



**Integral Care**

# Using Data to Implement Programmatic Changes

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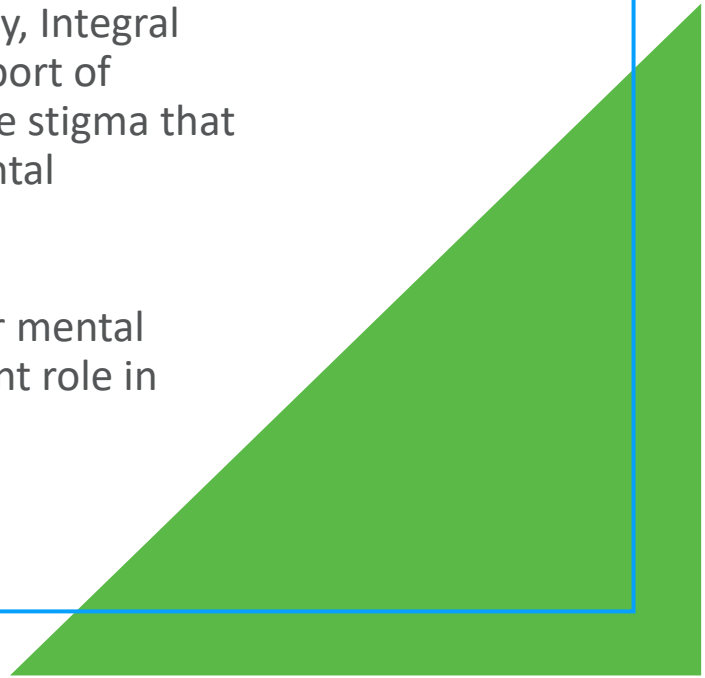


# Integral Care

Since 1967, Integral Care has supported the health and well-being of children and adults living with mental illness, substance use disorder, and intellectual and developmental disabilities (IDD) in Travis County, TX.

As the Local Mental Health and Intellectual and Developmental Disability Authority, Integral Care partners with local organizations to strengthen a community network in support of mental health, offers guidance to other behavioral health agencies, and battles the stigma that surrounds mental illness, substance use disorder, and intellectual and developmental disabilities (IDD).

We are responsible for planning, developing policy, and coordinating resources for mental health and IDD services throughout Travis County. Additionally, we play a significant role in planning for and providing substance use services.



## VISION

Healthy Living for Everyone.

## MISSION

Integral Care's mission is to improve the lives of people affected by behavioral health and developmental and/or intellectual challenges.

## VALUES

Integral Care will strive to uphold core values related to people, integrity, excellence, leadership and transparency.

# 2020 Amendment to Integral Care's Strategic Plan

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Significant events of 2020 are impacting communities at every level. The global COVID-19 pandemic brought about rapid change that no one could predict and its full impact is still unknown. Recovery is anticipated to take years.

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On the heels of the pandemic, our nation experienced a renewed call for equity and justice for people of color after another African American was killed by police.

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**A clear and urgent next step forward is to eradicate institutional racism and structural inequities.**

# Action

Integral Care's Ad Hoc Board/Staff Task Force on Racial Equity requested a Population Health Analysis of justice programs to guide their work.

