HEALTH MANAGEMENT ASSOCIATES

Equity-Centered Approaches to Support Community Prevention and Treatment

November 15, 2022

Setting The Table

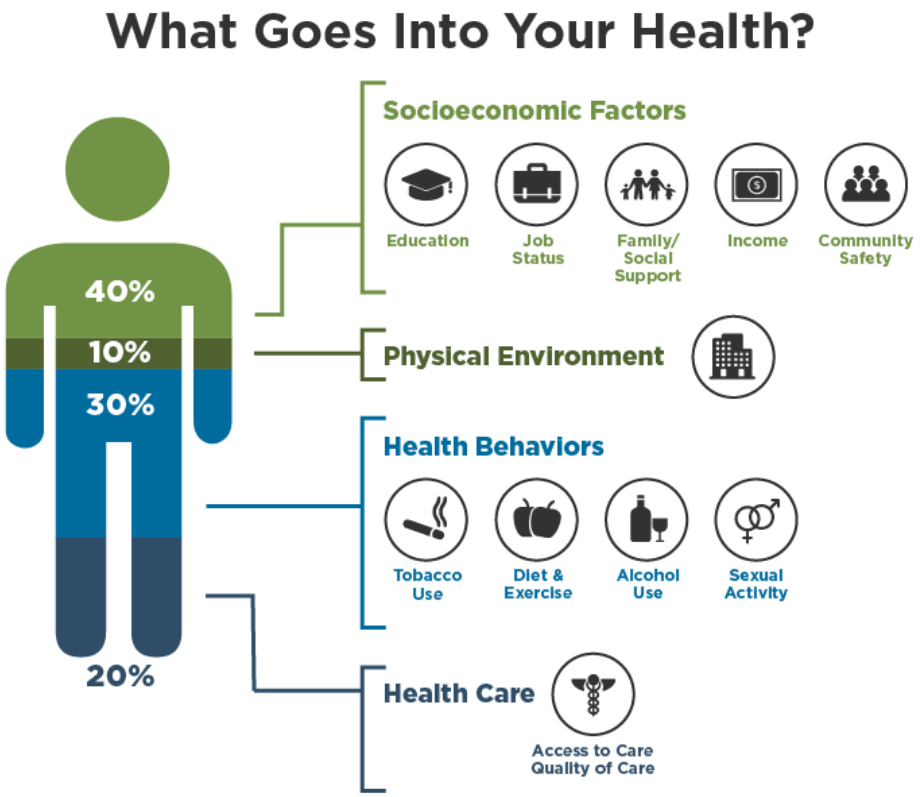
HEALTH MANAGEMENT ASSOCIATES

Why the Social Determinants of Health Matter

Socioeconomic factors, institutional racism, physical environments, and health behaviors drive health outcomes more than medical care.

Booske, B.C., Athens, J.K. Kindig, D.A, et all. Different perspectives for Assigning Weights to Determinants of Health. University of Wisconsin Population Health Institute. February 2010

Social factors that drive health are conditions in the environment in which people are born, live, learn, work, and play that affect a wide range of health and quality-of-life outcomes and risks.



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

Adapted from The Bridgespan Group

Types of Equity Work

Population: People Employed within an Organization
Focus-Area: Diversity, Equity & Inclusion (DEI)

- **Organizational Equity Assessments**
- **Training**
- **Change Management**
- **Implementation and Ongoing Guidance**

Population: People who are Disparately Impacted
Focus Area: Equitable Service Delivery & Client Outcomes

- **Organizational assessments (REL data collection analysis and use, evidence-based interventions, partnerships, engagement)**
- **Operationalizing Health Equity Strategies**
- **Delivery System Transformation**
- **Training**
- **Technical Assistance**
- **Change Management**

Types of Equity Work

Population: Communities/Ecosystem

Focus-Area: Community Wellness & Population Health Outcomes

- **Community and stakeholder engagement**
- **Power Analysis**
- **Training**
- **Technical Assistance**

What Organizations Are Working To Address Equity?

