Advancing Health Equity through Integrated Care ECHO

Session 1

Friday, February 25, 2022
12:00pm-1:30pm ET
How to Ask a Question/Make a Comment

Located at the bottom of your screen.
We’ll answer as many questions as we can during today’s session.

Type in a **question** in the Q&A box

Type in a **comment** in the chat box
Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov
Welcome from the National Council!

3,300+ health care organizations serving over 10 million adults, children, and families living with mental illnesses and addictions.
• Advocacy
• Education
• Technical Assistance
What is ECHO?

Project ECHO®

(Extension for Community Healthcare Outcomes)
What’s in this for you?

- Didactic Knowledge & Expert Wisdom
- Peer-to-Peer Learning
- Open Case-Based Discussions
- Learning & Reflection
- Improve Internal & External Practices
- Equitable Health Outcomes

Training & Learning Needs

Gaining Leadership & Staff Buy-in

Focus on Integrated Care & Connection to Health Equity

Find community
North Star: Social Justice

Understanding that all people should be treated fairly, have equal access to goods and resources, and have the right to self-determination and cultural expression
Session Norms

- Speak from the “I” perspective
- Listen to understand, not to respond
- Take space, give space
- Uphold confidentiality
- We all make mistakes & are learning
- Approach discomfort with curiosity
- Take care of yourself

We have been socialized to believe that it is not polite to talk about oppression, race and racism (and other –isms) – hearing about & talking about these things may bring up feelings of discomfort.

We ask ourselves and participants to be mindful of assumptions, and biases during this presentation.

We ask ourselves and participants to be aware of multiple identities, backgrounds and perspectives in our virtual space.
Introductions

Alicia Kirley, MBA
Senior Director, Integrated Health
National Council for Mental Wellbeing

Sarah Neil, MPH
Director, Integrated Health
National Council for Mental Wellbeing

Paula Zaremba, MHS
Project Manager, Integrated Health
National Council for Mental Wellbeing

Victoria Pauline, MPH
Project Coordinator, Integrated Health
National Council for Mental Wellbeing
Introductions

Aaron Williams, MA,
Integrated Care Consultant, Senior Advisor,
National Council for Mental Wellbeing

Amelia Roeschlein,
DSW, MA, LMFT
Consultant, Trauma Informed Services,
National Council for Mental Wellbeing

Terence Fitzgerald,
PhD, Ed.M., MSW
Clinical Associate Professor, Department of Children Youth & Families, USC Suzanne Dworak-Peck School of Social Work, University of Southern California

Pierluigi Mancini, PhD,
President, Multicultural Development Institute, Inc.
Chat Reflection

What brings you to this work?
Learning Objectives

By participating in this ECHO, participating organizations will be able to...

• Understand the importance of integrating general health, mental health, and substance use treatment services to improve whole-person care in a culturally and linguistically responsive manner.

• Understand specific integrated care models and approaches that can be used to address health inequities.

• Identify specific resilience-oriented strategies for reducing bias, racism and trauma within organizational practices and policies to best support organizational staff and providers.
Learning Objectives (cont’d)

By participating in this ECHO, participating organizations will be able to...

• Identify specific resilience-oriented strategies for reducing bias, racism, and trauma within organizational clinical practices to improve and advance equity among clients.

• Understand and describe opportunities to provide culturally and linguistically responsive services, including the organizational practices and policies needed to implement National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health care.

• Understand how to describe and recognize moral injury and compassion fatigue within an organization’s workforce and implement organizational strategies for shifting to a culture of compassion resilience and trauma-informed care.
# Curriculum

<table>
<thead>
<tr>
<th>Month</th>
<th>Session Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td>Importance of Integrated Care in Addressing Health Equity</td>
</tr>
<tr>
<td>March</td>
<td>Integrated Care Models and Approaches to Address Health Equity</td>
</tr>
<tr>
<td>April</td>
<td>Internal Practices and Policies to Decrease Bias, Racism &amp; Trauma within Organizations</td>
</tr>
<tr>
<td>May</td>
<td>How to Decrease Bias, Racism &amp; Trauma in Clinical Services</td>
</tr>
<tr>
<td>June</td>
<td>Providing Culturally and Linguistically Responsive Services</td>
</tr>
<tr>
<td>July</td>
<td>Engaging Your Team to Prevent, Identify, and Support Moral Injury and Compassion Fatigue</td>
</tr>
</tbody>
</table>
Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)
Joining from all across the nation!
Populations Served

8% serve populations in **frontier** settings
69% serve populations in **rural** settings
77% serve populations in **urban** settings

57% serve persons who speak languages other than English
57% serve persons who are **Migrants, Immigrants and Refugees**

