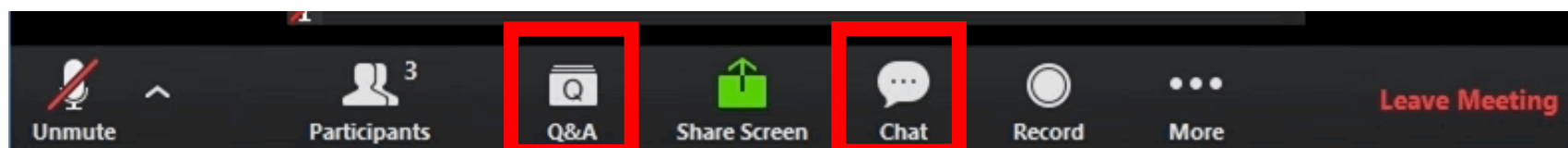


Advancing Health Equity through Integrated Care ECHO

Session 2

Thursday, March 17 2022
11:30am-1:00pm ET

How to Ask a Question/Make a Comment



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

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

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

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

NATIONAL
COUNCIL
*for Mental
Wellbeing*

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

The logo is contained within an orange rounded rectangle. It features the words "NATIONAL" and "COUNCIL" in white, uppercase, sans-serif font, stacked vertically. Below them, the words "for Mental Wellbeing" are written in a white, lowercase, sans-serif font, with "for" in a smaller size and "Mental Wellbeing" in a larger size.

