

Multisectoral Task-Sharing to Improve Mental Health in Harlem, NYC



Strategies to Achieve Alignment, Collaboration, and Synergy across Delivery and Financing Systems

*Research-in-Progress Webinar
February 14, 2024
12-1pm ET*

Agenda

Welcome: Carrington Lott, MPH • S4A

Presenters: Victoria Ngo, MS, PhD • CUNY
Malcolm A. Punter, EdD, MBA • HCCI
Nora Chaves • Healthfirst, Inc.

Commentary: Susan Beane, MD • Healthfirst, Inc.

Q&A

PROJECT DIRECTORS



Victoria Ngo, MS, PhD
Director, CIMH
Associate Professor, Community
Health and Social Science
CUNY Graduate School of Public
Health and Health Policy



Malcolm A. Punter, EdD, MBA
President & CEO, Harlem
Congregations of Community
Improvement (HCCI)



Deborah Levine, MSW, LCSW
Director, Harlem Health
Initiative
CUNY Graduate School of
Public Health and Health
Policy



Susan Beane, MD, FACP
Executive Medical Director,
Healthfirst Managed Care



Victoria K. Ngo, PhD is an Associate Professor of Community Health and Social Sciences, Director of the Center for Innovation in Mental Health, and Mental Health Director of the Center for Immigrant, Refugee and Global Health at the City University of New York Graduate School of Public Health & Health Policy (CUNY SPH). She also holds an Adjunct Scientist position at the RAND Corporation. Her research focuses on developing mental health interventions and implementation strategies to promote access and quality of care to ethnic minorities and underserved populations worldwide. She specializes in implementation strategies for mental health task-sharing and use of community participatory methods to increase access to evidence-based mental health interventions and sustainable integration of mental health services into non-mental health settings including primary care, maternal health, HIV, cancer care, schools, and other community-based settings.

She has led several NIH and Grand Challenges of Canada funded task-shifting implementation science intervention studies, including the Multi-Component Collaborative Care for Depression (MCCD), Livelihood Integration for Effective Depression Management (LIFE-DM), and currently leading a randomized controlled study of implementation strategies for depression care integration into primary care clinics in Vietnam. As part of system transformation initiatives to address health inequities at NIH and RWJF, she is leading the Harlem Strong Mental Health and Economic Empowerment Collaborative to transform systems of care using a neighborhood-based collaborative care model to support integrating mental health and community-based services in housing, primary care, and community-based organization in Harlem.

In addition, she serves as a Senior Technical Advisor for USAID Victims of Torture Mental Health and Psychosocial Support for Trauma Impacted Communities Grant portfolio and leads a Learning Collaborative for grantees of this initiative. She also works closely with the New York City Department of Health and Mental Hygiene to support a range of mental health programs for diverse communities.

Malcolm Punter, EdD, MBA is the President and Chief Executive Officer of Harlem Congregations for Community Improvement, Inc., a nonprofit organization established in 1986. Dr. Punter manages all of HCCI's affiliated businesses. He is responsible for the management and oversight of all aspects of the organization through the executive office which coordinates and manages the strategy for HCCI's real estate portfolio of nearly 3500 housing units and 80 retail commercial spaces. Dr. Punter currently manages over 2.250 million square feet of real estate in New York City and East coast of the U.S. operations. His role as President & CEO is to improve and sustain the financial and operational assets of HCCI's more than \$550,000,000 million dollars in real estate assets, including the management of multiple social service programs as well as research and development that results in strategic opportunities and expansion. HCCI offers a variety of social services in addition to its real estate development activities.



A key responsibility includes the oversight of the HCCI office of Health and Wellness Strategies (HWS) which was established in 1995 to combat health disparities such as HIV, diabetes, and immunization coverage. HWS exists to improve the holistic wellness of the Harlem community and provides the most comprehensive and diversified spectrum of care possible through education, support services, referrals, and partnerships. HWS attempts to positively affect individual attitudes and norms by utilizing the institutions that community members already trust, namely congregations of faith-based groups and houses of worship. HCCI works with these institutions to deliver an inspirational, motivational message that promotes the importance of wellness and affirms behavior that leads to wellness. In this department HCCI employs a cadre of 25 social workers and community health workers who provide case management services to formerly homeless households, residents living in affordable and NYCHA housing, including but not limited to individuals afflicted with HIV/AIDS, households with a history of chronic homelessness, senior housing, youth aging out of the foster care as well as daycare and after school programs. Workforce services are offered including employment referrals. Wellness programs such as nutrition, cooking demonstrations, health clinics in partnership with area hospitals. Our case management services are available to over 3,500 HCCI resident households as well as other community members.





Nora Chaves is the Director of Helping You Initiatives at Healthfirst. She holds an M.A. in Philosophy from the Graduate Center of the City University of New York. At Healthfirst she has worked as part of the Clinical Partnerships for Medical Outcomes team, supporting primary care practices in their efforts to optimize access and quality of care, patient experience and health equity.

Before joining Healthfirst, she worked as a consumer advocate. She was the Director of Community Health Advocates at the Community Service Society. In this role, she oversaw the operations of New York State's Consumer Assistance Program, the state-wide ombuds program created as part of the Affordable Care Act implementation to protect consumer rights under the health care and health insurance system of the State.



Susan Beane, MD, FACP joined Healthfirst in 2009, bringing with her extensive professional experience in managed care. As Executive Medical Director, Dr. Beane, a dedicated proponent of primary care and a board-certified internist, promotes true partnership with providers and communities with the aim of evolving to an effective, efficient, equitable delivery system that can provide satisfying access for all.

Prior to joining Healthfirst, Dr. Beane served as Chief Medical Officer for Affinity Health Plan for five years—during which time she helped Affinity’s plan become a top performer in quality and member satisfaction. Before that, she worked at AmeriChoice and HIP USA, as Medical Director. She is also a graduate of Princeton University and Columbia University College of Physicians and Surgeons.

In her role at Healthfirst, Dr. Beane leads a team that collaborates with major healthcare delivery systems and with local, and national policy experts on the design, implementation, and dissemination of innovative, outcomes focused models of care. Her research contributions span health of caregivers, obesity, community health collaboration, chronic care management and maternal health. In particular, Dr. Beane is expert in the benefits and challenges of the use of health insurance data to define populations and health outcomes.





FUNDING

Robert Wood Johnson Foundation Systems for Action (S4A):
RWJF 79174

CUNY Interdisciplinary Research Grant (IRG): IRG 2841

NIH Transformative Research to Address Health Disparities
and Advance Health Equity Initiative: U01OD033245

COALITION PARTNERS

 HOUSING WORKS



COORDINATED
BEHAVIORAL
CARE

RyanXHealth

Caring for New York. Here for You.



Harlem Pride



BLACK HEALTH

National Black Leadership
Commission on Health, Inc.

SEMEL
Institute
UCLA



OFFICE OF THE PRESIDENT
BOROUGH OF MANHATTAN
THE CITY OF NEW YORK

**NYU Langone
Health**

**CUNY
SPH**
CENTER FOR SYSTEMS
& COMMUNITY
DESIGN




Survivors Fountain of Hope
Wellness Initiative, Inc.

Mt. Calvary Baptist Church

ST. JOHN'S BAPTIST CHURCH



INEZ E. DICKENS
Assemblywoman 70th District



AL TAYLOR
Assemblymember 71st District

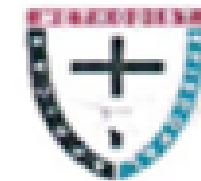
NYC
Mayor's Office for
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NYC
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**CUNY
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CENTER FOR IMMIGRANT,
REFUGEE & GLOBAL HEALTH



CONVINCE



EINSTEIN
Albert Einstein College of Medicine

Montefiore



NEW HOPE FOR THE WORLD MINISTRIES INC.