Populations/Communities of Color

- American Indian or Tribal Communities – Reservation Settings
- American Indian or Tribal Communities – Rural settings (non-reservation)
- Alaska Natives Populations
- Black or African American Populations
- Latino/Latina, Latinx, or Hispanic Populations
- Asian American or Pacific Islander Populations
- Middle Eastern or North African Populations
Provider Type

- Community Behavioral Health Clinic (CBHC): 11%
- Certified Community Behavioral Health Clinic (CCBHC): 4%
- Federally Qualified Health Center (FQHC) or FQHC look-alike: 10%
- Substance Use Provider Organization: 11%
- Other Mental Health Organization: 15%
- Other Physical/Primary Care Organization (medical/primary care, dental, physical therapy, urgent care, visiting nurse/hospice): 11%
- Government agency, e.g. Public Health Department, Department of Health and Human Services division: 21%
- Other (please specify): 17%
Moment to Arrive
Didactic Presentation: Importance of Integrated Care in Addressing Health Equity

Aaron Williams, MA
Integrated Care Consultant, Senior Advisor
National Council for Mental Wellbeing
Why an ECHO on Health Equity?

Challenges to Addressing Health Equity

Lack of awareness
Lack of thorough education on equity topics in health training
Time
Funding

Lack of buy-in (all levels of staff & leadership)
Mistrust of systems (staff and clients)
Own biases
Agency resistance
Complicated and difficult work
2020 and Beyond

Covid-19

Equity and Social Justice
People Aged 12 or Older with a Past Year Substance Use Disorder (SUD); 2020

Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.
Past Year Substance Use Disorder (SUD) and Any Mental Illness (AMI): Among Adults Aged 18 or Older; 2020

- Adults Had SUD and AMI: 20.9 Million
- Adults Had SUD but Not AMI: 17.0 Million
- Adults Had AMI but Not SUD: 35.9 Million
- Adults Had SUD: 37.9 Million
- Adults Had AMI: 52.9 Million

Total: 73.8 Million Adults Had Either SUD or AMI
Drug overdose death rate among Black men in the U.S. more than tripled between 2015 and 2020

U.S. drug overdose death rate per 100,000 people, by race and ethnicity (age-adjusted)

Note: All racial categories include people of one race, as well as those who are multiracial. For those who are multiracial, the CDC selects a single race to allow for consistent comparisons. All racial groups refer to non-Hispanic members of those groups, while Hispanics are of any race.
Source: Centers for Disease Control and Prevention.

PEW RESEARCH CENTER
“Not Just Opioids”

U.S. Overdose Deaths Involving Methamphetamine in People Ages 25 – 54*

*Recent national data show that most people who use methamphetamine are between 25 and 54 years old, so investigators limited analysis to this age group.
Mental Health and SUD: Huge Treatment Gaps

But treatment gaps aren’t the only problem!

*No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor’s office, self-help group, or prison/jail.
Life Expectancy

The average life expectancy in the United States dropped from 78.8 years in 2019 to 77.8 years in 2020, a decrease of a full year. For males, life expectancy at birth declined to 75.1 years, and for women, life expectancy declined to 80.5 years.

Life expectancy declined considerably for certain ethnic groups:
- **Non-Hispanic Whites males**: 75.5 years
- **Non-Hispanic Whites females**: 80.6 years
- **African American males**: 68.3 years
- **African American females**: 75.8 years
- **Hispanic females**: 83.3 years
- **Hispanic males**: 76.6 years

Definition: Disparities in Health

“Differences in the incidence, mortality, and burden of disease and other adverse health conditions that exist among special population groups in the United States”

“Differences in health that are not only unnecessary and avoidable, but, in addition, are considered unfair and unjust”
Health Disparities: The Context

Health disparities are connected to a social context that includes individual, socioeconomic, and political factors which determine health outcomes.

Historically social policy has contributed to health disparities.

Factors may include housing, neighborhood, access to work and educational opportunities, individual lifestyle (age, gender), socioeconomic status, and access to health care.

Evidence shows that health disparities among particular racial and ethnic groups have multiple causes that need to be addressed on multiple levels.
Behavioral Health Disparities for BIPOC Populations

According to the [Agency for Healthcare Research and Quality (AHRQ)](https://www.ahrq.gov) racial and ethnic minority groups in the U.S. are

- Less likely to have access to mental health services
- Less likely to use community mental health services
- More likely to use emergency departments
- More likely to receive lower quality care

African American consumers are diagnosed with psychotic disorders at a rate of 3 - 4 times higher than White consumers

Latino American/Hispanic consumers are diagnosed with psychotic disorders on average approximately 3 times higher than White consumers
Health Inequities arise when certain populations are made vulnerable to illness or disease, often through the inequitable distribution of health protections and supports.
Health Inequities and Racism

Racism is a system of structuring opportunity and assigning value based on phenotype ("race"), that:

• unfairly disadvantages some individuals and communities
• unfairly advantages other individuals and communities
• undermines realization of the full potential of the whole society through the waste of human resources.