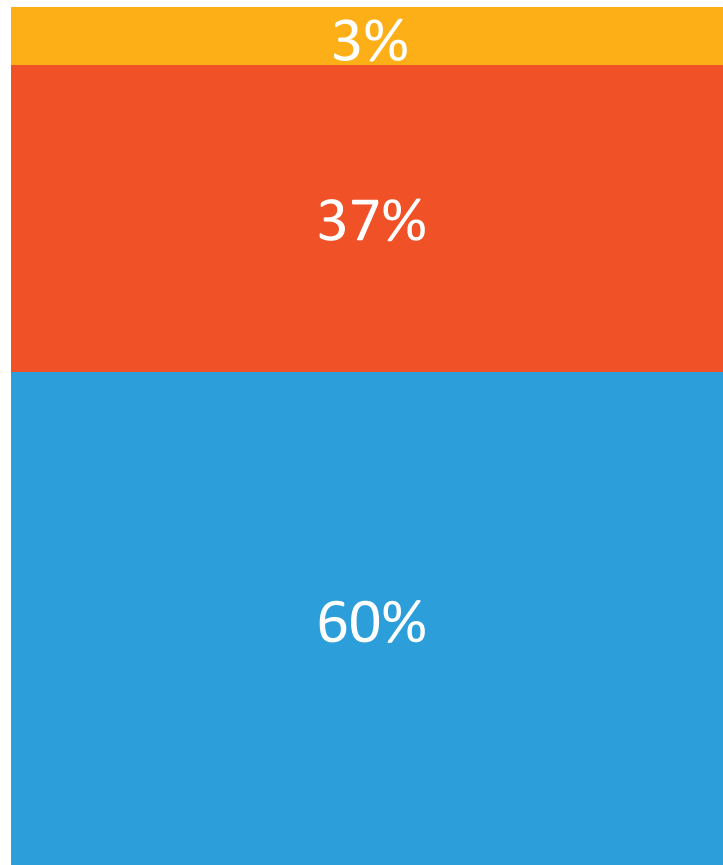


# Introduction

- A population analysis was conducted for unduplicated individuals involved in the criminal justice system and served by Integral Care in Fiscal Year 2020 (9/1/2019- 8/31/2020)
  - **Served by ANEW and the Mental Health Bond Program: 1,417 clients**
- ANEW provides mental health support for adults on probation or parole. Services include mental health testing, medicine, life skills training, help finding other local resources, help finding transportation and jobs and help applying for benefits. **TCOOMMI Program.**
- The Mental Health Bond Program helps people who are currently in the county jail by providing treatment alternatives to incarceration.

