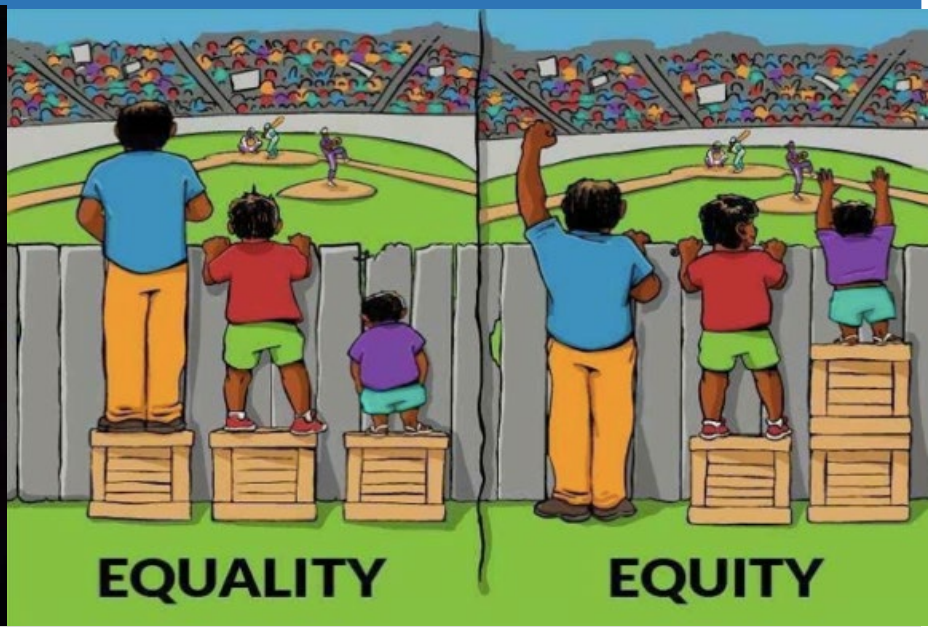
Integral Care

Racial Equity Plan Update

4th Quarter Fiscal Year 2022



Executive Summary 5

Board Staff Ad Hoc Committee on Racial Equity Progress Update 8

Goal: Imbed racial equity as part of Integral Care's culture 10

Develop curriculum plan for Care for Culture 2.0 using data from program evaluations and content experts 10

By the end of the 2nd Quarter, establish an Office of Racial Equity that is integrated within the agency to centralizing, monitoring, initiatives and progress on Integral Care's Racial Equity Plan. 11

Help establish a baseline understanding regarding race and implicit bias throughout the organization by completing viewing and competency testing on the 3-part video series *Race: The Power of an Illusion* 11

Participate in Workplace Satisfaction Committee, Diversity Council and RORR (Recruitment, Onboarding, Retention, Recognition) initiative; support the work of LIveWell, Learning and Development and the Adhoc Committee on Racial Equity; Office of Race Equity; produce internal all staff newsletter, CEO communications, incorporating appropriate information and screen with an equity lens. 12

Implement Care Guidance modules, including CareConnect Inbox and CareQuality Network to all programs throughout organization to add secure and direct messaging capabilities to myAvatar, as well as the ability to query other organizations in the Network. 14

Improve Technology resiliency by strengthening Network services for Integral Care critical sites. 15

Create best practice network security architecture to support cloud based services, remote users and decrease on premise network equipment. Use Microsoft solution to deploy computer on demand with automated deployment 16

Migrate all Electronic Health Record (EHR) related requests from the Track-IT based ticketing system to a custom developed ticketing dashboard in myAvatar. 17

Strengthen integration with third party applications by developing long-term solutions in house. Expand automations to alleviate burdens of repetitive tasks for clinical staff. 18

Incorporate knowledge from Jaleni Consulting and other race equity resources to strengthen collaborations, communications, and engagement with all communities 19

By the end of the 4th Quarter, demonstrate increased input from consumers and families, through methods including surveys, focus groups, and other means, and demonstrate appropriate steps taken to address concerns that arise from the feedback. Focus should be on the overall customer experience and include appropriate representative views from the diverse communities we serve. 20

Identify best practices in myAvatar and add-on modules and communicate this information internally and externally through various communication channels. 24

By end of June, complete the FY2023-2025 Strategic Plan to help provide guidance to agency initiatives and the budget in upcoming years 25

Goal: Address Identified barriers to racial equity and including in client services and program practices 26

Continue implementation of Board approved Language Access Plan 26

Create Care for Culture training 2.0 using data from program evaluations and content experts. Complete plan proposal by Quarter 4. Streamline training and use new tools to develop strategic and comprehensive training plans across the agency for training, tracking and compliance reporting. 26

Within residential, crisis, justice and specialty substance use services, review curricula and practices currently in use with respect to alignment with culturally competent and trauma-informed care and identify curricula and practices needing revision and/or replacement. 27

Develop Business Intelligence Dashboard that will provide overview of system of care to be used to drive programmatic decisions and monitor access, wellness, staff service delivery, and population health outcomes. 28

Establish Leadership Group to address Chronic Disease disparities identified in the Health Disparities report card. 29

Implement CardConnect to allow for additional methods of payment opportunities for the individuals we serve. This will allow clients to pay their balance in the patient portal, with their clinic admin staff directly in myAvatar, or over the phone. 30

Expand value based payments and other innovative programming to ensure program sustainability .. 30

By the end of the 4th Quarter, advance Facility Master Plan by completion of renovation of American Founders Building on I35. 33

By end of 3rd Quarter, analyze call patterns and client preferences for virtual services and implement a virtual queue for on-demand counseling and intake services for clients who are not in crisis 34

By the end of the 4th Quarter, demonstrate progress on achieving NCQA (National Committee for Quality Assurance) accreditation for Intellectual and Developmental Disability Case Management 35

Lead Integral Care efforts to adjust communications, trainings, policies and procedures to align with Austin Public Health and Center for Disease Control recommendations as it relates to COVID. 36

By the end of the 4th Quarter, develop a Strategic Housing Plan to outline Integral Care's future role and growth in addressing homelessness as well as Integral Care's role in helping the City of Austin advance their goal of housing 3,000 people experiencing homelessness over the next three years. 37

Goal: Create an inclusive and culturally competent staff and contracted provider base that reflects the community and clients receiving services from Integral Care 38

Enhance provider recruitment to address identified cultural service delivery gaps in areas identified in annual report. Identifying needs for services and researching/recruiting specific providers, for example: Substance Use Disorder Residential Treatment Center for women and children. Goal to use lens of recruiting providers with experience working with BIPOC populations. 38

Plan a seminar (i.e. Lunch & Learn, Teams Zoom) for Providers on race and equity. 39

Create provider profiles to include demographics with goals to increase client choice and educate community collaborators on available resources. 39

Mature, standardize and digitize new employee Electronic Health Record training 40

Review and revise provider network participation processes, inclusive of Request for Applications (RFAs), application, credentialing and training to reduce barriers to equitable participation. Managed Service Organization (MSO) Project Workgroup working on improving application process by asking specific questions on provider's areas of expertise/experience with specific populations, for example: LGBTQ and BIPOC populations. 41

Implement Provider Connect NX to allow for more integration with myAvatar and increase the provider functionality.....42

Goal: Align efforts on diversity, racial equity and inclusion with groups and organizations within the community in order to help create shared values, consistent language, policy, and equitable practices throughout the community.....43

Ensure that client facing information is reviewed with an equity lens, designed with respect for culture and is available in a format that is user friendly, accessible and translated into appropriate languages and distributed to strengthen engagement.....43

By end of 4th Quarter, demonstrate Integral Care's leadership through participation in state-wide planning efforts for implementation of 988 44

Implement upgraded version of the patient portal, myHelathPointe 2.0, to streamline medication refill requests, lab results, patient communication, and strengthen patient access to assessments and clinical information. 45

Demonstrate Integral Care's Leadership through participation in Intellectual and Developmental Disability community planning and leadership opportunities. 47

Demonstrate Integral Care's crisis and Criminal Justice Leadership through participation in Austin State Hospital redesign, community forums, collaborative, and trainings. 48

Work with University of Texas Austin on public health Information Technology and analytics projects for prioritizing health equity 52

By end of 4th Quarter, conduct at least six community forums, either in person or virtual, demonstrating appropriate outreach and engagement to diverse communities throughout Travis County and demonstrating Integral Care as a leader in Behavioral Health in Travis County. 53

Appendix 2: National Standards for Culturally and Linguistically Appropriate Services FY22 59

Attachment 3: Analysis of Oppositional Defiant Disorder and Conduct Disorder Diagnoses at Integral Care 71

Attachment 4: Integral Care Racial Equity Plan.....81

Attachment 5: Texas Council Presentation 91

Executive Summary

The Board and Integral Care leadership are committed to:

- Identify racial inequities that exists within Integral Care's structure, culture, policies, programs, and practices and developing a culture of inclusion.
- Implement the necessary change in organizational culture that require increased transparency, vulnerability, and accountability to create an inclusive, authentic environment for the community and staff.
- Provide equitable access to prevention, treatment, and recovery services.

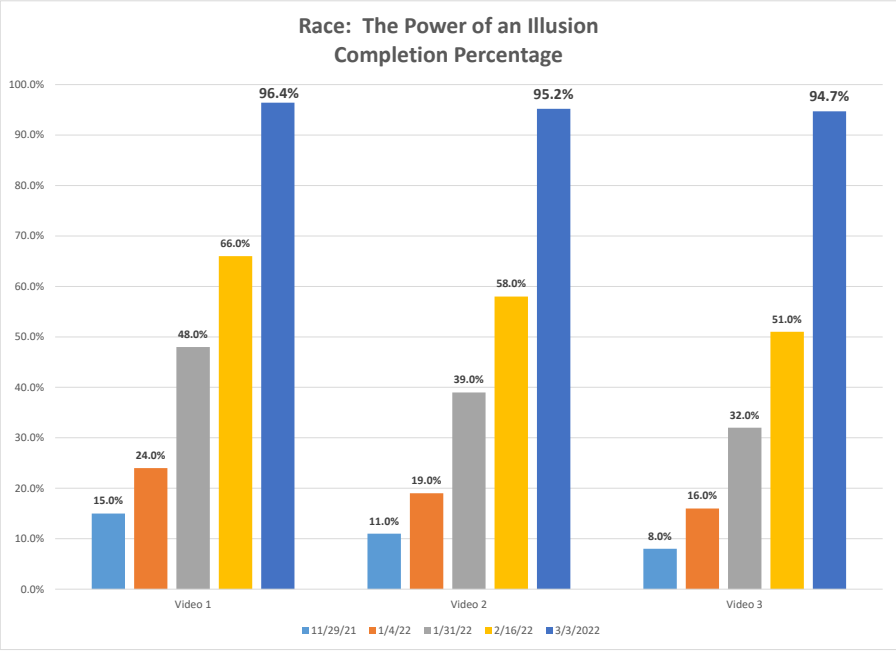
To change the culture of the organization, the strategies and commitments above must come to life throughout the following areas:

- Establish a Racial Equity Baseline for Organizational Development, Structure & Accountability
- Clients and Services
- Employees, Contractors, and non-direct Contractors(vendors)
- Community Engagement and Collaboration

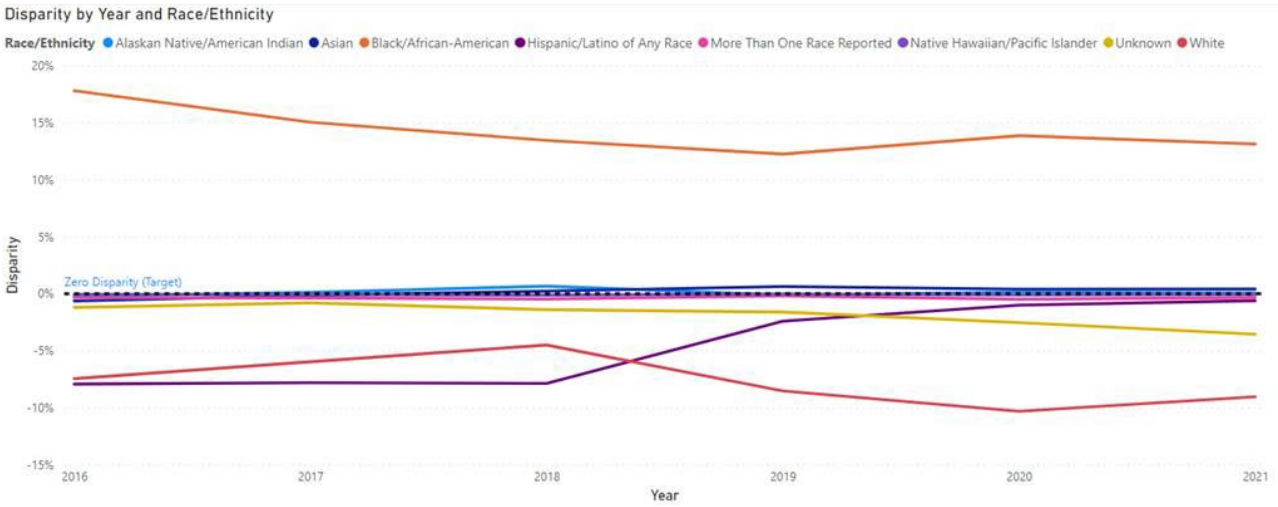
A dashboard of some of the key indicators of progress on the plan are included in this Executive Summary. Further detail on approaches to addressing racial equity may be found throughout the quarterly update:

The Chief Equity Officer was hired and began work on March 7, 2022.

