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

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
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 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.
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.
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

CUNY Interdisciplinary Research Grant (IRG): IRG 2841

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

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

Mt. Calvary Baptist Church  
ST. JOHN’S BAPTIST CHURCH
BACKGROUND & COMMUNITY NEEDS
MENTAL HEALTH CRISIS

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


# RESIDENT SURVEY PRELIMINARY FINDINGS

## Mental Health Profile

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Depression risk</td>
<td>41.2%</td>
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<tr>
<td>Anxiety risk</td>
<td>48.1%</td>
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<tr>
<td>Loneliness</td>
<td>73.0%</td>
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<tr>
<td>PTSD risk</td>
<td>77.9%</td>
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<tr>
<td>Interpersonal Violence</td>
<td>63.6%</td>
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<tr>
<td>Alcohol misuse</td>
<td>48.9%</td>
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<tr>
<td>High substance users</td>
<td>24.4%</td>
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## Stressors

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<tr>
<th>Issue</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Housing Insecure</td>
<td>49.6%</td>
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<tr>
<td>Food insecure</td>
<td>44.5%</td>
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<tr>
<td>Employment insecure</td>
<td>56.5%</td>
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<tr>
<td>Childcare challenges</td>
<td>38.5%</td>
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## 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

Barriers to Mental Health Care

- Accessing mental health care: 87%
- Don’t know where to get help: 15%
- Don’t have adequate transportation: 34%
- Difficult to schedule an appointment: 33%
- Difficulty getting time off work or school for treatment: 34%
- Need someone to take care of my children: 28%
- Mental health care costs too much money: 20%
- Insurance plan has limited mental health provider options: 15%
- Don’t have health insurance: 14%
- Don’t trust mental health providers: 7%
- Don’t feel comfortable sharing about personal life and emotions: 8%
- Services are not provided in a language I’m comfortable with: 4%
- Local clinic doesn’t understand my cultural background: 14%
- Don’t want people to know that I see a mental health provider: 7%
- Don’t trust mental health providers: 7%
- Don’t have health insurance: 14%
- Mental health care costs too much money: 28%
- Need someone to take care of my children: 20%
- Difficulty getting time off work or school for treatment: 22%
- Don’t have adequate transportation: 34%
- Don’t know where to get help: 15%
- Accessing mental health care: 87%

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.
# Intervention Planning

<table>
<thead>
<tr>
<th>Multi-stakeholder Community Needs Assessment</th>
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<tbody>
<tr>
<td><strong>Goal:</strong> Identify needs and resources in the Harlem community</td>
</tr>
<tr>
<td>• Residents</td>
</tr>
<tr>
<td>• CBO Leaders and Providers</td>
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<tr>
<td>• FBO Leaders</td>
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<tr>
<th>Community Service System Mapping</th>
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<tbody>
<tr>
<td><strong>Goal:</strong> 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</td>
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<th>Group Model Building</th>
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<td><strong>Goal:</strong> Identify barriers and facilitators, and preferences for service needs and implementation strategies.</td>
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<th>Human-Centered Design</th>
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<td><strong>Goal:</strong> Use human-centered design strategies to adapt MCC curriculum, intervention materials and toolkit</td>
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<th>Crowdsourcing Technology Solutions</th>
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<td><strong>Goal:</strong> Identify technological needs and solutions to support implementation of mental health integration and coordination of care.</td>
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<th>Community Implementation Plans</th>
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<td><strong>Goal:</strong> Develop implementation plans for housing, health, CBOs, and FBO settings</td>
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Community Stakeholder Planning Council
IMPLEMENTATION CONDITIONS

Education & Resources
- Mental Health
- Housing
- Faith-based Orgs
- Primary Care
- Social Services/CBOs

Multisectoral Collaborative Care (MCC)
- Housing
- Mental Health
- Care Navigators
- Social Services/CBOs
- Faith-based Orgs
- Primary Care

MCC + Technology
- Mental Health
- Housing
- Care Navigators
- Social Services/CBOs
- Faith-based Orgs
- Primary Care
- Tech
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)
**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:

- **Step 1 (N = 640):**
  - 16 MCC
  - 8 Housing (n=160)
  - 8 Primary Care (n=160)
  - 16 Education and Resources
  - 8 Housing (n=160)
  - 8 Primary Care (n=160)

- **Step 2 (N = 320):**
  - 8 Tech + MCC (n=160)
  - 8 MCC (n=160)

*Matched Pairs within districts and organization types are randomized*
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
Nov 2021-Oct 2022
CAB, CSPC, Hackathon, E-Hub Development, HS Toolkit, Supervisor Training, Provider Study (T0)

Nov 2022-Oct 2023
CAB, Coalition & E-Hub, Supervision, LC, Consumer (T0, T6), Provider Study (T6, T12), Tech Tool Development

Nov 2023-Oct 2024
CAB, Coalition & E-Hub, Supervision, LC, Consumer (T12, qual, & analysis), Provider Study (T24), Tech Tool Consumer (T0, T6)

Nov 2024-Oct 2025
CAB, Coalition & E-Hub, Supervision, LC, Exploratory Study (qual & analysis), Tech Tool RCT (T12 & analysis)

Nov 2025-Oct 2026
CAB, Coalition & E-Hub, Toolkit finalization, manuscripts and grant prep
Dissemination Channels

- Harlem Strong E-Hub and partner websites
- HS Coalition Network
- Local Presentations
- Publications & Conferences
- Partnership with local and city government and systems
- Colloquia Program

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.
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.
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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