HOPA
community inc


Acacia Network
ROOTED IN THE COMMUNITY SINCE 1969


Heritage
Health
and Housing

 **healthfirst**
Health Insurance for New Yorkers





Harlem Strong Goals



Addressing rising mental health and socioeconomic inequities in Harlem:

1. Coalition

Build a multisectoral coalition to support integrating mental health

2. Capacity Building

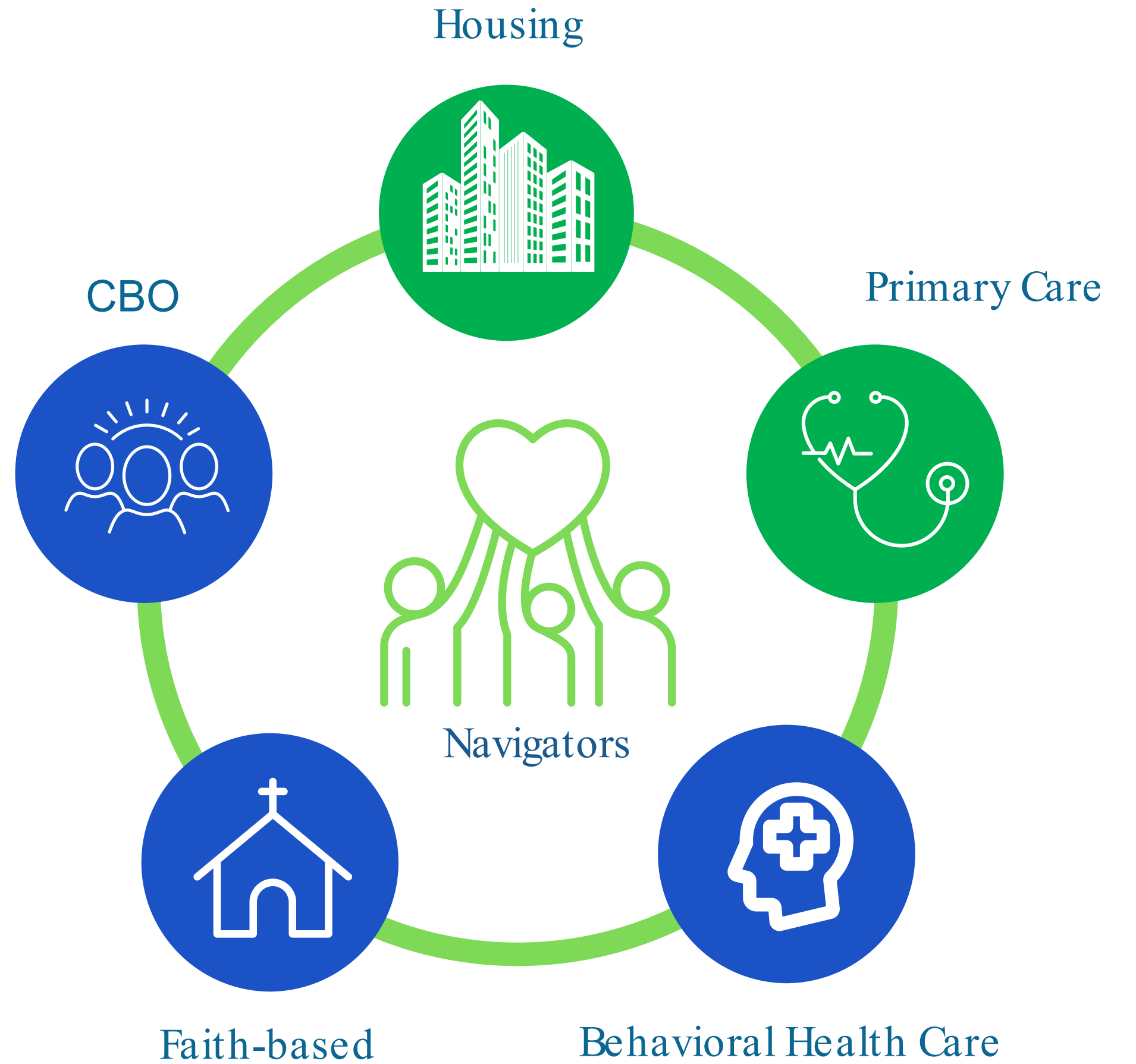
Strengthen capacity for navigators to screen, identify, educate, and coordinate mental health support services

3. Care Access

Integrate mental health support into affordable housing, primary care, and community-based settings

4. Evaluation

Evaluate the impact of the Harlem Strong program and assess implications for future care and policy



Program Components

Consumer Journey to Resilience



RESEARCH DESIGN

	PERIODS							
	1	2	3	4	5	6	7	8
1		20	20	20	20	20	20	20
2	20		20	20	20	20	20	20
3	20	20		20	20	20	20	20
4	20	20	20		20	20	20	20
5	20	20	20	20		20	20	20

STEPPED-WEDGED CLUSTERED RANDOMIZED CONTROL STUDY WITH SUPPLEMENTATION

SITE N: 20
PROVIDER N: 100
CONSUMER N: 700



HYBRID IMPLEMENTATION EFFECTIVENESS DESIGN

PRIMARY OUTCOMES:

- EFFECTIVENESS: DEPRESSION,
- IMPLEMENTATION: REACH

SECONDARY OUTCOMES:

- FUNCTIONING, WELL-BEING, SOCIAL RISKS, ADOPTION

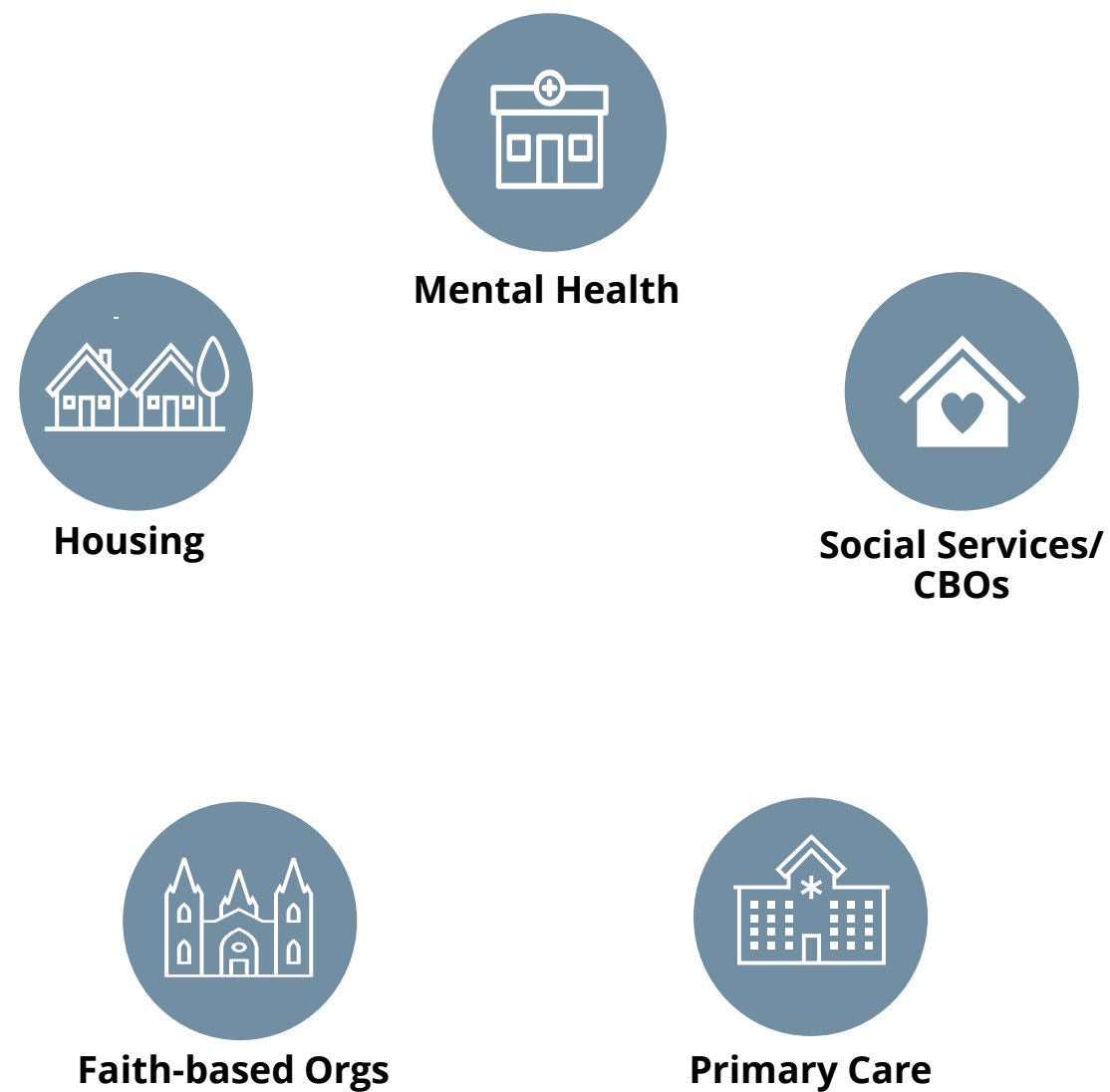


MIXED METHODS

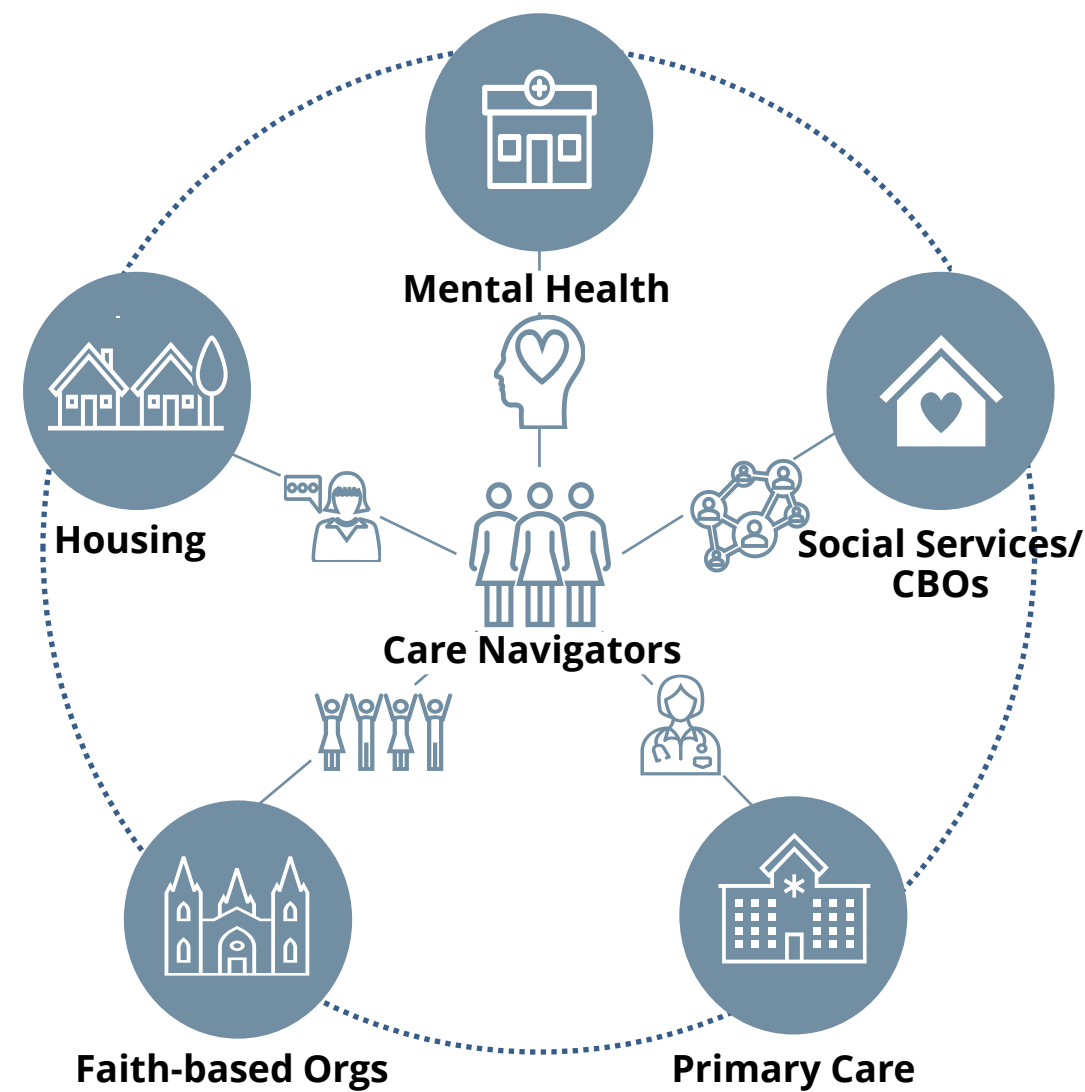
- PROVIDER SURVEYS 0, 6, 12, 24
- CONSUMER SURVEYS 0, 6, 12
- IMPLEMENTATION DATA
- QUALITATIVE INTERVIEWS

IMPLEMENTATION CONDITIONS

Education & Resources



Multisectoral Collaborative Care (MCC)



MCC + Technology



Stepped Wedge Design

	Period 1 March-Dec '23	2 Jan-June '24	3 July-Dec '24	4 Jan-June '25	5 July-Dec '25	6 Jan-June '26	7 July-Dec '26	8 Jan-June '27
Groups	MCC 1	MCC 1	MCC 1	MCC 1	MCC +TECH	MCC +TECH	MCC +TECH	MCC +TECH
	E&R	MCC 2	MCC 2	MCC 2	MCC 2	MCC +TECH	MCC +TECH	MCC +TECH
	E&R	E&R	MCC 3	MCC 3	MCC 3	MCC 3	MCC +TECH	MCC +TECH
	E&R	E&R	E&R	MCC 4	MCC 4	MCC 4	MCC 4	MCC +TECH
	E&R	E&R	E&R	E&R	MCC 5	MCC 5	MCC 5	MCC 5

Types of Sites

Gateway

Housing



- HCCI
- Hope Community

Primary Care



- Heritage Health
- Acacia Network
- Ryan Health
- Center for Comprehensive Health Practice

Coalition



CBOs (50)



Faith-Based (6)



Primary Health and Behavioral Health Care (15)



Trainings

Hybrid Training Model with online trainings, webinars, and workshops

Coaching

Monthly consultation to navigators to implement the model

Capacity Building

Navigators

Train members of your team to be navigators or/and have access to navigators in our network

Community

Build a community of practice to support mental health: Learning Collaborative, Coalition

TRAINING CURRICULUM



1. Intro to Mental Health,
Stress, and Resilience

2. Provider Burnout

3. Trauma Informed Care
and Crisis Management

4. Community Care
Model

5. Counseling and
Engagement Skills

6. Resilience Counseling
Skills

HARLEM STRONG TOOLKIT



1. Resource Directory:

Comprehensive guide to mental health and community resources.



2. Implementation Guide:

Flowcharts, checklists, and forms to support mental health task-sharing.



3. E-hub

Online platform and one-stop shop for training, events, news, and additional resources.

HARLEM STRONG E-HUB



[Home](#)

[About Us](#) ▾

[Community Voices](#)

[Events](#)

[Resources](#)

[Contact us](#)

[Portal](#)



Harlem Strong Initiative

Strengthening community mental health resilience in Harlem

[DISCOVER >](#)

Scroll Down

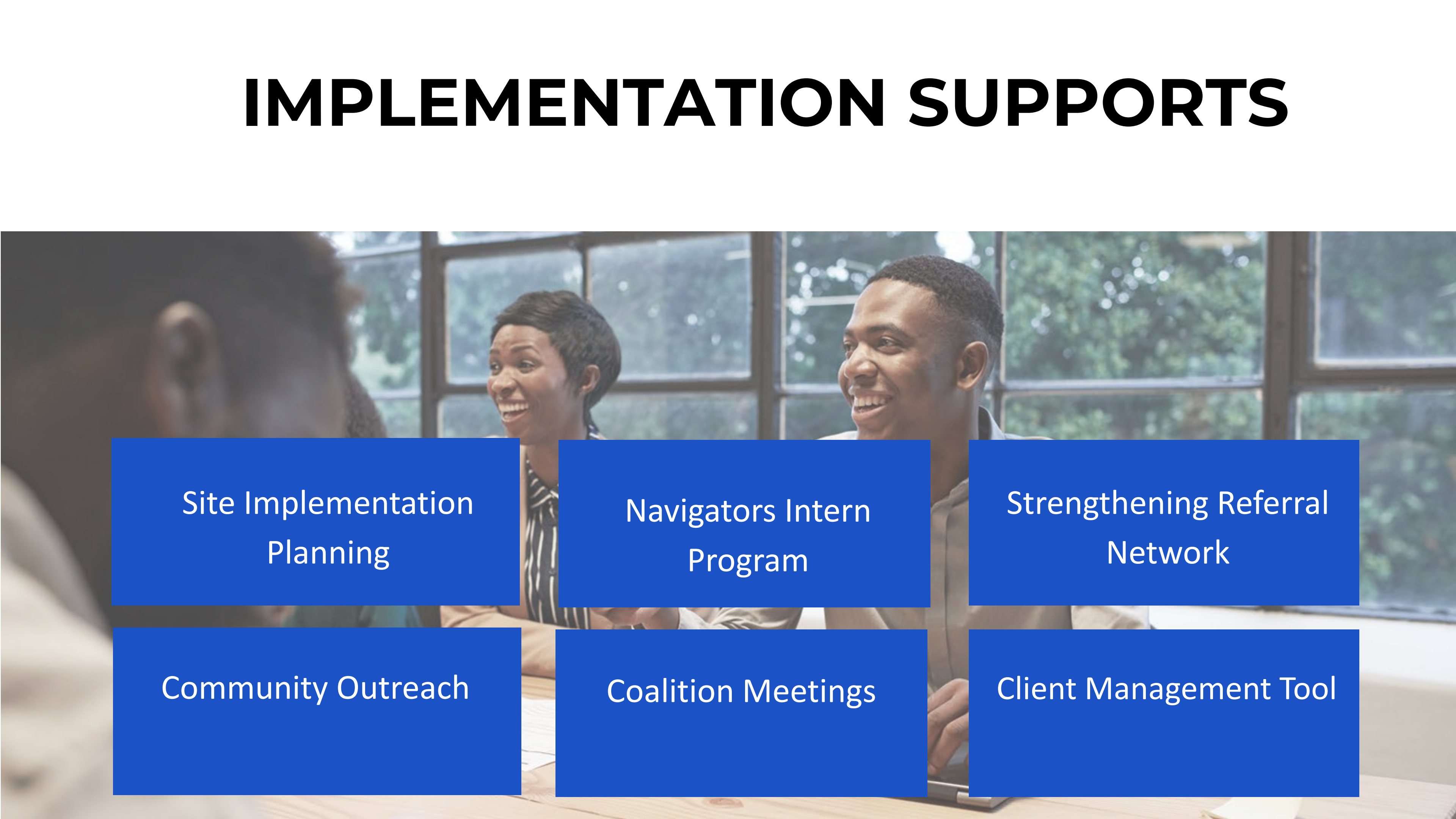
**The Harlem Strong
Coalition goals are to:**

