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## Objectives

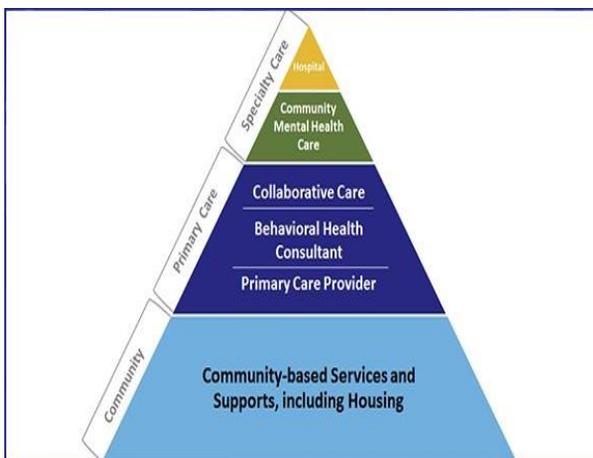
- 1. Learn how to interact with community groups in a manner that brings about community led changes**
- 2. Learn how to tap into existing community resources at the individual level**
- 3. Learn about the implementation of the Collaborative Care Model within a primary care setting**

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## In the Meantime: Collaborative Care Model

- **Grant history:**
  - Year 1: FY17
  - Year 2: FY18
  - Year 3: FY19
- **Story of how it is unfolding**
- **A stigma among patients**
- **The providers needed a shift in thinking**



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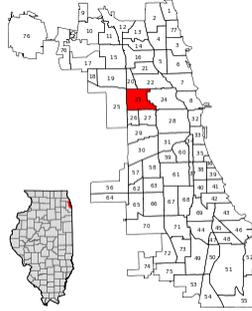
## What is Collaborative Care?

- **Collaborative Care is a model developed by The AIMS Center at the University of Washington to treat common and persistent mental health conditions such as depression and anxiety.**
- **The model is comprised of 5 core principles:**

1	<b>Patient-Centered Team Care</b> Primary care and behavioral health providers collaborate effectively using shared care plans that incorporate patient goals. The ability to get both physical and mental health care at a familiar location is comfortable to patients. Increased patient engagement oftentimes results in a better health care experience and improved patient outcomes.
2	<b>Population-Based Care</b> Care team shares a defined group of patients tracked in a registry to ensure no one falls through the cracks. Practices track and reach out to patients who are not improving and mental health specialists provide caseload-focused consultation, not just ad-hoc advice.
3	<b>Measurement-Based Treatment to Target</b> Each patient's treatment plan clearly articulates personal goals and clinical outcomes that are routinely measured by evidence-based tools like the <a href="#">PHQ-9 depression scale</a> . Treatments are actively changed if patients are not improving as expected.
4	<b>Evidence-Based Care</b> Patients are offered treatments with credible research evidence to support their efficacy in treating the target condition. These include a variety of evidence-based psychotherapies proven to work in primary care, and medications. Collaborative care itself has a substantial evidence base for its effectiveness, one of the few integrated care models that does.
5	<b>Accountable Care</b> Providers are accountable and reimbursed for quality of care and clinical outcomes, not just the volume of care provided. Read more about accountability in our <a href="#">Financing</a> section.

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# Our community: West Humboldt Park/East Garfield Park



- 49% of Humboldt Park households received food stamp benefits, and 30% of households accessed emergency food, such as a food pantry or soup kitchen. Despite this support, **46% of households were still food insecure**, compared with 13% of households nationwide.
- **47% of Humboldt Park adults are obese**; by contrast, the national adult obesity rate is 29.5%. 13% of adults in the neighborhood have been diagnosed with diabetes, compared with 9% of U.S. adults.

Source: Sinai Health Survey 2.0

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# Our community: West Humboldt Park/East Garfield Park

- **27% of adults in Humboldt Park experience current symptoms of post-traumatic stress disorder.**
- **18% of adults have current symptoms of depression, compared to 7% of U.S. adults.**
- Those who do reach out for help are often stopped short by a lack of available care.
  - “We need affordable mental health access,” one resident stated simply.
  - “Inadequate services mean you lose people when they’re finally willing to open up.”

