Systems for Action
National Coordinating Center
Systems and Services Research to Build a Culture of Health

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Multisector Task-Sharing to Improve Mental Health in Harlem, NY

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

Research-in-Progress Webinar
February 16, 2022
12-1pm ET

Agenda

S4A
Systems for Action

Welcome: Carrington Lott, MPH • S4A

Presenters: Victoria Ngo, MS, PhD • CUNY
Malcolm A. Punter, EdD, MBA • HCCI
Deborah Levine, MSW, LCSW • HHI

Commentary: Susan Beane, MD • Healthfirst, Inc.

Q&A

Presenter

CUNY SPH CENTER FOR INNOVATION IN MENTAL HEALTH

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.

Presenter

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 HCCIs real estate portfolio of nearly 3500 housing units and 80 retain commercial spaces. Dr. Punter currently manage 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 inflicted 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 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.

Presenter

Deborah A. Levine, LCSW is director of the CUNY SPH's Harlem Health Initiative, an inaugural initiative to address neighborhood service priorities, improve health, and reduce health disparities throughout Harlem.

Levine began her training at Fairleigh Dickinson University. She earned a bachelor's degree in social work followed by a master's degree in clinical social work with a minor in family therapy at New York University. She later honed her abilities in Hunter College's post-graduate program in social work supervision and training, Columbia University Graduate School's Institute for Not-for-Profit Middle Management program, and its leadership and executive management program.

Throughout her career, she has worked to apply capacity building and technical assistance to community-based organizations, national non-profits, and houses of worship by implementing strategies that increase access to and utilization of health promotion, disease prevention, and risk-and reduction avoidance services for racial/ethnic minority individuals.

Levine is a founding board member and national secretary of the National Black Women's HIV/AIDS Network, Inc. She also serves on the Coalition on Positive Health Empowerment (COPE) board, an organization dedicated to eradicating viral hepatitis. She is the community co-chair for New York Knows and chair of the New York City Department of Health and Mental Hygiene's Women's Advisory Board.

Commentator

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.

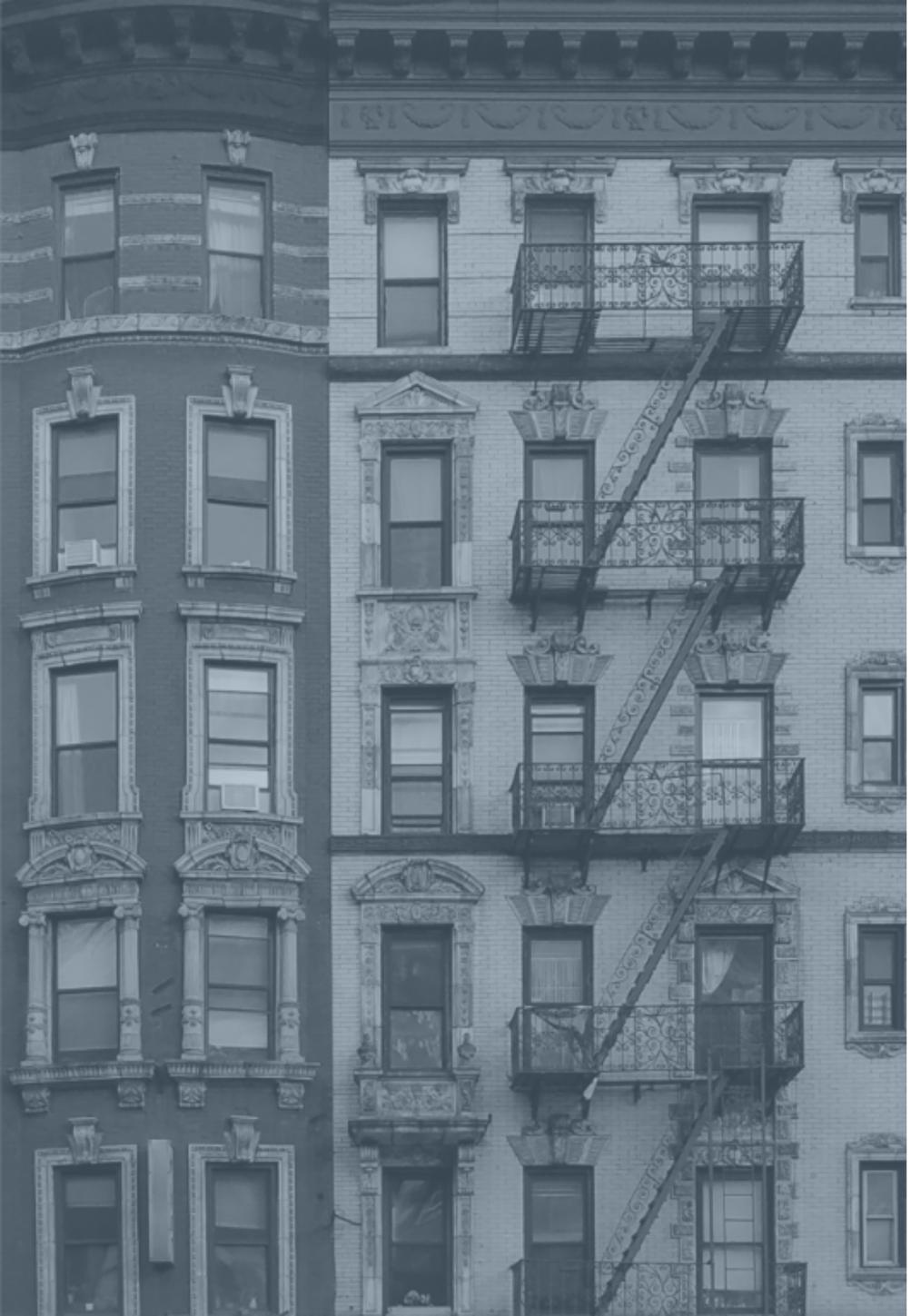
In her role at Healthfirst, Dr. Beane leads a team that collaborates with major healthcare delivery systems and with local, and national policy experts on the design, implementation, and dissemination of innovative, outcomes focused models of care. Her research contributions span health of caregivers, 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.