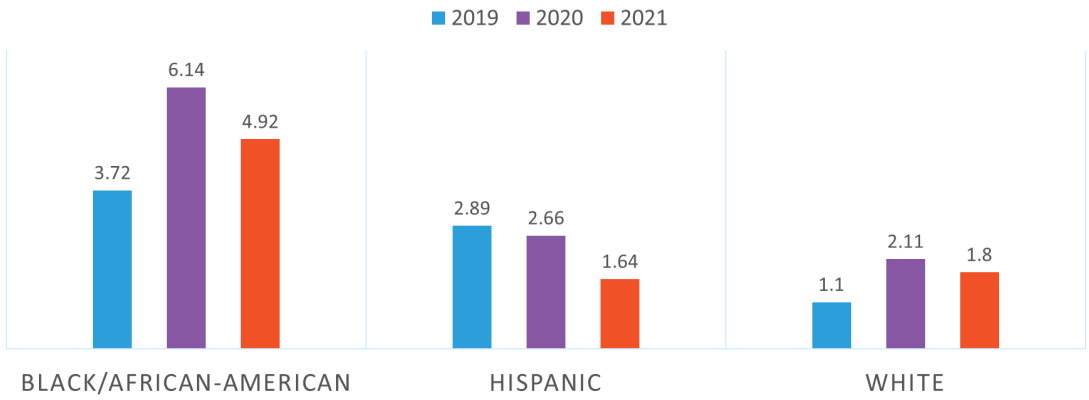
The PBS Series, *Race, The Power of an Illusion* is being utilized to establish a baseline understanding regarding race and implicit bias. Following is the completion status of staff viewing the videos and passing competency tests



In December 2021, Schizophrenia spectrum diagnoses accounted for **22.02%** of all total diagnoses assigned to Integral Care clients regardless of race. Schizophrenia spectrum diagnoses, however, accounted for **35.63%** of all diagnoses assigned to Black/African American clients. This is a current disparity of 13.62%. The chart below shows the Schizophrenia diagnosis disparity from 2016 to date.

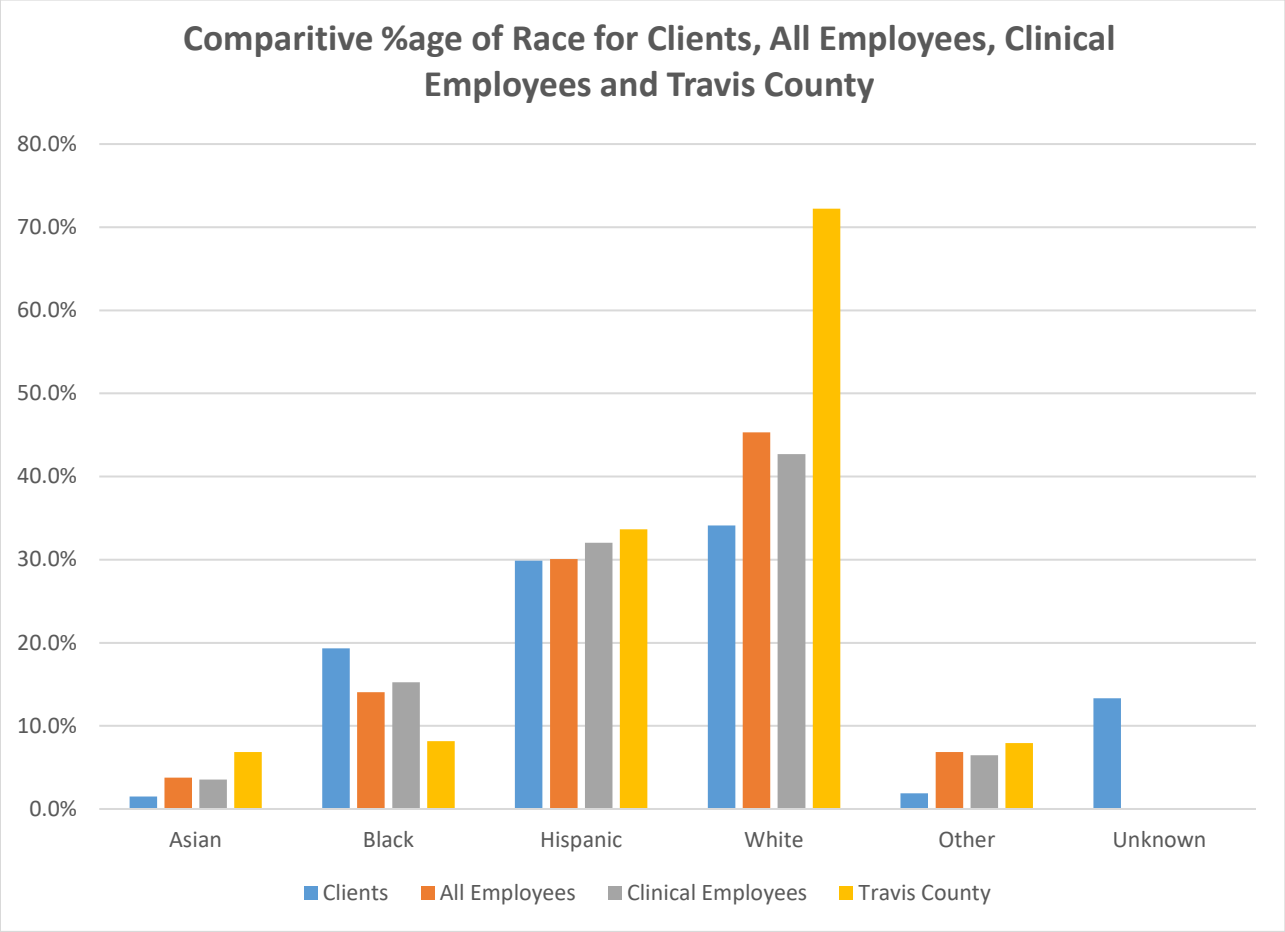


The rate of new diagnoses of Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) has been disproportionate for children for are Black and Hispanic. While there continues to be disproportionately higher rates of ODD and CD diagnoses, the disproportionality gap decreased between 2020 and 2021 as shown in the following chart:



A detailed report on the Analysis of Oppositional Defiant Disorder and Conduct Disorder Diagnoses at Integral Care may be found in Attachment 3.

Following is a summary by race of the percentage of Integral Care clients, employees, clinical employees in comparison to a percentage summary of the Travis County population.



	Clients	All Employees	Clinical Employees	Travis County
Asian	1.5%	3.8%	3.5%	6.9%
Black	19.3%	14.0%	15.3%	8.2%
Hispanic	29.9%	30.1%	32.0%	33.6%
White	34.1%	45.3%	42.7%	72.2%
Other	1.9%	6.9%	6.5%	7.9%
Unknown	13.3%	0.0%	0.0%	0.0%

Board Staff Ad Hoc Committee on Racial Equity Progress Update

Goals Review

- Establish a Racial Equity Baseline for Organizational Development, Structure and Accountability—
  Goal: Embed racial equity as part of Integral Care culture
- Racial equity assessment will be completed by 4/30/2022
- EMT and board committee agendas/presentations have racial equity focus
- PBS series Illusion of Race curriculum developed for all staff training
- Budgeting for equity

Integral Care

Goals Review

- Client Services—
- Goal: Address identified barriers to racial equity and inclusion in client services and program practices shared understanding of racial equity.
- Identification of disparate service impact on BIPOC in areas of criminal justice, population health, COVID impact, homelessness and EMCOT
- Strategies to mitigate impact of diagnostic disparities addressed in ODD, CD in CFS and schizophrenia in Black adults

Integral Care

Goals Review

- Employees and Contractors and Non-direct Contractors (Vendors)—
- Goal: Goal: Create an inclusive and culturally competent staff and contracted provider base that reflects the community and clients receiving services from Integral Care
-

Integral Care

Goals Review

- Community Collaboration—
- Goal: Align efforts on diversity, racial equity and inclusion with groups and organizations within the community to help create shared values, consistent language, policy, and equitable practices throughout the community
- No update

Integral Care

The Board Staff Workgroup presented the progress of the center at the Texas Council Annual Conference in an effort to help advance the efforts of other community centers. A copy of the presentation may be found in Attachment 5.

Goal: Imbed racial equity as part of Integral Care's culture

Develop curriculum plan for Care for Culture 2.0 using data from program evaluations and content experts

Quarter 1 Update

Due to Learning and Development turnover, plan proposals are in the early stages of development. The Public Broadcasting Service Series, Race, The Power of an Illusion, has been assigned to all staff for completion with a due date for completion by February 28, 2022. As of November 29th, 14.8% of staff have completed Video 1, 10.9% have completed Video 2, and 8.4% have completed all 3 videos.

Quarter 2 Update

In Progress-Learning and Development has a full team as of 3/23/22. Care for Culture 2.0 is still in early development stages, but we are currently exploring multiple options for this training, such as online training, live quarterly trainings with speakers that reflect current issues, and training specifically for face-to-face staff that work with clients and a training for supervisors/managers on culturally competent supervision.

Quarter 3 Update

Care for Culture 2.0 proposal is in development and on track to be finished by end of Q4. Looking at current trainings on how to update with a racial equity lens. Several sessions offering Diversity Equity and Inclusion were offered during 2022 employee conference in May. Streamlining training in Relias and working with multiple departments to add training trackers to assist with audit purposes. Will be launching Synapse program in June/July to assist with project requests and project management.

Quarter 4 Update

Care for Culture 2.0 proposal has been created and is being finalized. Includes opportunities for online cultural competency training, team based cultural competency meetings, and quarterly guest speakers discussing different cultural competency topics relevant to current needs.

905 staff have completed original Care for Culture curriculum.

Instructional designer added to the team in March 2022 to assist with streamlining department and agency wide trainings.

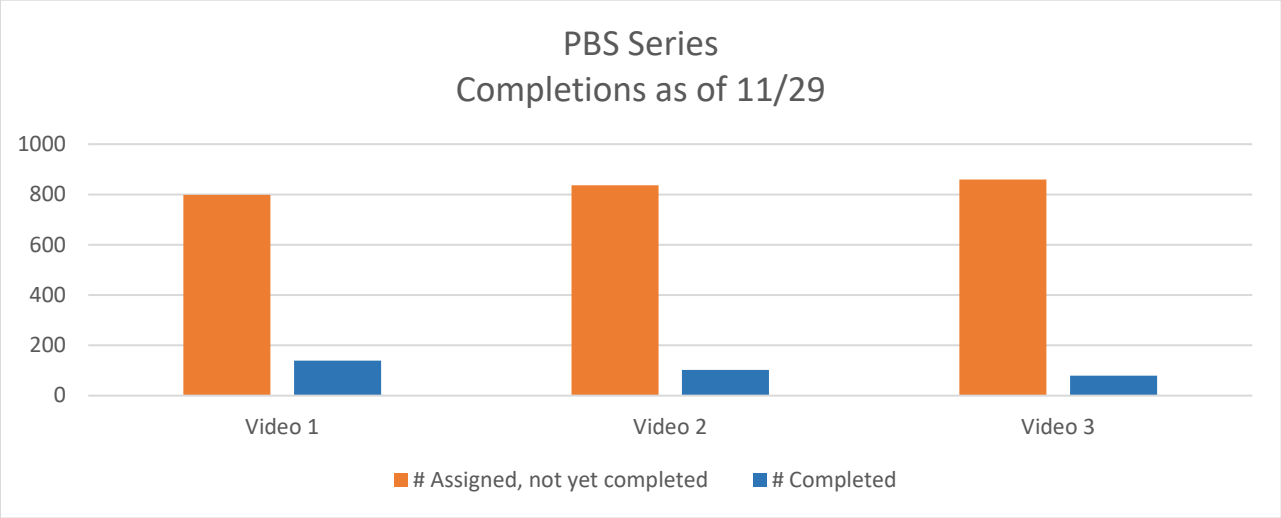
Synapse rolled out in July 2022 to serve as the new intake portal for Learning and Development to assist with training requests, communication with stakeholders and subject matter experts, and streamline the training creation process.

By the end of the 2nd Quarter, establish an Office of Racial Equity that is integrated within the agency to centralizing, monitoring, initiatives and progress on Integral Care's Racial Equity Plan.

