Targeting Health Disparities with Culturally Informed Innovation

Casa Esperanza
Southern California Health and Rehabilitation Program
Southcentral Foundation

SAMHSA PBHCI National Grantee Meeting
June 4-7, 2017 • Austin, TX
Disclaimer

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United by a Commitment to Bilingual/ Bicultural Care: Forging Partnership to Establish Integrated Primary and Behavioral Health Care Services to a Latinx Urban Population

Presenters:
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Acknowledgments

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• Funding for CasaCare was provided by SAMHSA PBHCI Grant No. SM060845.

• We are grateful to CasaCare clients for making this research possible.

Abbreviations

<table>
<thead>
<tr>
<th>Abbreviations</th>
<th>Terms</th>
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<tbody>
<tr>
<td>IDDT</td>
<td>Integrated Dual-Diagnostic Treatment</td>
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<td>MDT</td>
<td>Multi-Disciplinary Team</td>
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<tr>
<td>MAT</td>
<td>Medication-Assisted Treatment</td>
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<tr>
<td>PBHCI</td>
<td>Primary and Behavioral Health Integration Program</td>
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<tr>
<td>PCBH</td>
<td>Primary Care Behavioral Health</td>
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<tr>
<td>PCMH</td>
<td>Person-Centered Medical Home</td>
</tr>
<tr>
<td>SAMHSA</td>
<td>Substance Abuse and Mental Health Services Administration</td>
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<tr>
<td>SMI</td>
<td>Serious Mental Illness</td>
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<tr>
<td>SUD</td>
<td>Substance Use Disorder</td>
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CasaCare Background

- Casa Esperanza, Boston’s first bilingual/bicultural residential addiction treatment facility, was founded by Ricardo Quiroga in 1984 to address the addiction crisis impacting Latinxs
  - Continuum of services – residential, outpatient & supportive housing
  - Relapse-responsive recovery home model

- Boston Health Care for the Homeless Project (BHCHP), formed in 1985 to serve as a bridge between social and medical service providers, provides primary care services to homeless individuals
  - Harm reduction and public health model

Learning Objectives

- Identify factors that contributed to successful progression from co-location of two agencies to establishment of an integrated bilingual/bicultural PCBH program.

- Describe the importance of a care continuum for SUD/SMI that is flexible and inclusive of both relapse responsive and harm reduction-oriented approaches.

- Identify the ways that a shared commitment to providing bicultural and bilingual care has helped to move the integration project forward.
CasaCare Timeline

Year 1: Casa Esperanza applies for SAMHSA PBHCI funding.

Year 1: Casa Esperanza case management services and BHCHP primary care services are co-located in a supportive housing building, walking distance from the main building.

Year 2: Integrated Clinic at Casa Esperanza main building, 3rd Floor.

CasaCare Services

- Bilingual/bicultural IDDT for treatment of co-occurring SMI/SUD by MDT providers:
  - Intensive Case Management
  - Structured Outpatient Addiction Program
  - Person-centered care plans to ensure client engagement
  - Motivational Interviewing, Cognitive Behavioral Therapy, Relational-Cultural/ Multicultural Therapy, Peer-based Health & Recovery Program
- MDT-facilitated integrated primary care and specialty medical services:
  - MAT with buprenorphine/naloxone (Suboxone) & naltrexone (Vivitrol)
  - On-site psychiatric consultation
  - Primary care, immunizations, health education, disease prevention
- Screening and Chronic Disease Management:
  - HCV/HIV testing; Trauma-informed women’s health services
  - Medical & wellness services for diabetes, hypertension & tobacco cessation; including Weight & Healthy Eating, Nicotine Replacement Therapy, Relapse Prevention Group, & Illness Management & Recovery
Methods

Qualitative data are presented from pre-/post-
*CasaCare* team member interviews conducted in
December 2015 (N=8) and October 2016 (N=8),
respectively.

Quantitative data are from a population of 223
predominantly Latinx adults living in the Greater Boston
area with co-occurring SMI/SUD enrolled in *CasaCare*.

Population Description

Univariate Statistics for CasaCare Participants at Intake (N=223)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean (SD) or Valid %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>39.2 (9.6)</td>
</tr>
<tr>
<td>Gender – Men</td>
<td>70.0%</td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>91.9%</td>
</tr>
<tr>
<td>Less than high school education</td>
<td>54.5%</td>
</tr>
<tr>
<td>Homeless</td>
<td>71.7%</td>
</tr>
<tr>
<td>Lifetime history of:</td>
<td>Valid %</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>48.0%</td>
</tr>
<tr>
<td>Injection drug use</td>
<td>49.5%</td>
</tr>
<tr>
<td>Incarceration</td>
<td>80.7%</td>
</tr>
</tbody>
</table>
Integration Challenges

Casa
- Behavioral Health
- Relapse
- Responsiveness
- Peer Recovery
- Support
- Community & Family

