

EQUITY IN BEHAVIORAL HEALTH: WEBINAR SERIES #3

Substance Use Prevention & Treatment: Community- Oriented Practices

11.16.2018



Protecting Holistic SUD Services to Communities of Color: Lessons Learned from Behavioral Health Leaders of California

The recent expansion of SUD services in several California counties represents an opportunity to integrate the lessons learned from behavioral health leaders of California. Direct-service organizations have long faced unique challenges when in the provision of SUD prevention and treatment services to communities of color, including barriers to long-term sustainability and historical exclusion from traditional institutions and its resources.



KCS Intro

- ▶ County contracted SUD provider since 1992
- ▶ Court Mandated Programs since 1992 (DUI, SACPA, PC 1000, etc)
- ▶ Federally Qualified Health Center Lookalike 2015
 - ▶ MAT
 - ▶ SBIRT
 - ▶ Psychiatry and Therapy
 - ▶ Group Visits
- ▶ DMC State Provider 2012 and DMC ODS Provider in 2018
 - ▶ Outpatient and Intensive Outpatient Program
- ▶ One of largest API Organizations in Orange County – OC is 22% Asian and is a majority/minority county

Present Situation

Still clouded by stigma, substance use disorders are slowly beginning to be more broadly understood as chronic illnesses — and the health care system is (also slowly) beginning to identify, treat, and pay for them that way. (Substance use in california: A look at addiction and treatment, CHCF, 10/2018)

- ▶ **Drug Medi-Cal** - 2015, Medicaid Section 1115 waiver which established Drug Medi-cal Organized Delivery System (DMC ODS) which provided “a continuum of care modeled after the american society of addiction medicine (ASAM) criteria for substance use disorder treatment services.”
 1. OC’s DMC ODS project was implemented by Orange County as of July 2018 and includes MAT
 2. Hub and spoke administered by state, DMC ODS administered by counties
- ▶ **County SAPT Programs** - Substance abuse prevention and treatment block grant, county, 2011 realignment funds, state general fund, and other funding sources – usually for uninsured.
- ▶ **ACA and Medi-Cal Managed Care** - 2014 ACA changed landscape of behavioral health. MAT and behavioral health treatment is now provided by primary care physicians, therapists and community clinics as a Medicaid benefit through managed care and DHCS.
 1. Primary care (gatekeepers –SBIRT, MAT)
 2. Behavioral health (behavioral therapy – CBT, MI, etc. And psychiatry)

Result: Siloed and Trifurcated SUD System of Care

- ▶ **Systems Contrary to Integration** - These benefits are administered and billed for separately, contrary to federal recommendations that clearly state that any SUD system of care should be integrated with community behavioral healthcare systems.
- ▶ **Care Confusing and Disjointed** - Care is confusing and coming from multiple sources with systems not necessarily coordinating with each other.
- ▶ **Care Inaccessible** - In real world terms, 8% of Californians met criteria for substance use disorder, but only 10% of people with a substance use disorder received any type of treatment.
- ▶ **Ethnic and LEP Communities** - Sparse and almost non-existent care in CA.

Role of Health Centers

- ▶ **Integrated Care** - Since the passage of ACA and Medicaid expansion, health centers are emerging as leaders in integrating care (mental health, SUD treatment & MAT, medical care, dental care, pharmacy, etc.)
- ▶ **Barriers to Care** - Health Centers are also ideal to break down barriers to care. Usually designated in high need areas, health centers are mandated to offer services to everyone regardless of insurance or ability to pay.
- ▶ **Funding Priority and Sustainability** - Federal Government Funding - \$94 million to 271 health centers in 2016 and \$200 million in 2017 to 1,200 health centers. FQHC PPS rates sustain services.
- ▶ **CA Law** – Passage of DMC rules to allow for FQHC participation in program.
- ▶ **Primary Care** – Gateway to ethnic communities and critical in reducing stigma and expanding care



