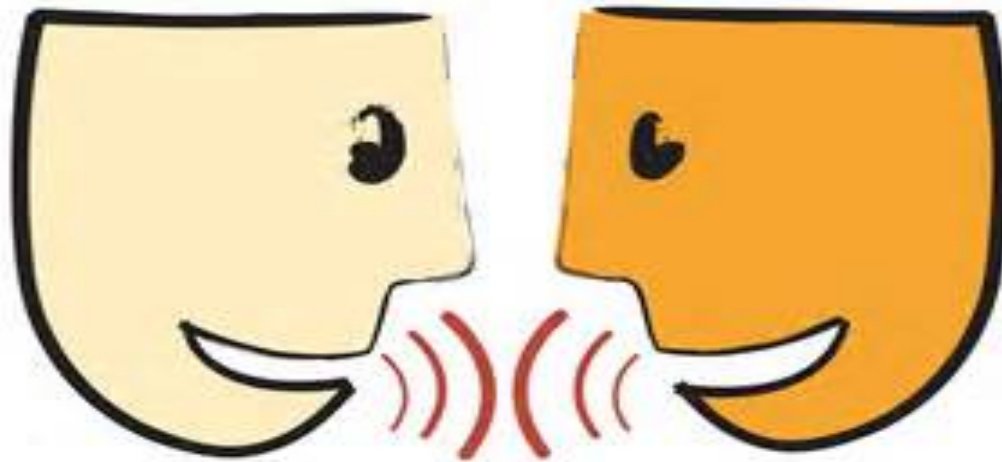
#6: increase PCP capacity to manage psychotropic meds



#7: increase capacity for substance use intervention



#8: enhance evidence based communications skills throughout the organization



#9: provide culturally sensitive, linguistically capable care



#10: identify and measure population data



Pick one of these five; Discuss with your partner, what would advancing mean in your organization?

- Increase PCP's skills (prescribing)
- Substance disorder treatment capacity
All doors lead to any service
- Increase empathic communication throughout
- Culturally competent care
- Population Health



Questions
and
Comments?

Thank You!