PROJECT DIRECTORS

Victoria Ngo, MS, PhD
Director, Center for Innovation in Mental Health
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



FUNDING

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

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CONVINCE

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Albert Einstein College of Medicine

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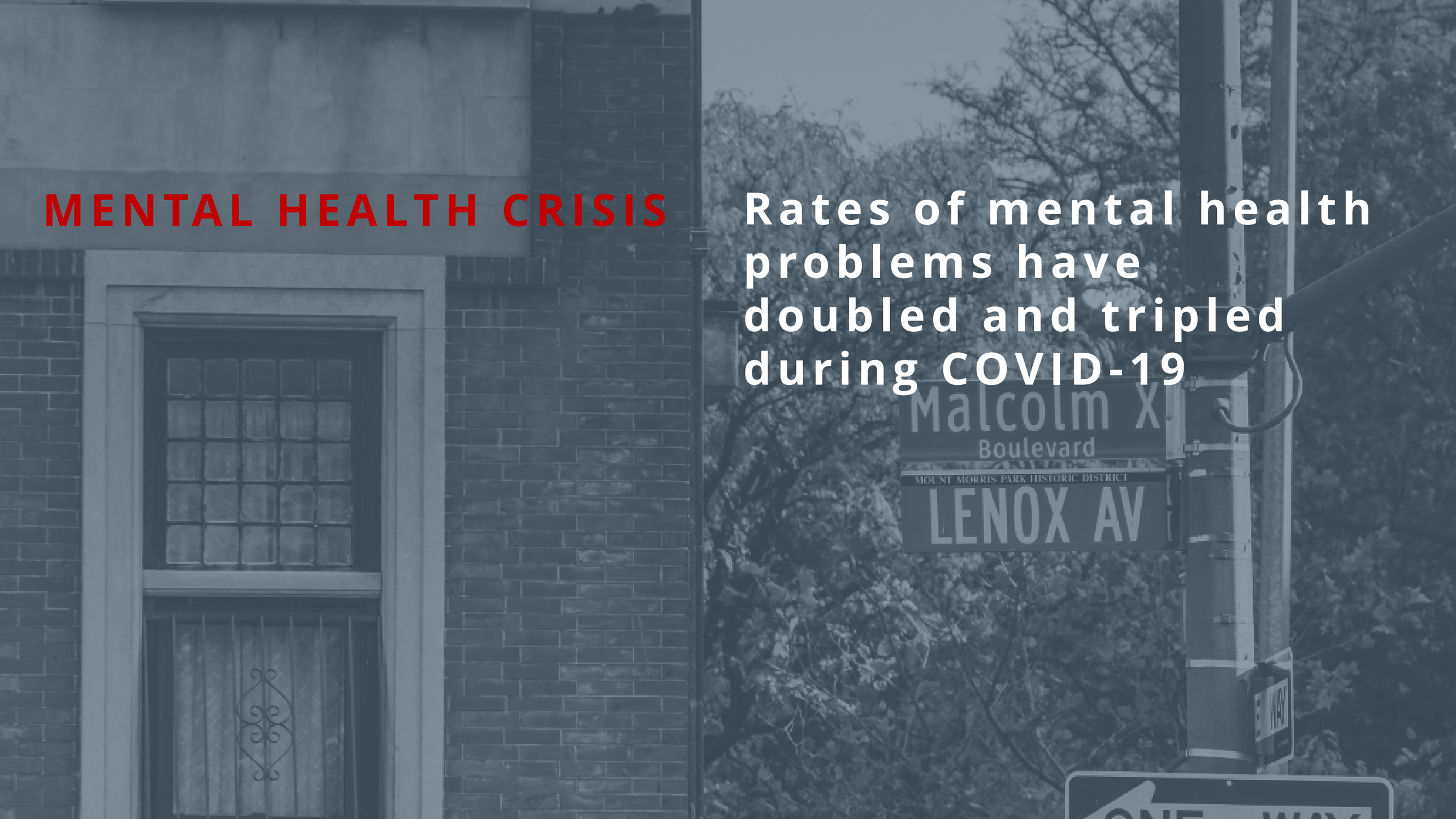
New Hope For The World Ministries Inc.