Healthcare Organizations

- Assessment, planning and implementation support
- Support developing community partnerships, accountable community models and medical neighborhood models

Government

- Executive Order on Advancing Racial Equity and Support for Underserved Communities through the Federal Government
- CMS Focus on Health Equity (in quality, innovations, Medicare, Medicaid, marketplace)

Accreditation/ Quality

- NCQA Health Equity Designation (new)
- Joint Commission
- National Culturally and Linguistically Appropriate Services (CLAS)s

Medicaid Managed Care (MCOs)

- Most states have new focus on health equity and addressing social drivers of health
- TA regarding: SOGI and REAL-D data collection, equitable stakeholder engagement, ADA/508 Compliance, CLAS Standards

CBOs

- VBP to address social drivers of health
- Develop infrastructure to partner with healthcare organizations
- Organizational implementation of equity strategies

Accreditation/ Quality

- Racial equity driven grant-making
- Support for community driven solutions
- Health and racial equity centered strategic planning

Operationalizing Equity

Principles for Equity-Centered Design

- **Disaggregate data** to understand the unique experiences and outcomes for subpopulations
- **Design, implement, and continuously improve** policies and programs that recognize the unique experiences and outcomes of **subpopulations** and **support health for all people** (CMS)
- **Include people with lived experiences** when designing and evaluating solutions (Center for Health Care Strategies)
- Create **inclusive and equitable meeting** processes and environments (Harvard Office of Diversity, Inclusion & Belonging)
- Center approach development from an **antiracist perspective** (NEJM Catalyst)
- **Share data** across governmental agencies and community-based organizations is critical for addressing complex health challenges involving multiple sectors (Center for Health Care Strategies)

Community Provider

HEALTH MANAGEMENT ASSOCIATES

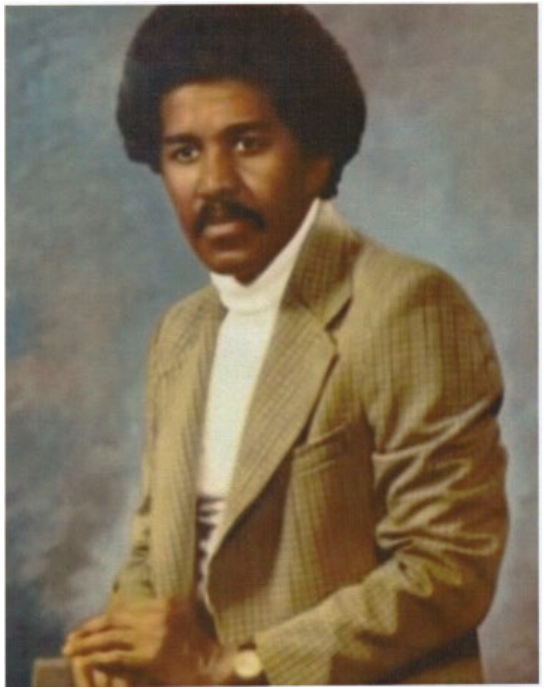
BEW

Bobby E. Wright
Comprehensive Behavioral Health Center

Brief Historical Overview

- Established in 1973 as the Garfield Park Comprehensive Community Mental Health Center
- First African American owed agency funded under the Community Mental Health Center Act of 1963
- In 1973 there were 750 community mental health centers nationwide and only one was African American
- Initial Board of Directors was comprised of community activists who were concerned about how institutional racism affected the mental health of African Americans on the West Side

Dr. Bobby E. Wright
First Executive Director 1973-1982



Mission

The mission of the Bobby E. Wright Comprehensive Behavioral Health Center, Inc. (BEW) is to improve the quality of life for Chicago's Westside residents including the communities of East and West Garfield Park, Lawndale, and Austin by providing the highest quality of mental health, substance abuse, and developmental disabilities services to children, adolescents, and adults.

BEW Core Principles

UNITY	The belief that we all must work collaboratively to improve the quality of life of our members and that recovery is only possible to the extent that staff and Members collaborate on the strategies used to improve their lives. We work with consumers, not on them.
COLLECTIVE WORK & RESPONSIBILITY	The belief that greater gains are achieved when we work together and share resources within BEW and between BEW and the community. We also believe that we are collectively responsible for each other– community, staff, and Members alike.
COOPERATIVE ECONOMICS	We believe that the lives of African Americans will only be lifted up by identifying economic resources (financial, employment, etc.) that make the delivery of services to Members less dependent on public resources.
PURPOSE	We believe that our purpose must be clear to all who provide, utilize, and support our service system.
FAITH	We believe that the sustainability of our agency and the recovery of our Members and the community are based on our ability to maintain faith in our success and to impart faith to those we serve.
SELF-DETERMINATION	The belief that mental health among African Americans is affected by how we define ourselves and our collective identity as African Americans.
CREATIVITY	We believe that we must be creative in our utilization of evidenced based practices and to develop best practices that are culturally competent for African Americans.

