AUGUST 2022

HARLEM STRONG COMMUNITY MENTAL HEALTH INITIATIVE

Overview Report

PREPARED BY:

Center for Innovation in Mental Health
CUNY Graduate School of Public Health and Health Policy

Harlem Congregations for Community Improvement Inc.

Harlem Health Initiative

ABOUT THE INITIATIVE

MISSION

Harlem Strong's mission is to address the syndemic risks of mental health, social risks, institutional racism, and COVID-19 through a neighborhood-based multisectoral coalition of community, faith-based, mental health, social service, health, and city organizations focused on mental health integration and coordination of care across the Harlem community. The specific goals of the coalition are to:

- promote mental health awareness and access to resources across the community
- increase linkage to care through care navigation
- build capacity in mental health promotion and task-sharing skills
- support continuous quality improvement, and
- strengthen community resiliency.

Vision

To close gaps in care and strengthen community mental health resiliency in Harlem.

Values

- Community-partnered
- Health equity
- Evidence-based solutions

MENTAL HEALTH CRISIS

Key issues:

- Rates of mental health problems have doubled and tripled during COVID-19
- COVID-19 has amplified inequities that have disproportionately devastated Black and Latino communities
- There is a growing need to address syndemic needs related to COVID-19, economic stress, and mental heatlh for high-risk, low-income ethnic minorities in Harlem

"Until recently, mental health remained a largely unaddressed and thus hidden issue within society. Years of disinvestment of core resources to the community of East Harlem led to increased pressure on an already overly disadvantaged neighbored. A reality that has contributed a significant impact to the community's well being. The ongoing economic climate and housing insecurity currently exacerbated by the Covid-19 pandemic, brought a greater awareness to these deficits affecting our community members. Now more than ever, programs such as Harlem Strong can serve as a vital tool of holistic care for our community." - CB 11 Member

SOCIAL & HEALTH DISPARITIES

Problem: There is limited access to mental health services, system fragmentation, structural racism, and lack of resources and investment in low-income ethnic minority communities.

Solutions needed:

- community-partnered, culturally-responsive, social justice-oriented, and neighborhood-focused multisectoral planning to design and build capacity for a coordinated system of care
- community-wide, collaborative care model to support mental health integration into gateway settings like housing developments, primary care, community-based organizations, and houses of worship
- task-sharing of mental health services (screening, psychoeducation, brief interventions for depression and anxiety) delivered by community providers in gateway settings to build trust