# Supervision Type of ANEW Clients

FY20

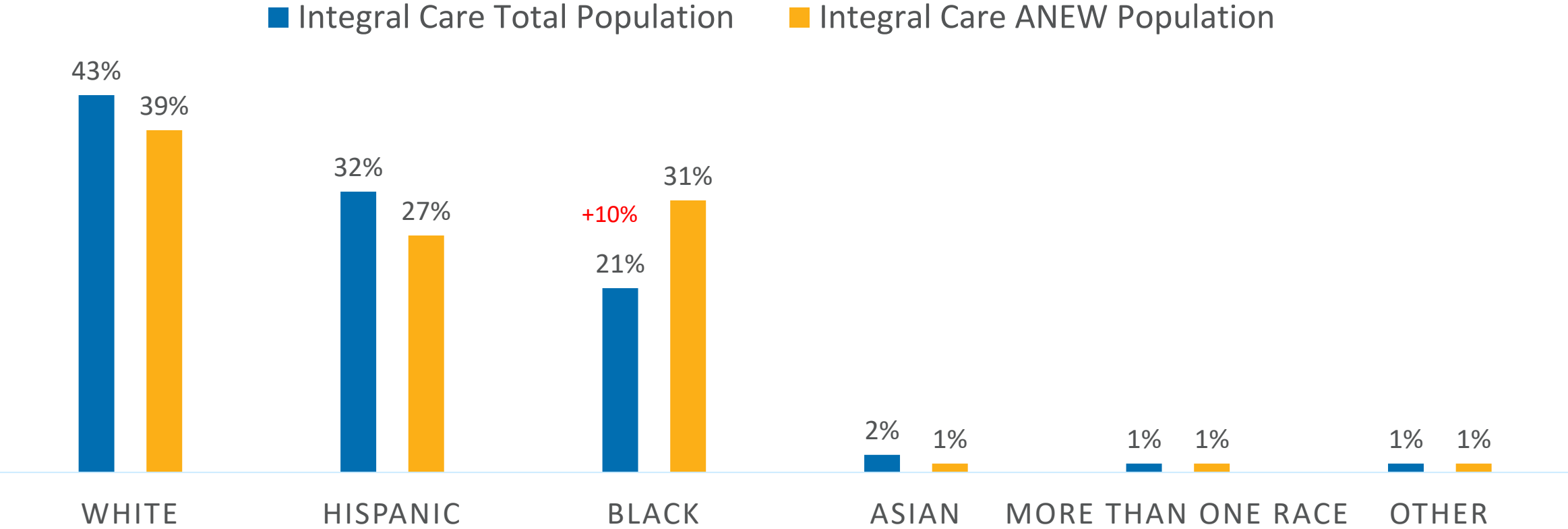


- Pretrial
- Probation
- Parole



# Race and Ethnicity Profile: ANEW FY20

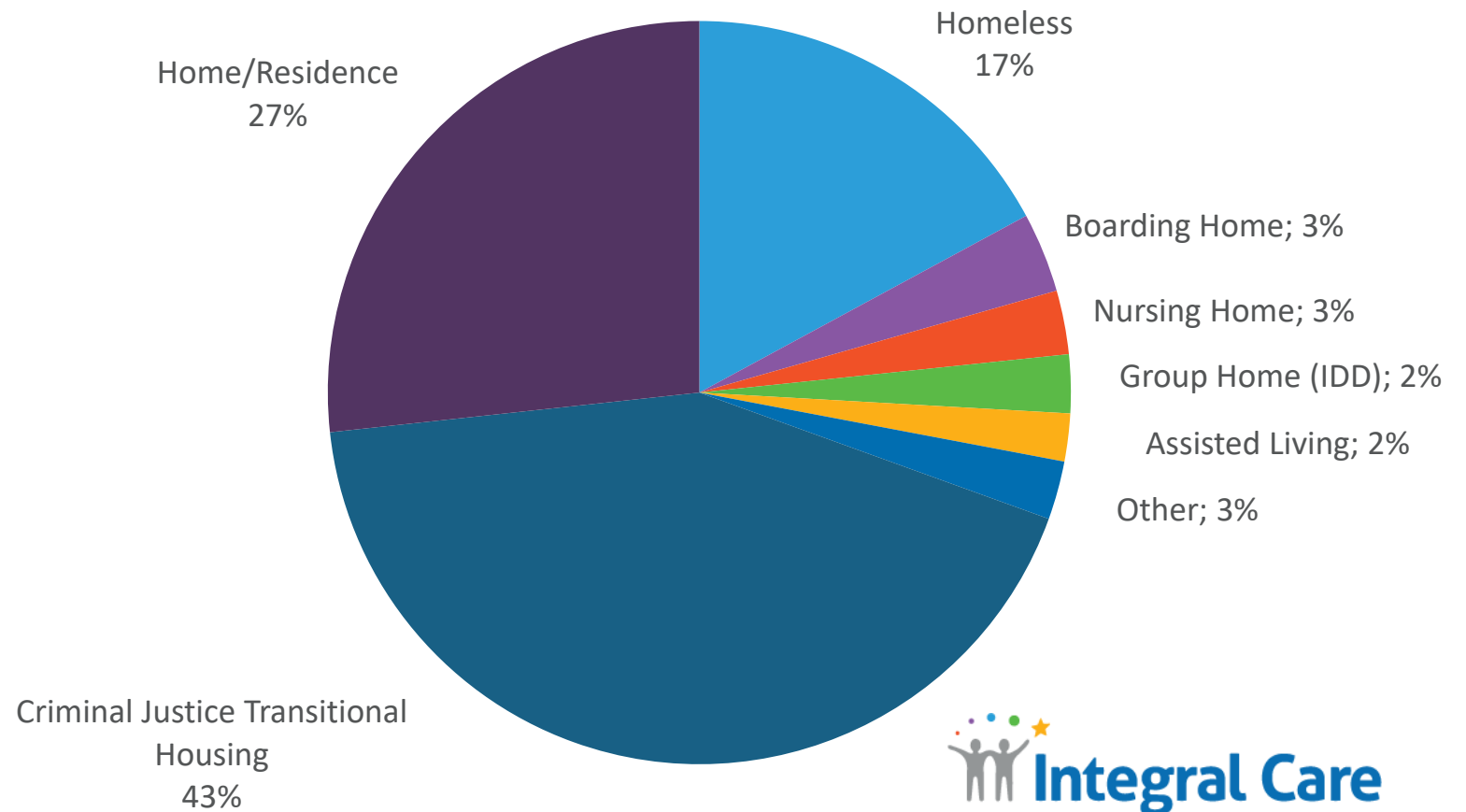
RACE/ETHNICITY OF INTEGRAL CARE CLIENTS SERVED IN FY20



Integral Care Data FY20  
Excludes unknowns

# Residential Status of ANEW Clients

- **43%** of individuals served by ANEW reside in criminal justice transitional housing (Austin Transitional Center)
- Individuals experiencing homelessness comprised **17%** of the overall ANEW population served in FY20