Quarter 1 Update

The Chief Equity Officer position was posted in late October. As of the end of November, 9 applicants passed the prescreen process and were reviewed for potential interviews. Three applicants were selected for interviews which are slated to occur in December.

Help establish a baseline understanding regarding race and implicit bias throughout the organization by completing viewing and competency testing on the 3-part video series *Race: The Power of an Illusion*

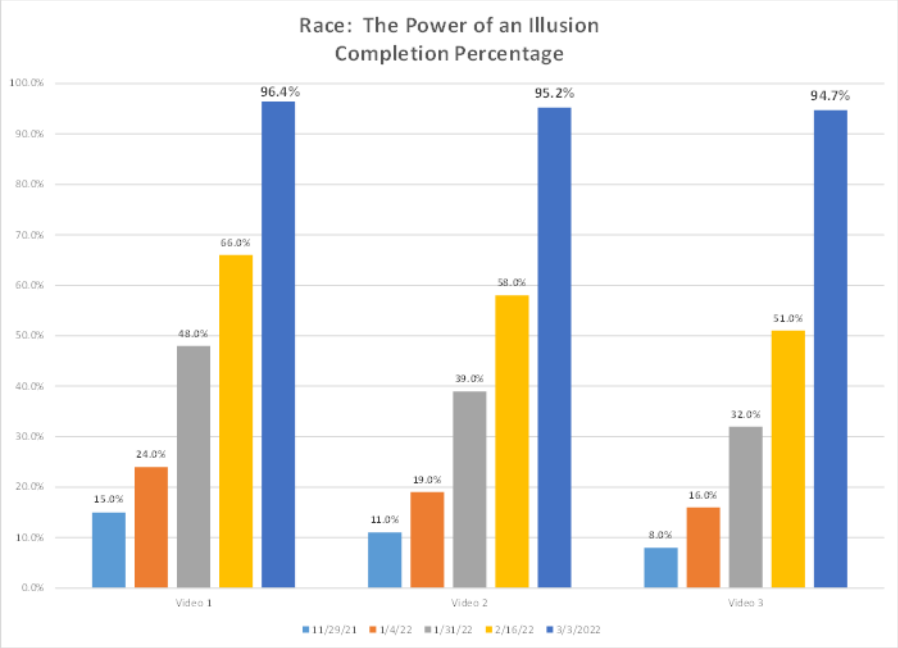


	# Assigned, not yet completed	# Completed	% Completed
Video 1	799	139	14.8%
Video 2	836	102	10.9%
Video 3	859	79	8.4%

Quarter 2 Update

George Muldrow was hired as the Chief Equity Officer and began serving in the role as of March 7, 2022. Mr. Muldrow comes to us with a vast array of experience working with Diversity, Equity, and Inclusion including serving as Chief Officer of Physician Global Diversity and Inclusion Recruitment for GlaxoSmithKline Pharmaceutical and Senior Regional Vice President of Diversity and Inclusion for Mount Sinai Hospital Doctors of Urgent Care.

The PBS Series, *Race, The Power of an Illusion* is being utilized to establish a baseline understanding regarding race and implicit bias. Following is the completion status of staff viewing the videos and passing competency tests



Participate in Workplace Satisfaction Committee, Diversity Council and RORR (Recruitment, Onboarding, Retention, Recognition) initiative; support the work of LIveWell, Learning and Development and the Adhoc Committee on Racial Equity; Office of Race Equity; produce internal all staff newsletter, CEO communications, incorporating appropriate information and screen with an equity lens.

Quarter 1 Update

Staff regularly attend Workforce Quality Satisfaction Committee and Diversity & Equity Council meetings

Staff serves as Care for Culture educator

Staff featured in Diversity Lunch & Learn regarding The Muslim Experience, sharing personal experience

Team leading Boost Morale component of RORR (Recruitment, Onboarding, Retention, Recognition) initiative

Launched 2 fun staff engagement activities: Halloween Contest and Recipe Swap

Continue to produce monthly staff newsletter and bi-weekly CEO (Chief Executive Officer) letters, providing updates on racial equity work

Collaborating with DEI (Diversity, Equity & Inclusion) Council, Race Equity Initiative to integrate communication and deepen impact across the agency

Quarter 2 Update

- Hosted All Staff Forum, attended by almost 270 staff.

- Launched Employee Advisory Council Staff Input survey, included review of draft charter

- Team leading Boost Morale component of RORR initiative

  * Holiday Photo Contest

  * Cookie Drop for staff working holidays

  * Teambuilding exercises for staff

  * Trail of Lights Ticket Giveaway to 50 staff

  * Lunar New Year Recipe Swap

- Continue to produce bi-weekly CEO letters, providing updates on racial equity work

- Shifted monthly staff newsletter to weekly staff newsletter with dedicated DEIB section plus

-Collaborating with DEI Council, Race Equity Initiative to integrate communication and deepen impact across the agency

- Staff regularly attend Workforce Quality Satisfaction Committee and Diversity & Equity Council meetings

- Staff serves as Care for Culture educator

- Staff joined Population Health and Data Workgroup

Quarter 3 Update

- Staff regularly attend Workforce Quality Satisfaction Committee, Diversity Equity Inclusion and Belonging (DEIB) Council meetings and serve as Care for Culture Educator

- Leading DEIB Communications Committee, joined quarterly DEIB Newsletter working group.

- Produced 9 newsletters and bi-weekly Chief Executive Officer (CEO) communications providing updates on racial equity work. Bi-weekly staff newsletters have a dedicated DEIB section

- Drafted First Employee Advisory Meeting held.

- Proposed and implemented input and offered resources in the redevelopment of Integral Care's exit interview questionnaire.

- Organized a second round of sweepstakes for the team which provided 4 sets of 4 tickets to a game of Austin FC to improve staff morale (RORR).

Quarter 4 Update

'- Staff regularly attend Workforce Quality Satisfaction Committee, DEIB Council meetings and serve as Care for Culture Educator

- Produced 7 bi-weekly staff newsletters with dedicated DEIB section

- Bi-weekly CEO communications

- Created editorial plan for DEIB quarterly newsletter

- Secured a place in 3 the language access workgroups to develop a public information campaign lead by Community Advancement Network

- Began efforts to connect with local Native American organizations and community

- Began work with Integral Care's Language Access workgroup to carry out the work for the 2023 Strategic Plan

- Held Team Incredibles spirit photo contest

RORR updates:

• successfully incorporated a "meet with a team member" on the careers page for interested applicants to schedule time to ask questions. This resulted in 30 individuals scheduling with roughly a 75% show rate. FY23 plan to analyze outcomes.

• began researching possibility of nurse preceptor site for individuals seeking hours towards their Advanced Practice Nurse license.

• continued and expanded Qualified Mental Health Professional mentorship project

• finalized updated to careers page (communications)

Implement Care Guidance modules, including CareConnect Inbox and CareQuality Network to all programs throughout organization to add secure and direct messaging capabilities to myAvatar, as well as the ability to query other organizations in the Network.

Quarter 1 Update

Functional testing completed successfully with Austin State Hospital and Kerrville State Hospital. Functionality will allow staff to send and receive continuity of care documents within myAvatar for chart reconciliation. State hospital systems are now working through implementation and will reach out to our team when ready for real data feed.

Working to leverage CareConnect Inbox and other interoperable solutions to assist with the Lone Star Circle of Care integration project.

Standing agenda item on core team meeting to operationalize and push the solutions out to staff.

Quarter 2 Update

Throughout Quarter 2, we have worked to establish a pilot with Austin State Hospital, and have completed all configuration necessary to begin pilot. This is anticipated to begin by 4/1/2022 and will eliminate the manual Global Scape process for the UM department. Direct addresses for ASH and Integral Care discharge and admission groups created and provisioned through MedAllies Direct HISP. Standing meeting in place to review live data and ensure no errors in delivery of notifications. We have also completed the configuration and setup with Lone Star Circle of Care to send and receive referral documents electronically between EHRs. Pending go-live as LSCC is training their teams on functionality.

Concerns: connection via CC Inbox with external EHRs requires a Health Information Service Provider (HISP) connection

Quarter 3 Update

• Successful pilot launch with Austin State Hospital and Lone Star Circle of Care. Staff are now sending and receiving hospital discharge and admission packets directly in the Electronic Health Record (HER), eliminating the manual Global Scape process.

• As more state hospitals onboard with CC Inbox, we will follow a similar release plan and move the data sharing efforts to myAvatar.

• Continued training, maintenance, and support provided to staff using the system during this pilot.

Quarter 4 Update

• CareConnect (CC) Inbox is the source for all discharge paperwork received from Austin State Hospital, eliminating the manual Global Scape process.

• Setup complete for Lone Star Circle of Care in a pilot phase with the integrated primary care clinic.

• As more state hospitals onboard with CC Inbox, we will increase interoperability with additional health systems.

Improve Technology resiliency by strengthening Network services for Integral Care critical sites.

Quarter 1 Update

1-Teams collaboration implemented

2-capture/research solution to enhance service provide by MIS (Management Information Systems)

a) Cloud-based IaaS/SaaS (Infrastructure as a Service/Software as a Service) model to enhance security and resiliency

b) Plan network modernization and network equipment refresh

c) Inventory of electronic equipment/computer managed by MIS (Management Information Systems)

d) Review Crisis Line upcoming software application requirement

3)Ongoing meeting with units to capture business requirement and roadmap

4)Review capabilities and future requirement post COVID-9 landscape

Quarter 2 Update

Statement of Work for environment discovery, planning and implementation of project include assistance with Azure Always On VPN, Azure MFA and Azure

AD Conditional Access, and Microsoft Endpoint Manager Intune and Windows Autopilot is under review with Gartner.

Adopt Zero Trust best practices for user and admin MFA within Azure AD Premium Plan

1 (P1) / Microsoft 365 E3 licensing capabilities

Captured units needs to access several cloud-storage vendor. Unit reported impact on the work being provide. Since some of their partner does not use Microsof as cloud-based service. This has been impacted their service.

Current working in possible solution to let unit download/upload specific forms to different cloud-storage service. Supporting Crisis Line on 988 roll out.

Quarter 3 Update

Management Information Systems (MIS) is working on implementing Microsoft Always-On VPN, Intune (Endpoint Manager), and Auto-pilot. These services will help ensure better user connectivity as well as provide MIS support and control in more remote work places.

Quarter 4 Update

Fully managed Internet service provided by AT&T across the entire agency. Critical site will receive priority for installation of HA internet. Expected first site ready in 60 days. Security appliance has been replaced providing more security and connectivity across the agency.

Create best practice network security architecture to support cloud based services, remote users and decrease on premise network equipment. Use Microsoft solution to deploy computer on demand with automated deployment

Quarter 1 Update

Currently scoping vendors to have the first draft on the statement of work, because the effort includes all three domains (network security, cloud-based infrastructure and device management). Integral Care expects to solve some cybersecurity challenges, such as on premise backup, upgrade network security equipment and no-touch solution to deploy new computers. We anticipate having recommendations and estimated costs by the end of January.

Quarter 2 Update

Integral Care currently has the initial Statement of Work (SOW) from vendor, we are reviewing the deliverables items and the cost of the project before sending it to CFO for review and approval. Since the cost of professional hours provided is not breaking down by skill level of labor such as Architecture hourly/rate, engineer hourly rate and Project Manager hourly I asked Greg to request this change so we can send it to review and approval.

Also, we just finished the proof of concept of network security equipment, due to the shortage of supply, Palo Alto delayed to send us the equipment so we can do the trial.

Because our current firewall is almost 7 years old it is recommended to upgrade it before we deploy the cloud-base backup system because of network thought put issue of our current device.

We have the security Life Cycle Review from the proof of concept, the vendor will send us SOW and quote for the replacement of the Firewall and IPS.

Greg is working with Dell to get quote for the new backup solution with cloud-based license, since our current data domain will reach end of life support in October

Quarter 3 Update

Management Information Systems (MIS) is working on implementing Microsoft Always-On VPN, Intune (Endpoint Manager), and Auto-pilot. These services will help ensure better user connectivity as well as provide MIS support and control in more remote work places.

Quarter 4 Update

Started projects with Microsoft, Quisitive and AT&T to provide better security, high availability network access and provide automated device updates and deployment. Expected completion is March 2023.

Migrate all Electronic Health Record (EHR) related requests from the Track-IT based ticketing system to a custom developed ticketing dashboard in myAvatar.

Quarter 1 Update

Configuration and development of System Change Request form, Chart Merge Request form, and Application Support Helpdesk dashboard complete in myAvatar. Presented workflow to core team for feedback, review, and approval for release. Additional customizations underway, with plans for full release in Quarter 2 to staff.

Will continue to optimize workflow to best meet staff needs. Announcements related to upcoming changes released to the myAvatar/NX Home Page for staff awareness.