STUDY OVERVIEW

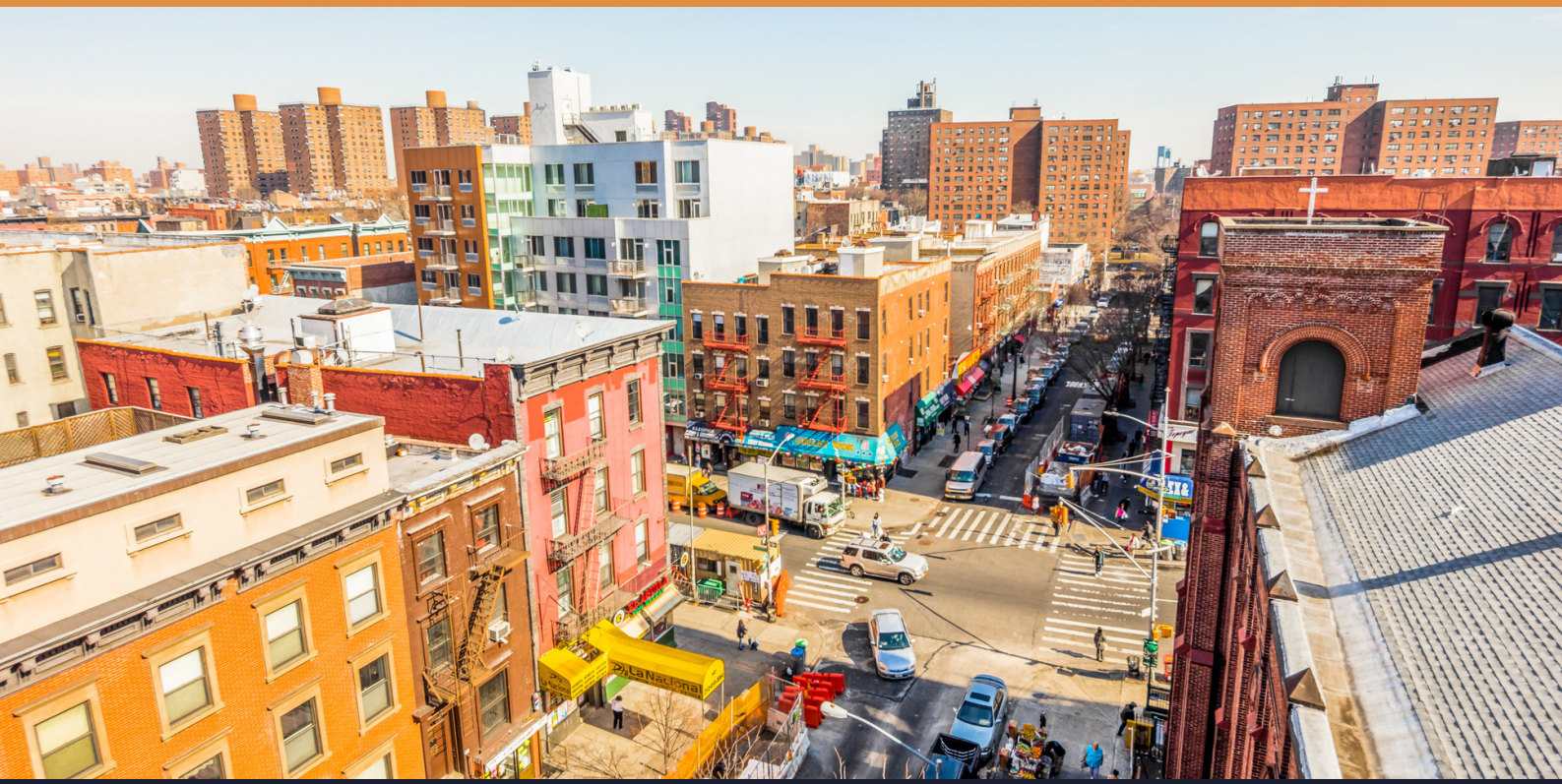
Harlem Strong Initiative Aims

The Harlem Strong Initiative will conduct formative research to understand community mental health needs and resources, and evaluate the the impact of a multisectoral community collaborative care model on system and consumers outcomes:

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

Aim 2: To conduct formative work with multistakeholder group to identify barriers and facilitators, and preferences for service needs and implementation strategies. This formative work supports 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)



STUDY OVERVIEW

Collaborative Care is an evidence-based approach for coordinating systems of care and will be used to support implementation of mental health task-sharing (screening, education about mental health and stress management, and referral) in a variety of settings. However, little is known about effective strategies to support mental health integration across a wide variety of community gateway settings. This study uses community-engaged planning across a multisectoral coalition of organizations to support mental health task-sharing and evaluates the impact of this model in low-income housing (LIC) and primary care (PC) sites.

Harlem Strong will use a stepped-wedged design to conduct a randomized control study to compare three implementation models: (1) education and resources (E&R), (2) Multisector Collaborative Care model (MCC), and (3) MCC with technology support. All sites will have exposure to all three implementation conditions over the course of the study.

We will evaluate the impact of these three implementation models on system, provider, and consumer outcomes.

LEAD INSTITUTIONS

Center for Innovation in Mental Health (CIMH)

CIMH is an academic training and research center that promotes reach and adoption of evidence-based mental health interventions through research, evaluation, training, and policy. CIMH has extensive background in developing capacity, implementing, scaling up, and evaluating evidence-based practices (EBPs) for mental health across multiple sectors for vulnerable communities globally. CIMH's goal is to support the development and scale-up of evidence-based mental health solutions and innovations to increase access and quality of mental health care for all populations.

Harlem Congregations for Community Improvement, Inc. (HCCI)

Founded in 1986, HCCI is a diverse coalition of inter-faith congregations that has implemented a comprehensive portfolio of programs to provide affordable housing and safe streets; offer opportunities for individuals and groups to become and remain economically independent; increase understanding of and access to health care; and provide substantive educational programs for adults and young people.

Harlem Health Initiative (HHI)

Harlem Health Initiative has worked to increase the knowledge, skills, technology, and infrastructure needed to implement and sustain science-based, culturally appropriate behavioral interventions and public health strategies. The HHI Model is structured to stimulate change through mobilization, education, and coordination of indigenous Harlem leaders, (in all strata of community life) to address health consequences of racism and racial justice in the Harlem communities.

LEAD INSTITUTION

Healthfirst Managed Care

Healthfirst is New York's largest not-for-profit health insurer, offering high-quality, affordable health insurance plans, including Medicaid plans, Medicare Advantage plans, long-term care plans, qualified health plans, and individual and small group plans. Sponsored by New York City's leading health systems, Healthfirst's mission is to provide high quality health care coverage to individuals and families in the New York service area. Healthfirst has served New York City and other New York counties for over 25 years, and pioneered the value-based healthcare model, wherein hospitals and physicians are paid based on patient outcomes. Healthfirst serves over 1.6 million members and 40,000 providers, works with over 80 participating hospitals, and hosts 23 community offices throughout New York. Healthfirst contracts with over 150 community-based behavioral health care providers throughout Harlem.