01 Promote mental health awareness and access to resources across the community

02 Build capacity in mental health promotion and task-sharing skills

03 Support continuous quality improvement, and strengthen community resiliency.

IMPLEMENTATION SUPPORTS



Site Implementation
Planning

Navigators Intern
Program

Strengthening Referral
Network

Community Outreach

Coalition Meetings

Client Management Tool

Client Management Tool: Open EMR

OpenEMR is a Free and Open Source electronic health records and medical practice management application. It is ONC Certified and features fully integrated electronic health records, practice management, scheduling, electronic billing, and free support.

Features include:

- Patient demographics
- Patient scheduling
- Electronic medical records
- Prescriptions
- Medical billing
- Clinical decision rules
- Patient portal
- Reports
- Multilanguage support (30+ languages)

Client Management Tool: Open EMR

Patient summary screen

OpenEMR - Mozilla Firefox

192.168.1.156/openemr/interface/main/tabs/main.php

Calendar Flow Board Messages Patient/Client Fees Modules Procedures Administration Reports Miscellaneous Popups About Administrator Administrator

Patient: Tom Smith (1) DOB: 2013-02-18 Age: 4

Open Encounter: 2017-02-18 (2) View Past Encounter (1)

Calendar Message and Reminder Center Patient Finder **Smith, Tom** Vitals

Smith, Tom

History | Report | Documents | Transactions | Issues | Ledger | External Data

Billing (expand)

Demographics (expand) Notes (expand) Patient Reminders (expand) Disclosures (expand) Amendments (expand)

Labs (expand)

Vitals (collapse)

Most recent vitals from: 2017-02-18 04:15:00

Blood Pressure: 120/80	Weight: 102.00 lb (46.27 kg)
Height: 60.00 in (152.4 cm)	Temperature: 99.00 F (37.23 C)
Temp Method: Oral	Pulse: 56 per min
Respiration: 20 per min	BMI: 20 kg/m^2
BMI Status: See Growth-Chart	Oxygen Saturation: 97 %

[Click here to view and graph all vitals.](#)

Clinical Reminders (collapse)

Assessment: Tobacco (Past Due) ?
Education: Weight (Past Due) ?
Education: Nutrition (Past Due) ?
Education: Exercise (Past Due) ?

Appointments (collapse)

2017-02-18, 09:00 am (Saturday)
Status(-) Office Visit
Administrator Administrator

Recurrent Appointments (expand)

Medical Problems (collapse)

HTN

Allergies (collapse)

None

Medications (collapse)

Lipitor

Immunizations (collapse)

None

Prescription (collapse)

None

Patient demographic form

OpenEMR - Mozilla Firefox

192.168.1.156/openemr/interface/main/tabs/main.php

Calendar Flow Board Messages Patient/Client Fees Modules Procedures Administration Reports Miscellaneous Popups About Administrator Administrator

Patient: Tom Smith (1) DOB: 2013-02-18 Age: 4

Open Encounter: 2017-02-18 (2) View Past Encounter (1)

Calendar Message and Reminder Center Patient Finder **Current Patient** Vitals

Current Patient Save Cancel

Demographics

Who Contact Choices Employer Stats Misc Guardian

Name: Unassigned Tom External ID: 1
Smith

DOB: 2013-02-18 Sex: Male

S.S.: License/ID:

Marital Status: Unassigned

User Defined:

Billing Note:

Insurance

Primary Secondary Tertiary

Primary Insurance Provider: Search/Add Unassigned Relationship: (Browse)

Plan Name: Subscriber: D.O.B.: 0000-00-00 Sex: Unassigned

Effective Date: 0000-00-00 S.S.:

Policy Number: Group Number: Subscriber Address: State: Add Unassigned

Subscriber Employer (SE) (if unemployed enter Student, PT Student, or leave blank): City: Country: Add Unassigned

SE Address: Zip Code: Subscriber Phone: CoPay:

SE City: SE State: Unassigned Add

SE Zip Code: SE Country: Add Unassigned

Accept Assignment: YES

Secondary Medicare Type: N/A

Training Delivery Progress



MCC1

- **Final n=8**
- **Training Complete 1/22/24:**
 - ✓ 6 Modules Comprising Online Videos
 - ✓ 8 Webinars
 - ✓ 1 In Person Workshop
 - ✓ Ongoing Weekly Coaching

MCC2

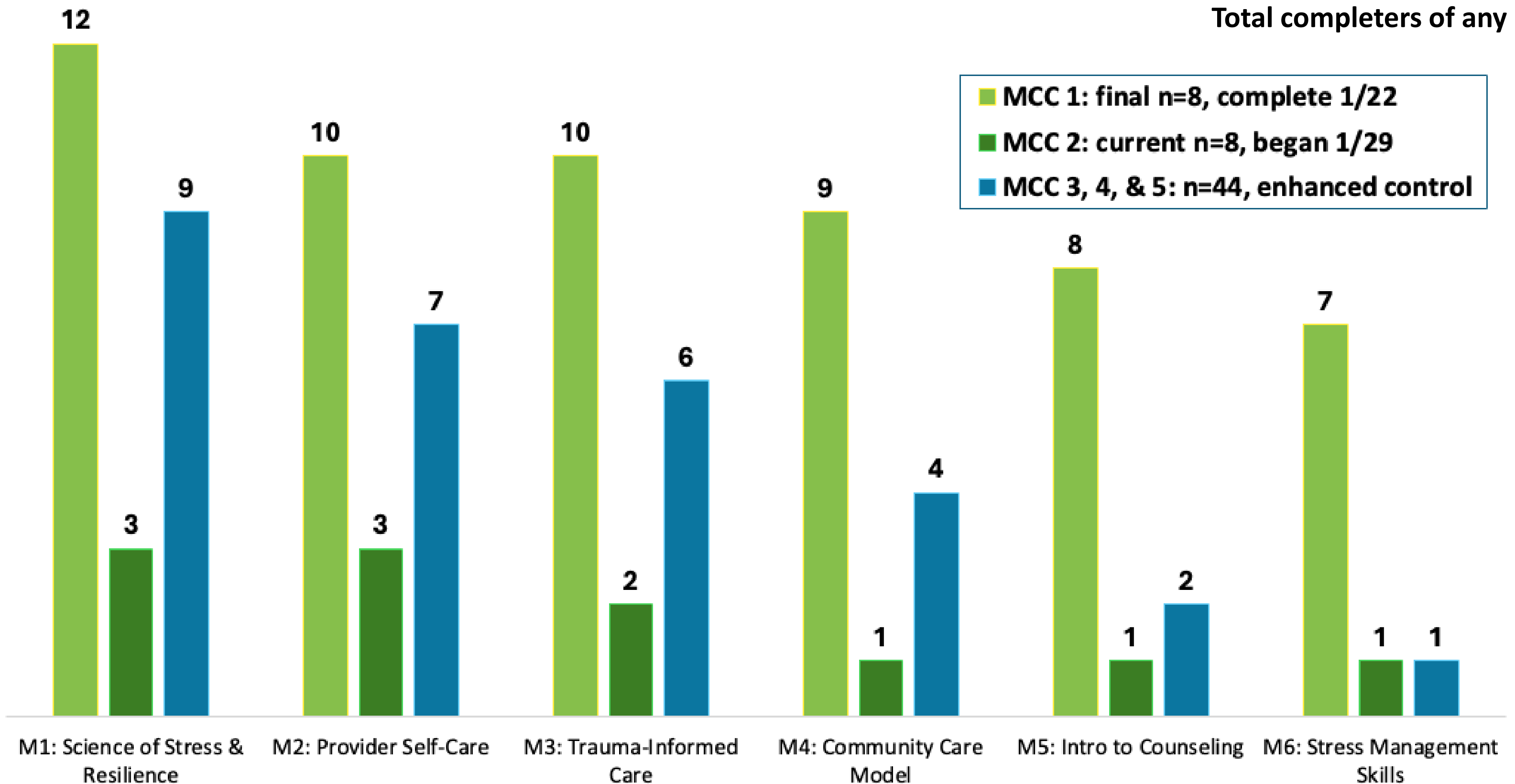
- **Initial n=8**
- **Current active training group**
- Training began 1/22/24, some sites still onboarding

