HMA

REVELATION TO REALIZATION:

COVID-19 RESPONSE STRATEGIES TO ACHIEVE THE BEHAVIORAL HEALTH SYSTEM WE NEEDED ALL ALONG

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EXPLORING THE LANDSCAPE OF BEHAVIORAL HEALTHCARE | WEBINAR SERIES

AGENDA

- What we knew before the pandemic
- What we learned
- **What we did to meet *today's needs while building the BH system for tomorrow***
  - The Coordinated Behavioral Health Services Trauma Informed Care Initiative
  - The Harlem Haven Project
- What next?
- Questions and discussion

WHAT WE KNEW

SERIOUS MENTAL HEALTH CONDITIONS ARE UNDERTREATED

Approximately 10.4 million adults in the United States had an SMI in 2016, but only 65 percent received mental health services in that year[1]

Nearly 1 in 5 children have a mental, emotional, or behavioral disorder[2].

Only about 20% receive care from a specialized mental health care provider[3].

SEVERE MENTAL ILLNESS AND PTSD CO-OCCUR

Over one third of individuals with SMI also have PTSD[4]

INDIVIDUALS WITH SMI:

- Prevalence rates of lifetime trauma as high as 90%[5]
- Higher rates of PTSD than the general population
- Experience more severe symptoms depression, co-morbid diagnoses, substance abuse, self-injury, and suicide attempts[6]

SMI, PTSD, AND POVERTY

- Poverty correlates with higher rates of PTSD and SMI[7]
- Minority populations have higher rates of PTSD than the general population[8]
- Women living in disadvantaged neighborhoods have rates of depression and PTSD about twice as high as the rates in the general population[9]
- PTSD also appears to disproportionately impact vulnerable populations with low-income which results in increased health problems and increased medical service use[10]
- Services tend to be severely underfunded and inadequate in communities with minority and low socioeconomic populations (LSES)[11]

SMI, PTSD, AND POVERTY IMPACT HEALTH

- There is extensive research linking PTSD and physical health problems[12]
- PTSD is also linked to higher health care utilization[13]
- There is ample evidence that individuals with SMI have a significantly lower life expectancy than the general population[14]
- Research indicates that families living in poverty encounter multifaceted risks associated with the limited resources, burdens of high stress, violence, and exposure to multiple traumas[15]
- The impact of trauma, mental illness, & poverty is cumulative[16]

AFRICAN AMERICAN POPULATIONS EXPERIENCE PROFOUND MENTAL HEALTH DISPARITIES

- 58.2 percent of Black and African American young adults 18-25 and 50.1 percent of adults 26-49 with serious mental illness did NOT receive treatment in 2018.[17]
- 90 percent of Black and African American people over the age of 12 with a substance use disorder did NOT receive treatment.[18]
- 11.5 percent of Black and African Americans, versus 7.5 percent of white Americans were still uninsured in 2018, despite the ACA[19]
- In 2016, 12.3 percent of Black and African American adults who had a doctor's office or clinic visit over the past year had difficulty getting needed care, tests or treatment compared to 6.8 percent of white adults.[20]

LATINX POPULATIONS EXPERIENCE PROFOUND MENTAL HEALTH DISPARITIES

Over 50% of Latinx young adults ages 18-25 who have a serious mental illness may not receive treatment [21].

34% of Hispanic/Latinx adults with mental illness receive treatment vs. the U.S. average of 45% due to:

- Language barriers
- Cultural Barriers
  (e.g. providers lacking cultural competence)
- Lack of coverage (19% lack insurance)
- Legal status
- Stigma

Without treatment, mental health conditions often worsen.

PEOPLE LWHO ARE LGBT EXPERIENCE PROFOUND MENTAL HEALTH DISPARITIES

- LGB adults are more than twice as likely as heterosexual adults to experience a mental health condition.

- Transgender individuals are nearly four times as likely as cisgender individuals to experience a mental health condition. They are twice as likely to experience depressive symptoms, seriously consider suicide, and attempt suicide compared to cisgender lesbian, gay, bisexual, queer and questioning youth.

- LGB youth are more than twice as likely to report experiencing persistent feelings of sadness or hopelessness than their heterosexual peers [22].