PROJECT DIRECTORS

Victoria Ngo, PhD
Principal Investigator, Harlem Strong Community Mental Health Initiative

Director, Center for Innovation in Mental Health; Mental Health, Center for Immigrant, Refugee, and Global Health
Associate Professor, Community Health and Social Sciences
CUNY Graduate School of Public Health and Health Policy
Adjunct Behavioral Scientist, RAND Corporation

Malcolm A. Punter, EdD, MBA
Chair, Harlem Strong Community Advisory Board

President & CEO, Harlem Congregations of Community Improvement, Inc. (HCCI)

Deborah Levine, MSW, LCSW
Community Director, Harlem Strong Community Mental Health Initiative

Director, Harlem Health Initiative

INVESTIGATORS

Jose Florez-Arango, MD, PhD, MSc
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Expertise: Technology, Health Informatics

Terry Huang, PhD
Professor, Health Policy and Management
Director, Center for Systems and Community Design
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Expertise: System Science, Group Model Building, Entrepreneurship Models

Katarzyna Wyka, PhD
Associate Professor, Epidemiology and Biostatistics
Expertise: randomized controlled study design, biostatistical analysis for mental health

Luisa Borrell, PhD
Distinguished Professor, Epidemiology and Biostatistics
Expertise: Epidemiology, Latino health disparities

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Associate Professor, Community Health and Social Science
Expertise: Substance use epidemiology, Latino health disparities

Scott Ratzan, MD, MPA, MA, BA
Distinguished Lecturer at CUNY SPH
Expertise: COVID-19 Vaccine hesitancy, health communication, multisectoral collaborations

INVESTIGATORS

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Associate Professor, Community Health and Social Sciences
Expertise: health literacy in ethnic minority communities, health disparities

Rashi Kumar, MUP
Director of Research and Policy, Healthfirst
Expertise: evidence-based/innovative programs

Marie Sillice, PhD
Assistant Research Professor
Expertise: behavioral health prevention intervention, technology applications, culturally relevant approaches

Tom Wang, MPH
Partnerships Manager of Research and Evaluation, Healthfirst
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Yvonne Owens Ferguson, PhD, MPH
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Program Leader, Transformative Research to Address Health Disparities and Advance Health Equity
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Dawn Morales, PhD
NIH Project Scientist
Rural Mental Health, Alaska Native and American Indian Mental Health Chief
Expertise:

PROJECT STAFF

CUNY SPH Project Team

Project Managers & Coordinators

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Andrea Isabel López, MPH

Trainers and Coaches

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Marie Sillice, PhD

Data Manager

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Vivian Le, BA, MPH Student, CHSS

HCCI Project Team

Community Managers / Trainers

Nuri Ansari, Director of the Health & Wellness Strategies/SSHP
Reverend Dr. Charles Butler, Vice President of Equitable Development
Carlisa Brown Simons, Vice President of Corporate Relations (retired '22)

CAB MEMBERS

Community and Resident Leaders

Malcolm Punter, Ed.D, MBA (Chair)
President and CEO, Harlem Congregations for Community Improvement

Patreinnah Acosta-Pelle
Resident Leader
PR City, Executive Officer

Serena Chandler
Resident Leader
MAP Team Stakeholder - Polo Grounds

Ny Whitaker
East Harlem Resident

Michelle Drayton
Director for Hospice and Palliative Care Access, Visiting Nurse Service of New York

Pastor Terrance L. Kennedy
Pastor, New Hope Community Church, Inc. & New Hope for the World Ministries, Inc.

Mark Levine MPP
Manhattan Borough President, Office of the President of the Borough of Manhattan

Patricia Lyons LMSW
Director, Children Program Services, Coordinated Behavioral Care

C. Virginia Fields/Melissa Baker
Founder and CEO/COO, National Black Leadership Commission on Health, Inc.

Freida Foster
Chair, CUNY SPH Dean's Advisory Board

CAB MEMBERS

Lena Green, DSW, LCSW, CLC
Executive Director, Hope Center

Charles Shorter LMSW
Executive Director, Ryan Adair and Frederick Douglass Health Centers

Leon Merrick, DDS
Chair, Greater Harlem Chamber of Commerce, Health Committee

Carmen Neely, MS
President and Co-Founder, Harlem Pride

Lenier Thomas
Chief Development Officer, New York Theological Seminary (NYTS)

Desiree Elder
Senior Pastor, The Dream Center Harlem

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Vice President of New Initiatives, United Cerebral Palsy Associations of New York State

Ysabel Abreu
Director of Community Outreach, Union Settlement

Destiny Burns
Executive Director, Empire State Development

Shawn Hill
Executive Director, The Greater Harlem Coalition

Robert McCollough
President, National Association Each One Teach One Inc.

CAB MEMBERS

System and Policy Advisors

Susan Beane, MD
Executive Medical Director, Healthfirst, Inc.