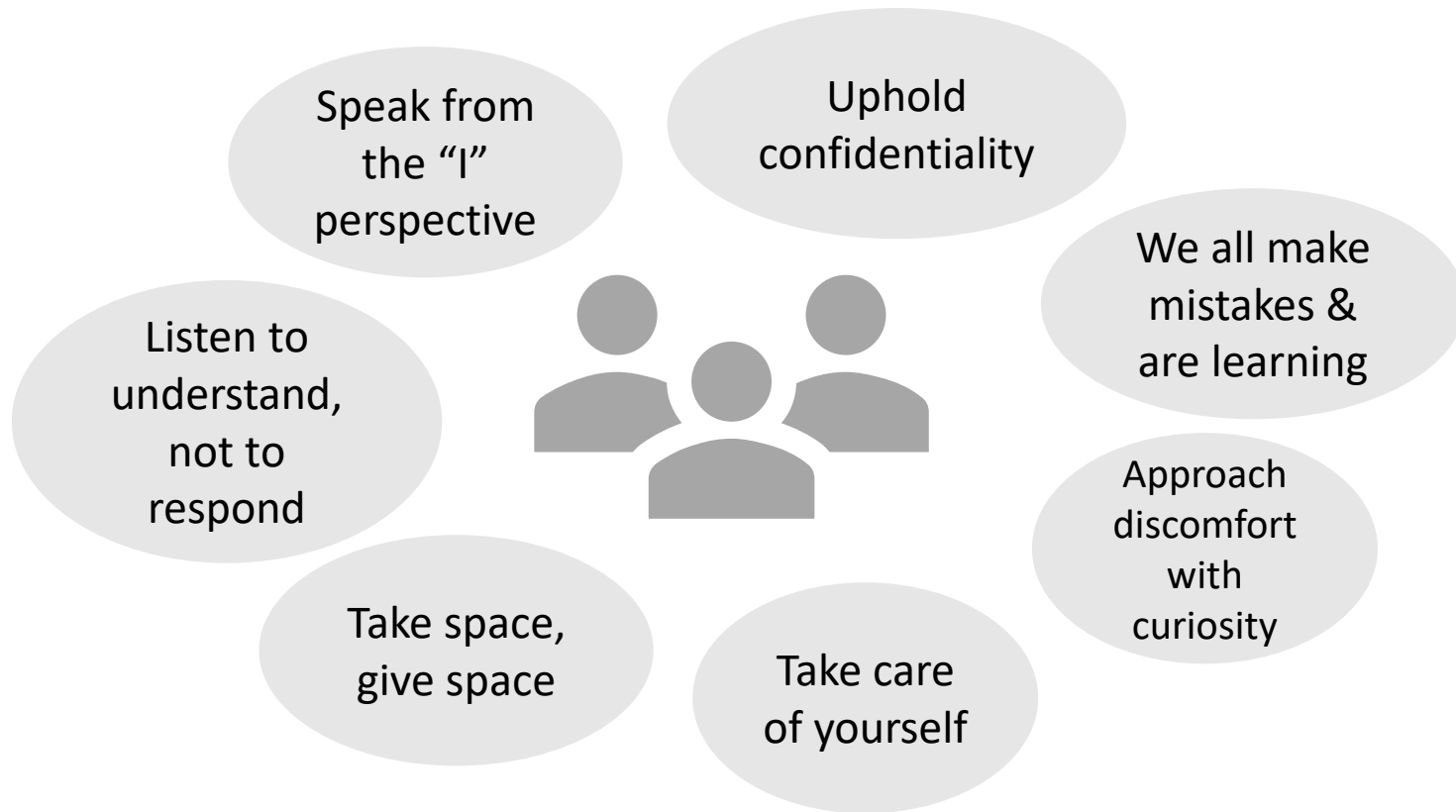
NATIONAL
COUNCIL
for Mental
Wellbeing

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



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?



Curriculum

Month	Session Topic
February	Importance of Integrated Care in Addressing Health Equity
March	Integrated Care Models and Approaches to Address Health Equity
April	Internal Practices and Policies to Decrease Bias, Racism & Trauma within Organizations
May	How to Decrease Bias, Racism & Trauma in Clinical Services
June	Providing Culturally and Linguistically Responsive Services
July	Engaging Your Team to Prevent, Identify, and Support Moral Injury and Compassion Fatigue

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

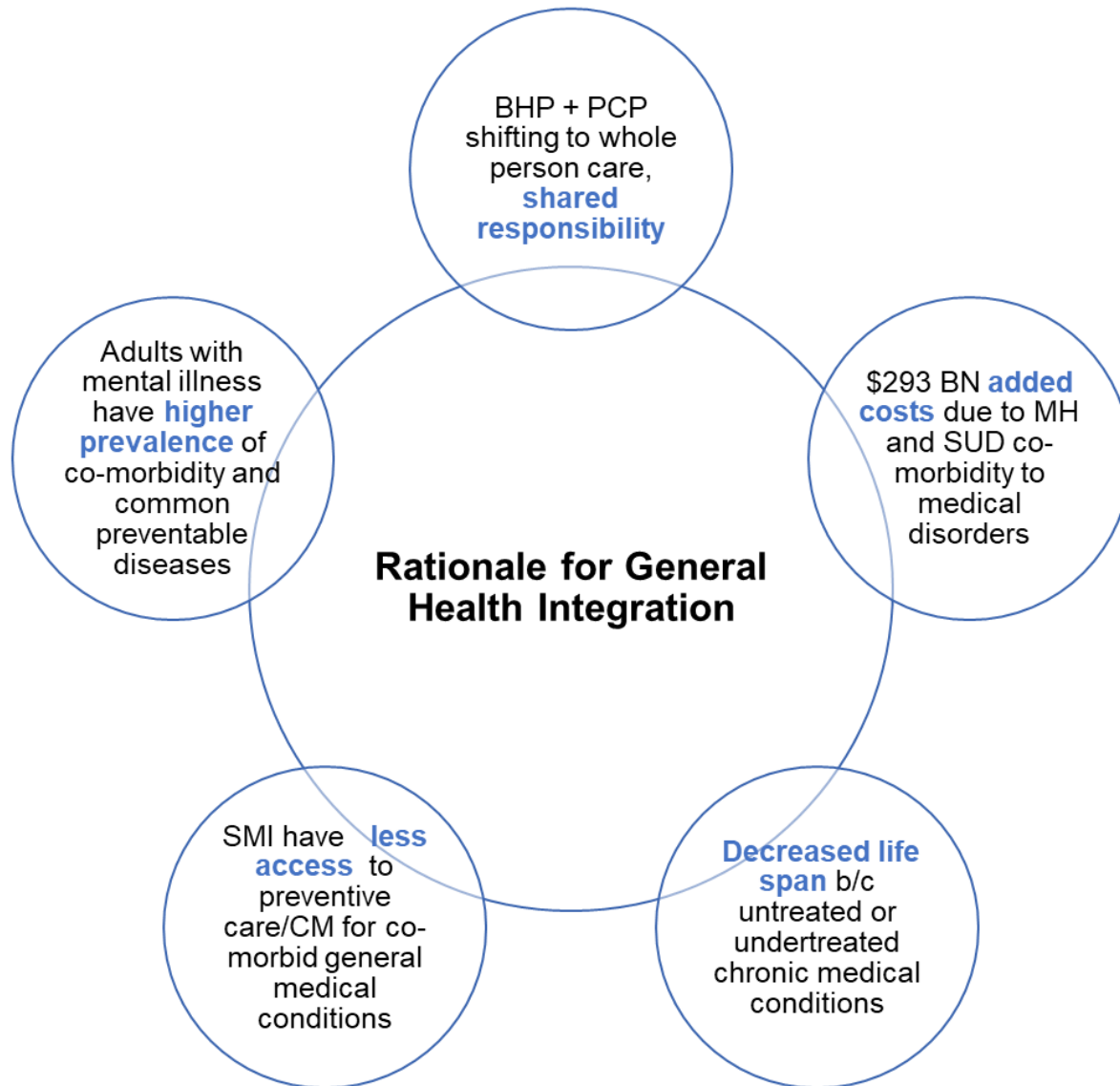
What is Integrated Care?