Control Conditions (MCC 3, 4, & 5)

- **n=44**
- Encouraged to complete Modules 1-6

Online Module Training Completion across Conditions as of 2.13.24

Total completers of any module: 70



Provider Survey Progress

Baseline Provider Survey (Ongoing): 72 completers

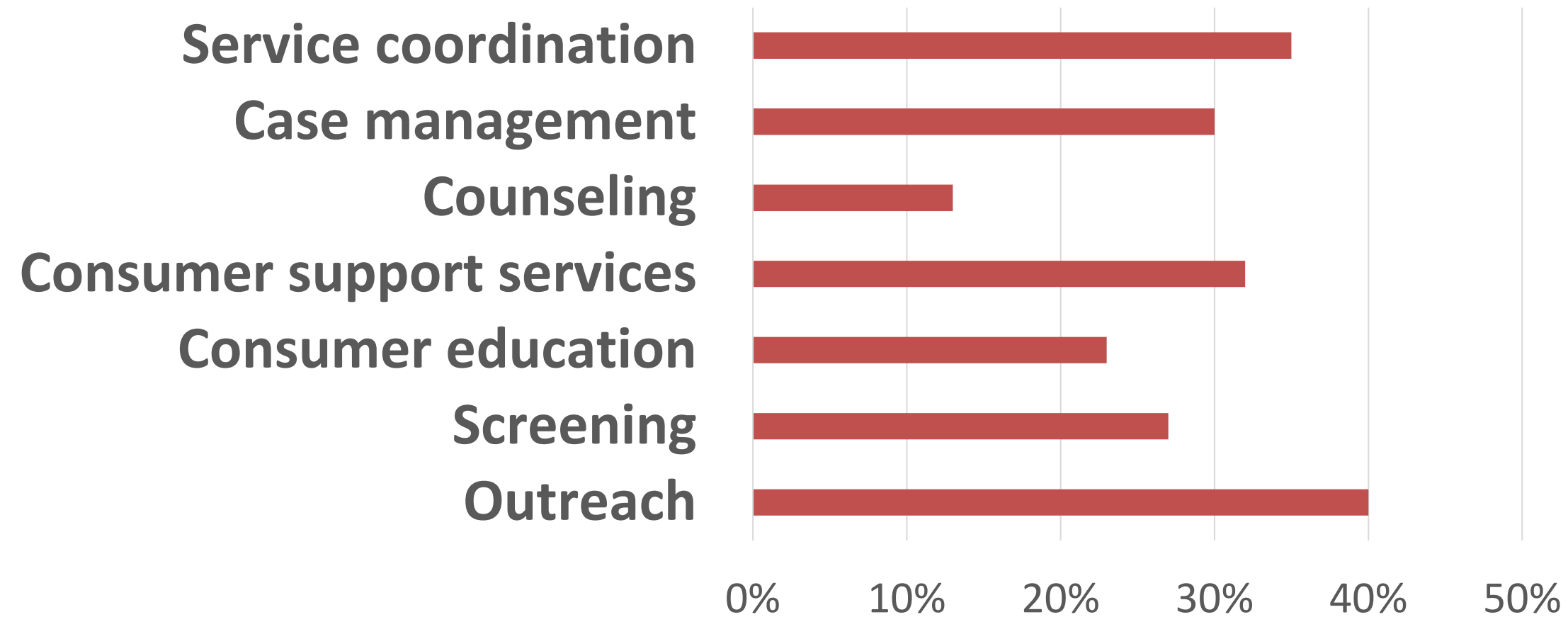
Demographics:

- mean age 47.0 years
- 69% identified as women
- 58% identified as Black or Black American; 23% as Hispanic/Latino; 13% White; 10% American Indian, First Nations, or Alaska Native; 1% Middle Eastern or North African, and 0% as Asian, or Native Hawaiian or other Pacific Islander or Unsure
- 17% born outside of the United States

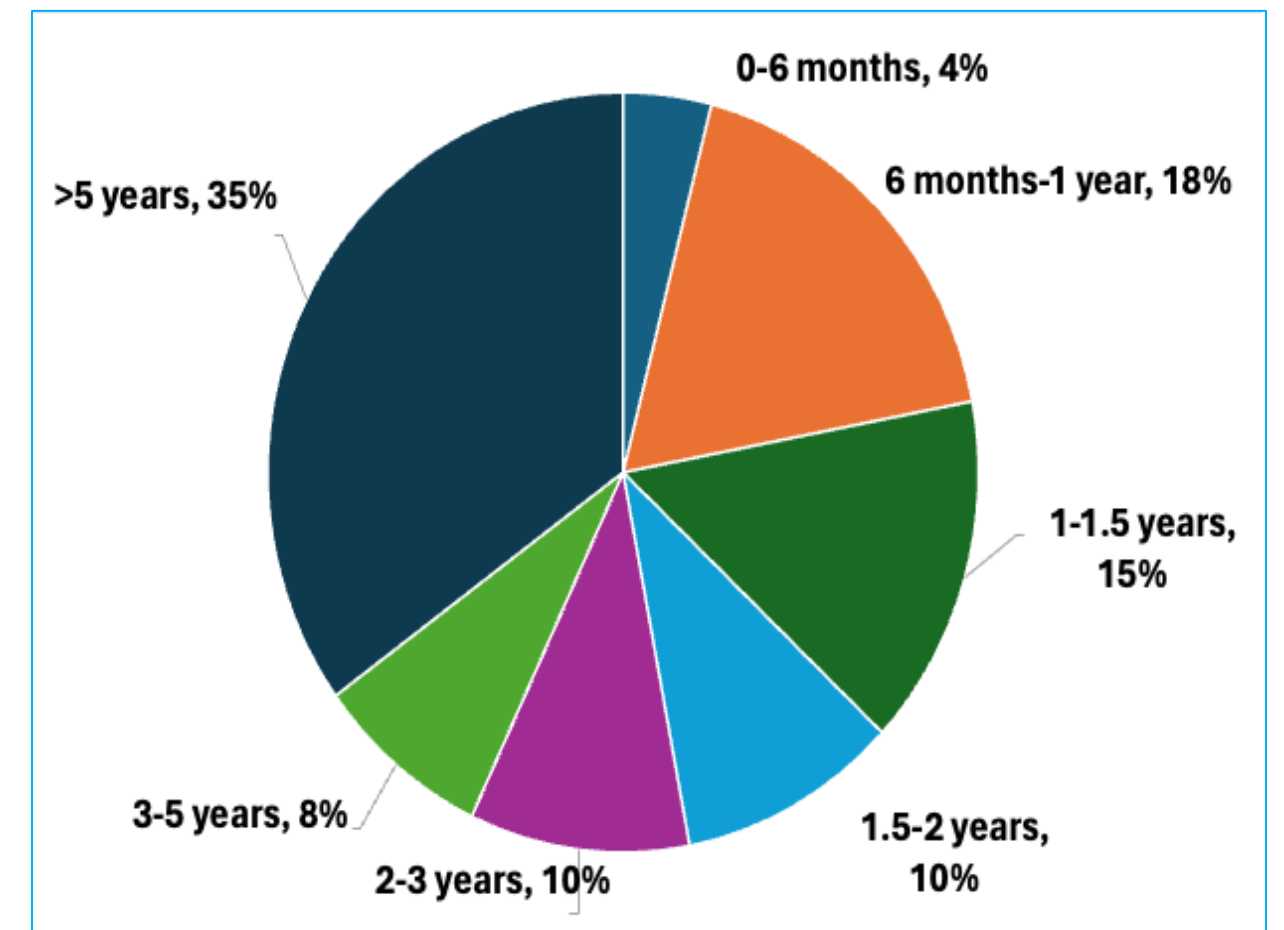
6-month Provider Survey (Ongoing): 22 completers