BACKGROUND & COMMUNITY NEEDS

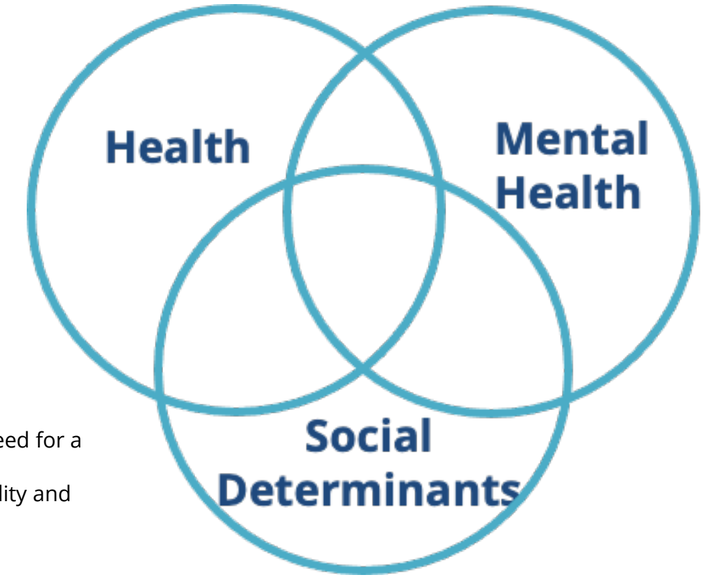


MENTAL HEALTH CRISIS

Rates of mental health problems have doubled and tripled during COVID-19

WIDENING DISPARITIES

- COVID-19 has magnified health and mental health inequities that have disproportionately devastated Black and Latino communities.
- COVID-19 case and death rates are 2-3 times higher for Black and Latino communities
- Depression and anxiety rates ranging from 30-56%, higher for Black and Latinos compared with White Americans.
- Low-income individuals have 7x the odds of having depression compared with high-income individuals in 2021.



Fortuna LR, Tolou-Shams M, Robles-Ramamurthy B, Porche MV. Inequity and the disproportionate impact of COVID-19 on communities of color in the United States: The need for a trauma-informed social justice response. Psychol Trauma 2020;12:443-5.
Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic - United States, June 24-30, 2020. MMWR Morbidity and mortality weekly report 2020;69:1049-57.
Anxiety and Depression: Household Pulse Survey. 2020. at https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm.)
El-Mohandes A, Ratzan SC, Rauh L, et al. COVID-19: A Barometer for Social Justice in New York City. Am J Public Health 2020;110:1656-8.
CUNY Graduate School of Public Health and Health Policy COVID-19 Tracking Survey. 2020. at https://sph.cuny.edu/research/covid-19-tracking-survey/.)

RESIDENT SURVEY PRELIMINARY FINDINGS

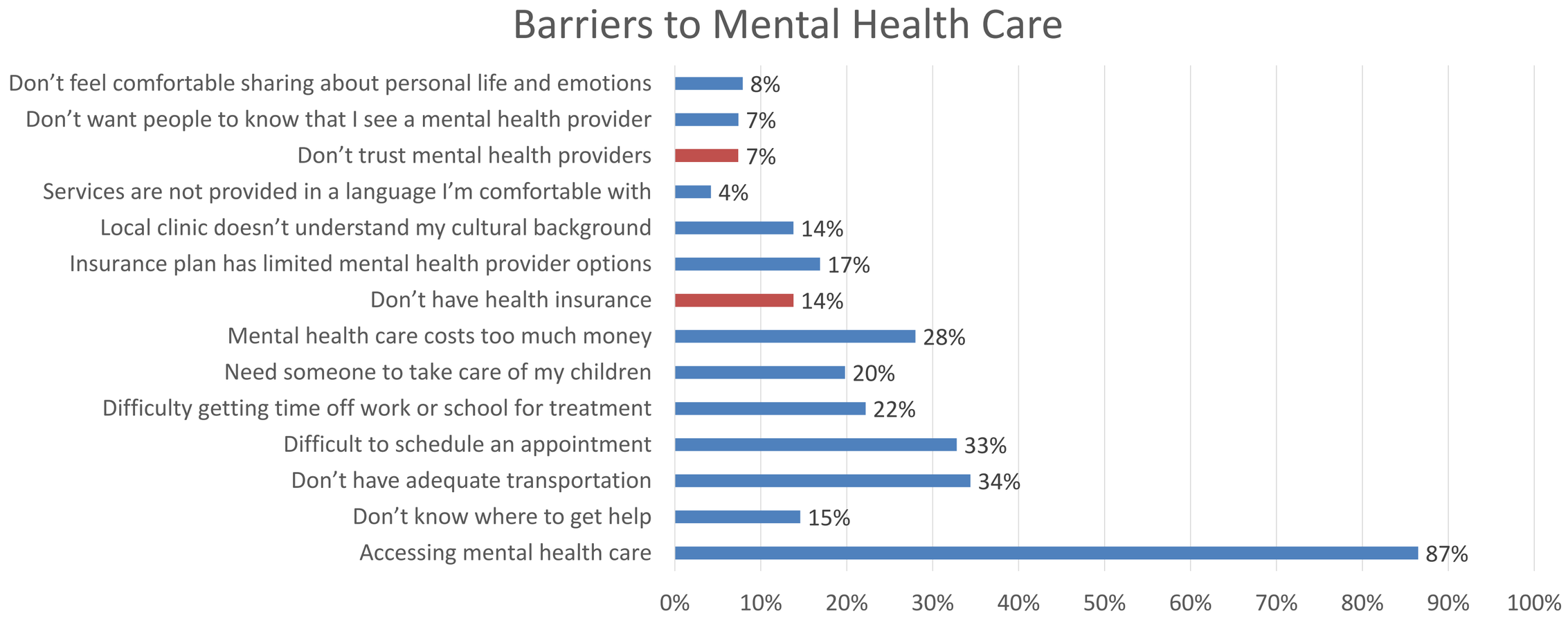
Mental Health Profile
41.2% depression risk
48.1% anxiety risk
73.0% loneliness
77.9% PTSD risk
63.6% Interpersonal Violence
48.9% Alcohol misuse
24.4% high substance users