WHAT WE LEARNED

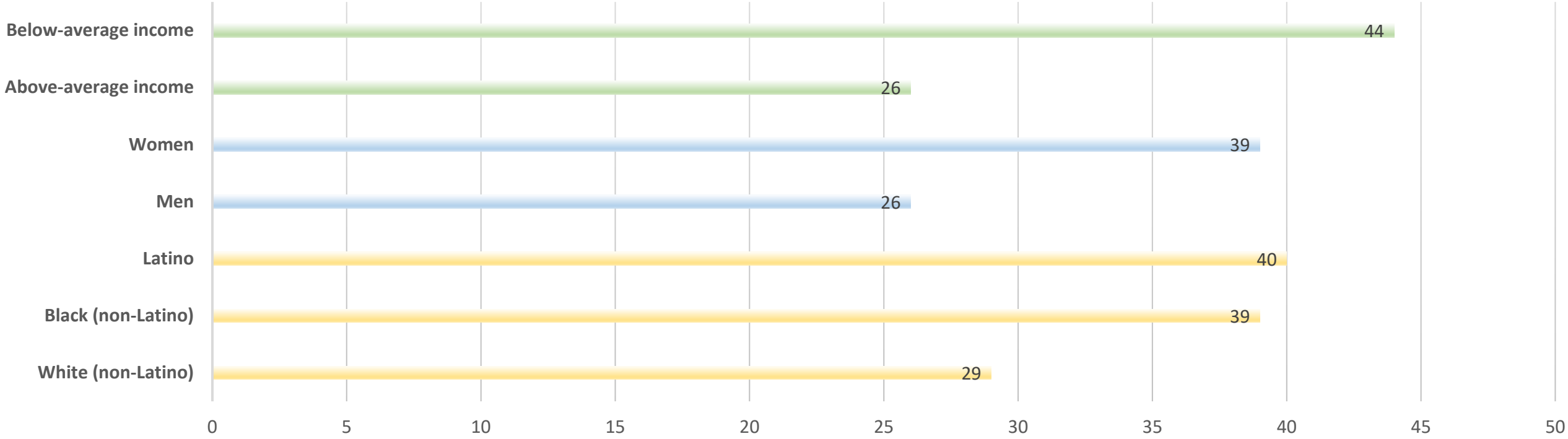
RACISM, PANDEMIC, AND BEHAVIORAL HEALTH

- Black people who visited hospitals with Covid-19 symptoms in February and March were less likely to get tested or treated than white patients.
- Black patients were six times less likely to get treatment or testing than white patients
- Delays in diagnosis and treatment were and are deadly for racial or ethnic minority groups that have disproportionate rates of certain diseases, such as diabetes, high blood pressure and kidney disease [23].

In the U.S., Black, Indigenous People of Color (BIPOC) are most vulnerable due to living under a system of white supremacy

IMPACTS OF THE GLOBAL PANDEMIC

PERCENT OF RESPONDENTS WHO REPORTED STRESS, ANXIETY, OR GREAT SADNESS THEY FOUND DIFFICULT TO COPE WITH ON THEIR OWN SINCE THE PANDEMIC BEGAN
COMMONWEALTH FUND INTERNATIONAL HEALTH POLICY COVID-19 SUPPLEMENT SURVEY, 2020[24].



HETEROSEXISM, PANDEMIC, AND MENTAL HEALTH

A larger share of LGBT adults compared to non-LGBT adults report that they or someone in their household has experienced COVID-era job loss (56% v. 44%).

Three-fourths of LGBT people (74%) say worry and stress from the pandemic has had a negative impact on their mental health, compared to 49% of those who are not LGBT, and are more likely to say that negative impact has been major (49% v 23%) [25].

OUR YOUNG PEOPLE ARE SUFFERING

- The proportion of 12- to 17-year-olds visiting emergency rooms for mental health reasons rose 31 percent for most of 2020 compared to 2019, according to a report by the Centers for Disease Control and Prevention
- This compounds the pre-existing mental health crisis among young people [26].

THE NEED FOR A BETTER SYSTEM

"There's a reason that so many people use binge drinking, playing the lotto and runaway eating to support their mental health:

because the effects are reliable.
Because they don't require a prescription.
And because they're available, right *now*"[27].