# Diagnoses Snapshot: ANEW FY20

- The average number of active axis I-III diagnoses per client served by ANEW= **3.72**
- Percentage of clients with a diagnosis in the following categories:
  - **Mental Health: 99%**
  - **Substance Use: 57%**
  - **Chronic Medical: 49%**
  - **Intellectual and Developmental Disabilities: 1%**
- **87%** of clients had more than 1 active diagnosis or condition, regardless of diagnostic category
- **74%** of clients had diagnoses across diagnostic categories
  - ex: Substance Use and Mental Health, Chronic Medical and IDD, etc.



# Co-occurring Across Diagnostic Categories

Co-occurring Categories	Integral Care FY20 Population	ANEW FY20 Population	Difference
Co-occurring Substance Use	40%	57%	↑ 17%
Co-occurring Chronic Medical	35%	48%	↑ 13%
Co-occurring IDD	9%	1%	↓ 8%
Co-occurring Mental Health, Substance Use, and Chronic Medical	18%	31%	↑ 13%
Co-occurring Mental Health, Substance Use, Chronic Medical, and IDD	0.4%	0.4%	→ 0%

Note: Percentages do not add to 100% as clients can be in multiple categories. Categories are not mutually exclusive.



# Top 10 Diagnoses: Overall

Rank	Primary Diagnosis	Integral Care FY20 Population	ANEW FY20 Population	Difference
1	Schizophrenia spectrum and other psychotic disorders	23%	52%	↑ 29%
2	Trauma- and stressor-related disorders	27%	35%	↑ 8%
3	Tobacco-related disorders	18%	34%	↑ 16%
4	Bipolar and related disorders	25%	32%	↑ 7%
5	Anxiety and disorders	22%	24%	↑ 2%
6	Depressive disorders	30%	22%	↓ 8%
7	Stimulant-related disorders	13%	18%	↑ 5%
8	Essential hypertension	11%	17%	↑ 6%
9	Alcohol-related disorders	14%	14%	→ 0%
10	Cannabis-related disorders	13%	13%	→ 0%