Source: Sinai Health Survey 2.0



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The need for mental health services was apparent.  
But how? And why?

## **A CONVERSATION WAS NEEDED BETWEEN THE COMMUNITY AND THE HEALTH CENTER**

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**June 2017: A first meeting over coffee  
with each other.**

**This is where it began.**

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### **First meeting discussions**

- **Tone: "we"**
- **Participants: all equals**
- **Purpose: decided together (see next slide)**
- **Plan for action and next steps**
- **"Community Advisory Panel"**



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### **Community Advisory Panel Purpose**

**Exchanging information, resources, and ideas to improve our community.**

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## **Content of meetings since then:**

**Review purpose**

**Meet everyone**

**Observations: both positive and negative**

**Exchange of information and updates**

**Plans to take action**

**Together decide on next meeting date**



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# **Community-Led Changes**

- **Health Fair**
- **Library Presentation on Mental Health and Stigma**
- **Exchange of information after car ran into church**
- **Job opportunities in the trades**
- **Chicago Police Department attendance**
- **Plan to approach the alderman as a group**
- **Upcoming Trauma Responders Unified to Empower (TRUE) training**
- **Naloxone Training**
- **Substance Use Training**
- **Providers trained on Medication Assisted Therapy (MAT)**
- **Librarians identified issues leading to further policy discussions**
- **Homeless bus changed their stop locations**
- **Addressing Intimate Partner Violence both as a community and as a health center**

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## Family and Community Health Fair

**Multiple community organizations involved**

**Connections made**

**All had a voice and participated (eg: prayer table)**



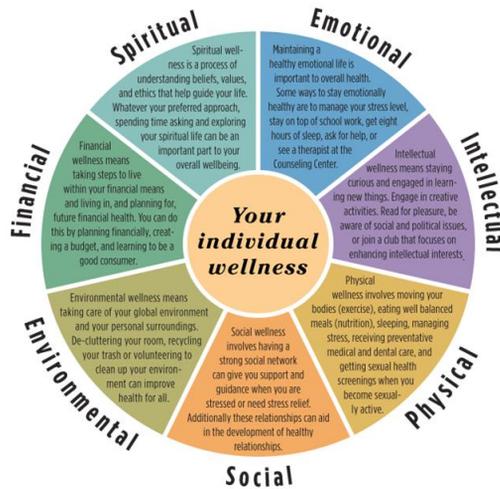
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## Library Presentation on Mental Health and Stigma

**Presenter Lisa Dadabo  
Discussion with patrons**

**Further improved connection to the local library (a community hub)**

**Goal was to provide outreach to the library patrons and in general to provide education on mental health as an indispensable component of overall health**



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## Exchange of information on the spot

**Example: a car ran into the church, what to do? Members able to quickly give phone numbers of influential person in local community who could help.**

**RATS**



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## Job Opportunities in the Trades

**New program for union jobs—recruiting minorities, including women**

**Speakers came to present to group**



**ACCESSUNITED**

IN PARTNERSHIP WITH



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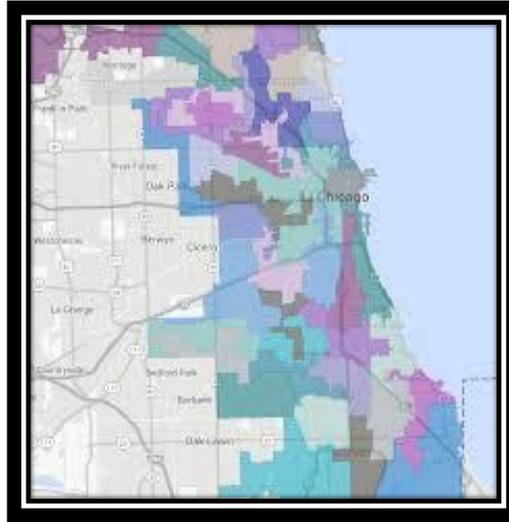
### **Plan to approach the local alderman as a group**