Stressors
49.6% Housing Insecure
44.5% Food insecure
56.5% Employment insecure
38.5% Childcare challenges

Service Needs
36.4% need psychological support
86.1% endorsed barriers to MH care

Data collected between April 13, 2021- September 16, 2021.

RESIDENT SURVEY PRELIMINARY FINDINGS



Significant differences between community districts (CB 9, 10, 11)

SYSTEM CHALLENGES

- Lack of mental health capacity and knowledge, especially in low-income ethnic minority communities
- Fragmented and siloed care system that prevents the exchange of data and information and coordination of care across health, mental health, social services
- Lack of closed-loop referrals
- Lack of funding for community-based services
- Financing challenges of community health workers and community navigators needed for care coordination
- Lack of trust in the research process / concerns related to data collection

HARLEM STRONG STUDY OVERVIEW

SPECIFIC AIMS

Aim 1 Develop Multisectoral coalition focused on community engagement, innovations, system transformation, and sustainability for mental health integration

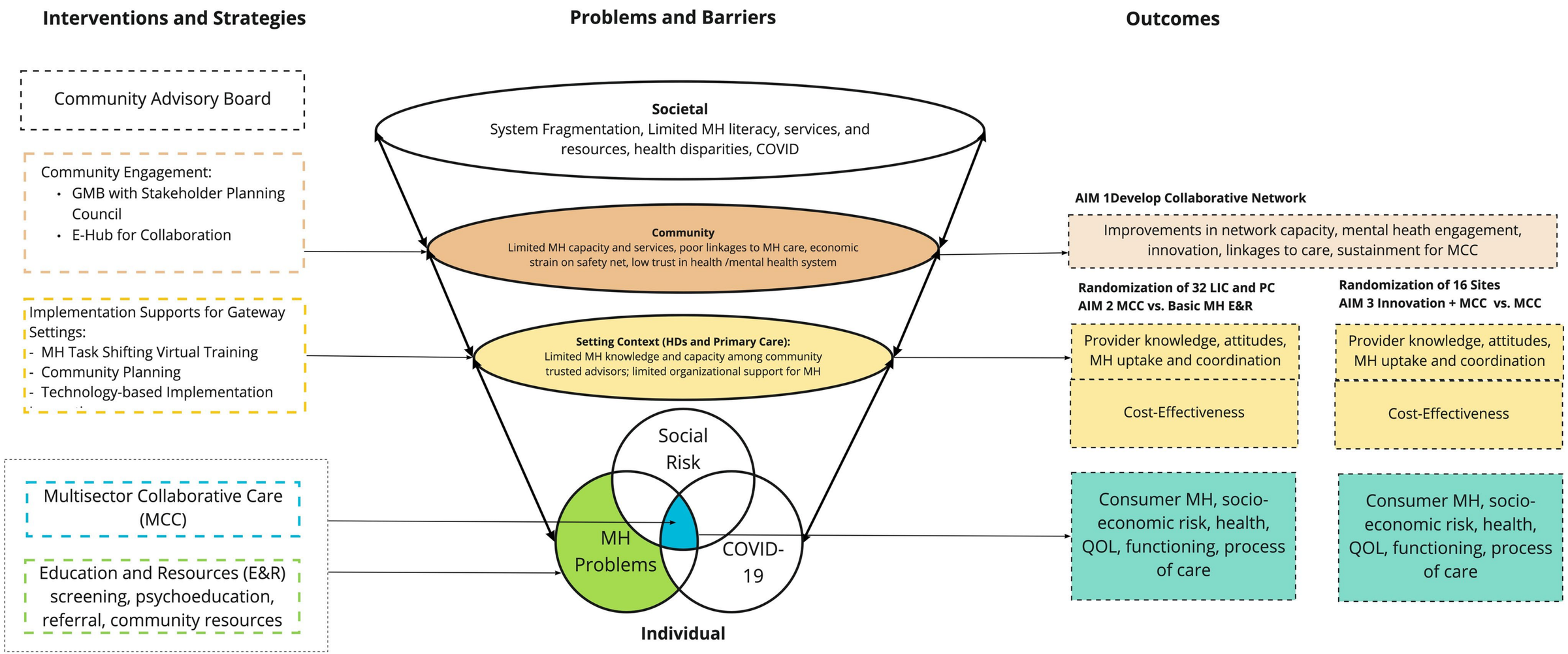
Aim 2 To conduct developmental work with multistakeholder group to identify barriers and facilitators, and preferences for service needs and implementation strategies. This community planning work will support development of Community Implementation Plan (CIP) for the Multisector Community Collaborative Care (MCC) model and support crowdsourcing community-driven technological solutions