“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.”



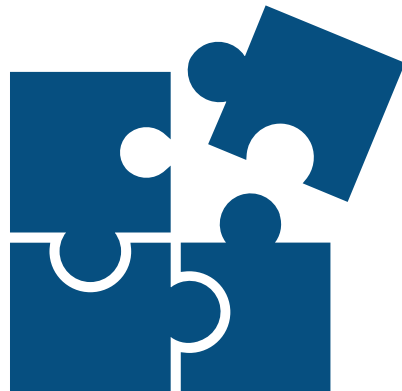
NATIONAL
COUNCIL
for Mental
Wellbeing

Why Integrated Care?



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

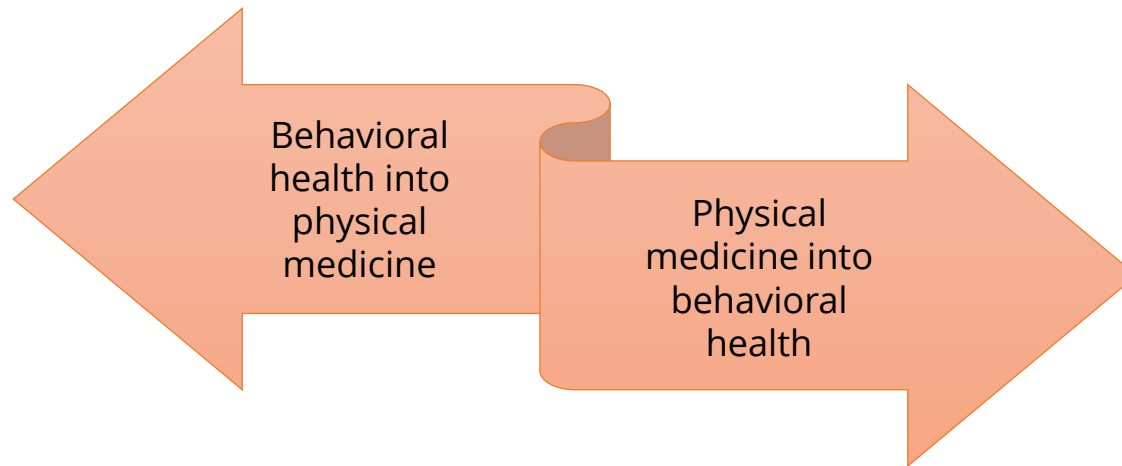


Sustainability



Source: [*Advancing Integration of General Health in Behavioral Health Settings: A Continuum-Based Framework*, 2020.](#)

Bi-Directional Integration



Does direction make a difference?