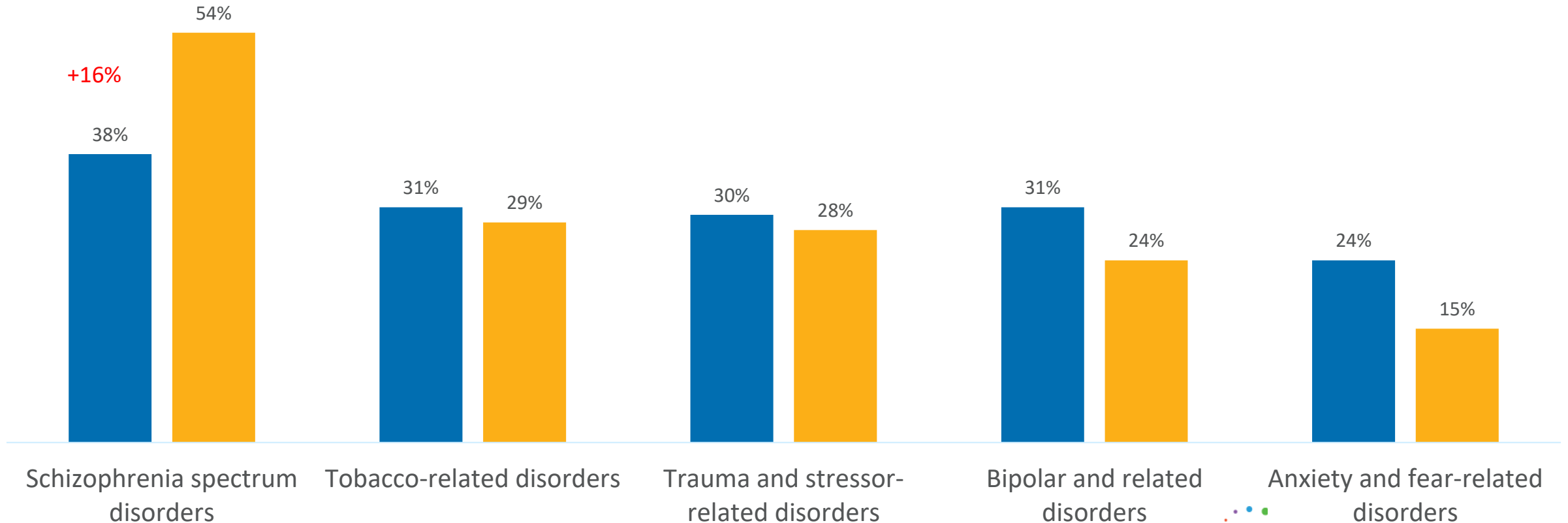
# Diagnoses

- **Schizophrenia spectrum disorders** was the most common diagnosis category (**52%**) among individuals with criminal justice involvement, with rates over **2x** higher than the average Integral Care population
- **Post-traumatic stress disorder** was the second most common diagnosis among individuals with criminal justice involvement, with **1 in 3** having a diagnosis of PTSD
- **57%** of individuals had at least one **co-occurring substance use disorder**, while almost half (**48%**) had a comorbid **chronic medical condition**
  - Hypertension (17%) was the most common chronic medical condition, followed by asthma (8%)

