Advancing Health Equity through Integrated Care ECHO
Session 2

Thursday, March 17 2022
11:30am-1:00pm 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
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.
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  
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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?
## Curriculum

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Moment to Arrive
Didactic Presentation: Integrated Care Models and Approaches

Promoting Health Equity and Addressing Social Determinants of Health

Alicia Kirley, MBA
Senior Director, Center of Excellence for Integrated Health Solutions
National Council for Mental Wellbeing
What is Integrated Care?

“The care a patient experiences as a result of a team of Primary Care & Behavioral Health clinicians, social services and supports working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.”
Why Integrated Care?

Rationale for General Health Integration

- BHP + PCP shifting to whole person care, shared responsibility
- Adults with mental illness have higher prevalence of co-morbidity and common preventable diseases
- SMI have less access to preventive care/CMI for co-morbid general medical conditions
- $293 BN added costs due to MH and SUD co-morbidity to medical disorders
- Decreased life span b/c untreated or undertreated chronic medical conditions
Principles of Effective Integrated Care

• Person Centered Team Care or Collaborative Care
• Population-Based Care
• Measurement-Influenced Care
• Evidence-Based Care
• Accountable Care

Evidence supports that team-based care has delivered:

» Increased access to care and reduced complications (Weller et al., 2014).

» Improved safety and better communication (Smith et al., 2018; Dehmer et al., 2016).

» Decreased burnout, turnover and tension and conflict among care providers (WHO, 2010), and increased productivity and satisfaction (Smith et al., 2018; von Peter et al., 2018).
General Health Integration

Screening, Referral, and Follow-up

EBC for Preventive and General Medicine

Ongoing Care Management

Self-Management Support

Multi-Disciplinary Team

Systematic Quality Improvement

Linkages with Community and Social Services

Sustainability

Source: Advancing Integration of General Health in Behavioral Health Settings: A Continuum-Based Framework. 2020.
Bi-Directional Integration

Does direction make a difference?

Behavioral health into physical medicine

Physical medicine into behavioral health
Without Integration

• Mental health conditions go undetected and untreated

• Risk of undertreatment of mental health conditions when detected in primary care.

• Populations of color, children and adolescents, older adults, uninsured, and low-income patients more often receive inadequate care for mental health conditions.

• Substance use care involves these same issues, if not worse
What Goes Into Your Health?

Social Determinants can be CHANGED or INFLUENCED
• Race as a cultural and social construction, wage inequity, lack of access to housing, banking, medical care

Physical or Biological Determinants are immutable, or cannot be changed: immutable genetic factors, non-built environment, weather, etc.
Why integrate with social services & supports?

Health inequities arise when certain populations are made vulnerable to illness or disease, often through the **inequitable distribution of protections and supports**.

**Partnerships** between integrated health care organizations and social services organizations are a strategy to address health inequities.

*Source: Jones, CP 2002, National Academies of Sciences, Engineering, and Medicine. 2017*
Increased Burnout and Psychological Distress

Spotlight on Racism and Inequity

Death: COVID-19, Despair

Political Stressors

Increased demand for Services

Covid-19 Lockdowns and Mandates

The Era of COVID-19 Pandemic and...
80% increase in demand for mental health and substance use treatment in the past three months.

Nearly all mental health and substance use treatment organizations report workforce shortages and problems recruiting and retaining workers.
Who is most at risk?

- Communities of Color
- Essential workers
- Young Adults
- People experiencing job loss
- Parents and Children

SAMHSA, 2020
COVID-19: Impacts on Mental Health and Substance Use

• More than half a million people have reported signs of anxiety and/or depression, Anxiety screens were up by 634% and depression screens were up 873%.

• Nearly 180,000 people who took the screening reported suicidal ideation on more than half the days or nearly every day.

• Rates of suicidal ideation are highest among youth, especially LGBTQ+ youth. In September 2020, over half of 11-17-year-olds reported having thoughts of suicide or self-harm nearly every day of the previous two weeks.

• Nearly 78,000 youth reported experiencing frequent suicidal ideation, including nearly 28,000 LGBTQ+ youth.

• 70% of people reported that loneliness or isolation was the top contributing factor to mental health issues.

Mental Health America, 2020.
Mental Health and SUD: Huge Treatment Gaps

But treatment gaps aren’t the only problem!

PAST YEAR, 2019 NSDUH, African American 12+

* 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.
COVID-19: Impacts on SDOH

- More than **one in seven adults** reported that their household had experienced a loss of employment income in the past four weeks;

- **More than half** of adults reported difficulty paying for usual household expenses in the past 7 days

- **7% of adults** had no confidence in ability to make next month’s housing payment and **9.4%** reported **food insufficiency** in their household;

![Share of Adults that Experienced Hardships by Selected Demographics, September 29-October 11, 2021](image-url)

**NOTE:** Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.

**SOURCE:** KFF analysis of Week 39 (September 29-October 11, 2021) Household Pulse Survey. • **PNG**
Goals of Integrated Care

- **Equity in health care**
  - Equal access for people in equal need
- **Equal treatment** for people in equal need
- **Equal treatment outcomes** for people in equal need
Hope for the Future
Spotlight on Certified Community Behavioral Health Clinic (CCBHC)

CCBHC is an integrated community behavioral health model of care that aims to improve service quality and accessibility. CCBHCs do the following:

- Provide integrated, evidence-based, trauma-informed, recovery-oriented and person-and-family-centered care
- Offer the full array of CCBHC-required mental health, substance use disorder (SUD) and primary care screening services
- Have established collaborative relationships with other providers and health care systems to ensure coordination of care
- Culturally and Linguistically responsive services and competent care
CCBHC: Addressing Health Disparities

100% OF RESPONINDING CLINICS indicate that CCBHC status has helped them in some way to serve people of color, improve access to care and reduce health disparities in their communities.