Benedict Carey **Science Plays the Long Game. But People Have Mental Health Issues Now.** The NY Times, April 2021 Editorial

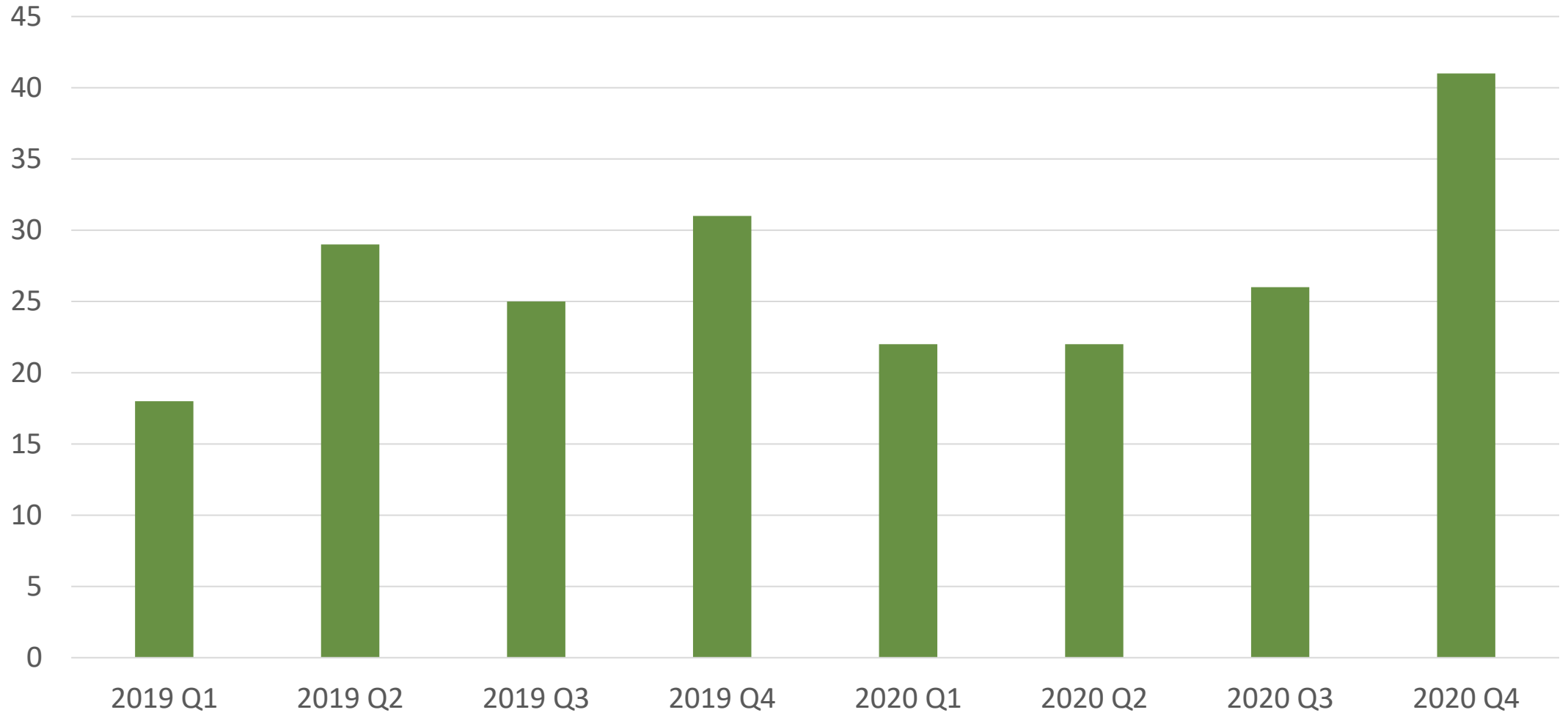
A PANDEMIC THAT PRECIPITATED MANY "FIRSTS"

LAYERED EFFECT:

- Compound nature and complexity
- Death/Loss, illness, fear for self and loved ones
- Social isolation
- Economic Downturn/unemployment
- Political upheaval and racial tension

We are facing the newness of THIS disaster and uncertainty about what comes next…

BEHAVIORAL HEALTH SERVICE USE DURING THE PANDEMIC



Source: Behavioral Health Needs Projected To Increase Following Quarantines, Pandemic Uncertainty. Behavioral Healthcare Services Industry Update | February 2021. Capstone Headwaters.