# Disparities

# Top 5 Diagnoses of ANEW Clients: Comparison

■ Non-Hispanic White    ■ Black/African American







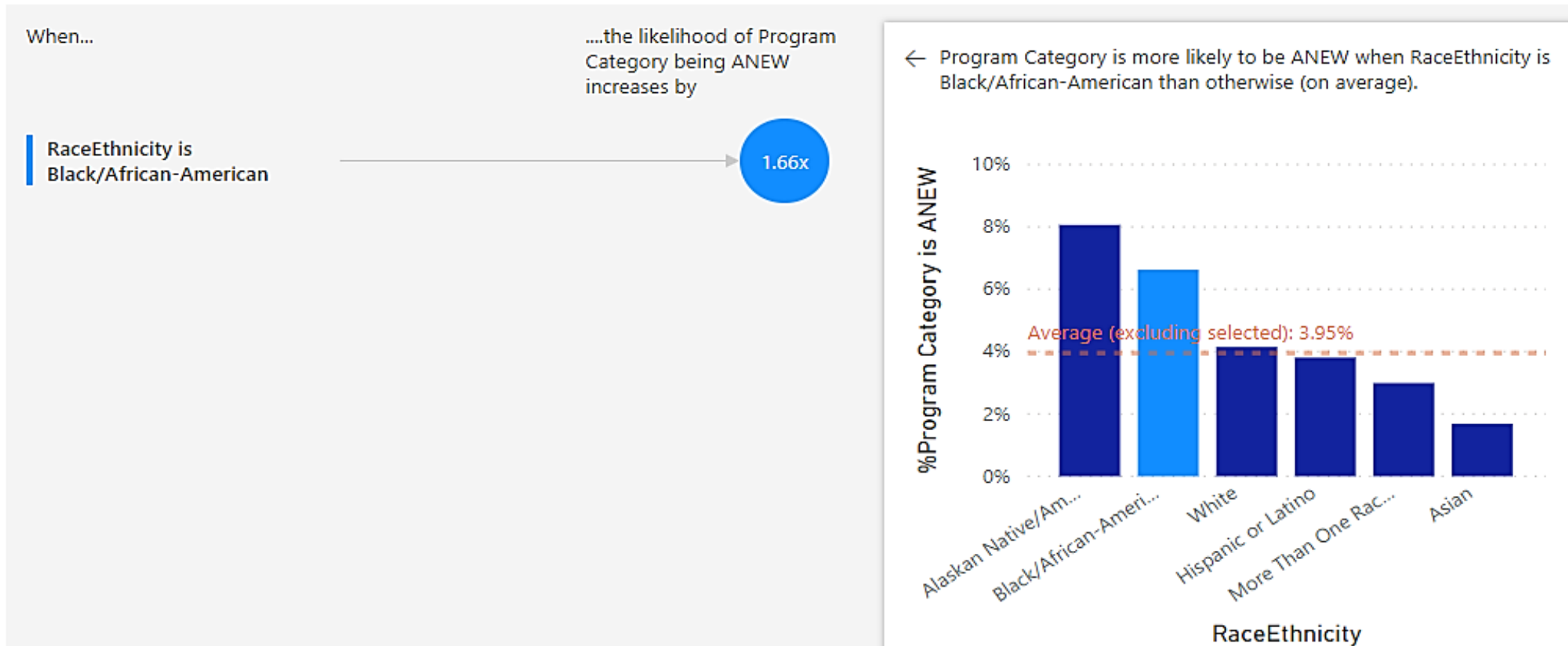
# Disparities in Diagnoses

Multiple studies on implicit bias have shown that Black patients are more likely to be (mis)diagnosed with schizophrenia than non-Hispanic white patients when accounting for symptomatology using standardized diagnostic criteria

(Gara, Minsky, Silverstein, Miskimen & Strakowski, 2019).

# Criminal Justice Program Risk Driver: Race/Ethnicity

When controlling for population size, Integral Care clients who are **Black** are **1.66x** more likely to be served by ANEW



# Racial Disparities

Both within Travis County and Integral Care, black individuals were represented at higher rates within the criminal justice population compared to their makeup in the general population. In Travis County alone, black individuals comprise 9 percent of the total population, but almost 33 percent of its jail bookings (as of Dec. 2020).

	<b>% of Total Population (Black/African American)</b>	<b>% ANEW Population (Black/African American)</b>
<b>Integral Care, FY20</b>	21%	31%

	<b>% of Total Population (Black/African American)</b>	<b>% Jail Bookings (Black/African American)</b>
<b>Travis County, 2020</b>	9%	33%

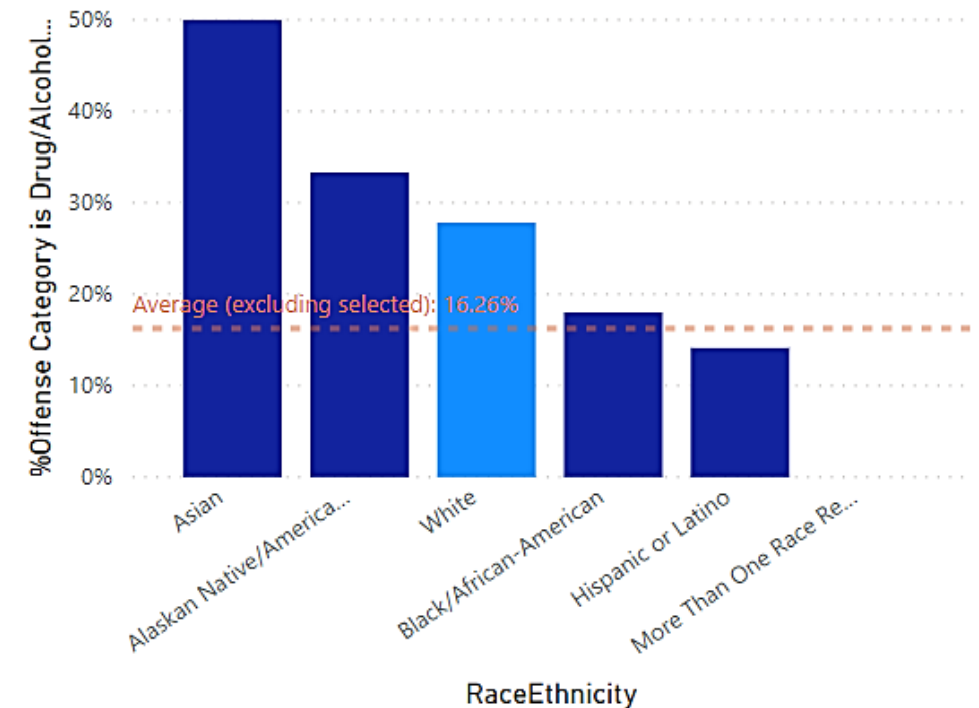


# Offense Type Risk Driver: Race/Ethnicity

Overall, **non-Hispanic White** individuals were **1.71x** more likely to be charged with a drug or alcohol related crime (including DWI, possession, manufacturing, intoxication manslaughter, public intoxication, etc.). **However... (next slide)**