Casa/BHCHP
- Bilingual/bicultural
- Person-centered
- Addressing Social Determinants of Health
- Community-based

BHCHP
- Medical Model
- Harm Reduction
- Public health
- Bridge between health care & social services

Integration Process

- Casa and BHCHP took time for deliberative collaborative efforts to:
  - Establish organizational visions of recovery
  - Develop shared CasaCare policies
  - Define integrated care coordination roles

- Casa and BHCHP team members are:
  - Experienced, passionate and tireless
  - Supportive of one another

- Move from co-located clinic into fully-integrated space within the Casa Esperanza main building allowed for significant growth
Integration of behavioral and primary care services

**CasaCare** Integrated Care is Unique

- Designed for and by Latinxs
- Comprehensive bilingual, bicultural care
- Primary and specialty medical services were integrated into an existing behavioral health program

CasaCare Lessons Learned

- Establish a shared mission and vision of integration
  - Define each organization’s strengths, values and mission
  - Define what patient-centered care looks like operationally

- Recruit PBHCI team members who are
  - Sophisticated clinicians with expertise and experience
  - Committed to treating the target population
  - Representative of the cultural/linguistic identities of target population

- The shared mission is responsive to and respectful of client/patient identity, values and service needs

- Create a shared clinic space

Conclusion

- Behavioral and primary care integration depends on organizational receptivity to change

- Integration compels us to be flexible

- SMI/SUD recovery looks different depending on
  - Organizational mission and values
  - Individual needs and goals

- CasaCare provides treatment choices that are bilingual/bicultural, at a place that feels like home.
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Salt or Genetics?
Understanding & Addressing Hypertension Among African Americans With SMI

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June 4-7, 2017 • Austin, TX
About the Presenter

Jack Barbour, M.D.

- CEO & Co-Founder
  Southern California Health & Rehabilitation Program
  Barbour & Floyd Medical Associates

- American Psychiatric Association - Distinguished Fellow
- Black Psychiatrists of America - Board of Directors

- Yale University
- New York University School of Medicine
- New York University Medical Center - Interned
- Cedars-Sinai Medical Center Los Angeles

Focus

Hypertension
A health disparity with disproportionate impact on African Americans with SMI

Underlying causes
- Environmental
- Genetic & Epigenetic

Effective response
Designed to be effective
- Culturally competent
- Addresses underlying causes
- Population health approach
Hypertension & African Americans

A National Health Disparity
- Among highest prevalence in the world
- Develops earlier in life than in whites
- More severe than in whites
- “Silent Killer”

SMI & Hypertension Risk

Co-occurrence between mental illness and other chronic health conditions:
- High Blood Pressure: 21.9% (Mental Illness), 18.8% (No Mental Illness)
- Smoking: 30% (Mental Illness), 21% (No Mental Illness)
- Heart Disease: 5.9% (Mental Illness), 4.2% (No Mental Illness)

"Can We Live Longer" Infographic
http://www.integration.samhsa.gov/
Underlying Causes?

“Among individuals with SMI...African Americans compared to whites have significantly higher blood pressure, non-significantly higher weight and BMI.”


Determinants:
- Environmental Factors
- Genetics & Epigenetics

Environmental Factors

Social and Economic Factors:
Poverty, Homelessness & Discrimination

Poor Access to:
Healthy Foods
Recreation
Medical Care

Hypertension & Chronic Illness
Epigenetics

Study of potentially heritable changes in gene expression

Does not involve changes to the underlying DNA sequence — a change in phenotype without a change in genotype

Affects how cells read the genes

Regular and natural occurrence

Influenced by several factors
  • Age
  • Environment/lifestyle
  • Disease state

Epigenetics & Middle Passage

Did increased capacity to retain salt improve odds of survival?
Data Confirms Disparity

- PBHCI services launch January 2016
- African American Patient-Clients: 85%
- Cumulative baselines confirm higher risk for hypertension (n=91):
  - 30% hypertensive
  - 35% pre-hypertensive
  - 35 normal

Population Health Approach

Average Systolic BP By Baseline Category

Hypertensive 1 (160-179)
Hypertensive 2 (180+)
Pre-hypertensive (120-159)
Normal (<120)
Population Health Approach

Leverage registry & “Data warehouse” approach:
- Identify sub-populations
- Engage Health Navigators

Culturally Competent Approach

Behavioral Health Team
- Cultural Competence
- Interdisciplinary Huddles with primary care
- Addresses

Environmental Factors:
- Housing
- Nutrition Wellness Groups
**Take-aways**

**Hypertension**
A health disparity with disproportionate impact on African Americans with SMI

**Underlying causes**
- Environmental
- Genetic & Epigenetic

**Effective response**
Designed to be effective
- Culturally competent
- Addresses underlying causes
- Population health approach

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Indigenous LAUNCH
Southcentral Foundation

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Samantha Gunes

- Samantha is a tribal member of the Yupik village of Aniak, Alaska, where she was raised in a family of six girls. She has four children and still participates in a subsistence lifestyle.
- Samantha has attended the University of Alaska, Anchorage.
- Samantha has over 26 years of experience working with tribal organizations.
- In 2013, Samantha received a “Living Our Values” award from Southcentral Foundation for contributing countless hours of teamwork to the success of the Access To Recovery Program.
- Samantha was previously the Project Director for the Access To Recovery III Program and is now a Behavioral Services Division Administrator and oversees the Quyana Club House, Rural Behavioral Health Services, Health Information Management and BSD Grants at Southcentral Foundation.
Alex Orten, M.D.