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

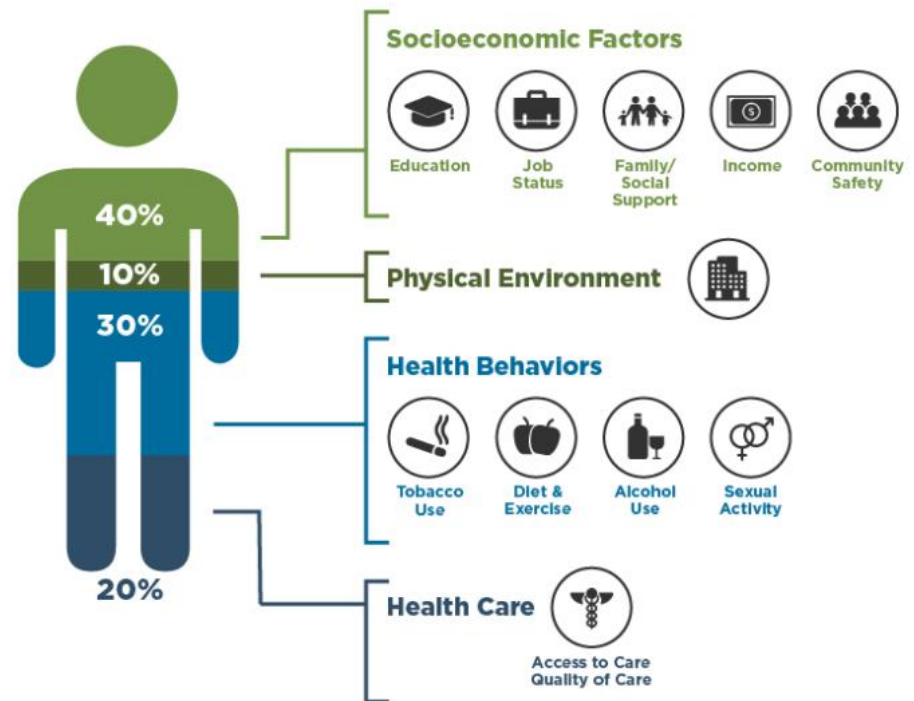
What Goes Into Your Health?

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.



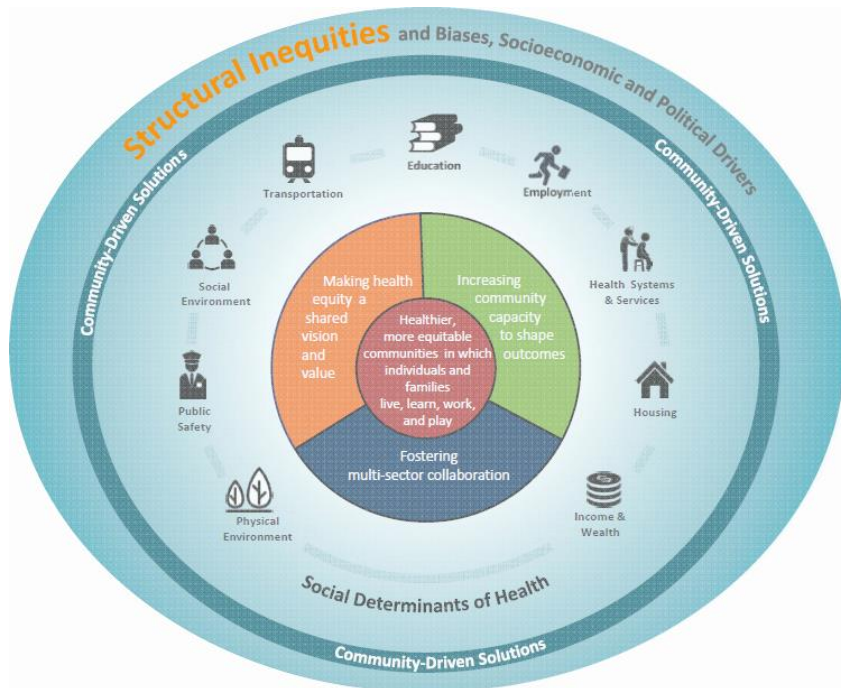
Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Adapted from The Bridgespan Group

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

The Era of COVID-19 Pandemic and...