BEW
Bobby E Wright Comprehensive Behavioral Health Center

3 Service Locations

- 5002 W. Madison
- 5090 W. Harrison
- 5816 W. Division

(773) 722-7900

CENTRALIZED INTAKE

NO wrong Door to our service locations

- **Comprehensive assessment for Mental Health, Substance use disorder, and Developmental Disabilities**
- **Child, Adolescent and Adult**
- **Warm Hand-off to internal and external Services**
- **Care Coordination follow-up at 7, 14, 30 days**

(773) 722-7900

BEW Programs and Services

- PATH (Project for Assistance in Transitioning form Homelessness)
- Youth and Family Services
- CST (Community Support Team)
- Recovery Support Services
- Supported Employment (DD and SMI)
- Supervised Residential
- Supported Residential
- Psychiatry
- Community Cares Transition from SOPH
- IDOC Transition for SMI
- Transitional Community Living Center

Program and Service Continued

- Psychosocial Rehabilitation (PST)
- Developmental Training
- Integrated Primary Care
- Pharmacy
- Therapeutic Food Services
- Trauma Informed Services
- Substance Abuse Treatment (Adolescent and Adult)
  - Level 1
  - Level 2
  - Medication Assisted Recovery

Westside Community Triage and Wellness Center

BEW

Bobby E. Wright
Comprehensive Behavioral Health Center

4133 W. Madison • Chicago, IL 60624

West Side Community Triage and Wellness Center Partnership with HSI, BEW, and CCH

4133 W. Madison

(773) 745 2610

- Crisis Intervention
- Pre-arrest Diversion – Official CPD Drop-off site
- Fitness Diversion – Three Branches of criminal Courts
- Enhanced Mobile Crisis – Co-respond with CPD/CIT
- Crisis Counseling for Survivors of COVID
- Trauma Informed Services
- Street Outreach SUD/OUD
- Mobile Crisis Intervention – anywhere in the community

Main Entrance

- **Trauma-Informed** facility
- We are open 24/7
- The Triage is staffed with Mental health professionals, nurses, case managers and engagement specialist with lived experience.


4133
Westside Community
Triage and Wellness Center
POLICE & FIRE DEPARTMENT
ENTRANCE


BE BRAVE
EAT
SLEEP
PLAY
REPEAT
always
INVISIBLE
CROWN


EAT
SLEEP
PLAY
BE BRAVE
always
INVISIBLE
CROWN
REACH FOR THE STARS


always
WEAR YOUR
INVISIBLE
CROWN
REACH
FOR THE
STARS
seek
ADVENTURE
YOU
ARE
BRILLIANT
YOU
ARE
LOVELY
YOU
ARE
BEAUTIFUL
YOU
ARE
INSPIRING
CLUE


grateful
HEARTS


listen


WESTSIDE

Health System Provider

HEALTH MANAGEMENT ASSOCIATES

Equity-Centered Approaches to Support Community Prevention and Treatment

Juleigh Nowinski Konchak, MD MPH
Cook County Health
November 15, 2022

Support provided in part by U.S. Department of Justice (2020-AR-BX-0074) and Agency for Healthcare Research and Quality (K12HS026385)

COOK COUNTY HEALTH

Operationalizing Equity Strategies: CCH SUD program

- Break down barriers: Accessible care
- Regional learning health system approach
- Criminal legal partnerships: Find common ground