HOW WE RESPONDED:

COORDINATED BEHAVIORAL HEALTH CARE (CBHS) TRAUMA INFORMED CARE INITIATIVE

CBHS IPA

Formed in 2012 to develop a coordinated network of behavioral health and community-based services and support the transition to a value-based system of care.

MISSION:

1) support members' efforts to provide effective behavioral health services to the Medicaid, Medicare, and uninsured populations;
2) develop resources necessary to establish innovative responses to the evolving health care system in New York State; and
3) promote recovery-oriented and outcome-based services that are high quality and affordable.

24 equity member organizations and over 50 network service providers serving over 65,000 people annually in the 7 counties of the Hudson Valley

APPROACH TO THE TRAUMA RESPONSE IMPERATIVE

CBHS formed a Trauma Informed Care Committee to:

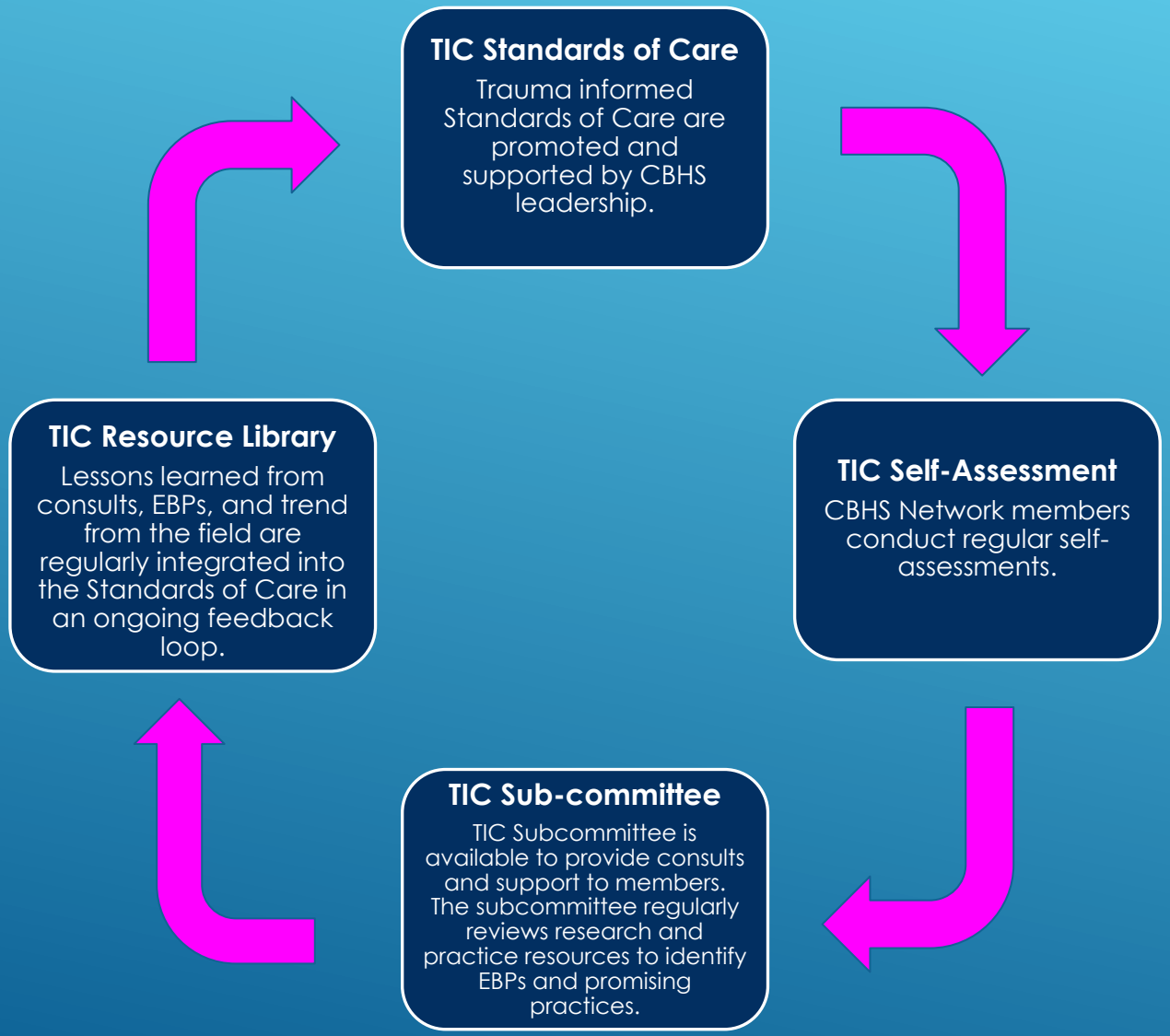
- Improve access to care
- Respond to the impact of the pandemic on clients, community, and workforce
- Ensure that planning is conducted with a racial equity lens
- Establish shared values vs. baseline standards