Aim 3 To develop and test adaptive implementation strategies for MCC model delivered in two gateway settings: Low Income Housing (LIC) and Primary Care (PC)

SPECIFIC AIM 3

- Conduct **SMART** randomized control study:
  - **Step 1:** Multisector Community Collaborative Model (MCC) vs. Education and Resources (E&R)
  - **Step 2:** Community Technology-based Innovation vs. MCC
- Mixed Methods Type II Hybrid Implementation-Effectiveness design to examine:
  - **Intervention Effectiveness** on consumer MH, social risks, and process of care outcomes at 6 and 12 months
  - **Implementation outcomes** at housing developments and primary care with provider knowledge, attitudes, skills related to mental health literacy, screening, referral, and coordination of care at 6, 12, 24-months
  - **Cost-effectiveness** of the three models of implementation.

CONCEPTUAL MODEL



INTERVENTION PLANNING

Multi-stakeholder Community Needs Assessment

Goal: Identify needs and resources in the Harlem community

- Residents
- CBO Leaders and Providers
- FBO Leaders

Community Service System Mapping

Goal: Map out behavioral and social services for Harlem community and identify best strategies for mental health integration into housing, CBOs, FBOs, and primary care/FQHCs

Group Model Building

Goal: Identify barriers and facilitators, and preferences for service needs and implementation strategies.

Human-Centered Design

Goal: Use human-centered design strategies to adapt MCC curriculum, intervention materials and toolkit

Crowdsourcing Technology Solutions

Goal: Identify technological needs and solutions to support implementation of mental health integration and coordination of care.