Operationalizing Equity Strategies: CCH SUD program

Break down barriers: Accessible care

COOK COUNTY HEALTH

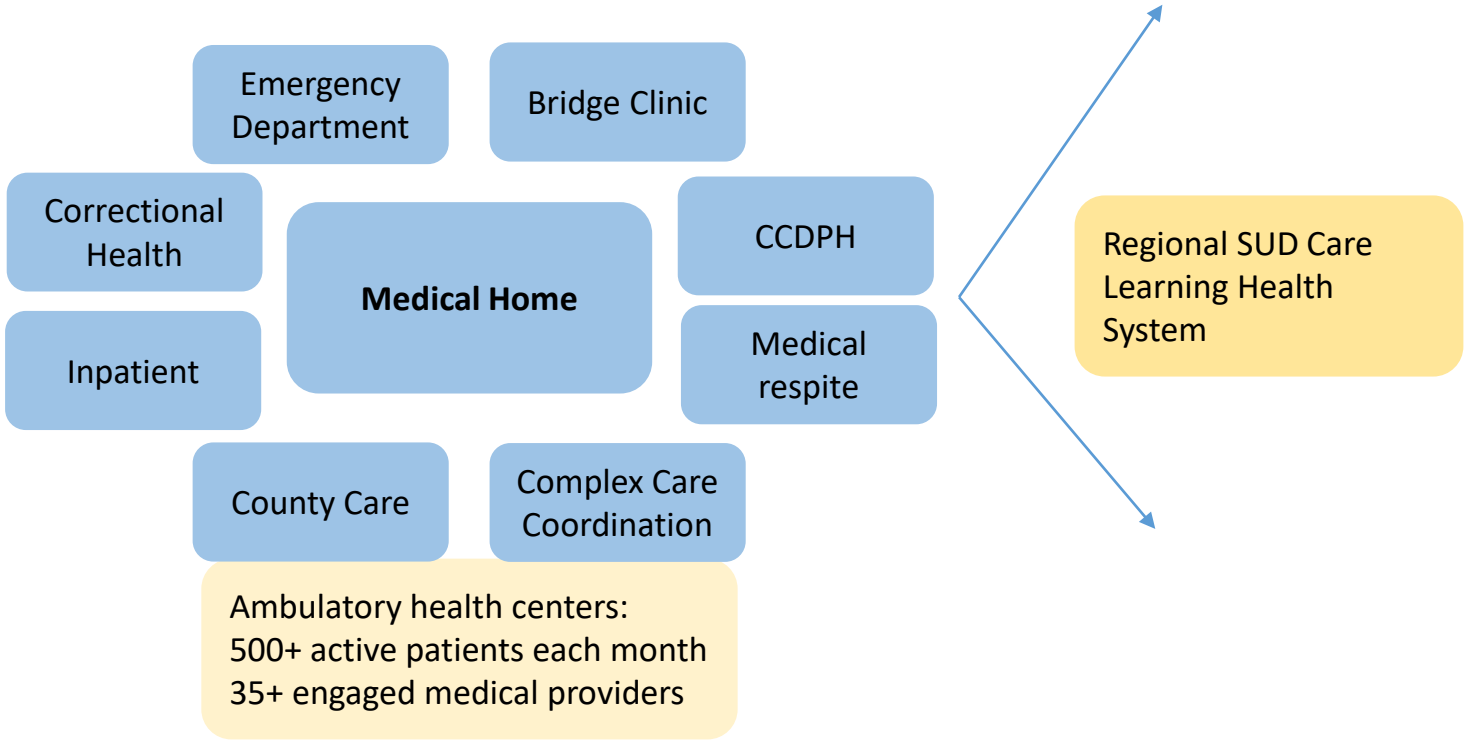
Cook County Health at a glance

- 2 Hospitals (John H. Stroger hospital, Provident Hospital)
- 12 community health centers
- Correctional health services for adults and juveniles
- Specialty care center for persons with infectious disease
- Cook County Department of Public Health
- County Care (Medicaid Health Plan)

CCH Substance Use Disorder Program: No Wrong Door & Regional Learning Health System

Program Principles

- Multidisciplinary
- Patient-centered
- Physical, Mental, Social Health
- Harm reduction / overdose prevention

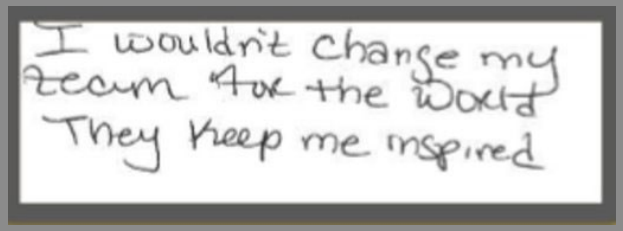


Ambulatory health centers:
500+ active patients each month
35+ engaged medical providers

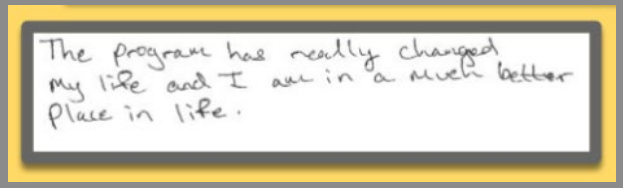
COOK COUNTY HEALTH

Bridge Clinic

- Initiate (or re-initiate) care
- Walk-in, virtual
- Coordination across 12 health centers
- Internal and external services
  - Access to medications
  - Services to increase recovery capital
- Team: community health worker, recovery coach, coordinator, medical provider



I wouldn't change my team for the world. They keep me inspired.