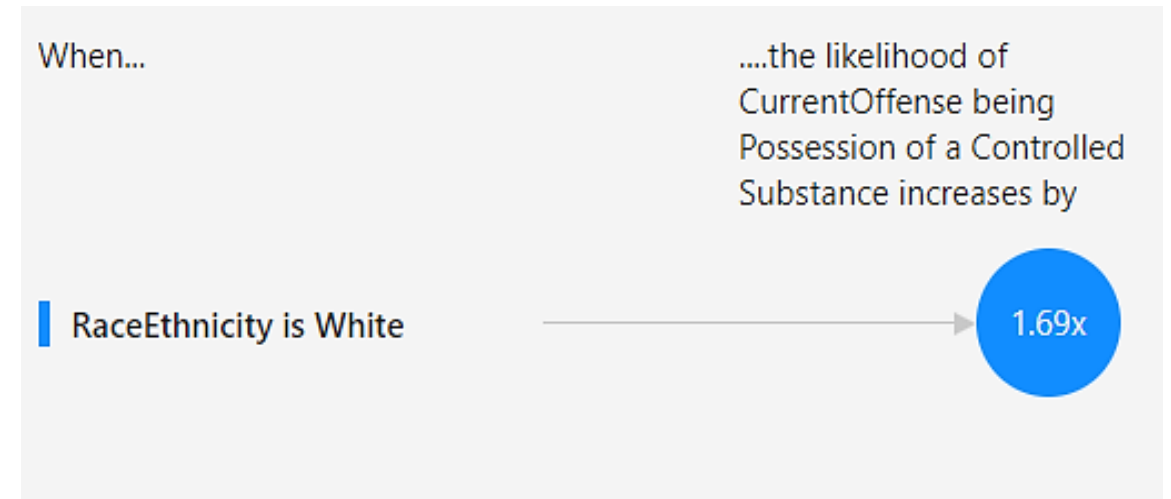
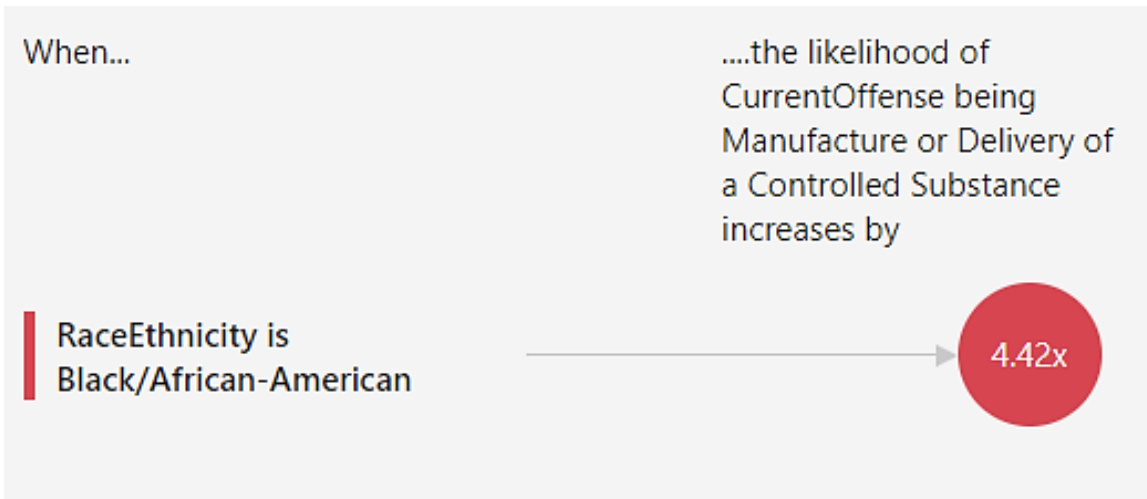


← Offense Category is more likely to be Drug/Alcohol Related Crimes when Race/Ethnicity is White than otherwise (on average).