Impacts on the Behavioral Health Field

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.

NATIONAL
COUNCIL
*for Mental
Wellbeing*



Who is most at risk?

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

[SAMHSA, 2020](#)

NATIONAL
COUNCIL
*for Mental
Wellbeing*

COVID-19: Impacts on Mental Health and Substance Use

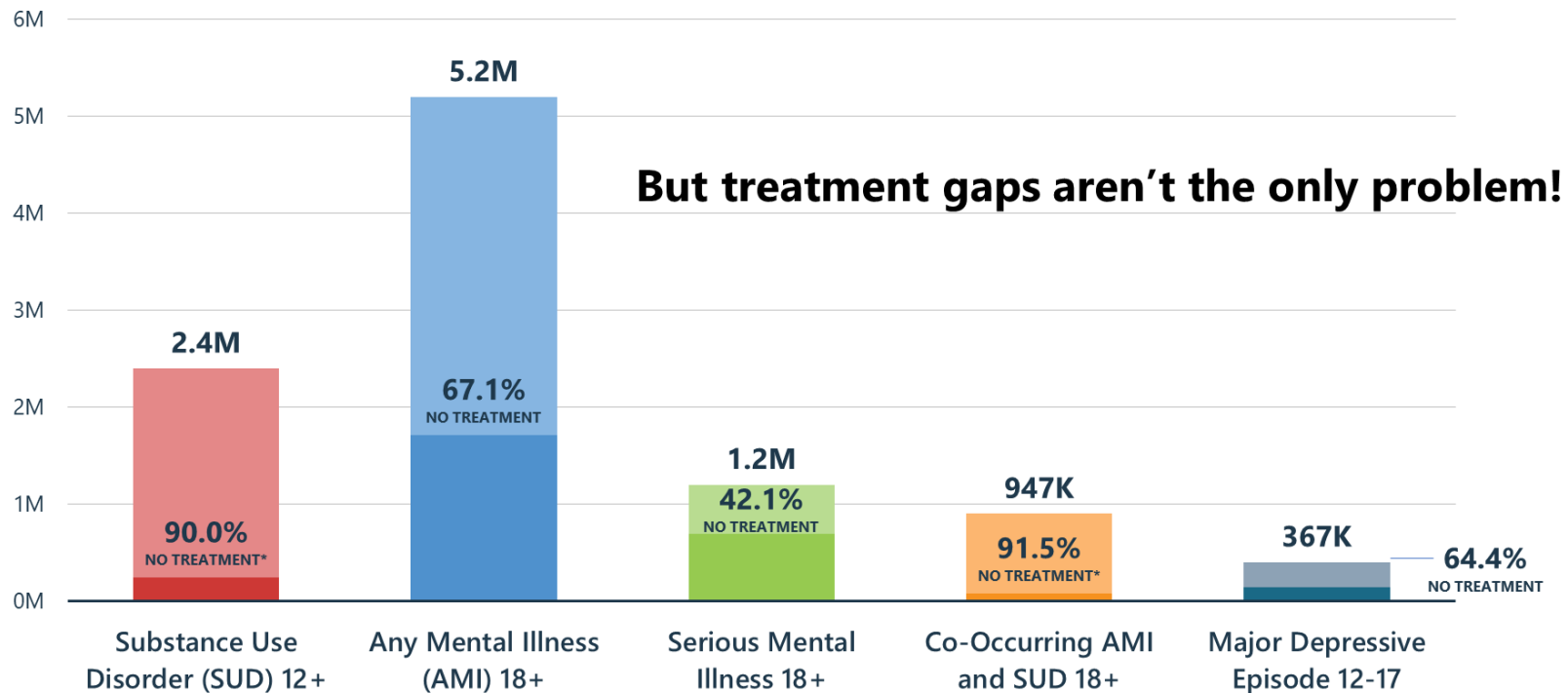
- **More than half a million people** have reported signs of anxiety and/or depression, Anxiety screens were up by 634% and depression screens were up 873%.
- **Nearly 180,000 people** who took the screening reported suicidal ideation on more than half the days or nearly every day
- **Rates of suicidal 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.](#)

NATIONAL
COUNCIL
for Mental
Wellbeing

Mental Health and SUD: Huge Treatment Gaps

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.