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University Dean for Health and Human Services, CUNY
Dean of Health and Human Services

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Assembly Member, New York State Assembly, 70th District

Ayman El-Mohandes, MBBCh, MD,MPH,FAAP
Dean, CUNY Graduate School of Public Health and Health Policy

Laquisha Grant
Senior Director, Crisis Response and Community Capacity, Mayor's Office of Community Mental Health

Sinead Keegan, MPP
Director, Knowledge Management & Strategic Initiatives, Mayor's Office for Economic Opportunity (NYC Opportunity)

Al Taylor, Mdiv
Assembly Member, New York State Assembly, 71st District

Elise Tossatti, MUP
Program Director, CUNY School of Professional Studies - Academy of Community Behavioral Health

Cordell Cleare
New York State Senator 30th Senate District, Committee on Women's Issues

COMMUNITY-PARTNERED PROCESS

Community Advisory Board (CAB)

The CAB will provide high-level community and policy level guidance for the project, consisting of 10-12 members (led by Dr. Punter). Members of the CAB are Harlem, city, and state-based leaders in nonprofit, civic, and business organizations, including mental health practitioners, system leaders, elected officials, and residents-leaders. The CAB members will coordinate with Harlem community boards and elected officials to coordinate and align the Harlem Strong Initiative with other city-wide priorities. CAB members will meet quarterly and will provide critical guidance at key junctures of the study, including review of the proposed intervention and implementation package, study outcomes, facilitate dissemination strategies, problem-solve implementation barriers, support system change, and policy translation.

Community Stakeholder Planning Council (CSPC)

The CSPC will support the development of Community Implementation Plans (CIP) for LIH and PC, and provide guidance. The CSPC (led by Ms. Levine and Dr. Ngo) will consist of 12-15 members (e.g., implementation partners, lay and professional MH providers, faith leaders, community leaders, financial literacy case managers, housing development staff, and Black and Latino Harlem residents). They will meet monthly during the formative phase to adapt the program model and implementation strategies, training curriculum, intervention materials, and implementation plans. A variety of different approaches will be used including Group Modeling Building (GMB), intervention mapping, human-centered design, and crowdsourcing to identify gaps, needs, solutions, and levers, as well as adapt curriculum, intervention materials and tools.

COMMUNITY-PARTNERED PROCESS

Harlem Strong Community Mental Health Coalition

The Coalition will consist of a network of community organizations, both the study sites and other supporting community organizations to support cultural and system change needed to create a community culture conducive to mental health integration. This network will host various training events, community conversations about mental health, and community resources to increase linkages in care, as well as serve as a dissemination outlet for our program.

The Harlem Strong E-Hub is a novel electronic platform designed for stakeholder communication, sharing community data on mental health among minorities, and diffusion of research and community-driven innovations – all critical to achieving collective impact. We conceptualize dissemination not only as one-way sharing of project results to communities, but also as network connectedness and growth, partnership development, community co-learning and co-design, and context-specific scale-up or adaptation of best practices.

FORMATIVE WORK

Prior to the study launch, formative work will be completed to collect community insight via a community needs assessment (surveys, Community Based Organization and Faith Based Organization mapping), design sessions, and intervention mapping.

Human-centered design process will be used to adapt training curriculum, Multisector Collaborative Care (MCC) toolkit, and mental health promotion materials, which will be reviewed by the Community Stakeholder Planning Council (CSPC). In addition, an initial Community Implementation Plan for mental health integration will be developed for low-income housing, primary care, community-based, and faith-based settings. Findings will also be presented to the Community Advisory Board (CAB) to identify implementation barriers and potential solutions. Recommendations will be synthesized to finalize all Harlem Strong materials.