AICS

CULTURAL AND CLINICAL TREATMENT FOR SUD

- NATIVE AMERICAN COMMUNITY DEVELOPED
- COUNTY CONTRACTED SINCE 1997
- PROVIDING:
EVIDENCE BASED TREATMENT IE. CBT, MI AND HEALTHY LIVING SKILLS, WITH
CULTURAL PRACTICES, HEALING AND RECOVERY
- DMC ODS PROVIDER 2018
- 30 BED MALE FACILITY AND 14 BED FEMALE FACILITY
- COMMUNITY INVOLVEMENT

NA/AN Community disparities vs SUD clinical collaborations

Los Angeles county has the highest population of AI/AN in the country

AI/AN lead in health and SUD disparities per capita

Underserved communities of color

Few residential treatment centers in California

Behavioral Health Services since 2012

Cultural Competency and Relavence



Community, Ownership and Outreach

Involving the community: AI/AN community, social and ceremonial events to support treatment

Cultural Community involvement to support treatment and recovery. Elders and Medicine People

Spiritual/Cultural strategies as part of treatment planning

Song, language and arts



Quality of care and best scope of practice

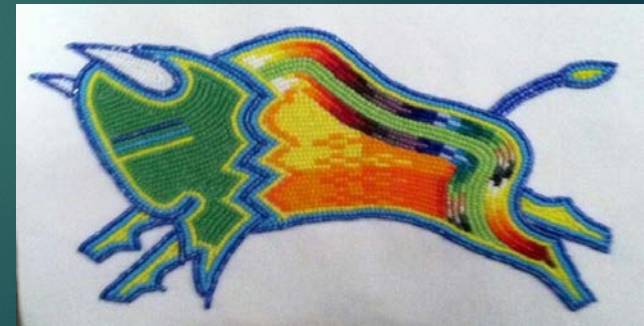
BHS management and affiliation

CARF Accreditation

Tribal MOU's

ODS

SAPC and SASH





A CLAS Act

**What We Can do as Behavioral Health
Practitioners to Build Health Equity**



Culturally and Linguistically Appropriate Services (CLAS) standards in healthcare provide a framework for administrators and providers to carefully consider the values, history and diverse experiences of people that need treatment plans and services for substance use disorders and who may also have mental health issues.

The Substance Abuse and Mental Health Services Administration (SAMHSA) funded the Cultural and Linguistic Competence (CLC) Study which consisted of eight (8) domains of inquiry that are helpful to consider in the context of effectively implementing CLAS:

- (1) Collaboration and outreach to cross-system partners
- (2) Culturally competent practices and interventions
- (3) Training and workforce development
- (4) Continuous Quality Improvement (CQI)
- (5) System of care governance
- (6) Budget planning and management
- (7) Policies and procedures
- (8) Outreach to and inclusion of ethnically and culturally diverse populations

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services. **(Mandate*)**

Health care organizations must assure the competence of language assistance provided to limited English proficient patient/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer). **(Mandate*)**

Health care organizations must make available easily understood patient- related materials and post signage in the language of the commonly encountered groups and/or group represented in the service area. **(Mandate*)**

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services. (Guideline)

Health care organization should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and li
Health Care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated. (Guideline)

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the services area. (Guideline)

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community, and patient/consumer involvement in designing and implementing CLAS-related activities. (Guideline)

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers. (Guideline)

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information. (Recommendation)

Health care organizations should ensure that linguistic competence-related measures are integrated into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations. (Guideline)

Necessary Supports

- Childcare
- Transportation (bus passes)
- GED prep, referrals to vocational training (many unions have linkages to apprentice programs)
- Legal services to address child support, fees, and fines that could deter progress in recovery
- Safe sex education, condoms, testing referrals etc.
- Broad-based assessment of providers to identify gaps in service delivery
- Outreach and engagement of the community, including the faith community, and legal aid
- Culturally specific outreach materials (pictures) bi-lingual

Necessary Supports & Allies

- Network – and be out in the community
- Go to meetings – and sponsor Events
- Have a roledex full of ancillary support services that you can refer your clients to
- You MUST have Allies!
- Get to know your Congressional Representative
- Get to know your County Folks: City Council members (especially your district)

Thank you! For more info:

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