- **75%** increased screening for unmet social needs that affect health, like housing, income, insurance status, transportation and more.
- **60%** hired staff who are demographically similar to the populations their clinics serve.
- **67%** developed organizational policies and protocols related to improving diversity, equity and inclusion.
- **53%** initiated or expanded translation services.

2021 CCBHC Impact Report
Certified Community Behavioral Health Clinic (CCBHC)

- **Center for Social Healing**: a gathering place for Southeast Asian adults for support, fellowship, shared meals and healing.
  - Combines Western mental health services with traditional healing practices as a soft entrance into mental health treatment
- **Karen Cultural Brokers Program**: functions as part of the care team, coordinating with program staff to provide holistic services by bridging cultural gaps.
- **Community Equity Program**: an immersive political leadership program at Wilder that brings together up to **20 Black, Indigenous, People of Color (BIPOC)** who want to get involved in state-level policy and fight for change in their communities.
Families Healing Together: Wilder School-Based Mental Health Programs & Services
Questions, Comments?
Resources

- [2021 CCBHC Impact Report](#)
- [CCBHC-E National TTA Center](#)
- [Team-Based Care in Community Behavioral Health Care Settings Paper](#)
- [General Health Integration Framework](#)
- More about the GHI Framework & Learning Collaborative (clickable graphics)
Case Presentations

Thank you for your submissions!

If you requested an extension, please email your form to VictoriaP@thenationalcouncil.org.
Case Presentation

As a community mental health provider, we are tasked and privileged with providing services to those that do not have the means or resources to pay for behavioral health services out of pocket, those who are less privileged, under insured, or have Medicaid coverage.

Given we are a not-for-profit organization, we rely on grants, state/federal money, and contracts with community partners. One of our major contracts is with Colorado Community Health Alliance (CCHA) to provide behavioral health services to those on Medicaid within Region 6 (Serving Boulder and Broomfield Counties). Our Medicaid and indigent population are often the most vulnerable that have the highest need for support, resourcing, and are often individuals that have little to no support system outside providers. These individuals are our main priority for access and services as we contract with Medicaid and receive indigent dollars to serve these populations.

However, we often see a tension between funding we receive from grants and community partners for what is often called a "priority population." This leads to a challenge that our staff work with so many "priority populations" that it becomes impossible to identify and prioritize where needed. The significant workforce shortage in the behavioral health field exacerbates this challenge, as our staff are often asked to do more with less. The challenge and or concern has been how to be equitable in access and service delivery while balancing the requests/demands of individuals that are more resourced, or referred by contracted partners, with those that are not.
Case Presentation

Example: A 25-year-old client diagnosed with Schizophrenia who is resistant to medication interventions has missed multiple appointments and shown poor medication compliance. Client comes from a home with two parents who are professionals, homeowners, and strong advocates for their child’s mental health needs with technical resources to discover and access community programs and services. Parents will tirelessly call to reschedule missed appointments and inquire about services and advocate for keeping their child in services. Concurrently, we have a client with the same diagnostic presentation who is homeless, uninsured, and is using substances. This client has no advocate or support network and may have multiple discharges and readmissions due to lack of engagement. Client may have several hospitalizations, may have a lack of consistency in treatment due to having been assigned to multiple providers, may not be resourced correctly for telehealth or telephonic engagement, and will likely continue to decline in psychiatric, medical, and social stability. The latter client will likely fall through the cracks.

Primary Question: How do we as an agency prioritize so many high risk and vulnerable populations while maintaining crucial partnerships?
Open Discussion
Discussion Conclusion
What's next?

1. Complete Today’s Session Survey

2. Case Presentation Submission
   If you requested an extension, please submit your form to
   VictoriaP@thenationalcouncil.org

3. Next Session (Session 3)
   Thursday, April 21, 11:30am-1pm ET

   **Topic:** Internal Practices and Policies to Decrease Bias, Racism & Trauma within Organizations
Resources

Project ECHO

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

National Council Equity Climate Assessment

Furthering the Wellbeing of Black, Indigenous & People of Color through Integrated Care (Blog Post)

Health Equity and Racial Justice Webpage
National Council for Mental Wellbeing

For more information on Webinars and Upcoming Events, Resources and Tools, and Training and Technical Assistance focused on Health Equity and Racial Justice

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

National Council Social Justice Leadership Academy (SJLA) Workbook
## Upcoming CoE Events:

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<tr>
<td>CoE-IHS Office Hour: Exploring Health Literacy &amp; Cultural and Linguistic Literacy for Integrated Care Settings</td>
<td>Register for office hour on March 31, 2-3pm ET</td>
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<td>Interested in an individual consultation with the CoE experts on integrated care?</td>
<td>Contact us through this form here!</td>
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<td>Looking for free trainings and credits?</td>
<td>Check out integrated health trainings from Relias here</td>
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<td>Subscribe for Center of Excellence Updates</td>
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**TheNationalCouncil.org**
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)