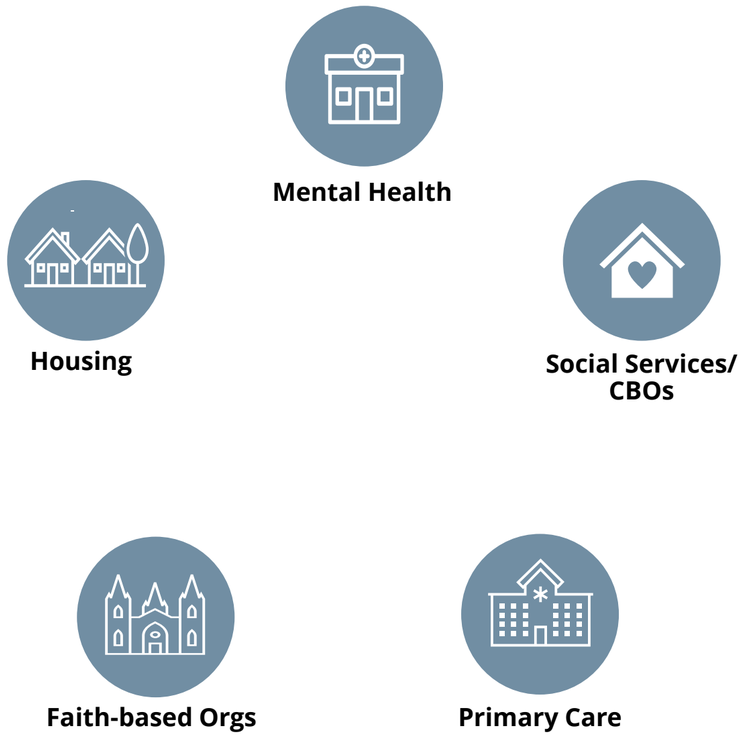
Community Implementation Plans

Goal: Develop implementation plans for housing, health, CBOs, and FBO settings

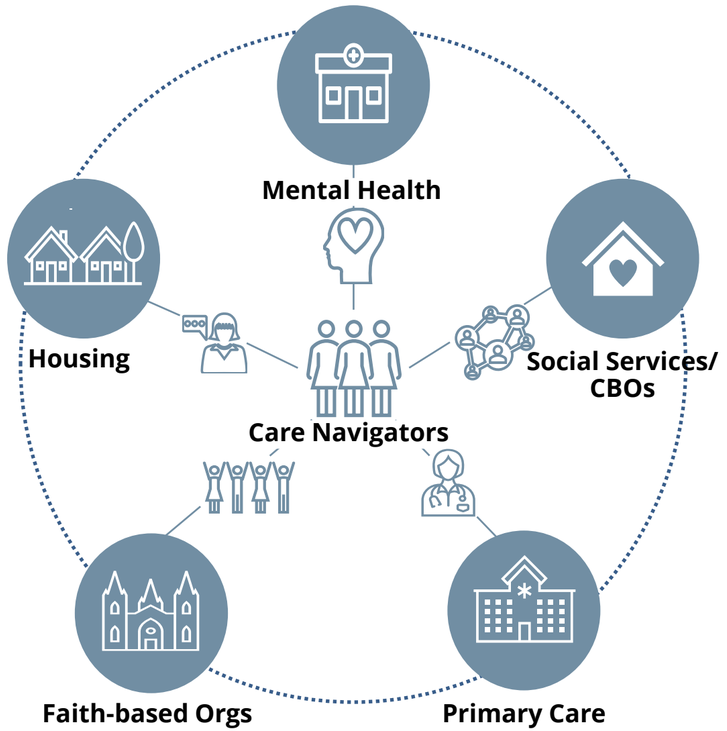
Community Stakeholder Planning Council

IMPLEMENTATION CONDITIONS

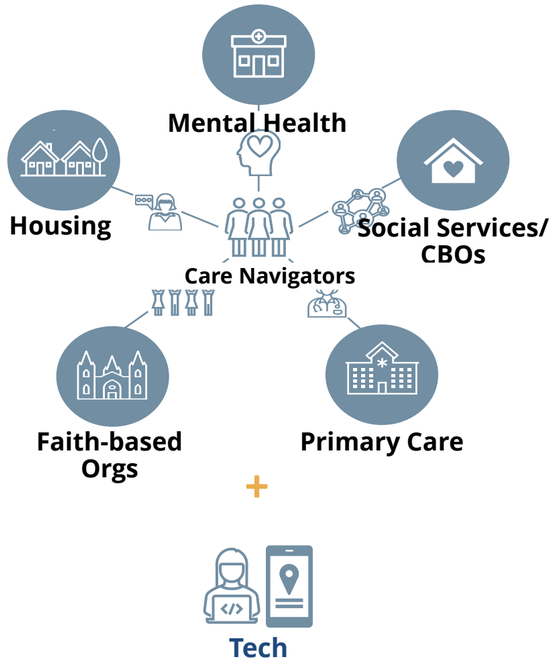
Education & Resources



Multisectoral Collaborative Care (MCC)



MCC + Technology



EDUCATION & RESOURCES (COMPARISON)

- Basic Online Training Resources Provided to all agencies enrolled:
    - **Introduction to Community Collaborative Care for Mental Health:**
        - Team-based approach
        - Screening (depression, anxiety, trauma, substance use, and social risks)
        - Psychoeducation about common MH conditions, social risk, and COVID-19
        - Stress Management Skills
        - Referral and linkages to care
        - Provider self-care
        - Trauma-informed care
        - Harlem focused mental health and community resource guide
    - **Limited technical assistance for implementation support**

MULTISECTOR COLLABORATIVE CARE (INTERVENTION)

- **Enhanced Education and Resources** (mental health, COVID-19, and economic empowerment services)
- **Community health workers** to support mental health task-sharing, patient navigation, and coordination of care. They will receive group supervision from mental health specialists.
- **Training and Supervision** of MH Task-sharing Skills
- **Community-engaged Learning Collaborative** of implementation agencies to support continuous quality improvement and network strengthening
- **Harlem Strong E-Hub** is an interactive electronic platform designed for stakeholder communication, sharing community data, diffusion of research, and community driven innovations.

MENTAL HEALTH AND ECONOMIC EMPOWERMENT COLLABORATIVE NETWORK

Housing Sites: 23 HCCI housing sites & additional NYCHA sites throughout Harlem, each with 30 or more housing units, representing 6 zip codes (10025, 10026, 10027, 10035, 10036, 10039)

Primary Care Sites: 16 federally qualified health centers and community health centers throughout Harlem, upper Manhattan, and the Bronx, representing 10 zip codes (10025, 10026, 10029, 10031, 10032, 10033, 10034, 10035, 10128, 10451)

Mental Health Sites: 33 mental health provider organizations across 8 zip codes (10025, 10026, 10027, 10029, 10030, 10031, 10035, 10037)

Community-based Social Service Sites: 77 CBOs that provide services across 9 zip codes (10025, 10026, 10027, 10029, 10030, 10031, 10035, 10037, 10039)

Houses of Worship: 101 FBOs across 6 zip codes (10026, 10027, 10029, 10030, 10035, 10037)

DESIGN AND METHODS

Sites: 16 LIH and 16 PC +
32 CBO / FBO support sites

Providers: 200 direct service providers from all sites that serve Harlem residents