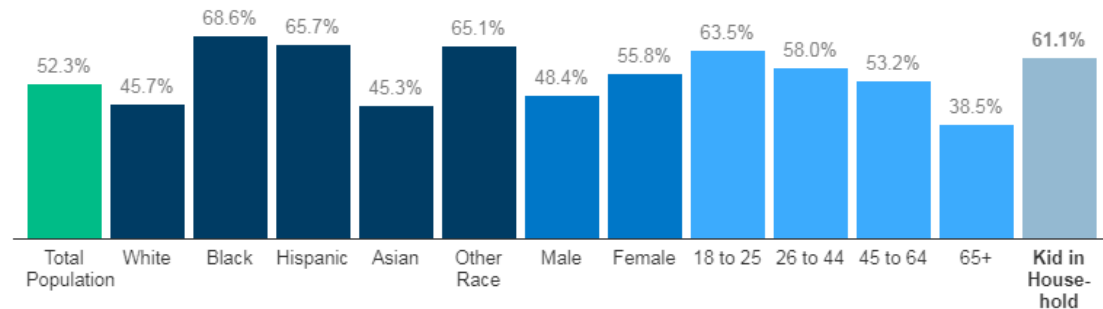
COVID-19: Impacts on SDOH

- 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;

Figure 2

Share of Adults that Experienced Hardships by Selected Demographics, September 29-October 11, 2021

Difficulty Paying Usual Household Expenses in Past 7 Days



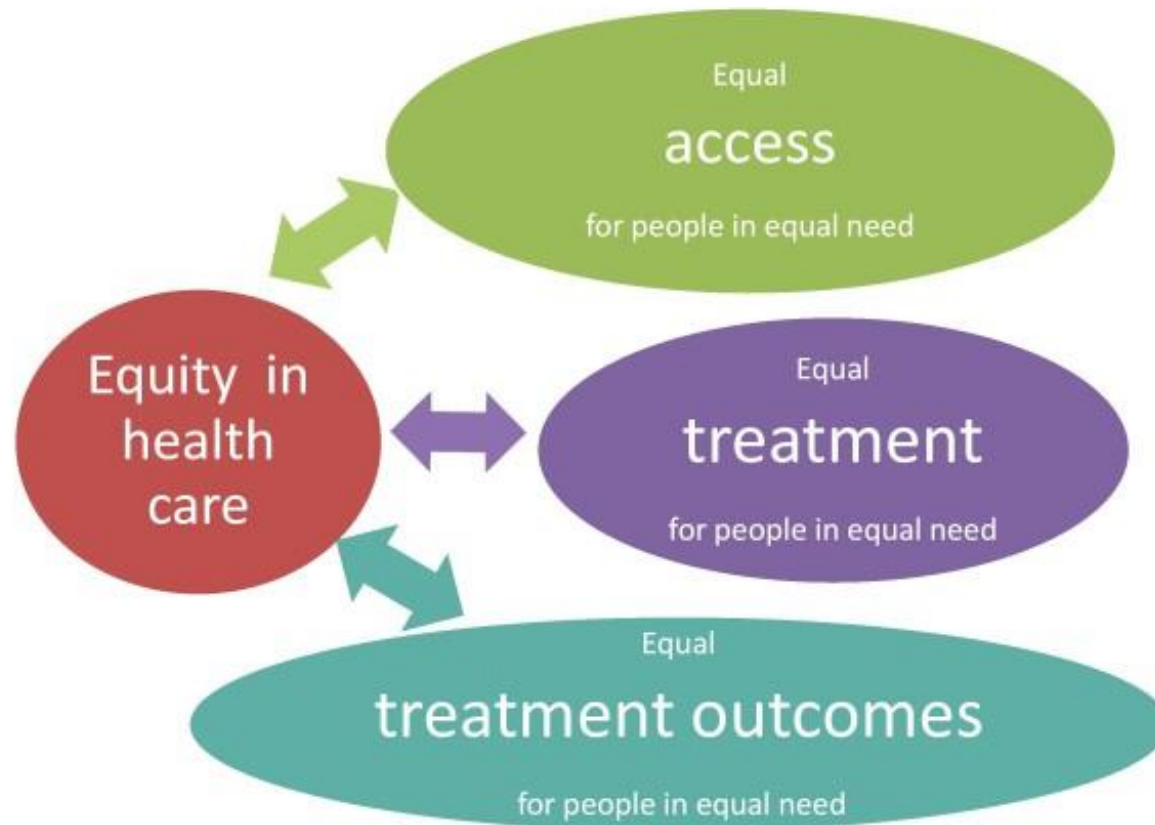
NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.
SOURCE: KFF analysis of Week 39 (September 29-October 11, 2021) Household Pulse Survey. • [PNG](#)