PRELIMINARY WORK

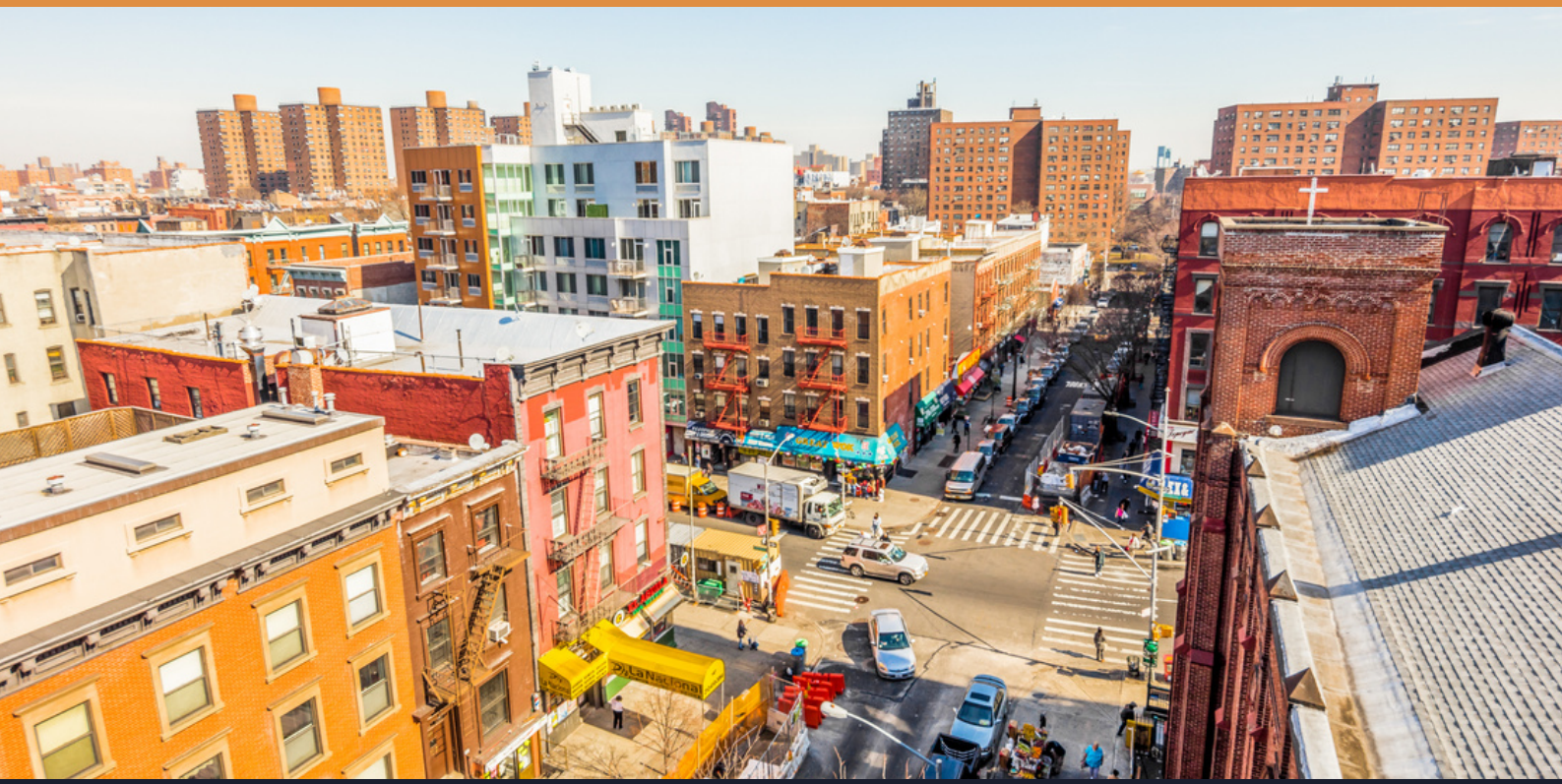
Community Needs Assessment

The goal of the Harlem Strong Multi-Stakeholder Needs Assessment is to better understand the economic, social, health, and mental health impacts of COVID and to inform the development of community-based programming and services to better serve the Harlem community during the ongoing COVID-19 pandemic.

We have included Harlem residents, CBO staff, faith leaders, and community leaders in our multi-stakeholder approach.

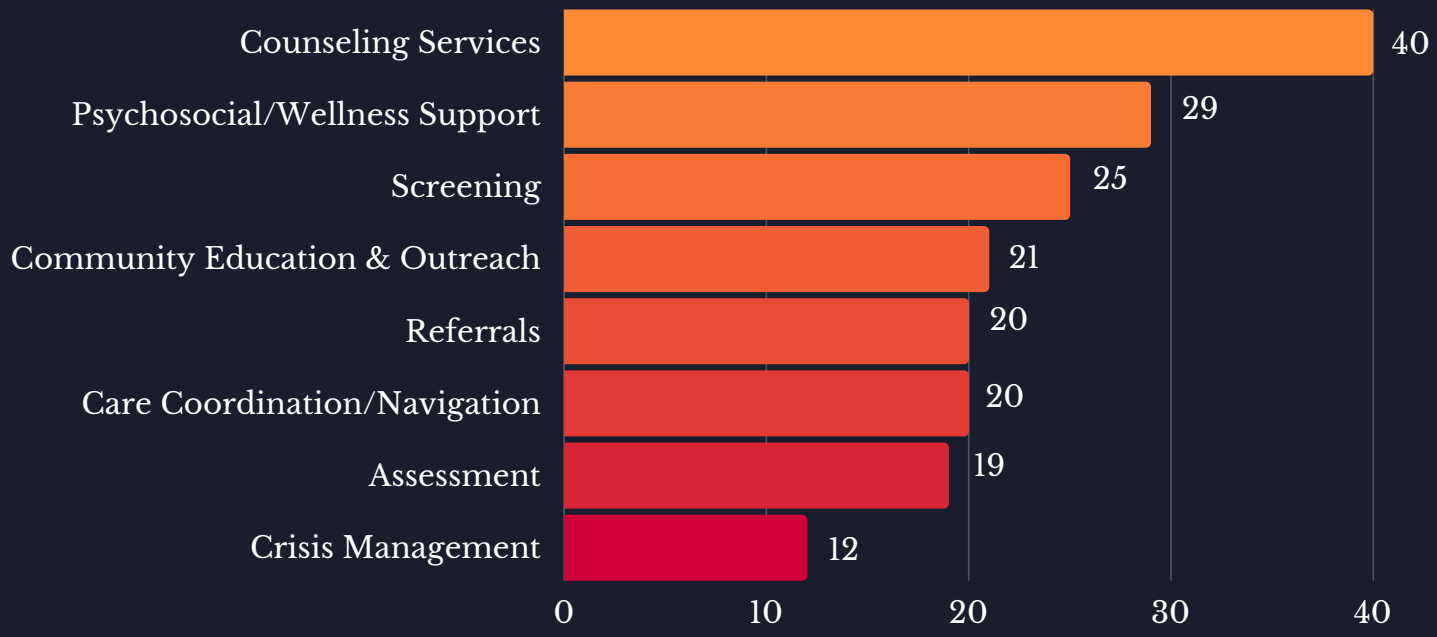
Harlem residents (both public / affordable housing and market rate housing), CBO staff, and faith and community leaders are being recruited for an online survey.