APPROACH TO THE TRAUMA RESPONSE IMPERATIVE

CBHS formed a Trauma Informed Care Committee to:

- Respond to the impact of the pandemic on clients, community, and workforce
- Ensure that planning is conducted with a racial equity lens
- Establish shared values based on the principles of trauma-informed care
- Develop network-wide trauma-informed standards of care

CBHS Trauma Informed Care Development Process



CBHS TRAUMA INFORMED STANDARDS OF CARE

Trauma Informed Standards of Care include:

- A commitment to promoting an organizational culture of trauma informed care
- Fostering a sense of safety for clients and staff
- Providing workforce professional development & training for leadership and all staff
- Ensuring people with lived experience play key roles in the organization
- Including funding support for ongoing training on trauma and trauma-informed approaches in the organization's budget
- Agency addresses the emotional stress that can arise when working with individuals with traumatic experience
- Mechanisms are in place to incorporate input from staff and recipients of service in operations and policies

HOW WE RESPONDED:

EMMA L. BOWEN/UPPER MANHATTAN MENTAL HEALTH CENTER

EMMA L. BOWEN UPPER MANHATTAN MENTAL HEALTH CENTER

Harlem, NY organization founded in 1969 by the civil rights activist and public health leader Emma L. Bowen to ***productively address "problems of living" and ensure that young people of color had the same opportunities as their White counterparts.***

SERVICES INCLUDE:

- Outpatient mental health services for children, adolescents and their families; adults with mental health and SUD; integrated primary care
- Club House for seriously mentally ill adults
- Twenty-bed residential chemical abuse recovery facility
- Care Management
- a Therapeutic Preschool
- Food Pantry

75% of our staff are bilingual and speak the languages of the populations we serve

IMPACT OF COVID

The NYC death rate per 100,000 people:

212.79 for **Hispanics**
204.79 for **Blacks**
102.94 for **Whites**

- In Central Harlem 1 in 15 people was diagnosed with COVID-19 and 1 in 236 people died
- Poverty was already high but the region's unemployment rates increased seven fold between February and July 2020 from 3.4% to 20.1%.
- Schools and businesses were closed for prolonged lock-down periods
- Immigration raids remain a lingering threat.

RESPONSE TO COVID

- Never closed; remained open for in-person services throughout the pandemic
- Made telehealth rooms / kiosks available for clients willing to come to our site who did not have access to technology
- Continued to operate --and expanded-- our Food Pantry
- Awarded CCBHC grant from SAMHSA, to expand care to the uninsured
- Partnered with Adelphi University to produce Vaccine Education webinar for staff education and community partners

Built on existing local linkages for outreach

- **30 local bodegas**
- **Faith-based network with 8 local churches**
- **Linkages to the Community Boards**

Identified trusted, locally rooted partners for community outreach, mental health screening, and referrals, targeting youth and families:

- **We Engage in Prevention Awareness (WEPA):** prevents addiction and substance misuse for youth ages of 10-21 and their families in the Bronx
- **The Brotherhood/Sister Sol (Bro/Sis)**: provides offers wrap-around arts and enrichment based after school care, counseling, summer camps, job training, college preparation and scholarship, employment opportunities, community organizing training, legal representation to youth ages 8-22
- **Comunilife's Life is Precious™ (LIP):** suicide prevention activities to NYC Latina teens who have seriously considered or attempted suicide
- **Inwood Community Services (ICS):** provides counseling, education, youth services, and community mobilization