KFF

NATIONAL
COUNCIL
for Mental
Wellbeing



Goals of Integrated Care



NATIONAL
COUNCIL
for Mental
Wellbeing

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 RESPONDING 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](#)

NATIONAL
COUNCIL
for Mental
Wellbeing



Amherst Wilder Foundation



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.

NATIONAL
COUNCIL
for Mental
Wellbeing

Families Healing Together: Wilder School-Based Mental Health Programs & Services



NATIONAL
COUNCIL
for Mental
Wellbeing

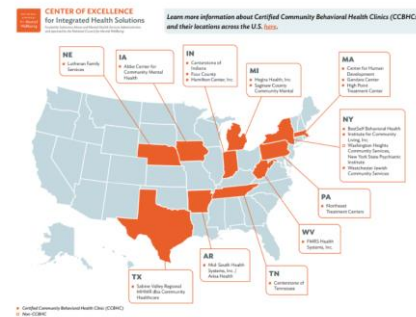
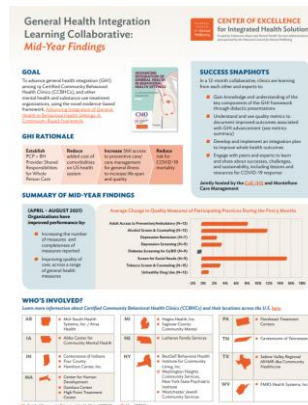
Questions, Comments?



NATIONAL
COUNCIL
for Mental
Wellbeing

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)



NATIONAL
COUNCIL
for Mental
Wellbeing

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



NATIONAL
COUNCIL
for Mental
Wellbeing

Discussion Conclusion



NATIONAL
COUNCIL
for Mental
Wellbeing

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*

NATIONAL
COUNCIL
for Mental
Wellbeing

Resources

[Project ECHO](#)

Racial Equity Tools

<https://www.racialequitytools.org/>

National Council Equity Climate Assessment

https://www.thenationalcouncil.org/wp-content/uploads/2020/11/TI-ROC-Equity-Climate-Assessment_FINAL.pdf?daf=375ateTbd56

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

[Health Equity and Racial Justice Webpage](#)

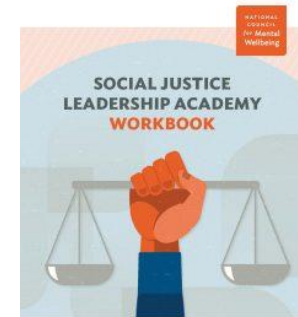
National Council for Mental Wellbeing



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](#)

NATIONAL
COUNCIL
for Mental
Wellbeing

Upcoming CoE Events:

Social Determinants of Health Part 2: Integrated Care Screening Tools & Implementation Considerations

[Register for webinar](#) on March 17, 2-3pm ET

CoE-IHS Office Hour: Exploring Health Literacy & Cultural and Linguistic Literacy for Integrated Care Settings

[Register for office hour](#) on March 31, 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](#)

NATIONAL
COUNCIL
for Mental
Wellbeing

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)