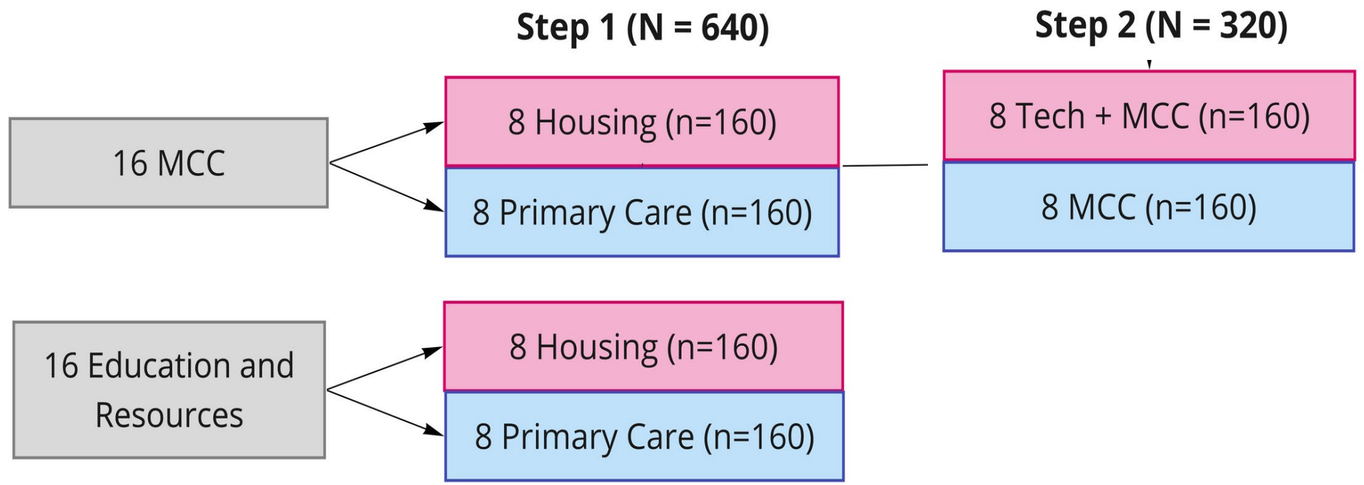
Consumers:

Step 1: 640 consumers

Step 2: 320 consumers

SMART Design

Randomization at 2 steps:



* Matched Pairs within districts and organization types are randomized

DESIGN AND METHODS

Data Sources: consumer surveys, provider surveys, service/program administrative data, claims data, qualitative data (stakeholder interviews)

Effectiveness:

- Consumers at 0, 6, 12 months: depression, anxiety, socioeconomic risks (housing, employment, and food security), employment, trauma exposure, stigma, social support, quality of life, functioning, family functioning, barriers to care, service utilization, and process of care

Implementation:

- Provider at 0, 6, 12, 24 months: MCC knowledge, skills, and practices, and attitude related to mental health task-sharing, linkages and partnerships
- Reach, Adoption, Sustainability
- Cost-Effectiveness of the 3 conditions

TIMELINE

Nov 2021-Oct 2022

CAB, CSPC, Hackathon, EHub Development, HS Toolkit, Supervisor Training, Provider Study (T0)

Year 1

Nov 2022-Oct 2023

CAB, Coalition & EHub, Supervision, LC, Consumer (T0, T6), Provider Study (T6, T12), Tech Tool Development

Year 2

Nov 2023-Oct 2024

CAB, Coalition & EHub, Supervision, LC, Consumer (T12, qual, & analysis), Provider Study (T24), Tech Tool Consumer (T0, T6)

Year 3

Nov 2024-Oct 2025

CAB, Coalition & EHub, Supervision, LC, Exploratory Study (qual & analysis), Tech Tool RCT (T12 & analysis)