Preliminary Analysis of Provider Survey

Services Provided (n=60)



Time worked at current organization



- **72% working directly with consumers**
- **45% supervise or support direct service providers**

Provider Stigma of Mental Illness

On the OMS-HC-15,

- 28% agreed or strongly agreed that they are **more comfortable with physical illness than mental illness**

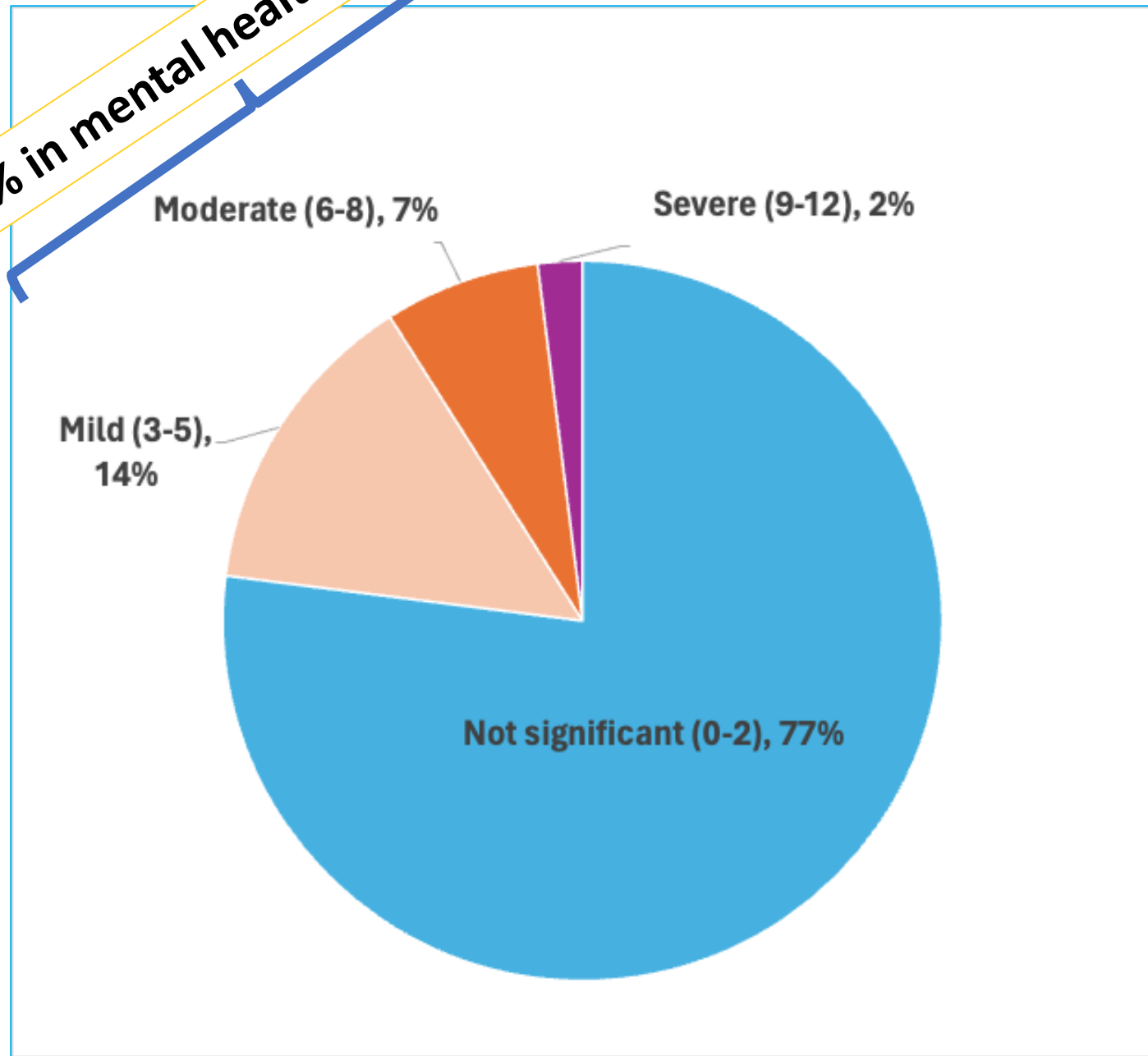
Providers evinced fear of stigma:

- 41% reported that they **wouldn't report their own mental illness** to colleagues, and 32% were unsure
- The mean of **9.4** (SD 3.1) out of 20 on the **disclosure and help-seeking subscale**, indicating **low comfort with admission of their own distress**.
- By contrast, providers scored **proportionately lower** on the two other subscales: **negative attitudes towards mentally ill people**, mean 11.9 (4.9) out of a possible 30, and **desire to socially distance from mentally ill people**, mean 10.5 (3.0) out of 25.

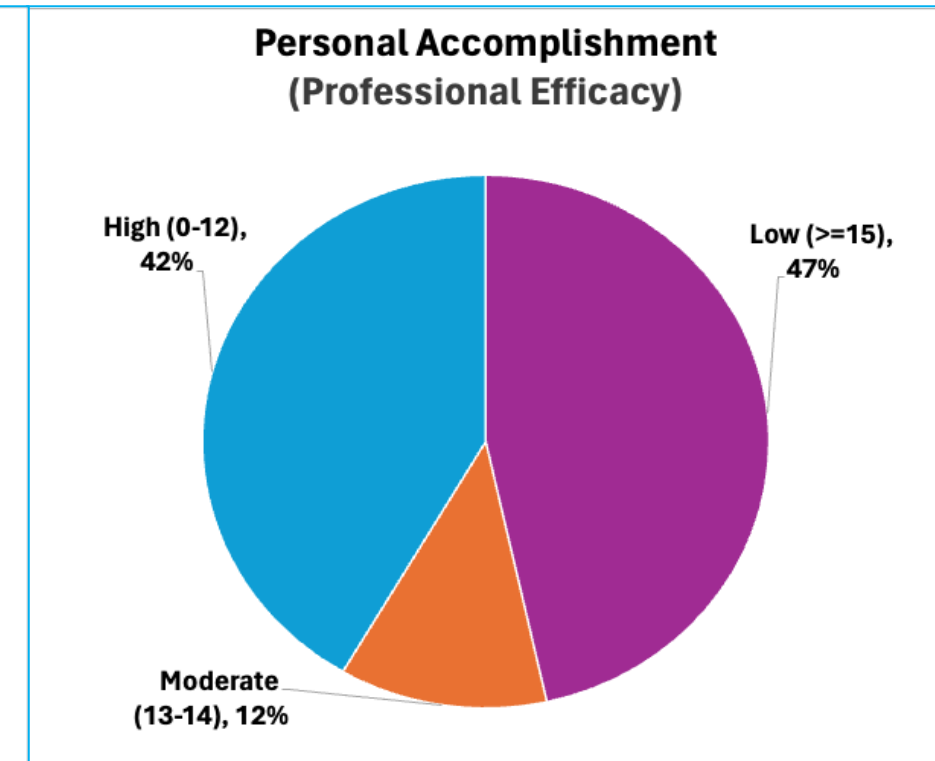
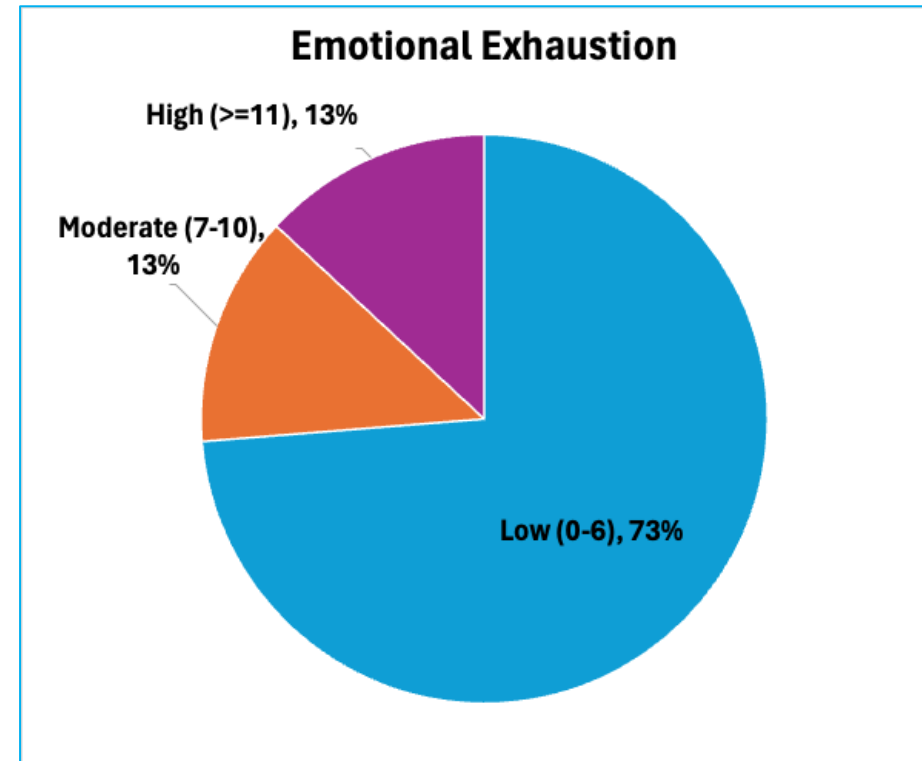
Stigma was measured using the Opening Minds Scale for Health Care Providers (OMS-HC-15)