- Board certified Psychiatrist
- University of Oklahoma, 1989
- Timberland Psychiatry Residency, 1993
- Private Practice, 2 years
- Southcentral Foundation, 16 years
- He also provides care to customer owners with a broad range of psychiatric illnesses through the outpatient behavioral health service on the campus of the Alaska Native Medical Center.
- He is married and has 2 boys. He enjoys hiking and skiing the Alaskan backcountry in his free time.

Deborah Kvasnikoff

- University of Alaska, Fairbanks, with a Bachelor of Arts in Rural Development and Business Management.
- She has worked for many Alaska tribes for over 15 years including Tanana Chiefs Conference as a Director of Social Service 477 Programs-the second largest programs outside of health services.
- Manager at Southcentral Foundation for the past 6 years.
- Deborah enjoys her work and subsistence activities including hunting, fishing and berry picking.
Artwork from a Customer-Owner

Quyana Clubhouse
Exploring Models of Care

Quyana Clubhouse

Who We Serve

- 21+
- Seriously mentally ill
- Individuals experiencing homelessness and underserved
- Those living below the poverty line
Clubhouse Programs

- Weekend Excursions
- Peer Led Customer-Owner
- Leadership Council
- Snack Shop
- Subsistence Activity
- Sobriety (AA and NA)
- Eye Opener

Case Study-”Bob”

Bob

- 70-year-old Alaskan Native
- Involved with the Department of Corrections
  - Described as a very dangerous person at the time of his first intake at Quyana Clubhouse
- Bob’s diagnosis
  - Paranoid Schizophrenia upon intake in 2010
Chronic Condition Prevention and Management Improved

QCH beat the national grantee average for percent of customers with improved outcomes

<table>
<thead>
<tr>
<th>Metric</th>
<th>Outcome Improved QCH</th>
<th>Outcome Improved National</th>
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<tbody>
<tr>
<td>BMI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HgbA1c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDL Cholesterol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDL Cholesterol</td>
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SOURCE: Nuka Institute MHB presentation presented 5/12/15

Customer-Owners on a Hike
Participants Reduced Their Risk for Chronic Conditions

Not at Risk by the Second Interview

- BP Systolic
- BP Diastolic
- BP Combined
- BMI
- HgbA1c
- HDL Cholesterol
- LDL Cholesterol
- Tri-glycerides

QCH “Customer-Owners” vs National Benchmark “Patients”

Source: Nuka Institute MHB presentation presented 5/12/15

Customer-Owners in the Wellness Room
Customer-Owners Skiing in Wellness Group

Health Care Utilization

Per Person ED visit Spike When Provider Left and Reduced When New Provider Arrived

ED per person average Cohort

BETTER

SAMHSA
Holistic Health Improved for Grant Participants

The Holistic Health of QCH Grant Participants Beat the National Average for all Grantees

- Healthy Overall
- Functioning in Everyday Life
- No Serious Psychological Distress
- Client Perception of Care
- Socially Connected

Positive Second Interview QCH vs. Positive Second Interview National

Come To a Training!

<table>
<thead>
<tr>
<th>Training</th>
<th>Dates</th>
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<tbody>
<tr>
<td>Alaska Conference</td>
<td>June 19-23, 2017</td>
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<tr>
<td>Quality Management Courses</td>
<td>Aug. 28-Sept. 1, 2017</td>
</tr>
<tr>
<td>London and Liverpool Masterclasses</td>
<td>October 2 &amp; 5, 2017</td>
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<tr>
<td>Oregon Conference</td>
<td>October 23-24, 2017</td>
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Contact Us: www.scfnuka.com

907-729-Nuka (6852)  SCFEvent@scf.cc  @SCFNuka
Questions?

Thank You!

Qağaasakung  Aleut
Quyanaa    Alutiiq
Quyanaq    Inupiaq
Awa’ahdah  Eyak

Mahsi’    Gwich’in Athabaskan
Igamsiqanaghalek  Siberian Yupik
Háw’aa  Haida

Quyana    Yup’ik
T’oyaxsm  Tsimshian
Gunalchéesh  Tlingit

Tsin’aen  Ahtna Athabaskan
Chin’an  Dena’ina Athabaskan
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