Quarter 2 Update

Configuration of dashboard and myAvatar forms complete. Staff training videos created and delivered to all staff with the February monthly newsletter, as well as via the NX Home Page on SharePoint. Soft-launch planned for early Quarter 3, with a full release by end of Quarter 3. This includes a system update request form, chart merge request form, service corrections request form, quick ticket form, and a full dashboard and reporting system to monitor requests and track progress.

Quarter 3 Update

- Application Support released a new process for development and change requests in myAvatar/NX during Q3.
- The System Change Request form is available to program managers, program specialists, and team leads.
- Staff now have visibility into the status of their requests via the System Change Request - Status widget located in NX.
- Application Support also developed a step-by-step instructions in the Manager Training manual (Pg. 40).

- The team will monitor and review the process for continuous optimization for staff.

Quarter 4 Update

- Application Support developed a streamlined workflow in NX for requesting updates to the system.
- The System Change Request form is available to program managers, program specialists, and team leads.
- This process provides visibility into the status of the request, and notifies the requestor once complete.
- Application Support deployed step-by-step instructions in the Manager Training manual.

Strengthen integration with third party applications by developing long-term solutions in house. Expand automations to alleviate burdens of repetitive tasks for clinical staff.

Quarter 1 Update

CCBHC/DSRIP (Certified Community Behavioral Health Clinic/Delivery System Reform Incentive Payment) dashboards and console views created in myAvatar to allow for client and staff based alerting. This automates the Accountable Care Team's workflow, and provides alerts to staff in real time regarding the status of measure compliance.

Additional automations released include the following:

ScriptLink AI (Artificial Intelligence) use to ensure the TRR (Texas Resiliency & Recovery) is approved prior to service entry when relevant

ScriptLink AI to ensure an eligible diagnosis is in place prior to service entry

.Net web API to send dispatch notifications via email and text to EMCOT team

Automated appointment scheduler web form to schedule multiple appointments simultaneously, with an automated Node.js backend API to send email notifications to clients with Teams link

ScriptLink AI used on over 20 forms throughout the EHR to ensure regulatory requirements are met when providing clinical services

Python script to bring call journey information from the AWS server to the Data Warehouse

Python script to post Employee Roster and Supervisor Map to CIP Reporting

Quarter 2 Update

Continuous development in myAvatar NX to optimize and incorporate dashboard views within the system. Migrated the CCBHC/DISRIP dashboard to align with Directed Payment Program. Additional managerial dashboards deployed for measures oversight and monitoring to reduce time conducting manual chart reviews. Piloting many early adopter solutions through Netsmart, including NX Client, integrated Telehealth, myHealthPointe 2.0, CardConnect, ProviderConnect NX. Currently working

toward a kick-off for the Artificial Intelligence solution known as Bells-AI to incorporate predictive analytics and more to the progress noting function.

Quarter 3 Update

• Ongoing development in NX to optimize and incorporate more dashboard views within the system, including the Directed Payment Program Behavioral Health Services, Open Access and Hotline/Call Center dashboards.

• Configuration underway for the upcoming Bells AI (Artificial Intelligence) pilot to streamline the progress noting process. Bells will incorporate AI and predictive analytics for faster, easier and higher quality documentation.

• Continued improvement and build out of the NX SharePoint site and internal communication tools to provide information, gather ideas from staff, and share resources.

Quarter 4 Update

• Ongoing development in NX to optimize and incorporate more dashboard views within the system. Newly released items include a Residential Referral Review dashboard to streamline the UM and Residential program collaboration.

• During Q4, Bells AI champions started to pilot the software across all program areas for clients in LOC 1 care packages.

• Bells drastically improves the progress noting process, with incorporated predictive analytics, custom configuration, and AI making the documenation process faster, easier and higher quality.

• Continued improvement and build out of the NX SharePoint site, NX monthly newsletter, and internal communication tools to provide information, gather ideas from staff, and share resources.

Incorporate knowledge from Jaleni Consulting and other race equity resources to strengthen collaborations, communications, and engagement with all communities

Quarter 1 Update

Built new and expanded collaborations with organizations that have a high number of Spanish-speaking clients through self-care campaign outreach

Over 14,000 Spanish self-care magnets provided to: Any Baby Can, SAFE Alliance, Family Connects by Austin Public Health, Foundation Communities, Austin Independent School District, Junior League of Austin, Meals on Wheels, Austin Diaper Bank, Austin Voices for Education and Youth, Austin Public Library, City of Austin's recreation, community centers, and the Literacy Coalition.

Quarter 2 Update

- Continued to build new and expanded collaborations with organizations that have a high number of Spanish-speaking clients through self-care campaign outreach

- Over 4,000 Spanish self-care magnets provided to almost 20 organizations including Foundation Communities, YMCA, Coats for Kids

- Connected with the African American Youth Harvest Foundation to collaborate, to increase the reach of the Self-Care campaign through magnet distribution, and to promote CTAAFSC

Quarter 3 Update

Interviewing key staff of organizations serving the Asian community in order to provide feedback to Executive Management Team

Leading weekly outreach meeting that brings together staff working in outreach across the community to generate, implement, and incorporate new ways of conducting outreach efforts as well as avoiding duplication of efforts.

Quarter 4 Update

- Creating an engagement communication tool to strengthen collaboration among Integral Care's collaborators

- Started the development of educational workshops in collaboration with other organizations to address the Arabic-speaking community

By the end of the 4th Quarter, demonstrate increased input from consumers and families, through methods including surveys, focus groups, and other means, and demonstrate appropriate steps taken to address concerns that arise from the feedback. Focus should be on the overall customer experience and include appropriate representative views from the diverse communities we serve.

Quarter 1 Update

The Director of Practice Management Intellectual and Developmental Disability Services, Director of System of Care, and Director of Practice Management Crisis and Substance Abuse Services have been meeting regularly with a Family Group to discuss the overall system of care and have taken specific steps and altered program policies as a result of the family feedback including related to "deterioration" and the commitment processes. Surveys have been sent out to clients on specific areas of satisfaction such as their experience with telehealth. The surveys are designed to provide input to help improve the virtual care experience.

In addition, the Racial Equity Consultant has been conducting focus groups with consumers and families and will be completing surveys with consumers in order to receive a broad range of feedback from the diverse communities we serve. This information will be coupled with information received from interviews with key stakeholders in helping determine areas for improvement.

Two of the recent projects demonstrating input from clients and community include:

Assertive Community Treatment (ACT) Optimization Project:

Survey was conducted with clients and their family/friends in order to focus on areas prioritized by the results.

Family and Friends Survey:

Completed by 21

Average Score out of 4

Sources Average

I would recommend these services to other family members or friends. 3.42
I am appreciated as a part of my family member or friend's care. 3.42
My family member or friend's team listened to me. 3.17
I am happy with the services my family member or friend has received. 3.08
I am given help on how I can best support my family member or friend. 3.08
I believe my family member or friend is getting the help they need. 2.92
My family member or friend's is doing better. 2.75

Client Survey:
Completed by 31
Average Score out of 4
Sources Average
My services were explained to me. 3.56
I was happy with the services I received. 3.52
My doctor helped me get the right meds. 3.48
My caseworker supported me. 3.48
I would recommend the services I received to family or friends. 3.44
I got the services I wanted. 3.41
My services helped the way I feel. 3.37
I was able to enroll in ACT or AOT quickly. 3.33
I helped to create my care plan. 3.30

Intake Optimization Project

Same-day surveys were conducted with individuals completing intakes and are utilizing feedback to build on project goals.

To date we have received 487 responses.
Question Average Breakdown [out of 4]
Sources Average
Intake staff supported me 3.70
My services were explained to me 3.64
I was happy with the services I received 3.59
I would recommend the services I received to family or friends 3.57
I got the services I wanted 3.56
I was able to enroll in Integral Care services quickly 3.51

Quarter 2 Update

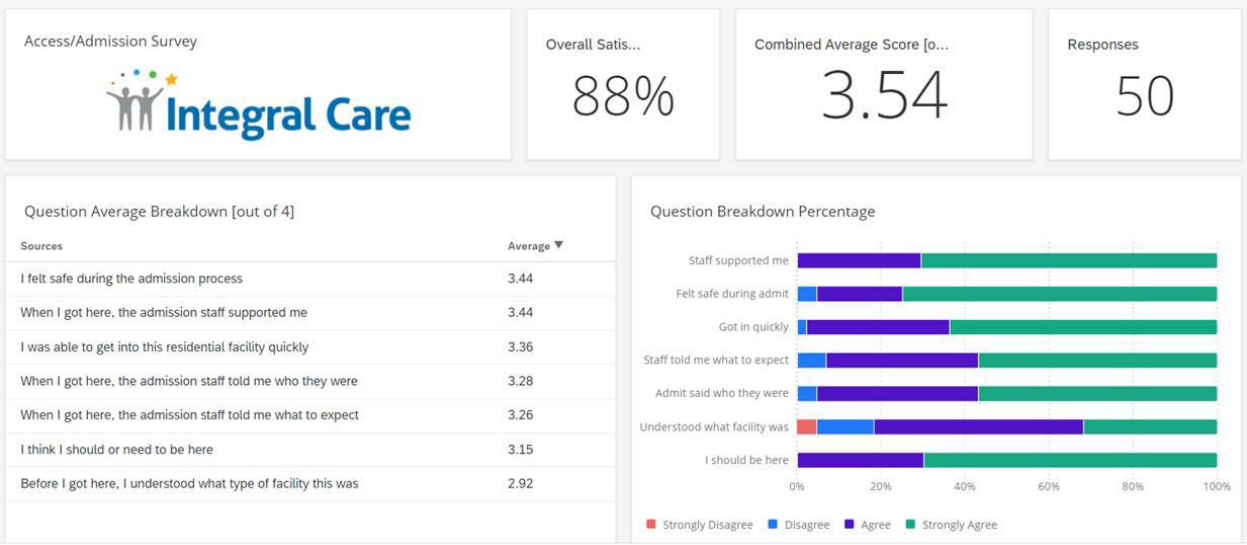
The Systems' of Care Optimization projects are currently collecting surveys form stakeholders and clients. To date:

- The Intake project has collected 497 responses from individuals completing the intake process, with a combined average score of 3.6 out of 4,
- The Residential project has collected 88 responses form stakeholders involved in the referral process to residential units. The combined average score is 2.64 out of 4. Currently there is a project to streamline the referral process to residential units that will address most of the feedback provided.
- The Appointment scheduling project is in the process of setting up a workflow to capture client feedback to changes in scheduling process.

Quarter 3 Update

On May 26th, 2022 the IDD division held a stakeholder meeting to inform about new county-funded services. These related to funding to improve access to intake and enrollment services as well as respite and crisis respite services. The meeting was attended by fifty-nine participants. Families, clients, peer advocates, state and county staff had the opportunity ask questions and make recommendations regarding the implementation of these new services.

System of Care Optimization projects continue to include input from consumers, families, and stakeholders throughout project. Most recently, the Residential Optimization project developed client survey for admission to crisis residential units. Feedback is used to drive project deliverables. 50 responses have been received with a combined average of 3.54 out of 4.



The Jail Based Intake and Care Navigation program and Outpatient Competency Restoration program host quarterly advisory meetings for stakeholders to gather stakeholder input and facilitate dialogue and create a feedback loop.

Quarter 4 Update

The System's of Care Optimization projects continue to collect surveys to monitor progress on improved workflows. Feedback collected from clients, stakeholders, and employees drive work on projects. Additional feedback from Equity Assessment client focus groups has been reviewed to ensure comments are part of optimization work.

ACT Optimization project has finalized deliverables and is scheduled to send out additional survey to stakeholders to measure improvement and identify further area of focus.

Intake Optimization project has collected 497 surveys with a combined percentage of 90% or 3.60 out of 4.

Question Average Breakdown [out of 4]

Sources	Average ▼
Q3 - Intake staff supported me	3.71
Q2 - My services were explained to me	3.64
Q6 - I was happy with the services I received	3.59
Q5 - I would recommend the services I received to family or friends	3.58
Q1 - I got the services I wanted	3.57
Q4 - I was able to enroll in Integral Care services quickly	3.52

Residential Optimization project feedback from clients completing the admission process reported an overall satisfaction percentage of 88% or 3.54 out of 4. New admission workflows have been implemented over the last few weeks and an additional survey will be sent out to stakeholders to monitor progress of improved workflow.

Question Average Breakdown [out of 4]

Sources	Average ▼
I felt safe during the admission process	2.74
When I got here, the admission staff supported me	2.74
When I got here, the admission staff told me who they were	2.71
I was able to get into this residential facility quickly	2.70
When I got here, the admission staff told me what to expect	2.67
Before I got here, I understood what type of facility this was	2.53
I think I should or need to be here	2.22

Identify best practices in myAvatar and add-on modules and communicate this information internally and externally through various communication channels.

