Beacon Health Options

2020 Health Equity Plan Update

DEFINITIONS

Health Equity: everyone has the opportunity to attain their highest level of health. Inequities are created when barriers prevent people from accessing adequate resources. (APHA)

Health Disparities: differences in health care access, quality, or outcomes among distinct segments of the population that are systematic, avoidable, and unjust.

2018 Health Equity Study:

Goals: Building upon the 2015 study, this study focused on:

1. Improving measurement methodology
2. Improving reporting of health disparities
3. Identifying Strategies to mitigate/eliminate disparity
4. Involving stakeholders in assessing strategies
5. Promoting greater collaboration and alignment across initiatives.

Methods:

- *Literature Review*: disparity metrics, interventions that reduce disparity
- *Identify 10 proposals for Reducing Disparity*: multi-method study design including research literature, focus groups, key informant interviews
- *Stakeholder Feedback*: CFAC Members, Non-profit Behavioral Health Leaders via NPA

Findings: 10 strategies were drawn from a combination of the feedback from the focus groups with behavioral health service recipients, literature reviews, and key informant interviews with experts in the field. Consumers and providers agreed on 4 top priorities (outlined in boxes):

1. Utilizing "peers" in delivering MH or SUD services
2. Collaborating with natural community supports to do outreach/education
3. Improving translation & interpretation capacity
4. Providing community outreach
5. Providing services closer to where people live
6. "Co-locating" mental health services in doctors' offices or medical clinics
7. Facilitating access to social services like food or housing supports as a component of clinical services
8. Using VBP or incentives to improve health equity
9. Providing MH or SUD "apps"
10. Publishing provider staff demographic and cultural profiles

Next Steps: 2020 Health Equity Clinical Study

- Standardized demographic information across all reporting
- Transparency in how we measure health disparities and inequity
- Develop ways to measure geographic disparities on the county level
- Enhance Beacon standards for cultural competency and diversity training
- Regular dissemination of staff survey on cultural competence and diversity
- Continued implementation of Beacon's CLAS Plan

2014-2015 Health Equity Study:

In 2014, the CTBHP identified the need to better understand the status of health disparity within the Medicaid Behavioral Health Service System as a first step in developing strategies to achieve health equity. A multi-method study was conducted that documented existing disparities in access to behavioral health care, particularly by racial and ethnic minority populations.

Findings:

Medicaid utilization data from CT was in line with national trends: people who are Black, Hispanic, or Asian are disproportionately underrepresented in populations who used any Medicaid behavioral health service.

Top Recommendations…

- *to help members*: increased representation in committees and organizations advocating for BH services; greater family member involvement in care.
- *for service providers*: implementation of CLAS; increased use of peers and community navigators; and more services in community settings.
- *for CTBHP*: implementation of CLAS; develop, track, and disseminate health equity metrics in membership utilization and outcomes.
- *for state agencies*: implementation of CLAS; expand data collection across agencies to include gender identity, sexual orientation, income, etc.