WHAT WE NEED

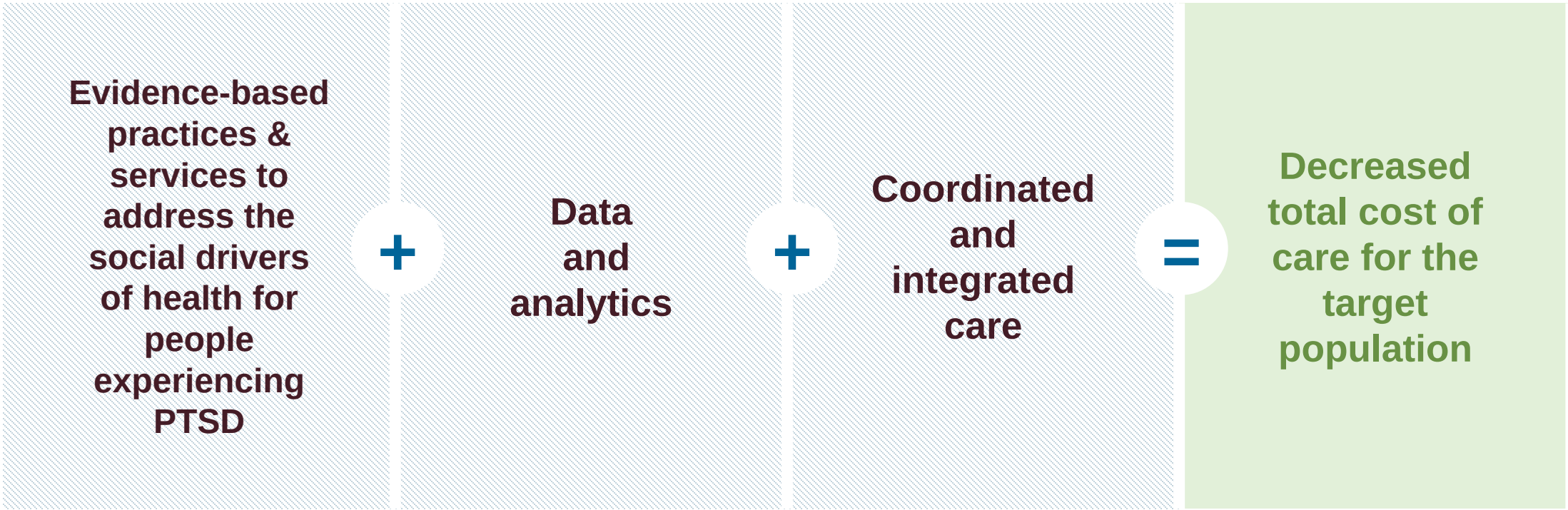
REVELATION TO REALIZATION

In-person services present barriers	Barriers due to systemic issues like racial injustice and its impact on economic and social factors	Wide spectrum of need	Telehealth opens access	New models for care are required; cannot expect prior approaches to work	Highest need SMI/SED/ and COD populations require targeted attention

A DIFFERENT KIND OF BEHAVIORAL HEALTHCARE

- Flexibility around Returning Regulations
- Value Based Payment Opportunities
- Funding to Address Community Level Trauma
- Funding linked to Evidence Based Practices
- Proactive efforts to Address Racism Trauma
- Funding to Address the Social Drivers of Health

ACHIEVING IMPROVED POPULATION HEALTH AND COST SAVINGS



QUESTIONS

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UPCOMING WEBINARS

The series, Exploring the Landscape of Behavioral Healthcare, will take place from April to August and explore central themes ranging from the impact of COVID-19 to the future of child welfare and behavioral health equity.

- COVID Response to Behavioral Health Needs
- CCBHC: "Waiting is the Hardest Part" *(What to do while waiting for your CCBHC-E grant, and once you are awarded)*
- Conducting Virtual Supervision in the Telehealth World
- Advancing Health Justice for Medicaid Members with Disabilities, Including Persons with Mental Illness and Substance Use Disorder (SUD)
- Children's Behavioral Health and the Intersect with Medicaid and Child Welfare
- How Child Welfare and Behavioral Health Systems Can Support and Enhance Family Engagement and Collaborate on Child Welfare Prevention
- Using Substance Use Navigators (SUN) in Emergency Departments to Engage and Connect Patients to Treatment
- Best Practices for Working with Patients with Stimulant Use Disorder
- Addressing Best Practices in Addressing Perinatal Substance Use: Keeping Moms, Families and Babies Together
- Addressing the Variability in How Child Welfare Departments Address Perinatal Substance Use Disorder

THANK YOU!

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