Quarter 1 Update

Internal core team continues to attend the Netsmart Texas User Group meeting to learn from other Texas centers using myAvatar products. Tera Stallard is the current leader of the Clinical user group for Texas, and the center has much representation across other user groups including CCBHC/DSRIP, (Certified Community Behavioral Health Clinic/Delivery System Reform Incentive Payments) State Reporting, Care Manager, IT (Information Technology)/Technology Resources, Reporting/Business Intelligence, and more.

Internal wiki reference materials are released to staff, including a forum page through Yammer to allow all staff to communicate with one another, as well as with system experts, regarding myAvatar specific topics. 'myAvatar Monthly' Newsletter to be reinstated in January 2022.

Quarter 2 Update

Continuous participation and leadership across multiple Netsmart user group meetings. Worked with 5 Texas LMHAs (Local Mental Health Authorities) to standardize the risk stratification tool for the state in the Care Manager platform. The internal team assisted with the development of a shared LOE (Level of Effort) with the revenue cycle management teams to support the CARE to TMHP (Texas Medicaid Healthcare Partnership) migration, as well as a State Reporting effort to streamline the modifier update process. Internal participants are assisting with a clinical LOE development with the state to engineer a multi-service progress note within myAvatar to streamline clinical workflows.

Quarter 3 Update

- Continued participation and leadership during the Netsmart User Group meetings.
- Presented on our NX upgrade experience during the National Netsmart Conference to assist and support other organization across the United States.
- During Q3, the Application Support team proudly launched a new monthly series called "Talk with the Techs!". This is an open webinar where the EHR team will discuss the latest updates in myAvatar, go over the known issues, provide any tips and tricks, and answer any questions regarding the updates.
- Recordings for all sessions are posted to the NX home page and are linked on the monthly EHR Newsletter.
- The experts are here to guide staff to a smoother myAvatar user experience, with a focus on extreme usability.

Quarter 4 Update

- Continued participation and leadership during the Netsmart User Group meetings.
- New medical leadership representation for Integral Care at the national level in the Netsmart Medical User Group.

• Application Support hosts monthly virtual sessions for staff, "Talk with the Techs!" to provide updates, discuss the NX roadmap, and talk through basic navigation.

• The experts are focused on guiding staff on best pracitices in the EHR to ensure optimal user experience and extreme usability.

By end of June, complete the FY2023-2025 Strategic Plan to help provide guidance to agency initiatives and the budget in upcoming years

Quarter 1 Update

Wrote statement of work for strategic planning services

Developed list of potential respondents to RFP and identified ways to share RFP more widely

Released Request for Proposal (RFP) for Strategic Planning services.

Began conducting environmental scan to support strategic planning.

Reviewed and scored 8 proposals for strategic planning services

Quarter 2 Update

Launched Integral Care Strategic Planning for 2023-205. Worked with consultants to engage 18 stakeholders in individual interviews, 44 stakeholders in focus group sessions, and to develop and conduct an employee survey which was completed by 398 employees. Held ongoing work sessions with Executive Management Team and prepared for Board Retreat held on March 4.

Quarter 3 Update

The FY23-25 Strategic Plan received final approval from the Board of Trustees in May. Staff are working with teams to identify FY23 Business Plan Strategies to implement the Strategic Plan moving forward.

Quarter 4 Update

- Shared presentation on Strategic Plan with internal Teams.

- Created staff video to launch FY 23 Strategic Plan in English and Spanish

Goal: Address Identified barriers to racial equity and including in client services and program practices

Continue implementation of Board approved Language Access Plan

Quarter 1 Update:

Sharepoint site for Language Access updated and staff identified to assist in re-organizing and tagging translated documents for easier search. Initial overview of existing Relias training updates drafted.

Quarter 2 Update

The Language Access Sub-Committee has completed the update and re-organization of translated vital documents and are accessible to all staff under the Language Access Sharepoint site. Currently, Application Support is assisting in setting up bilingual forms that are frequently provided to clients. A new automated ASL Interpreter request form is under development and should allow for staff to easily request ASL and CDI Interpreters. The Language Access Training that is currently available in Relias covers required items and is not in need of a revision, however, test questions will be changed to mandatory.

Quarter 3 Update

-Language Access Training currently available in Relias. Request to make test questions mandatory submitted.

- Vital document translations completed and available on Language Access SharePoint site.

- Language Access Plan available to all staff on Language Access SharePoint site.

Quarter 4 Update

Language Access Sharepoint site has access to 1) translated vital documents in Spanish, Vietnamese, Mandarin, and Arabic and 2) Language Access Plan. FY23 goal is to update plan to reflect changes in community as well as to align with updated strategic and equity plan.

Create Care for Culture training 2.0 using data from program evaluations and content experts. Complete plan proposal by Quarter 4. Streamline training and use new tools to develop strategic and comprehensive training plans across the agency for training, tracking and compliance reporting.

Quarter 1 Update

Care for Culture 2.0 is on track to be finished by end of 4th Quarter. All current trainings are also being reviewed on how to update utilizing a racial equity lens.

Quarter 2 Update

In progress- the Learning and Development team is currently working on a plan proposal and fully anticipate the proposal being ready by Quarter 4 with pieces of the training slowly rolling out in FY2023. New tools are being used and Learning and Development will be launching Synapse in May

to streamline training requests. We are also exploring possible tools for our Instructional Designer to use to create online training experiences. We are still currently using Relias to monitor compliance for all staff on trainings such as Care for Culture and the PBS Race Series.

Quarter 3 Update

Care for Culture 2.0 proposal is in development and on track to be finished by end of Q4. Using data from previous Care for Culture evaluations and data from conference evaluations to help shape the program.

Quarter 4 Update

Care for Culture 2.0 proposal has been created and is being finalized. Includes opportunities for online cultural competency training, team based cultural competency meetings, and quarterly guest speakers discussing different cultural competency topics relevant to current needs.

905 staff have completed original Care for Culture curriculum.

Instructional designer added to the team in March 2022 to assist with streamlining department and agency wide trainings.

Synapse rolled out in July 2022 to serve as the new intake portal for Learning and Development to assist with training requests, communication with stakeholders and subject matter experts, and streamline the training creation process.

Within residential, crisis, justice and specialty substance use services, review curricula and practices currently in use with respect to alignment with culturally competent and trauma-informed care and identify curricula and practices needing revision and/or replacement.

Quarter 1 Update:

Gathering current curricula and identifying practice modalities currently in use, next step is reviewing relevant contractual requirements specific to curricula and practice modalities and evidence based practice options in light of prioritizing trauma informed and culturally sensitive curricula and practice. Determine any realignment and/or replacement needs.

Quarter 2 Update

Matrix identifying promising and evidence based practices and curricula completed by program, identified if contractually required, reviewing towards realignment or replacement

Quarter 3 Update

Review is completed. The majority of curricula and practices are aligned with culturally sensitive and trauma-informed care. The next step is to develop opportunities to ensure staff are provided training so staff gain skills to use these tools trauma informed and culturally sensitive lens.

Quarter 4 Update

Review completed and submitted Quarter 3; Have identified two Evidence Based Practices utilized Division wide (Columbia-Suicide Severity Rating Scale and Individual Medical Readiness) to further

research and identify if these practices could be enhanced to be more culturally grounded and trauma informed. Division has connected with Dr. Casey for guidance on current research and next steps in this process.

Develop Business Intelligence Dashboard that will provide overview of system of care to be used to drive programmatic decisions and monitor access, wellness, staff service delivery, and population health outcomes.

Quarter 1 Update

With the help of the Application Team, there are now seven measures included in the 1115 Waiver Console in MyAvatar. The console alerts staff to interventions required to maintain quality integrated care and client safety. It also streamlines visits by avoiding redundant assessments and reducing confusion around how to meet DSRIP (Delivery System Reform Incentive Payment) measures.

Initial System of Care Overview Dashboards complete, pending data validation. To be presented as part of COO (Chief Operations Officer) Report on a quarterly basis.

Quarter 2 Update

Quarterly COO dashboard is under development and covers overall system of care summaries, access to care, population health outcomes, call center access/volume, and services delivered by language. An additional Suicide Care dashboard is under development and will track the risk screenings and needed follow up to allow managers to provide additional supports and resources to employees and clients.

Transition activities for DPP continue including a review of three areas: (Number of Services by Unit; DPP Dashboard for services over 15 minutes, and a new Expiring Financials Widget on the NX 1115 Waiver Console). Additionally, a 3 year staffing and services analysis was conducted by the Population Health Administrator to identity trends related to client volume, service delivery, staffing and turnover rates within programs pre-pandemic and post pandemic. This information will be utilized to assist with DPP planning efforts related to service delivery.

During Quarter 2, Lonestar Circle of Care began Primary Care operations out of the 3000 Oak Springs Clinic. Services began on 2/14/2022. During the month of February, there were 58 individuals served for Primary Care out of the Oak Springs Clinic. Additionally, during Quarter 2, the System of Care expanded MAT services out of the Stonegate clinic. Effective 2/1/22, Integral Care has a new expanded contract with Central Health to include an Integral Care MAT provider.

Quarter 3 Update

Quarterly Systems of Care dashboard completed on PowerBI. Suicide Care dashboard now complete and tracks risk screenings and follow up. Report easily allows managers to monitor risk for referrals to suicide care pathway.

A 6 year mortality analysis was conducted by the Population Health Administrator of all known deaths of Integral Care clients that occurred between January 1, 2016 and December 31, 2021. The analysis was conducted to better understand the mortality trends at Integral Care. It reviewed top

causes of death, trends surrounding active diagnoses at time of death, tobacco use status, health/racial disparities, and more.

Quarter 4 Update

Dashboards for financial assessments and measures have been created in PowerBi and there is an aligned report in MyAvatar. The Senior Manager for Clinical/Special Projects continues to meet ongoing with quality management teams from each division to review the dashboard and goals around financial assessment compliance.

COO Dashboard completed.

Establish Leadership Group to address Chronic Disease disparities identified in the Health Disparities report card.

Quarter 1 Update

Initial discussions of wellness leadership team participants to include population health, medical leadership, clinic leadership, and wellness.

Quarter 2 Update

Leadership team is using Population Health Scorecard developed by the Population Health Administrator to determine areas to focus wellness interventions. Q2 focused on updating the prescriber P&Ps to include a tobacco screening and tobacco treatment (if applicable) at every encounter.

Quarter 3 Update

Completed: wellness leadership team, analysis of available wellness draft, and plan for intervention.

Currently researching Organizational Wellness programs for possible certification recommendation.

Quarter 4 Update

Review of available Organizational Wellness programs completed. Integral Care staff currently have access to Blue Cross Blue Shield Well on Target program, which offers extensive wellness supports and access to wellness coaching and tobacco cessation support. Confirmed Integral Care Employee Wellness Committee will create plan to inform staff for Fiscal Year 23.

The Population Health Administrator is currently finalizing the second annual Health Disparities report card for Fiscal Year 2021. This information will be presented to program and division leadership, and include new areas of focus, changes since the last report card, and recommendations for targeted areas of intervention.

Implement CardConnect to allow for additional methods of payment opportunities for the individuals we serve. This will allow clients to pay their balance in the patient portal, with their clinic admin staff directly in myAvatar, or over the phone.

Quarter 1 Update

Due to Netsmart resourcing constraints, project was pushed back slightly. Unsuccessful project launch took place on 10/7/21. Netsmart addressed the resourcing problems identified, and successfully completed project launch on 11/4/2021. This is now under configuration with internal Information Technology and Revenue Cycle Management teams, with an estimated release date in Q2.

Quarter 2 Update

During Quarter 2, we completed all configuration of posting and adjustment codes, credit card terminal configuration, and developed staff training materials to accept payments through the myAvatar CardConnect system. We launched a pilot on 3/1/2022 with the Stonegate clinic and will plan a full release to all clinic locations in Quarter 3.

Quarter 3 Update

• CardConnect was launched at the Stonegate clinic on 3/1/2021. Since launch, we have successfully received payments using the clinic terminals, as well as virtual payments over the phone.

• We are working to configure CardConnect within the myHealthPointe 2.0 solution to allow for payment transactions from the payment portal.

• The next phase of release includes the Riverside and Rundberg locations. Terminals have been assigned and configured.

Quarter 4 Update

• CardConnect is live at three clinic locations, Stonegate, Riverside, and Rundberg.

• Internal user group created to update policies and procedures needed to obtain PCI (Payment Card Industry) compliance.

• We are working to configure CardConnect within the myHealthPointe 2.0 solution to allow for payment transactions from the payment portal. This item is pending Netsmart engineering.

Expand value based payments and other innovative programming to ensure program sustainability

Quarter 1 Update

A 12-month Return on Investment analysis of the Terrace at Oak Springs program was conducted by the Population Health Administrator. Based on current utilization cost estimates, the 41 individuals who moved into Terrace at Oak Springs between 11/1/19 and 3/31/20, who remained

for one year, experienced a cost savings of $14,486.10 per person the 12 months following move-in. When the total cost reduction is scaled to the full 50 residents, the estimated cost avoidance to the community is $724,305.00 per year.