It is a system (consisting of structures, policies, practices, and norms) that structures opportunity and assigns value based on phenotype, or the way people look. It unfairly disadvantages some individuals and communities.
Intergenerational/Historical Trauma Events

- Genocides
- Slavery
- Pandemics
- Massacres
- Prohibition/destruction of cultural practices
- Discrimination/Systemic prejudice
- Forced relocation
Figure 1

Number of Measures for which Group Fared Better, the Same or Worse Compared to Whites

Note: Measures are for 2018 or the most recent year for which data are available. “Better” or “Worse” indicates a statistically significant difference from Whites at the p<0.05 level. No difference indicates no statistically significant difference. “Data limitation” indicates data are no separate data for a racial/ethnic group, insufficient data for a reliable estimate, or comparisons not possible due to overlapping samples. ALAN refers to American Indians and Alaska Natives. NHOFI refers to Native Hawaiians and Other Pacific Islanders. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis, other groups are non-Hispanic.
Inequities in Addiction Treatment

Minority Follow-Up Treatment Lags After Overdose

A study of privately insured people who suffered an overdose and were treated at an emergency room found that referral rates were low. In particular, researchers found minorities were less likely to receive follow-up care after their overdose, such as being referred to an inpatient treatment program, or started on medication-assisted treatment.

Black patients were half as likely to obtain treatment following overdose compared with non-Hispanic white patients even when privately insured.

Note: Excludes patients who had opioid treatment in the 90 days before overdose; data show probability of obtaining follow-up treatment

Kilaru 2020
# Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger Access to healthy options</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Social integration</td>
<td>Community engagement</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Support systems</td>
<td>Community engagement</td>
<td>Provider linguistic and cultural competency</td>
</tr>
<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td>Discrimination</td>
<td>Discrimination</td>
<td>Quality of care</td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Health Outcomes
- Mortality
- Morbidity
- Life Expectancy
- Health Care Expenditures
- Health Status
- Functional Limitations
Social Conditions as Fundamental Causes of Disease

Link et. al, write that there is too much focus on individual risk factors. More attention should be paid to social conditions/person in context.

Two reasons for this claim:

1) Individually-based risk factors must be contextualized, by examining what puts people at risk for the risks, if we are to craft effective interventions and improve the nation’s health.

2) Social factors such as socioeconomic status and social support are likely fundamental causes of disease that, b/c they embody access to important resources, affect multiple disease outcomes through multiple mechanisms, and consequently maintain an association with disease even when intervening mechanisms change.

We run the risk of imposing individually-based intervention strategies that are ineffective and miss opportunities to adopt broad-based societal interventions that could produce substantial health benefits for our citizens.

Social Determinants of Mental Health

SDOH Screening Tools: Adults

**PRAPARE**
- Screening tool for use by health centers to identify, understand and respond to adult patients’ needs
- Developed by National Association of Community Health Centers (NACHC)

**Roots to Health Survey**
- Screening tool to assess unmet basic adult needs for use in healthcare settings
- Developed by The Civic Engine

**Health Leads Screening Toolkit**
Screening tool to assess social needs that can affect a patient’s health (food insecurity, housing instability, utility needs, financial resource strain, transportation & violence)
- Developed by HealthLeads
- [https://healthleadsusa.org/tools-item/health-leads-screening-toolkit/](https://healthleadsusa.org/tools-item/health-leads-screening-toolkit/)
“The number one way to improve access to treatment is to place services where people can easily connect with them and ensure very low thresholds to receive those treatments.” - Dr. Scott Nolen Director Addiction and Health Equity Program at the Open Society Institute of Baltimore

“B/AAs are disproportionally impacted by many by social determinants of health and will require access to mental health and substance use service providers that are able to address issues related to housing, criminal justice, general health care and education as well as other social determinants.”

- *Addressing Disparities in Access and Utilization of Mental Health and Substance Use Services Among Blacks and African Americans: Solutions from Community Stakeholders*
Why Integrated Care?

• As many as 40 percent of all patients seen in primary care settings have a mental illness.

• 27 percent of Americans will suffer from a substance use disorder during their lifetime.

• 80 percent of patients with behavioral health concerns present in ED or primary care clinics.

• Approximately 67 percent of patients with behavioral health disorders do not receive the care they need.

• 68 percent of adults with mental disorders have comorbid chronic health disorders, and 29 percent of adults with chronic health disorders have mental health disorders.
Why Integrate?