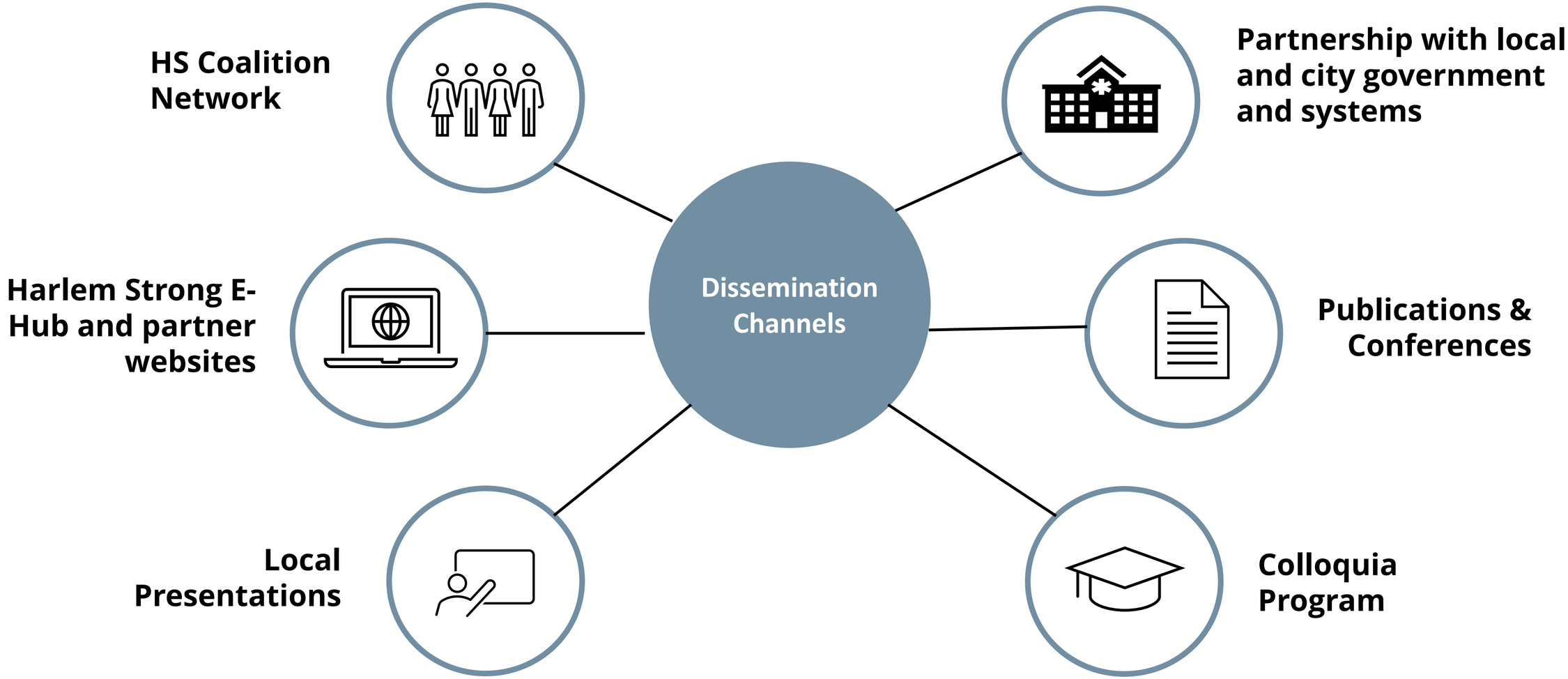
Year 4

Nov 2025-Oct 2026

CAB, Coalition & EHub, Toolkit finalization, manuscripts and grant prep

Year 5

DISSEMINATION



SYSTEM TRANSFORMATION

- Neighborhood-based solution to address the syndemics of COVID-19, mental health, social risks, and institutionalized racism
- Community-led multisector collaborative to support integration of mental health and economic empowerment services
- Integration of mental health task-sharing into gateway settings: LIH, PC, CBOs, FBOs
- Best practices in human-centered design strategies, implementation science, system science, and CBPR with community stakeholders
- Crowdsourcing technological tools with the community
- Strategic partnerships to facilitate adoption and sustainability of the model

THANK YOU!

Contact Us:

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Deborah Levine, MSW, LCSW, CUNY HHI: **deborah.levine@sph.cuny.edu**

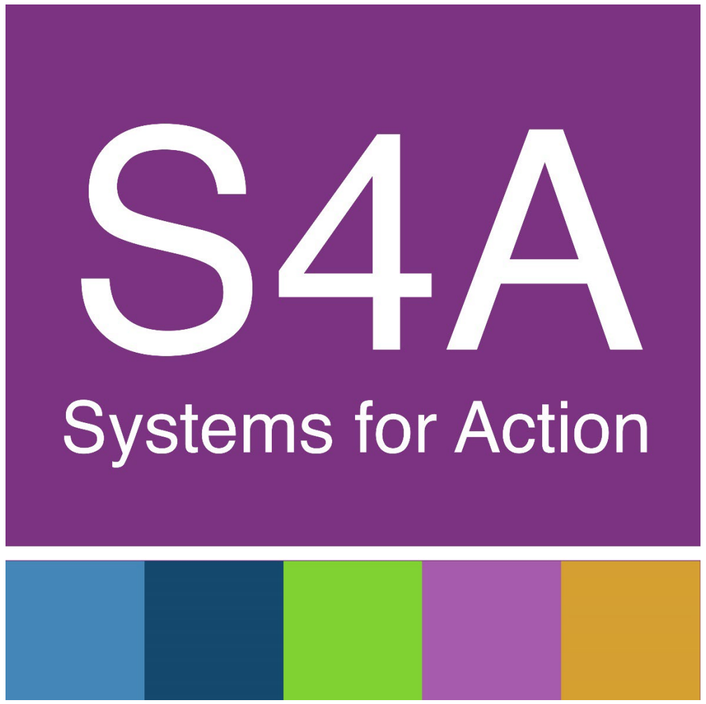
COMMENTARY SPEAKER

Susan Beane, MD

Executive Medical Director

Healthfirst, Inc.

Questions?



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Upcoming Webinar

S4A Research-in-Progress Webinar

Social Bonds as a Pooled Financing Mechanism to Address Social Drivers of Health Equity

Wednesday, March 2nd | 12pm ET

Pinar Karaca-Mandic, PhD
Professor, Healthcare Risk Management
Founding Director, Business Advancement Center for Health (BACH)

Nathan T. Chomilo, MD
Medical Director,
Minnesota's Medicaid & MinnesotaCare

Register at https://systemsforaction.org/research-progress-webinars

Acknowledgements

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Robert Wood Johnson Foundation

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