A population analysis was conducted for the Optum Health Home population. Demographic trends were identified, such as a 92% comorbidity rate, with 45% of Optum attributed members having tri-morbid mental health, substance use, and chronic medical conditions.

A population analysis was conducted for the FY (Fiscal Year) 21 Homelessness population. The analysis provides an in-depth look at trends, demographics, and health disparities among the FY21 homelessness population. This informative data will inform targeted interventions with the population to reduce unnecessary emergency service utilization.

A Population Health Specialist was hired during Quarter 1. This position will collaborate with clinical staff and the Accountable Care team to conduct population health management and enhance client care.

At the end of Quarter 4, Optum Health Home enrolled 160 or 30% of members attributed. Currently, Integrated Behavioral Health Home (IBHH) care coordinators have enrolled about 60 members who reside north, 40 who reside south, and 60 who reside east. There is one staff member in the onboarding process who will help support enrollment for members who reside south. In addition, we are currently recruiting one additional staff member. Once onboarded, the unit team lead will transfer caseload and further support enrollment across all three clinics.

DSRIP (Delivery System Reform Incentive Payment) DY (Demonstration Year) 10 October reporting was completed with 100% achievement.

Two dashboards were created to support the transition to DPP-BHS (Directed Payment Program – Behavioral Health Services) that display data related to the six quality metrics and one set of enhanced payment procedure codes. All data has been QAed (Quality Assured) in preparation for the first round of DPP-BHS reporting, which will take place 12/20 – 1/6. In addition, a workgroup that will support the transition has been meeting bi-weekly to review program updates, track performance, and lead agency-wide communication.

Additionally, met with Sendero team to begin conversations on developing a value based program.

Quarter 2 Update

"The Accountable Care team developed ROI reports for Terrace at Oak Springs and the Downtown Community Court Project.

• Population Health Administrator Brittany Whittington and Practice Administrator of Housing and Health Care for the Homeless Initiatives Ruth Ahearn have been invited to present at the Housing First Partners Conference (HFPC) 2022 on the Return on Investment Analysis conducted for Terrace at Oak Springs, as well as Integral Care housing initiatives. The conference takes place April 12-14, 2022 in Seattle Washington.

• A 6 month Return on Investment analysis of the Health Care for the Homeless Health and Wellness Center was conducted by the Population Health Administrator. Based on utilization cost estimates, the 44 participants served by Health Care for the Homeless between 5/1/2021-

7/31/2021 experienced a cost savings of $3,759.81 per person during the 6 months following their first service, totaling $165,431.50 in costs avoided during those 6 months. When the total cost reduction is scaled to the full 100 individuals anticipated to be served annually, this equates to a total cost savings of $751,961.36 per year.

Cost share models for the Optum Integrated Behavioral Health Home include over 160 members enrolled, a fully staffed program and reduced cost of care by 3rd quarter. Other: • Standardized and established cadence for data sharing between BCBSTX and Integral Care.

• Restructured BCBSTX Integral Care care coordinator workflow to reflect updated tools of evaluation and interventions available to care coordinators (i.e. incorporate new tools such as Care Manager and findhelp).

The Bridge to Star Plus project kick-off meeting is scheduled for April 5, 2022.

Transition activities for DPP continue including a review of three areas: (Number of Services by Unit; DPP Dashboard for services over 15 minutes, and a new Expiring Financials Widget on the NX 1115 Waiver Console.

Quarter 3 Update

In Quarter 3, value-based care continued. Optum end of year achievement included $1.6 million in health care cost savings. The contract reviews for Superior/Signify and Bridge-to-Star Plus commenced. Also, as bilingual Whole Health Specialist on-boarded and trained for BCBSTX (Blue Cross Blue Shield Texas) and is providing outreach to eligible clients.

In Quarter 4, the Population Health Administrator Brittany Whittington and Taking Texas Tobacco Free Project Manager Bryce Kyburz will be presenting a poster analysis at the 2022 National Conference on Tobacco or Health. The poster presentation is titled: Data Analysis on the Intersection of Smoking and Mortality at a Community Behavioral Health Center. The Population Health Administrator Brittany Whittington and Practice Administrator Stacy Spencer accepted an invitation to display their poster at the 2022 Texas Council Conference. The poster presentation is titled: Addressing Racial Disproportionality in Diagnosis Research.

• The final round of DSRIP (Delivery System Reform Incentive Payment) and DPP-BHS (Directed Payment Program Behavioral Health Services) Year 1 Report 2 reporting was accepted without need for additional information. • In collaboration with the revenue cycle director and health informatics coordinator, the DPP-BHS workgroup developed a dashboard to review financial assessment compliance

• A DPP-BHS Plan for Fiscal Year 23 was developed that includes three goals with associated activities: GOAL 1: Increase the accuracy of financial information and Medicaid coverage in the EHR (electronic health record) for clients who meet measure denominator criteria and enhance payment criteria to 95%; GOAL 2: Maintain benchmark or DSRIP Demonstration Year 10 performance on all comparable DPP-BHS quality measures; and GOAL 3: Collaborate with community partners to develop methods for tracking and calculating MCO (Managed Care Organization) payments.

Quarter 4 Update

Bridge to star plus meetings have been on going with the State. The program design and launch is in the final stages of development. The state has not launched this program yet. Transition activities for DPP-BHS (Directed Payment Program – Behavioral Health Services) continue. Training was identified as an area for improvement around documentation for enhanced payment opportunities, and as a result a video training series was developed. The first video of a series is live in Relias, and with six additional Question and Answer sessions held– three in September and three in October. The Integral Care DPP team is currently preparing to begin the next round of DPP reporting during the upcoming October reporting period.

A Return on Investment analysis of the Mood Treatment Center was conducted by the Population Health Administrator. Based on utilization cost estimates, the 109 participants that entered the 6-week intensive treatment program at the Mood Treatment Center between 3/1/2019-6/30/2021 experienced a cost savings of $5,449.25 per person during the 12 months following their first treatment, equating to a total cost avoidance of $593,968.75 for the full cohort.

By the end of the 4th Quarter, advance Facility Master Plan by completion of renovation of American Founders Building on I35.

Quarter 1 Update

As of the end of November, the project was in final phase of permitting with the City of Austin and building permits are expected to be issued by mid-December. The Request for Proposal (RFP) for the general contractor for the project was issued with seven proposals being received. The proposals were being scored with a recommendation going to the Board at the December meeting. In addition, an item for approval of remaining financing needed for the project was being presented to the Board for approval at the December meeting.

Quarter 2 Update

All building permits required for the project were acquired at the beginning of December. In addition, at the December meeting, the Board approved the additional financing for the renovation and approved the general contractor for the project. The contract with Trimbuilt has since been finalized and the bank has also completed their due diligence. Financing for the project closed on March 23, 2022. Trimbuilt has since been given the notice to proceed on renovations. It is estimated the full project will take approximately 11 months to complete.

Quarter 3 Update

Financing for the project closed on March 23, 2022 and Trimbuilt was given notice to proceed on construction. As of the end of May, all interior demolition has been completed with the exception of the restroom floors and the flooring on the 3rd floor as these were found to require asbestos abatement before they could be demolished. Due to delays in finalizing the financing, the current estimated completed date for renovations is the end of February. Appropriate steps have been

taken with other leases to accommodate services through that time period. The only item that is scheduled for beyond February is the installation of the back-up generator which in not anticipated until August 2023 due to supply chain issues.

Quarter 4 Update

As of August 31, renovation is approximately 36% complete based on the pay applications. Renovation is currently expected to be complete in March 2023.

By end of 3rd Quarter, analyze call patterns and client preferences for virtual services and implement a virtual queue for on-demand counseling and intake services for clients who are not in crisis

Quarter 1 Update

Draft Roadmap for optimization efforts to begin with access to programs and transitions of care for safer suicide care. Behavioral health clinics, Child and Family clinics, Residential and crisis teams participating. During the first quarter, the SOC (System of Care) has implemented an intake optimization project which focused on three main areas.

1. streamline and increase intake capacity.
2. utilizing a transition of care approach to transition clients between services
3. Offer services in the modality in which the client wants (face to face, telehealth).

Additionally, the SOC and the crisis division continued the ACT (Assertive Community Treatment) optimization project which focuses on ACT fidelity and access to ACT services. Draft charter is in place to launch SOC project for Residential units.

Quarter 2 Update

Suicide Care efforts continue to be incorporated into projects. Quarter 1 and Quarter 2 focused on the implementation of the Suicide Care Pathway as well as Transitions of Care from Child and Family Services and Crisis Programs to outpatient Behavioral Health. In development are the Caring Contact Cards as well as continued expansion of the Suicide Care Pathway to other areas of our System of Care.

- The ACT (Assertive Community Treatment) Optimization is in final stages. Work was driven by the Fidelity Model as well as input from clients and stakeholders (surveys). All trainings and Policies & Proceduress have been completed with the final pending item consisting of a data review.

- A new project focused on Residential Services is underway. The initial milestone is the development of a streamlined process for individuals and community partners to connect individuals in crisis to care. New process should be fully implemented by end of Quarter 3.

- The Intake Project successfully implemented open access at all outpatient locations and has increased fill rates from 77% to 93%. An additional 81 individuals were also seen as a result of the cross-clinic support.

Quarter 3 Update

During this quarter, System of Care expansions continued with optimizing the client experience during their provider appointment. In March, the System of Care began offering "walk in" provider appointment a couple of days a week across various clinics to expand access. Through this pilot, individuals are offered a choice of a scheduled appointment or a walk in appointment to meet their same day needs.

The Residential units began working on optimization efforts. App support assisted in the development of a streamlined process for documentation between units. This form will populate a dashboard for teams to easily see status of referrals in real time. Form will also allow for detailed reporting. Residential units are also working on streamlining process and documentation to reduce duplication and shorten duration of intake process.

Due to staffing shortage, Adult Behavioral Health has currently used existing capacity to streamline the hospital discharge process. Workflows and procedures are now finalized. It is expected that recent salary adjustment will make the Licensed Professional of the Healing Arts position more competitive.

Quarter 4 Update

The OneData team and Application Support are continuing to utilize and build on the GitHub repository. The two teams now additionally have a weekly meeting to review report documentation and standardization across all data sources (Reports and MyAvatar Widgets). Additionally, the two teams have begun the development of an agency wide wiki that will be available for all staff on Teams as a training portal related to reports & associated widgets.

During this quarter, the System of Care (SOC) continued their optimization projects with continued focus on the intake process and walk in provider appointments. August, 2022 saw a 17% increase in appointments scheduled. By limiting exceptions and providing open access days as an option, we were able to provide more appointments throughout the week with same week availability. The SOC will next focus on optimizing the financial process.

By the end of the 4th Quarter, demonstrate progress on achieving NCQA (National Committee for Quality Assurance) accreditation for Intellectual and Developmental Disability Case Management

Quarter 1 Update

Director and Practice Managers have completed a series of presentations across the center as well as to PNAC (Provider Network Advisory Committee) and the P&O (Policies and Operations). Fiscal Year 22 Quarter 1 the focus has been on finalizing all the documented processes required by NCQA

standard are in place and implemented; the team has also worked extensively with MIS (Management Information Systems) and OneData to ensure forms, widgets, etc are created in myAvatar. Currently, all processes are being reviewed for final upload to NCQA portal on 1/18/22 in preparation for the audit in March, 2022.

Quarter 2 Update

In January, all required documentation was submitted to National Committee for Quality Assurance (NCQA) Interactive Review Tool portal. The survey by NCQA was completed in February. As of today, I am pleased to report that NCQA has awarded a 3 year case management accreditation for Case Management for Long-term Services and Supports.

Quarter 4 Update

NCQA accreditation received in March, 2022. Next NCQA audit look-back period begins December, 2022, with next survey tentatively set for February, 2025. Director and all leads for the accredited teams meet every other week to ensure continuous improvement and monitor for adherence to standards.

Lead Integral Care efforts to adjust communications, trainings, policies and procedures to align with Austin Public Health and Center for Disease Control recommendations as it relates to COVID.

Quarter 1 Update

ABH material obtained for vaccine talking points and distributed (in October and November) in collaboration with IC communications.

i. Residential COVID testing standing order and procedure, training completed early November in collaboration with residential clinical and administrative leadership.

ii. Routine COVID PCR testing and tracing through ABH consultation.

iii. Rapid testing kits are purchased through IC pharmacy for urgent testing on residential units.

iv. See Attachment 1 COVID-19 Residential Program Testing Protocol.

Quarter 2 Update

CDC is currently recommending 2nd booster for individuals 50 years of age and above. Integral Care will offer such booster in accordance with CDC guidance. Additionally, concern exists for possible surge with new variant. In accordance with CDC guidance, masks will continue to be encouraged in all clinics and offices. However, all work may return to face to face in lieu of virtual, depending upon the discretion of relevant program leadership. All new staff will receive training in protocols and any future updates in COVID-related protocols will be communicated directly to operational and program leadership.