**Open-air drug market activity noticed**

**Multiple attempts (by one community member) to discuss it with the alderman failed**

**Crime prevents community groups from setting up events such as back to school fair**

**Since one group member raised the concern, two people were killed at the corner where the activity was noted**



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### **Chicago Police Department involvement**

**Open drug market causing fear in the community, violence**

**No interest in physically going to the police station  
Instead police districts invited to the Community Advisory Panel meeting**

**Powerful information—positive police presence events, expectations of what they will do, understanding current situation.**

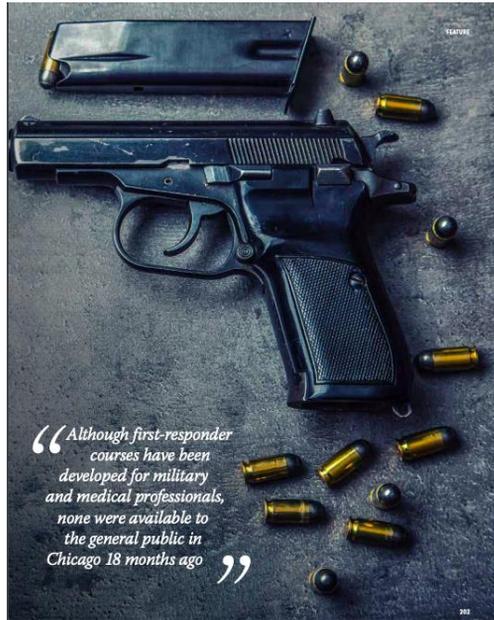


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## Upcoming TRUE Training

- **Developed in response to multiple shootings in the community, even on the block of the health center**
- **Trauma Responders Unify to Empower (TRUE)**
- **Dr. Mamta Swaroop to present information to community members in October**

**TRUE (Trauma Responders Unify to Empower) Communities: An evolution of empowerment**



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## HAS presentation

### Substance Use Presentation

- **Fellow organization Healthcare Alternative Services presented on “Helping Individuals with Substance Use Disorders”**
- **20 people attended across organizations**
- **Collaborate instead of compete**

**Substance Use in Underserved Populations**  
 June 14, 2019, 9:00am - 10:30am

This FREE training will focus on understanding addiction, how addiction is treated and how culture and community impact addiction and recovery. Snacks will be provided. Space is limited to the first 20 participants.

Mile Square Health Center Humboldt Park  
 3240 W. Division St.  
 Chicago, IL 60651

RSVP to Virginia Reising at  
 vmontg2@uic.edu or  
 847-494-7726

H.A.S. Healthcare Alternative Systems  
 UI Health UIC

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## Narcan Training Flyer

### Naloxone Training

- **Presented by UIC MAT RN Phil Maes**
- **Stimulated discussion among participants**
- **Attendees were given Narcan for use**
- **Spreading the word (walking into the storefront of another organization) led to further potential partnerships**



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### Providers trained on Medication Assisted Therapy (MAT)

- **MAT trained-providers starting services at MS Main (sister location across town)**
- **The Community motivated our providers to offer these services health center**
- **Stories of specific situations**
- **First patient at our location September 2019**
- **How this tied into existing Community Outreach Intervention Project (COIP)**



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## Library issues

- **Librarians' consistent participation was invaluable**
- **Among themselves, review of naloxone policy, identification of stress to the worker observing multiple overdoses**



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## Homeless bus alters route

- **The Night Ministry bus history**
- **Attendance and exchange of information (gang lines)**
- **Change of bus stop**



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## **Intimate Partner Violence**

**Community Advisory Panel  
interested in women's  
issues**

- **Night Ministry concerned about women**
- **Interest in learning about Deborah's Place—tour**
- **Led to connection with Sarah's Inn lead a provider training**



Deborah's  
Place

sarah's inn  together strong

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**We, the Community  
Advisory Panel, didn't just  
identify problems, we  
helped provide solutions to  
each other, and made new  
connections in the process**

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**Let's talk: tell us what has  
been done in your  
communities**

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