Provider Mental Health Risk and Burnout

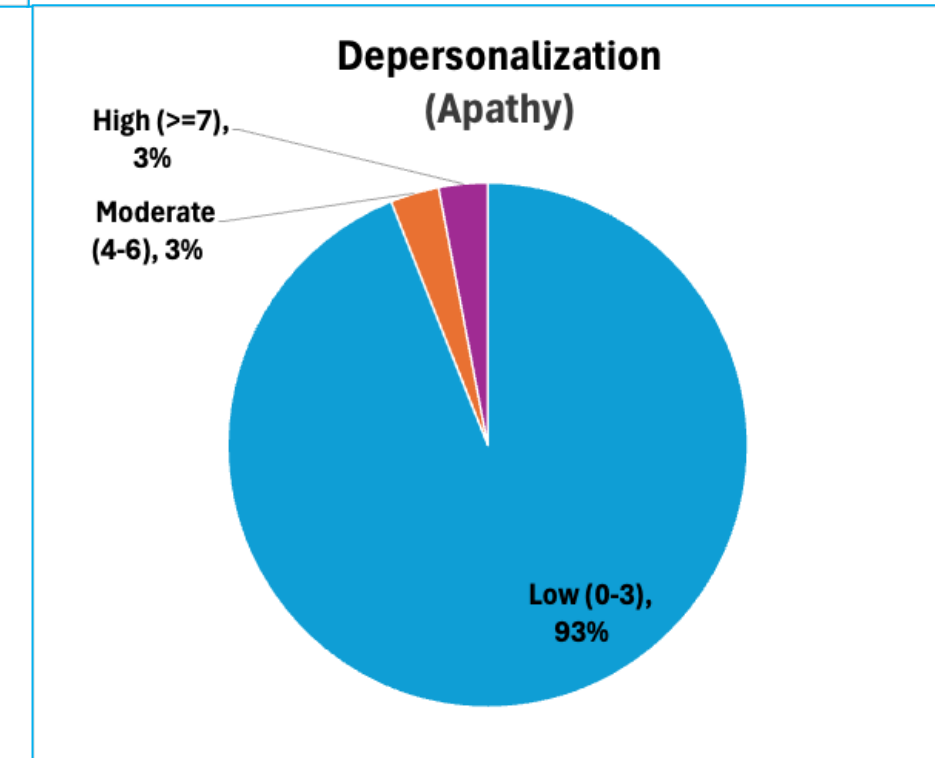
23% in mental health distress



Symptom Severity (PHQ-4 Score)



Maslach Burnout Inventory Subscales (MBI-9)



Consumer Survey Updates

Period 1

- **113/161 (70%) consumers** screened positive for mild depression/anxiety (high rate of MH concerns)
- **80/113 (70%) consumers** consented and completed their surveys

Period 2

- To start recruitment in **Feb 2024**

Publications and Presentations

Ngo VK, Vu TT, Punter MA, Levine D, Borrell LN, Mateu-Gelabert P. Mental Health Service Use, Barriers, and Service Preferences During COVID-19 among Low-Income Housing and Market-Rate Housing Residents of Harlem in New York City. *J Community Health*. 2023 Dec 8. doi: 10.1007/s10900-023-01301-w. Epub ahead of print. PMID: 38066218. (Accepted)

Vu, T. T., Dario, J. P., Mateu-Gelabert, P., Levine, D., Punter, M. A., Borrell, L. N., & Ngo, V. K. (2023). Alcohol Misuse, Binge Drinking, and their Associations with Psychosocial Factors during COVID-19 among Harlem Residents in New York City. *Journal of urban health : bulletin of the New York Academy of Medicine*, 100(3), 638–648. <https://doi.org/10.1007/s11524-023-00738-7>

Vu, T. T., Dario, J. P., Mateu-Gelabert, P., Levine, D., Punter, M. A., Borrell, L. N., & Ngo, V. K. (2023). Substance Use Patterns and Their Association with Depression and Social Factors During COVID-19 Among Harlem Residents in New York City. *Journal of community health*, 48(6), 937–944. <https://doi.org/10.1007/s10900-023-01253-1>

2 additional publications (in progress) and 7 Conference Presentations (APHA, NYSTEC, CUNY)



Harlem Strong Gateway Sites

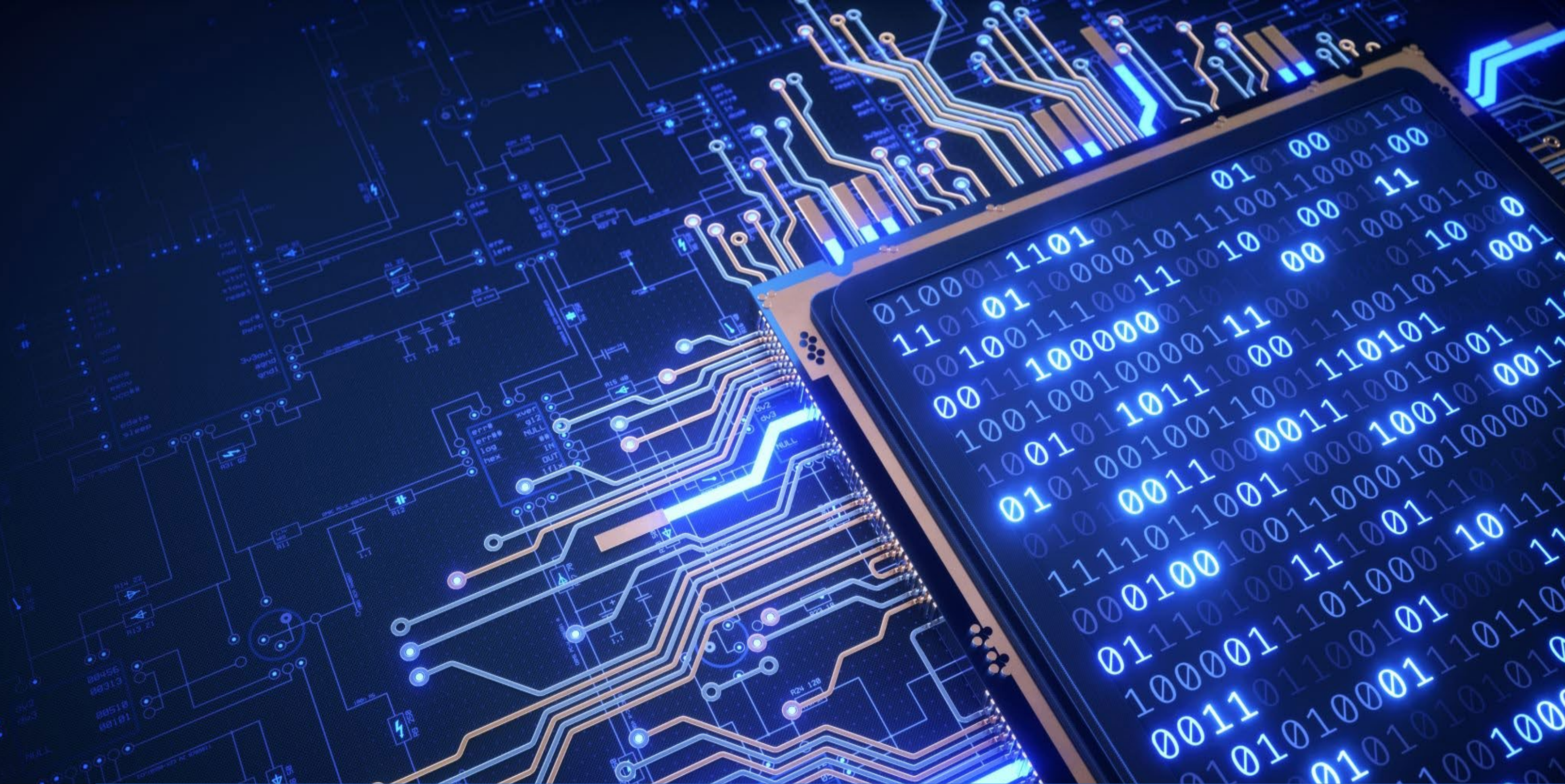
Accomplishments with Housing Partners

HCCI's Milestones and Progress:

- Obtained Health First contract for community navigation – big win for sustainability
- First cohort of community navigators will begin offering services this month
- CIMH supporting HCCI with two additional navigators

Hope Community in East Harlem:

- Addition of new housing provider to reach the Latino community
- Secured funding for Hope community navigators
- CIMH supporting Hope Community with two additional navigators



System Coordination – Healthfirst

Healthfirst: Supporting Harlem Strong Implementation

■ Helping You

- A model of collaboration with community-based organizations to improve health outcomes through navigation to care, social services, and health coaching.

■ Program infrastructure

- A network of contracted community-based organizations with experience and expertise serving various populations, diverse cultural and linguistic competencies, and deep roots in the community
- Standard contract and reimbursement methodology
- One screening tool
- Digital Hub for all social care initiatives - Hyphen

■ Leveraging the Helping You to implement Harlem Strong

- Cross-walk of Harlem Strong activities with Helping You contracted services
- Alignment for service tracking, reporting, and reimbursement
- Connectivity between Hyphen and Harlem Strong program platform

Harlem Strong		Helping You	
Service Category	Description	Helping You SOW Equivalent	Helping You Equivalent and Reimbursement Criteria
Referrals and connections to care	Offered whenever consumers may benefit from a referral to a mental health specialist or other specific supportive services.	Health Care Services Navigation / Social Services Navigation	These are Helping You services to be paid according to the Helping You fee schedule.
Stress management sessions	Provided to consumers to teach and practice stress management skills they can use to improve their emotional wellness and coping with stress and common mental health challenges, such as anxiety and depression.	Self Management Class	A stress management group session covering Harlem Strong's Stress Management curriculum will count as a self-management class, a Helping You service.

Harlem Strong		Helping You	
Service Category	Description	Helping You SOW Equivalent	Helping You Equivalent and Reimbursement Criteria
Consumer Education	The process of teaching consumers about mental health, which starts with actively listening to them about their perspectives and experiences, validating and reassuring them, and then guiding their thinking about mental health. While this component focuses on consumer education, this step should be considered throughout the entire care process. For example, there are opportunities to provide knowledge and conversation around mental health during community outreach and the psychosocial assessment.	Health Coaching	Health Coaching is a Helping You service. A coaching session is an individual encounter between a member and a trained CHW to address health related topics following the Harlem Strong curriculum and protocols. Each Health Coaching session counts as one service and will be paid according to the Helping You fee schedule.

Harlem Strong		Helping You	
Service Category	Description	Helping You SOW Equivalent	Helping You Equivalent
Outreach	A broad umbrella of activities which raise awareness about mental health literacy and communicate information and resources. Community-accessible settings are well-positioned to educate the community, engage the community in Harlem Strong, and integrate efforts to promote resilience and address mental health stigma. Goal: Support efforts to promote information, education, and communication about mental health and mental health resources and support awareness and destigmatization of mental health.	Program Introduction	Interaction with member to communicate information, introduce the program, and offer help finding and accessing services, resources, and support. May entail one or multiple encounters. Individually or group settings can be charged only once per member.

COMMENTARY SPEAKER

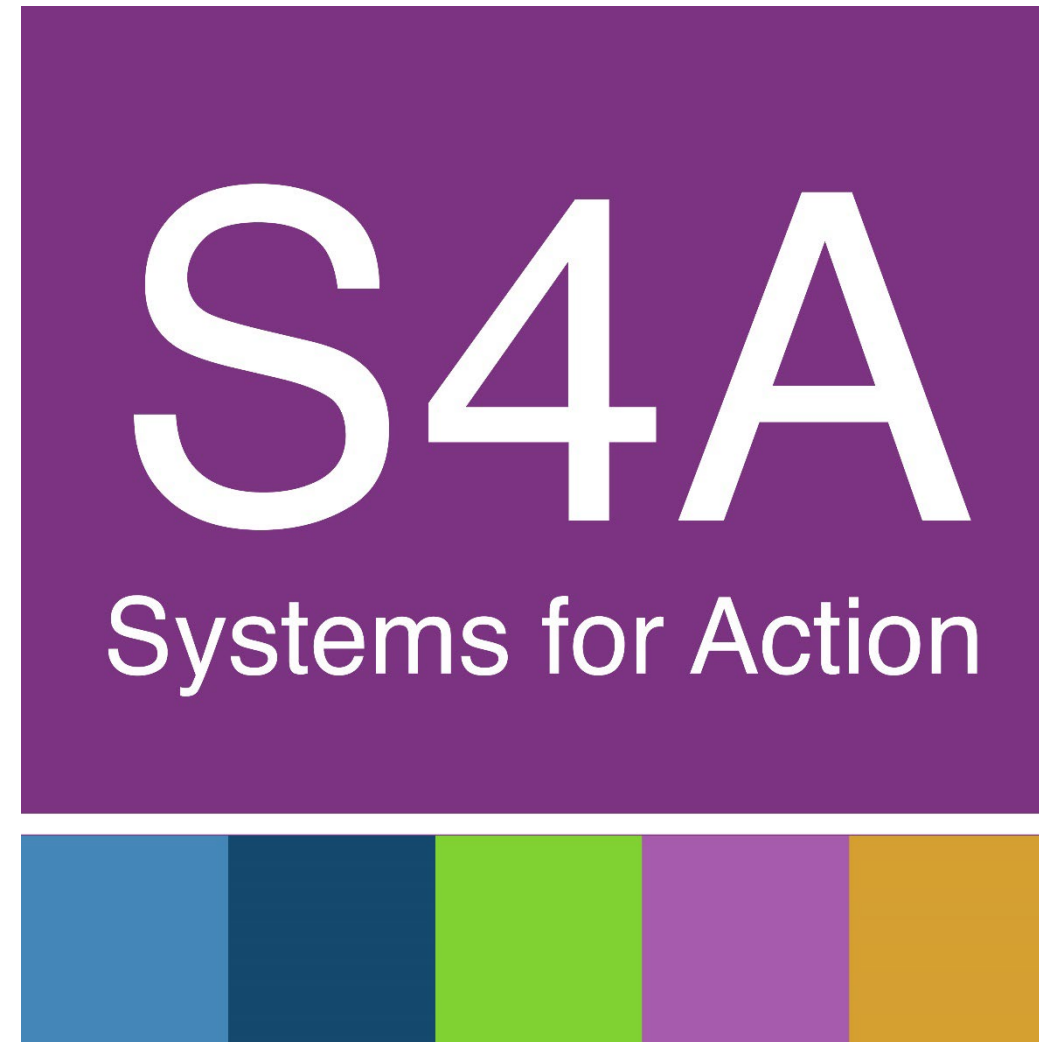


Susan Beane, MD

Executive Medical Director

Healthfirst, Inc.

Questions?



www.systemsforaction.org

 [@Systems4Action](https://twitter.com/Systems4Action)

If you would like to receive a **certificate of completion** for today's ResProg webinar, please complete the survey at the end of the session.

One will be emailed to you.

Integrating Health and Social Services through a Novel Independent Practice Association

Wednesday, February 28 | 12pm ET



Acknowledgements

Systems for Action is a National Program Office of the Robert Wood Johnson Foundation and a collaborative effort of the Colorado School of Public Health, administered by the University of Colorado Anschutz Medical Campus, Aurora, CO.



Robert Wood Johnson
Foundation

colorado school of
public health