By the end of the 4th Quarter, develop a Strategic Housing Plan to outline Integral Care's future role and growth in addressing homelessness as well as Integral Care's role in helping the City of Austin advance their goal of housing 3,000 people experiencing homelessness over the next three years.

Quarter 1 Update

Continued work of Board Ad Hoc Committee on Housing and Homelessness and launched a Staff Work Group to develop a five-year Integral Care Housing Plan. Completed Strengths, Weaknesses, Opportunities and Threats Analysis and established framework for identifying goals in different housing "buckets".

Quarter 2 Update

The Integral Care team continued to engage in creating a Strategic Housing Plan. The Board Staff Ad Hoc Committee on Housing and Homelessness met regularly and continued to track data related to housing costs and projections for future housing goals. Integral Care continued to participate in ECHO's Leadership Council and the Travis County Supportive Housing Collaborative and is on schedule to have a plan for recommendation to the Board prior to the end of fourth quarter.

Quarter 3 Update

The Integral Care team continued to engage in creating a Strategic Housing Plan. The Board Staff Ad Hoc Committee on Housing and Homelessness met regularly and continued to track data related to housing costs, prevention spending, and projections for future housing goals. Integral Care continued to participate in ECHO's Leadership Council and the Travis County Supportive Housing Collaborative. The ad hoc committee presented to the board during this quarter and is on schedule to have a plan for recommendation to the Board prior to the end of fourth quarter.

Quarter 4 Update

The Integral Care Housing Report was approved by the Board of Trustees at the July 28, 2022 meeting.

During quarter 4, Integral Care continued to expand our housing portfolio. During this quarter, Integral Care was awarded an Request for Proposal application from Austin Housing Finance Corporation and Austin Public Health for a 3 acre property at 3300 Manor Rd. Through this solicitation, Integral Care, along with Capital A Housing and NHP Foundation, will develop 262 affordable units, with Integral Care owning and operating 60 units of Permanent Supportive Housing. Additionally, Integral Care is working with the City of Austin on renovating the former Texas Bungalows Hotel to be an additional 60 units of Permanent Supportive Housing. Finally, in July, Integral Care collaborated with Elizabeth Property Group to allocate 30 units of affordable housing to Integral Care clients at Kensington Apartments. To date, 10 clients have been housed in these units. Housing plan for Integral Care completed through the work of the Board of Trustees and Staff Housing AD Hoc Committee.

Goal: Create an inclusive and culturally competent staff and contracted provider base that reflects the community and clients receiving services from Integral Care

Enhance provider recruitment to address identified cultural service delivery gaps in areas identified in annual report. Identifying needs for services and researching/recruiting specific providers, for example: Substance Use Disorder Residential Treatment Center for women and children. Goal to use lens of recruiting providers with experience working with BIPOC populations.

Quarter 1 Update

One new IOP (Intensive Outpatient Program) Provider with experience serving BIPOC (Black Indigenous People of Color) populations was added to the SAMSO (Substance Abuse Managed Service Organization) Provider Network during Quarter 1. Three additional SUD (Substance Use Disorder) Providers with experience delivering services to BIPOC populations have submitted applications and contracts with these providers are in the process of being developed for one or more of the following services: residential treatment, residential treatment for women with minor children, IOP, Detoxification, and Individual Psychotherapy.

Two new bilingual respite providers were also added to the IDD (Intellectual and Developmental Disability) Provider Network during Quarter 1.

Quarter 2 Update

Conducted four site visits (Austin Turning Point) sites approved March 3, 2022.

Quarter 3 Update

During Quarter 3, 1 new transitional housing provider was added to the Substance Abuse Managed Services Organization Network, 1 new non-traditional provider was added to the Child and Family Services (CFS) Network, and 1 new provider of psychological services was added to the Intellectual and Developmental Disability (IDD) Network. 1 IDD non-traditional Provider's contract expired and was not renewed and 1 CFS Art Therapy Provider requested to mutually terminate her contract. This resulted in a net gain of 1 new provider this quarter.

Quarter 4 Update

No new contracts for specialized therapies were added to the network in the 4th quarter. Overall in Fiscal Year 22, there has been an 18% reduction from Fiscal Year 21 numbers in contracts that have at least one specialized therapy included in the list of covered services.

Plan a seminar (i.e. Lunch & Learn, Teams Zoom) for Providers on race and equity.

Quarter 1 Update

The seminar for external providers regarding race and equity is still under development and will be rolled out in future quarters.

Quarter 2 Update

Committee meeting scheduled for March 21st at which time will review the Lunch and Learn draft presentation.

Quarter 3 Update

First Provider Lunch n Learn held 4/22/22 via Teams. Continuing Education Units (CEUs) were offered to attendees. Meeting scheduled 6/7/22 to discuss next steps and scheduling following Lunch n Learn.

Quarter 4 Update

Stacy Spencer & Brittany Wittington are scheduled to present on issues related to Disparities in Diagnosis for System of Care partners. Training on racial and health equity with the opioid crisis rescheduled with Substance Abuse Managed Services Organization providers at next quarterly meeting in October. Two training opportunities sent to providers in Q4; one on Harm Reduction Practices in Substance Use and one on Naloxone Distribution.

Create provider profiles to include demographics with goals to increase client choice and educate community collaborators on available resources.

Quarter 1 Update

Brandi and Mary worked with Arnold Zimmerman to develop a SharePoint template of profile pages, which was finalized on 9/28/2021. Contract Managers opted to pend further development of profiles until demographic information could be verified and updated in Cactus. Upon completion of demographic updates, Contract Managers will complete provider profiles in SharePoint and provide a link to each provider for verification by 2/15/2022.

Quarter 2 Update

Provider profiles completed March 16th. Will meet with Management Information Services to export the SharePoint page to pdf.

Quarter 3 Update

SharePoint Administrator provided training to Contract Managers (CMs) on how to share each profile with the respective providers for review and verification. CMs emailed each provider a copy of their profile and made revision and/or corrections as requested by provider. Contract Managers continue to update profiles metric information as data is collected. CMs will continue to work with

Quality Management on best way to present data (i.e. Power BI dashboard, Qualtrics, or SharePoint).

Quarter 4 Update

Mary and Brandi have collected all the data for the Provider Profiles and awaiting technical assistance.

Mature, standardize and digitize new employee Electronic Health Record training

Quarter 1 Update

Creation of electronic training modules underway with various tracks depending on staff role. Application Support collected survey responses from Admin staff and used feedback to create admin track training courses. Courses ready to be published include tracks for General Avatar training, and Administrative staff. All videos have subtitles and will be checked for contrast. Those in progress include training modules for clinical staff. Scripts developed as we collect feedback from managers and staff. To check comprehension, 2-3 questions will be added to the end of each video.

Concerns - digital literacy and providing support to close digital skill gaps for efficient use of application.

Quarter 2 Update

Application Support developed and delivered a survey to new employees and super users to measure EHR system usability. We are moving to the analysis phase to analyze survey results and incorporate changes in training based upon feedback. The team has developed workflow based training programs with detailed electronic training videos available for initial and re-training. We are continuously analyzing gaps in training programs based on comprehension question results, navigational support requested and trends in EHR tickets. New pre and post training surveys developed to gather feedback on new training methods. In Quarter 3, we will evaluate the different lab times for staff members to get help with deliverables at the end of modules to ensure adequate support is available, as well as continue to develop courses and gather feedback for ongoing support.

Quarter 3 Update

• Electronic training modules developed and deployed for various workflows including clinical, administrative and supervisor.

• Training evaluation based on survey results for 2021 developed and delivered to clinical leadership for review. Surveys implemented for pre- and post-training to evaluate training delivery and effectiveness.

• Continuous creation of training modules for additional workflows underway.

• Application Support now offers open lab office hours for new employees to practice their workflow and ask questions, as well as go over assigned tasks from supervisor based on program specific roles.

Quarter 4 Update

- Electronic training modules developed and deployed for various workflows including clinical, administrative and supervisor.
- Based on survey results and 2021 training evaluation, Application Support has implemented a more hands on approach to training, allowing the end user to drive through the system and receive assistance and guidance from experts.
- Continuous creation of training modules for additional workflows underway, including Task List and Flowsheet, Bells.AI, MedNote updates, and group progress notes.
- Application Support offers open-lab office hours for new employees to practice their workflow and ask questions, as well as review assigned tasks from supervisor based on program specific roles. Office hours are added for new products and updates based on need.

Review and revise provider network participation processes, inclusive of Request for Applications (RFAs), application, credentialing and training to reduce barriers to equitable participation. Managed Service Organization (MSO) Project Workgroup working on improving application process by asking specific questions on provider's areas of expertise/experience with specific populations, for example: LGBTQ and BIPOC populations.

Quarter 1 Update

Currently surveying the provider for race, ethnicity and gender identification so we can have a complete picture of who is on the network. Currently the process has been completed for 76% of the solo network.

Quarter 2 Update

Managed Service Organization Provider Manual revisions almost complete. Working on sorting out links and other documents that need to be attached. Completed 79% of group member demographics. Completed 96% of Solo Providers.

Quarter 3 Update

Completed 91% of group member demographics. Completed 100% of Solo Providers.

Quarter 4 Update

Provider Manual reviews are complete. Awaiting document links and how to access policies and procedures.

Implement Provider Connect NX to allow for more integration with myAvatar and increase the provider functionality.

Quarter 1 Update

Successful project launch of ProviderConnect NX (PCNX) on 9/10/2021. Configuration of external provider system codes, user roles, and user definitions underway. Ongoing discussions and workgroups to determine best approach to setup, and define workflow from a system admin and network perspective. Project team is currently testing views and provider process in the testing environment, PCNX UAT(User Acceptance Testing).

Quarter 2 Update

Managed Service Organization, Business Office and Management Information Services staff continue to meet with Netsmart on a bi-weekly basis. Netsmart has been working to develop a couple of tools to resolve identified go-live gating issues and those are anticipated to be available for testing in April. Conducting system testing and requested further testing assistance from Quality Management A number of testing issues have been identified to date and those are pending resolution by Netsmart.

Currently pending release of the Provider File Attach functionality to ensure documents can be sent to myAvatar from contracting providers.

Quarter 3 Update

• Finalized credential reconciliation for the practitioner enrollment process for external providers.

• Weekly project meetings and bi-weekly internal meetings to prioritize development during Quarter 3.

• Configuration of many custom forms, views and widgets are now in development.

• Nearing the integration testing and go-live prep phase, with a goal of Quarter 4.

Quarter 4 Update

NDM and MIS are now having internal discussions on a bi-weekly basis to coordinate ProviderConnect NX implementation. Several IDD/CFS Providers have been trained on the billing piece and instructed to continue to upload the PSDR's to SharePoint.

• Finalized practitioner mapping for all external providers

• Over 100 new system codes and programs created in the UAT and LIVE environment created to prep for go-live.

• Configuration of additional forms, widgets, and reports in progress and QA testing.

• Launch date is pending the Netsmart engineering team to fix three go-live gating issues: encounter data field mapping, PCNX file attach abilities, and backdated claims.

Goal: Align efforts on diversity, racial equity and inclusion with groups and organizations within the community in order to help create shared values, consistent language, policy, and equitable practices throughout the community

Ensure that client facing information is reviewed with an equity lens, designed with respect for culture and is available in a format that is user friendly, accessible and translated into appropriate languages and distributed to strengthen engagement

Quarter 1 Update

Launched bi-lingual Self Care campaign

Distributed over 14,000 Spanish magnets across community

Ran Spanish newspaper ad, readership of 36,000

Tested and ran 4 Spanish social media ads, reached over 50,000 people

Created 11 pieces of program/client-facing print collateral, such as Hospital Navigation program sheet or PASSR, written for equity and health literacy.

Translated 4 documents to Chinese, Arabic, and Vietnamese

Translated 24 documents to Spanish

Quarter 2 Update

- Continued bilingual Self-Care campaign, adding Vietnamese and Chinese to English and Spanish

- Ran 12 exterior Spanish Self-Care ads and 37 interor Spanish Self-Care ads on Cap Metro busses

- Distributed over Self-Care 4,000 Spanish magnets across the community

- Ran Self-Care Spanish newspaper ad, readership of 36,000

- Ran Spanish, Vietnamese, Chinese and Arabic social media ads and posts, reached over 133,000 people

- Ran Self-Care Spanish radio PSA on 1 station

- Ran Self-Care Spanish TV PSA on 2 stations

- Created Vietnamese and Chinese versions of Self-Care magnets

- Delivered 911/Helpline Explainer in Arabic, Hindi, Urdu, Korean, and Vietnamese

- Consulted for Vietnamese and Chinese communities organizations for translation review

Quarter 3 Update

- Launched Mental Health Month Toolkit with 6 in Spanish, 3 in Mandarin and 3 in Vietnamese

- Designed 5 Caring Contact cards in Spanish

- Translated Integral Care Halfsheet into Burmese and Nepalese

- Translated DocuSign email template for Telemedicine/Telehealth Consent into Spanish, Vietnamese, Mandarin and Arabic

- Translated Consent language for Telemedicine and Telehealth Services into Spanish, Vietnamese, Mandarin and Arabic

- Launched Respite Care Request form in Spanish

- Designed 18 graphics for fundraising, social media and newsletters in multiple languages

- Designed 6 graphics in Spanish, 3 graphics in Mandarin and 3 graphics in Vietnamese for the Mental Health Month Toolkit for social media

Quarter 4 Update

'• Designed Client Satisfaction Magnets for Intellectual and Developmental Disability & Child and Family Services services in English and Spanish

•Translated Fiscal Year 23(FY23) Strategic Plan poster into Spanish

• Launched FY23 Strategic Plan materials in English & Spanish - video, digital signage, social media

• Created social media graphics, forum page, email newsletter graphics in English and Spanish for Hispanic Youth Suicide Prevention Forum.