Of those recruited for the survey, 10 from each stakeholder group will be invited for qualitative interviews to gain insight on barriers and facilitators for an effective, community-based mental health intervention.



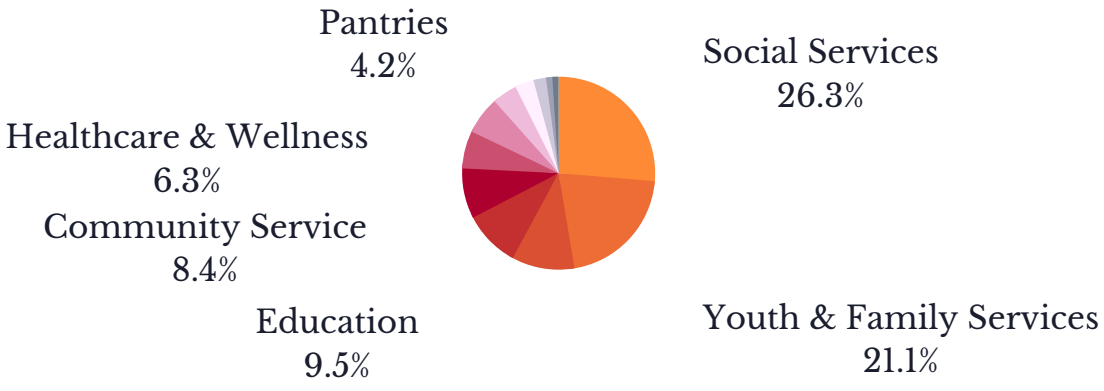
CBO MAPPING FINDINGS

MOST COMMON MH SERVICES:



Summary

To complement the ongoing needs assessment, we developed a list of 94 CBOs through databases obtained from our community partners in Harlem. We then conducted an environmental scan to identify and characterize the Harlem community's active organizations and services.

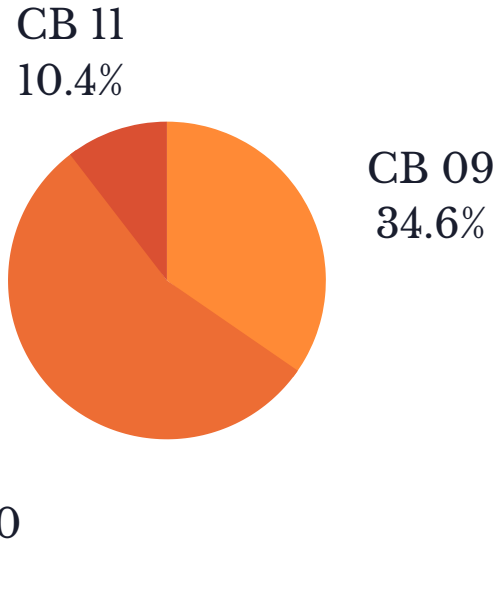


RESIDENT SURVEY

HOUSING TYPE BREAKDOWN

Summary

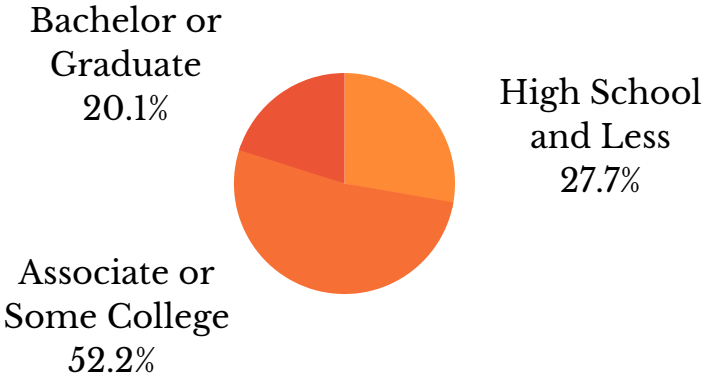
Harlem residents (both public / affordable housing and market rate housing were recruited for an online survey. Residents were recruited through collaborator channels such as social media, newsletters, and email engagement. 393 validated surveys were collected between April 13, 2021- September 16, 2021.