The program has really changed my life and I am in a much better place in life.

COOK COUNTY HEALTH

Operationalizing Equity Strategies: CCH SUD program

Regional learning health system approach

COOK COUNTY HEALTH

Images from https://thenounproject.com/

COOK COUNTY HEALTH

Patient interested in recovery home

Call to Home #1

Voicemail left at Home #1

Call to Home #2

Home #2 is full

Call to Home #3

Home #3 does not accept buprenorphine

Return call from Home #1

Outcome?
Inefficiencies
Barriers
Inequities

COOK COUNTY HEALTH

Cook County Recovery Home Coordinated Capacity Project

A new resource for recovery home placement:
Recovery home navigator + capacity coordination across partners

RECOVERY HOME PARTNERS:

Brighter, Behavior, Choices Inc., NFP

The navigator may be reached at:
312-508-3819 (call or text)
RHCC@fgcinc.org
Available M-Fri 6a-5p, Sat 7:30a-10a
(SUD/MH referrals and case management also available)

PILOT PROGRAM PARTNERS:

Illinois Department of Human Services
JB Pritzker, Governor · Grace B. Hou, Secretary

This project is partially funded by DOJ/(COSSAP)Comprehensive Opioid, Stimulant and Substance Abuse Site-based Project, 2020-AR-BX-0074

v2: 9/22

Operationalizing Equity Strategies: CCH SUD program

Criminal legal partnerships: Find common ground

COOK COUNTY HEALTH

Inequity

- Black men: 5x more likely arrested for drug-related charges than white men (similar rates of SUD)[1]
- 1 in 20 criminal justice referred individuals with OUD are referred for Medications for opioid use disorder (MOUD)[2]
- Probation officers survey: MOUD as least likely referral option among treatment options used by probation officers[3]

Public Policy Statement on Access to Medications for Addiction Treatment for Persons Under Community Correctional Control

9. All community correctional control referrals should be to programs (both outpatient and in inpatient) offering evidence-based addiction treatment, including behavioral treatments and all FDA-approved medications as available locally or via telehealth.

Intervention @ Adult Probation: Access to medications for addiction treatment (MAT/MOUD)

Strategies

Change infrastructure:
Policy change:
- 2019: referrals to preferred providers who offer MAT for clients with OUD/AUD

Train and educate stakeholders:
- Nov 2020: re: medications for addiction treatment
  - Addressed stigma/myths, patient, multiple partners
  - Incorporated overdose analysis:
    - 15x increased risk

Use evaluative and iterative strategies:

Probation officer survey

Probation officer qualitative interview

County Care pilot

Change infrastructure:

- IL Helpline and Information Specialist as new resource (pilot)

Develop stakeholder interrelationships:

- Helpline + Probation

Based on Expert Recommendation for Implementation Change (ERIC) Compilation of implementation strategies
Ref: Kirchner, J.E., Waltz, T.J., Powell, B.J., Smith, J.L., & Proctor, E.K. (2018). Implementation strategies. In R.C. Brownson, G.A. Colditz, & E.K. Proctor (Eds.), Dissemination and Implementation Research in Health: Translating Science to Practice (2nd ed.). New York: Oxford University Press.

Drug Court

- Acceptance
- Peer recovery coach support
- Launched Oct 2022
- Activities:
  - Housing application, job search, attend meetings together, identify sponsor, discuss returns to use
- Ongoing discussions:
  - Random urine drug screen

COOK COUNTY HEALTH

Thank you!

Image: https://unsplash.com/s/photos/thank you

Juleigh Nowinski Konchak, MD MPH

Cook County Health

jkonchak@cookcountyhhs.org

References:

1. Mitchell O, Caudy C. Examining Racial Disparities in Drug Arrests, *Justice Quarterly*. 2015;32:2, 288-313, DOI: 10.1080/07418825.2012.761721