Medical conditions made worse by excessive alcohol use or illicit drug use

- Diabetes
- Depression
- Hypertension
- Hepatitis C
- Breast Cancer
- HIV/AIDS
- Lung disease

[Links]
- www.niaaa.nih.gov/alcohol-health/alcohols-effects-body
- https://www.collegedrinkingprevention.gov/SpecialFeatures/InteractiveBody.aspx
Integrated Health Care

Goals of Integrated Health Care

- Treating the whole person, focus on prevention and wellness
- Team-based care/enhanced collaboration
- HIT, data collection → population health management
- Efficient, effective, and high-quality
Key Components of Integration

Common elements highlighted across models have been summarized extensively in the policy literature and include:

- **Screening** for behavioral disorders using validated screening tools
- **Team-based care** with non-physician staff to support primary care physicians (PCPs) and co-manage treatment
- **Shared information systems** that facilitate coordination and communication cross providers
Key Components of Integration

Common elements highlighted across models have been summarized extensively in the policy literature and include:

- **Standardized use** of evidence-based guidelines
- **Systematic review and measurement** of patient outcomes using registries and patient tracking tools
- Engagement with broader community services
- **Individualized, person-centered care** that incorporates family members and caregivers into the treatment plan
Questions, Comments?
Case Presentations

• Critical component of every ECHO session
• Facilitates learning related to specific examples
• Peer-to-peer learning in a supportive and safe environment
• This is where we want to hear from you!

Submit your team's case form by Friday, March 11! Email your form to VictoriaP@thenationalcouncil.org.
Rita was a caseworker at my integrated mental health and substance use treatment clinic and moved to another town for a few years to take care of her elderly parents. Upon her return, we re-hired her and she started looking up some of her previous clients. She was especially eager to see Keonte, a youth soccer star she worked with to help him and his family.

In three years, Keonte had gone from a star athlete to being withdrawn and having a diagnosis of obesity. He had been suspended from school and failed one grade level. The trouble began when the youth soccer league closed because it was no longer a safe place to practice and there was a lack of reliable transportation to the field. More recently, Keonte suffered a minor physical injury that was never treated and had several family members who died preventable deaths during the COVID-19 pandemic. Keonte identifies as African American, and sometimes would share with Rita about his experiences of discrimination when he would enter pre-dominantly white spaces in his community. Rita herself identifies as Hispanic and white and is learning about how her identities relate to how she works with clients of similar and different backgrounds.

Rita and Keonte were happy to see each other, but Rita burst into tears when he left. Rita and I spoke about many ideas to provide Keonte the help he needed, but she felt resentful that the sudden decline in his health was so preventable.

**What are the social determinants of mental health that you notice in this case?**

**How can an organization begin to address these?**
Open Discussion
Discussion Conclusion
What's next?

1. Complete Today’s Session Survey

2. Case Presentation Submission
   Please submit one form for your team by emailing to VictoriaP@thenationalcouncil.org by Friday March 11, 2022.

3. Next Session (Session 2)
   Thursday, March 17, 11:30am-1pm ET

   **Topic:** Integrated Care Models and Approaches to Address Health Equity
Resources

Project ECHO
The Opioid Use disorder crisis among African Americans: An urgent issue

The Opioid Use disorder crisis and the Hispanic/Latino population: An urgent issue

Racial Equity Tools
https://www.racialequitytools.org/

National Council Equity Climate Assessment

Social Determinants of Mental Health

Access for Everyone: A Toolkit for Addressing Health Equity & Racial Justice within Integrated Care Settings
Additional Tools & Resources

National Council for Mental Wellbeing – Blog Posts

• Furthering the Wellbeing of Black, Indigenous & People of Color through Integrated Care
• During Black History Month, Let's Commit Ourselves to Improving the Mental Health of Black Americans
• Moving Forward this Black History Month – Setting Youth Up for Success

Other

• Mental Health America – Black History Month
• Federal Emergency Management Agency (FEMA) - 2022 Black Health & Wellness
• Black Mental Health Alliance

Health Equity and Racial Justice Webpage
National Council for Mental Wellbeing
See our page for more information on Webinars and Upcoming Events, Resources and Tools, and Training and Technical Assistance focused on Health Equity and Racial Justice

TheNationalCouncil.org
Upcoming CoE Events:

Advancing General Health Integration in Behavioral Health: Mid-Year Findings
[Register for the webinar](#) on Monday, February 28, 12-1pm ET

Social Determinants of Health Webinar Series
- Part 1 - Screening for Patient Social Risks in Integrated Care Settings
  [Register for webinar](#) on March 3, 2-3pm ET
- Part 2 - Integrated Care Screening Tools & Implementation Considerations
  [Register for webinar](#) on March 17, 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?
[Contact us through this form here](#)

Looking for free trainings and credits?
[Check out integrated health trainings from Relias here](#)

Subscribe for Center of Excellence Updates
[Subscribe here](#)
Thank You

Questions?

Email paulaz@thenationalcouncil.org

SAMHSA’s Mission is to reduce the impact of substance abuse and mental illness on America’s communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889 (TDD)