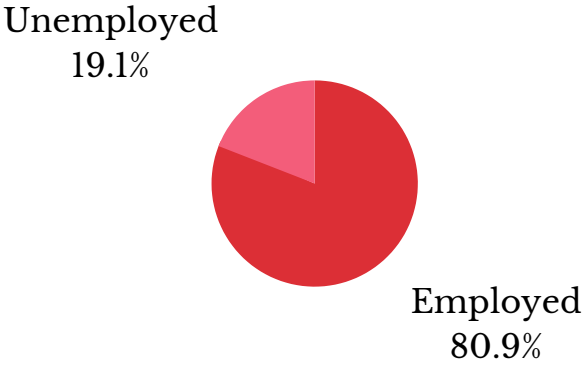
Qualifying Zip Codes: 10025, 10026, 10027, 10029, 10030, 10031, 10035, 10037, 10039, 10115

DEMOGRAPHICS

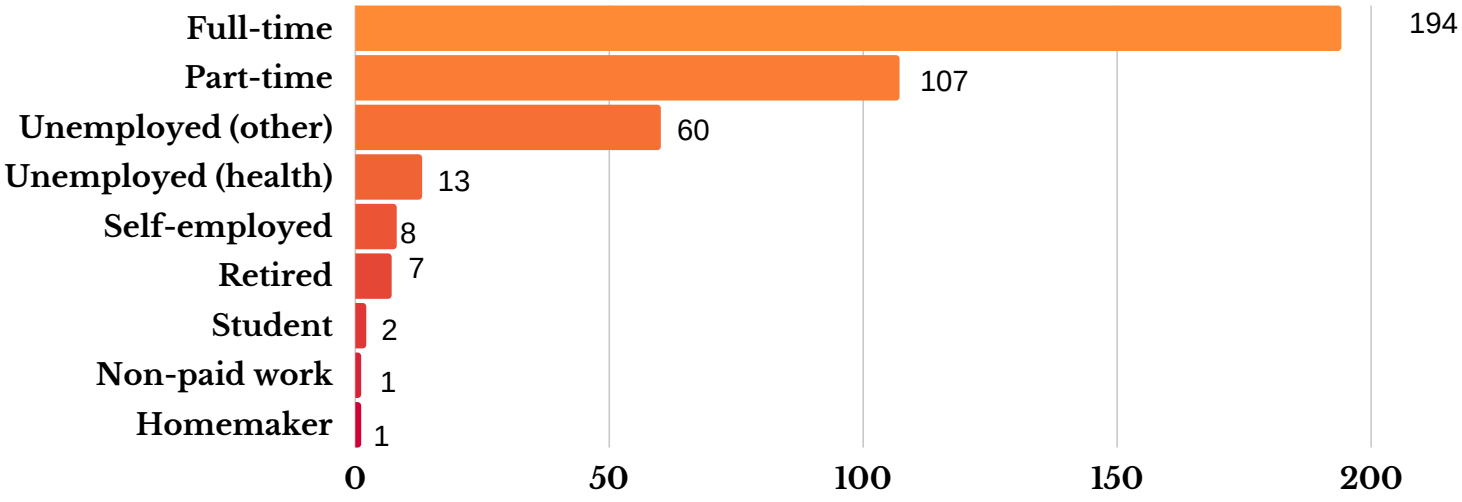
Educational Attainment:



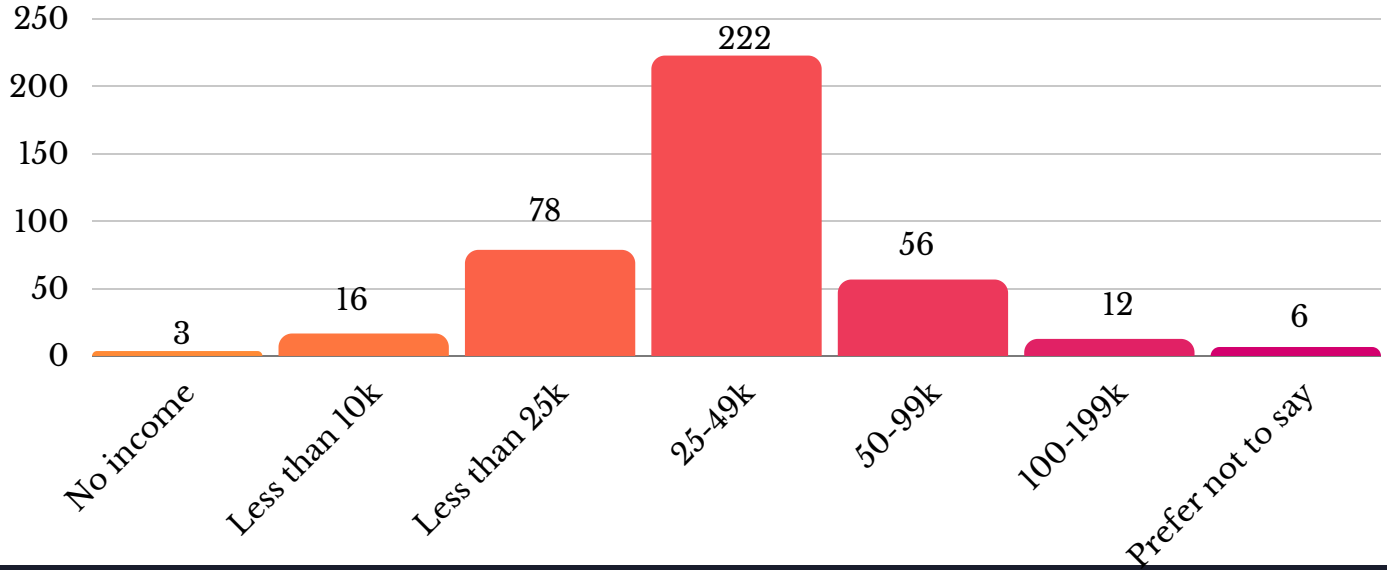
Employment Status:



Employment Type:



Reported Yearly Income:



PRELIMINARY FINDINGS

41.2%
Residents had depression risk

48.1%
Residents had anxiety risk

73.0%
Residents reported signs of loneliness

25.7%
Residents had PTSD risk

63.6%
Residents had experienced interpersonal violence

48.9%
Residents reported alcohol misuse

19.1%
Residents reported polysubstance use after COVID-19

CBO & FBO NEEDS ASSESSMENT

IN PROGRESS

Summary

Harlem CBO and FBO staff are currently being recruited for an online needs assessment survey. Participants are recruited through collaborator channels such as internal email listservs, newsletters, and direct engagement. Survey collection began on January 5, 2022 and is expected to be completed by October 2022. We expect to collect 100 CBO and 30 FBO surveys.

Qualitative Interviews will also be conducted with 10 CBO and 10 FBO leaders and staff in Harlem to gain more in-depth understanding of mental health resources and needs, identify implementation challenges for mental health integration, and recommendations for Harlem Strong mental health integration program design, including training curriculum, intervention model, and implementation strategies. Interviews began in February 2022 and are expected to be completed by October 2022.

RESEARCH STUDY

The overarching goal of the study is to evaluate implementation strategies to improve site-level uptake of mental health task-sharing using a community-based collaborative care model. We will use a stepped-wedged cluster randomized trial design to compare effectiveness of three implementation conditions: (1) Education and Resources, (2) Community-engaged Multisector Collaborative Care model (MCC), (3) MCC with community crowdsourced technology solution.

Outcomes include:

- Providers: Mental Health Task-Sharing Knowledge, Skills, and Practices
- Consumers: Mental Health (depression, anxiety, well-being), Quality of Life, Functioning, and Service Utilization
- Implementation: Reach, Adoption, and Implementation Quality of mental heath task-sharing

PROJECT TIMELINE

		Y1	Y2	Y3	Y4	Y5
Intervention Planning	Community Advisory Board	Quarterly Meetings	Biannual Meetings	Biannual Meetings	Biannual Meetings	Biannual Meetings
	Community Stakeholder Planning Council	Meetings + CIP				
	Technology Crowdsourcing	Crowdsourcing	Crowdsourcing			
	E-Hub Development	Development				
Product Development	Coalition & E-Hub		Biannual Meetings	Biannual Meetings	Biannual Meetings	Biannual Meetings
	MH Task-Sharing Training	Supervisor Training	MCC Monthly Supervision	MCC Supervision as Needed	MCC Supervision as Needed	
	MCC Learning Collaborative		Monthly MCC LC Meeting	Monthly MCC LC Meeting	Monthly MCC LC Meeting	
	Participant Study		Survey Assessment	Survey/ Interview Assessment	Survey/ Interview Assessment	
	Provider Study	Survey Assessment	Survey Assessment	Survey Assessment	Interview Assessment	
Products & Deliverables	Community Dissemination	Annual Dissemination	Annual Dissemination	Annual Dissemination	Annual Dissemination	Annual Dissemination
	Harlem Strong Toolkit	Development & Revision				Finalization
	Tech-based Implementation Support Tool	Development	Development & Finalizing			SBIR
	Manuscripts & Grant Prep					Development & Submission

For additional information, contact:

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The Harlem Strong Community Mental Health Initiative is funded by the CUNY Interdisciplinary Grant (IRG 2841), NIH Transformative Research to Address Health Disparities and Advance Health Equity Initiative (U01OD033245), and Robert Wood Johnson Foundation Systems for Action (S4A, RWJF 79174). The views expressed here do not necessarily reflect the views of any of the funding agencies supporting this work.