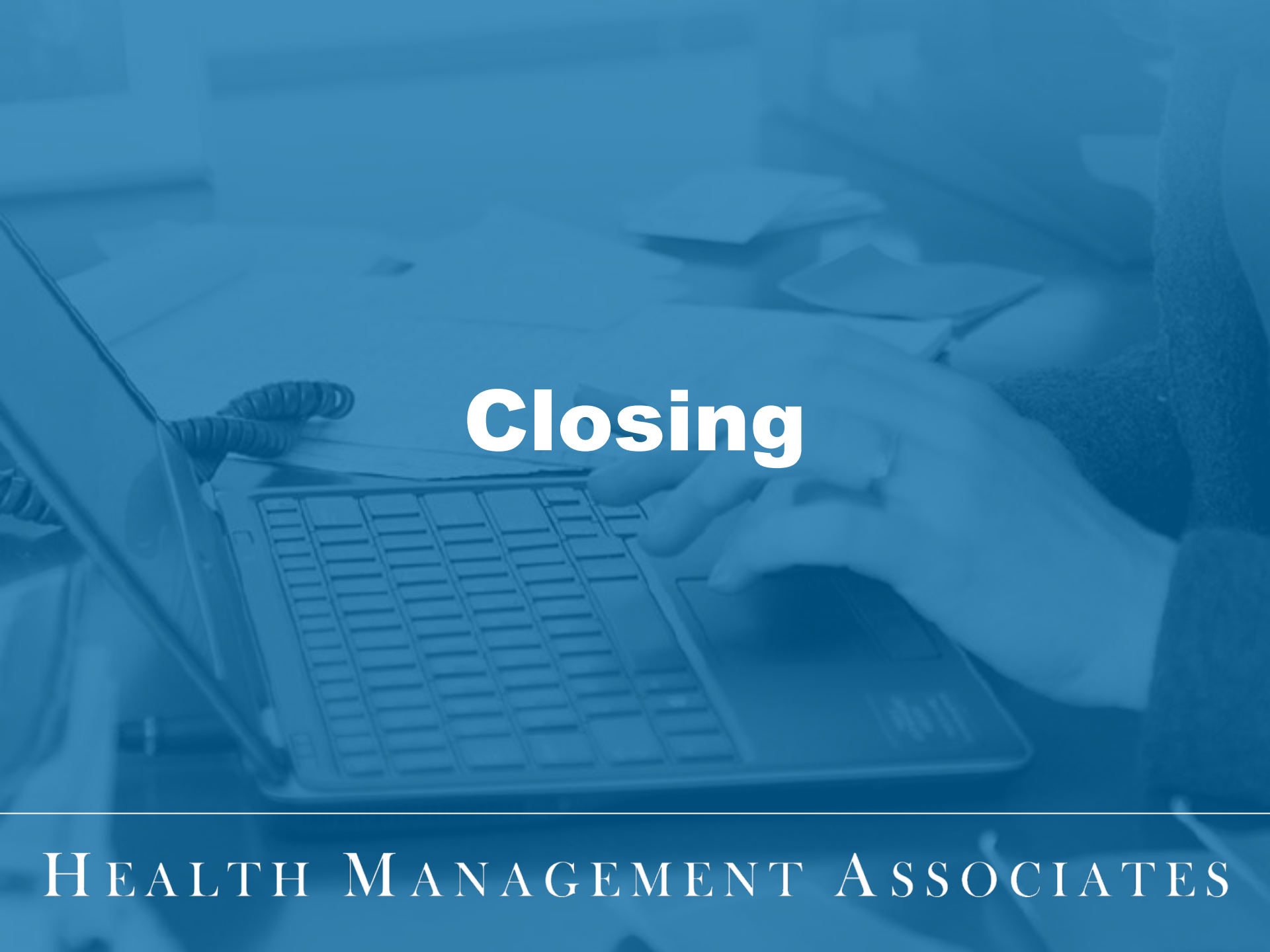
2. Krawczyk N, Picher CE, Feder KA, Saloner B. Only One In Twenty Justice-Referred Adults In Specialty Treatment For Opioid Use Receive Methadone Or Buprenorphine. *Health Aff (Millwood)*. 2017;36(12):2046-2053. doi:10.1377/hlthaff.2017.0890.

3. Reichert, J., Gleicher, L. Probation clients' barriers to access and use of opioid use disorder medications. *Health Justice* **7,** 10 (2019). https://doi.org/10.1186/s40352-019-0089-6

COOK COUNTY HEALTH

Panelist Questions

HEALTH MANAGEMENT ASSOCIATES



Closing

HEALTH MANAGEMENT ASSOCIATES

Contact Information

HEALTH MANAGEMENT ASSOCIATES

Moderators Contact Information

Leticia Reyes-Nash

Principal

lreyesnash@healthmanagement.com

Michelle Ford

Principal

mford@healthmanagement.com