# Offense Type Risk Driver, cont.: Race/Ethnicity

- However, when it comes to the specific type of drug or alcohol related crime, **Black** individuals were **4.42x** more likely to be arrested for manufacturing and distribution (3<sup>rd</sup> degree felony), while non-Hispanic Whites were more likely to receive the lesser charge of possession of a controlled substance (state jail felony)
- Past research has shown that although non-Hispanic Whites are 40% more likely to deal drugs, Black individuals are more likely to be charged for it



## Utilizing Data

- *Create Value*
- *Communicate, Collaborate & Connect*
- *Innovation*



# Create Value

Use Data to Support/Drive Decision-making, equity, research, planning and communications.

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Identified gaps in available data and revised internal processes to improve data-tracking capabilities.

This required collaboration with internal and external parties.



# Communicate, Collaborate & Connect

“Listen to, learn from and value the input of staff, clients, providers and other stakeholders.”

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Presented findings to leadership from Travis County Probation, TDCJ Parole and Pre-trial services during quarterly collaboration meeting.

Initiated conversation about disparities and obtain feedback about how we can collaborate further.

Integral Care’s Legal Counsel presented an overview of Chapter 614 of the Health and Safety Code and HIPPA regulations.





# Communicate, Collaborate & Connect

“Listen to, learn from and value the input of staff, clients, providers and other stakeholders.”

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Population Health Administrator presented findings to program staff to initiate discussion about our role as mental health providers in influencing change.

Obtained feedback from program staff via anonymous survey regarding work culture, cultural competency, training needs and experience working with criminal justice population.

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# Create Value

“Strengthen organizational culture and training to support an inclusive and welcoming workplace.”

Housing department leadership provided training to program staff on housing resources and programs available.

Encouraged collaboration between program staff which included sharing success stories, external resources and tips on how to best help clients.



# Create Value

“Strengthen organizational culture and training to support an inclusive and welcoming workplace.”

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Leadership from Substance Use Services provided training to program staff on available internal and external resources for outpatient and inpatient treatment.

Collaborated with inter-agency team, who provided staff with free harm-reduction kits for clients.

Provided tobacco cessation services and increased accessibility by having free Nicotine Replacement Therapy products available at the ANEW Clinic.



# Innovation

“Provide culturally competent and trauma informed care that fits the unique needs of people from different backgrounds and cultures”

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Implemented additional screening tools, including Adverse Childhood Experiences Screener and Quality of Life Surveys.

Identified cases to re-assess accuracy of diagnoses via collaborative case review between case manager and psychiatric providers.

Prescribers obtained access to historical records from Integral Care’s previous Electronic Health Record.



# Innovation

“Embrace effective models of care to ensure equity, access, value, and quality.”

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Expanded counseling services, implementing the following evidence-based & trauma-focused approaches: EMDR, DBT and Expressive Therapy.

Revised anger-management curriculum, using best practices and concepts from interpersonal neurobiology, motivational interviewing and cognitive behavioral therapy.



# Create Value

“Strengthen organizational culture and training to support an inclusive and welcoming workplace.”

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Coordinated workshop-style training on Sand Tray Therapy for program staff.

Program staff received training & certification for Dialectical Behavioral Therapy.

Implemented ongoing case consultation groups for case managers and counselors.



# Innovation

“Embrace effective models of care to ensure equity, access, value, and quality.”

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In FY21 ANEW provided the following, as tracked by Clinical Quality Indicators in the electronic health record

Provided 630 referrals to a Primary Care Provider

Counseled for nutrition at 587 visits

Provided smoking cessation education at 394 visits

Counseled for physical activity at 748 visits

Provided brief intervention for alcohol use at 213 visits

Provided brief intervention for opioid use at 145 visits



# Innovation

“Embrace effective models of care to ensure equity, access, value, and quality.”

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Collaborated with Integral Care’s Director of Medical Analytics, who will be developing a process and provide training on emergency medical kits at the ANEW clinic.

Created workflow to allow program staff to directly refer clients to wellness services including personal training, dietician services and tobacco cessation therapy.





# Looking Forward

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- Utilize data to track progress made and continue to assess need for trainings, collaborations and program changes.
- Continue to address disparities by empowering clients, increasing training opportunities, and collaborating with criminal justice partners and stakeholders.
- Advocate for *healthy living for everyone*.



**Integral Care**