• Posted Spanish versions of social media posts for Hispanic Heritage month and Hispanic Youth Suicide Prevention Forum.

By end of 4th Quarter, demonstrate Integral Care's leadership through participation in state-wide planning efforts for implementation of 988

Quarter 1 Update

Active participation in all State led meetings to include the Texas 988 Stakeholder Meeting for the development of 988 rollout for Texas; HHSC (Health and Human Services Commission) Lifelline/988 Planning Grant; Vibrant 988 Meetings and Trainings. HHSC has submitted the 988 roll out plan to Vibrant and is in final discussions for plan approval.

Quarter 2 Update

The Integral Care Hotline is now taking National Suicide Prevention Lifeline (NSPL) calls for the assigned Central Texas Region (76 counties). We continue to work closely in planning activities with HHSC (Health and Human Services Commission) and actively participate in national efforts, including active participation in Rider 58 which requires a study of the adequacy and efficacy of existing National Suicide Prevention Lifeline infrastructure in Texas to determine state preparedness to comply with federal National Suicide Hotline Designation Act of 2020 (S. 2661). The current focus is to expand the American Association

of Suicidology (AAS) certification to include Online Emotional Support (OES) to be able to successfully take text/chat messages through 988. HHSC has applied for additional funding through Substance Abuse and Mental Health Services Administration (SAMHSA) (to be awarded by April, 2022). Once this is completed, Integral Care will be in a position to expand the team as NSPL is transitioned to 988.

Quarter 3 Update

The Integral Care hotline team continues to work closely in all planning and training activities with Health and Human Services Commission and actively participate in planning efforts. June 6th, Teresa Williams participated in the "Fulfilling the Promise of 988" panel discussion with National Council for Mental Wellbeing. In addition, Integral Care is the site in Texas that is piloting the text and chat features of 988. 988 is set to go live on July 16, 2022. As per guidance from the federal level, the first year of 988 will be a soft launch with minimal advertising of the number. The current lifeline number will also continue to be active moving forward.

Quarter 4 Update

• Lead STAR+PLUS Pilot Program Workgroup (SP3W) - As an SP3W member advise HHSC on the development, operation and evaluation of a new STAR+PLUS Pilot Program (Pilot). Co-chair of Quality subcommittee. Q4 update: Chaired two Quality subcommittee meetings; participated in related meetings: IDD-SRAC; Transition to Managed Care; Alternate Payment Methodology and joint SP3W and IDD-SRAC meetings.

• Transition Support Team (Hub) – 3 face-to-face educational opportunities serving 52 individuals. A library of recorded trainings was also provided to over 140 community agencies. 17 clinical consultations were provided to paid professionals serving on treatment teams of specific client cases currently experiencing re-occurring crisis, at risk for institutionalization, and transitioning from institutional settings to the community. 42 instances of technical assistance provided to Local IDD Authority (LIDDA) staff and HCS and TxHml provider staff in the Transition Support Team region including clinical referrals, resources, and information on best practice. The products and resources created were shared with all local IDD staff at the five LIDDA agencies in the TST region as well as 134 external organizations.

• Outpatient Biopsychosocial Approach for IDD Services (OBI) - 27 clients served. Helping clients to access long term supportive services, including housing. Provided all clients with skills training. Therapeutic skills trainings based on Motivational interviewing, DBT, and CBT. Strengthened client support systems.

Implement upgraded version of the patient portal, myHelathPointe 2.0, to streamline medication refill requests, lab results, patient communication, and strengthen patient access to assessments and clinical information.

Quarter 1 Update

Successful project launch of myHealthPointe 2.0 (myHP 2.0) on 9/28/2021. Initial configuration and pilot super user training complete. Pilot sites include Riverside Clinic and North Service Center.

These programs will launch an MVP (minimum viable product) solution, which will consist of very basic functionality.

Initially, clients will have the ability to view their clinical documentation, export CCDs (Continuity of Care Document), view upcoming appointments, and send messages to their care team. Estimated release date for pilot programs on MVP solution is 2/1/2022 with end user training and "smoke tests" scheduled in January.

Road mapped items, including direct integration with myAvatar, clinical assessment mapping, medication refill request and dynamic scheduling are expected to be available for release in Quarter 3 for testing, and Quarter 4 for general release. These are under configuration with the Netsmart development team.

Quarter 2 Update

Successful pilot launch in January with two clinic locations - Riverside and Rundberg. Once key functionality is released from Netsmart Development, we will release the portal to the entire organization. At this time, enrolled clients can view upcoming appointments, access clinical education, message their clinic or the medical records department, and view clinical documentation.

Quarter 3 Update

• myHealthPointe 2.0 currently has over 500 individuals with an active or pending Patient Portal account. These individuals are served primarily at the Riverside and Rundberg clinics during this pilot phase.

• Call Center staff have begun collecting email addresses to allow for portal access.

• The Patient Portal is available to clients via mobile application and in a web browser.

• Individuals can review upcoming appointments, export visit summary details, request medication refills, request information from the Medical Records department, download educational materials, and review documents sent directly to their portal.

• Coming soon: clients will be able to complete self-administered assessments, make payments toward their account, link wearable devices, and electronically sign documents.

Quarter 4 Update

• myHealthPointe 2.0 pilot phase continues with the Rundberg and Riverside clinics. Full release to all patients is pending additional functionality road mapped for a FY23 Q2 release.

• Call Center staff continue to collect email addresses to allow for portal access, prepping our client base for portal access wide-spread.

• The Patient Portal is available to clients via mobile application and in a web browser.

• Newly released functionality allows clients to opt-in/out of notifications in the portal when lab results are available, appointments are coming up, new documents are available, etc.

Demonstrate Integral Care's Leadership through participation in Intellectual and Developmental Disability community planning and leadership opportunities.

Quarter 1 Update

STAR+PLUS Pilot Program Workgroup – Invited HHSC (Health and Human Services Commission) Policy and Program Development's Person-Centered Practices team to present to IDD-SRAC (Intellectual and Developmental Disability System Redesign Advisory Committee) and SP3W to emphasize importance of incorporating PCP (person centered planning) principles in all aspects of recommendations and planning by selected MCO(s)(Managed Care Organizations) ; On 11/9/21 Quality Subcommittee made formal recommendations to HHSC to consider using the National Core Indicator's IDD In-Person Survey and NCI (National Core Indicators) Adult Family Survey. Recommendation was approved and adopted by the full workgroup.

Transition Support Team (Hub) - 8 trainings/educational opportunities attended live by 131 individuals, and provided to over 300 individuals after the event; 14 clinical consultations were provided to paid professionals serving on treatment teams of specific high-risk client cases; 24 instances of technical assistance provided to Local IDD Authority (LIDDA) staff from the 5 LIDDAs in the Transition Support Team region. The products and resources created were shared with 134 external organizations.

Quarter 2 Update

STAR+PLUS Pilot Program Workgroup – Quality subcommittee invited HHSC (Health and Human Services Commission) Policy and Program Development's Person-Centered Practices team to present to IDD-SRAC (Intellectual and Developmental Disability System Redesign Advisory Committee) and SP3W to emphasize importance of incorporating PCP (person centered planning) principles in all aspects of recommendations and planning by selected MCO(s)(Managed Care Organizations) ; On 11/9/21 Quality Subcommittee made formal recommendations to HHSC to consider using the National Core Indicator's IDD In-Person Survey and NCI's Adult Family Survey. Recommendation was approved and adopted by the full workgroup.

Transition Support Team (Hub) - 7 trainings/educational opportunities this quarter; 118 individuals attended the live events. Each recorded training was provided to over 200 individuals after the events; 8 clinical consultations were provided to paid professionals serving on treatment teams of specific high-risk client cases; 14 instances of technical assistance provided to Local IDD Authority (LIDDA) staff from the 5 LIDDAs in the Transition Support Team region. The products and resources created were shared with 134 external organizations.

OBI - 25 clients served, provided skills training, motivational interviewing, strengthening systems of support, navigating healthcare programs and services, improving physical health, medication monitoring, and complex case management. Skills Trainings provided on 27 different topics directly related to client needs ranging from behavior support to understanding medications. 32 participants provided training on engaging individuals with IDD.

Quarter 3 Update

14 trainings/educational opportunities this quarter; 234 individuals benefitted from these educational opportunities directly. Two recorded trainings were also provided to over 145

community agencies after the events. 12 clinical consultations were provided to paid professionals serving on treatment teams of specific high-risk client cases; 28 instances of technical assistance provided to Local IDD Authority (LIDDA) staff from the 5 LIDDAs in the Transition Support Team region including clinical referrals, resources, and information on best practice. The products and resources created were shared with all local IDD staff at the five LIDDA agencies in the TST region as well as 134

26 clients served. Adapting common therapeutic modalities like CBT and DBT to provide for people with IDD. Adapting skills training using visual aids to accommodate communication needs. Strengthening familial supports, provided therapist referrals; provided skills training on topics including mindfulness, emotional regulation, stress reduction skills. Accompanied clients to prescriber appointments, acting as a liaison to assist clients in communicating their needs to prescribers. Assisting clients in navigating legal issues. Helped with independent living skills. Helped people connect with transportation supports. Assisted clients in understanding their diagnoses, promoting greater understanding of symptoms. Worked with treatment team to improve accuracy of diagnoses and medication management.

Quarter 4 Update

• Lead STAR+PLUS Pilot Program Workgroup (SP3W) - As an SP3W member advise HHSC on the development, operation and evaluation of a new STAR+PLUS Pilot Program (Pilot). Co-chair of Quality subcommittee. Q4 update: Chaired two Quality subcommittee meetings; participated in related meetings: IDD-SRAC; Transition to Managed Care; Alternate Payment Methodology and joint SP3W and IDD-SRAC meetings.

• Transition Support Team (Hub) – 3 face-to-face educational opportunities serving 52 individuals. A library of recorded trainings was also provided to over 140 community agencies. 17 clinical consultations were provided to paid professionals serving on treatment teams of specific client cases currently experiencing re-occurring crisis, at risk for institutionalization, and transitioning from institutional settings to the community. 42 instances of technical assistance provided to Local IDD Authority (LIDDA) staff and HCS and TxHml provider staff in the Transition Support Team region including clinical referrals, resources, and information on best practice. The products and resources created were shared with all local IDD staff at the five LIDDA agencies in the TST region as well as 134 external organizations.

• Outpatient Biopsychosocial Approach for IDD Services (OBI) - 27 clients served. Helping clients to access long term supportive services, including housing. Provided all clients with skills training. Therapeutic skills trainings based on Motivational interviewing, DBT, and CBT. Strengthened client support systems.

Demonstrate Integral Care's crisis and Criminal Justice Leadership through participation in Austin State Hospital redesign, community forums, collaborative, and trainings.

Quarter 1 Update

Point in time study analyzing jail population data completed by Integral Care's Population Health Administrator in October 2021 (attached).

Established and met with advisory groups for the Jail Based Intake and Care Navigation Team (10/19) and Competency Restoration Expansion (11/15). Will be meeting with each group quarterly.

Provided 2 trainings at Texas Judicial Commission on Mental Health Conference 10/14 and 10/15 "Using Data to Make Programmatic Changes" and "Mental Health Services as an Option When Calling 911"

Provided training about Integral Care's residential programs hosted by Travis County Mental Health Defenders Office for local attorneys for CLE's in Sept. 2021

Provided Interlocal Presentation at BHCJAC on 10/8/21 on Jail Based Intake and Care Navigation Team and Expanded Competency Restoration

Provided Integral Care Interlocal Presentation at BHCJAC on 11/12/21 on Assertive Community Treatment Team (ACT) and Intellectual and Developmental Disabilities Projects

i. Intake and Enrollment Coordinator

ii. In-Home and In-Clinic Crisis Respite

iii. In-Home Crisis Respite

Quarter 2 Update

Training:

- 1/11: Verbal De-escalation Training provided to Family Eldercare (Presenters: Kedra Priest, Ashlyn Parks) 2 hours-virtual and about 30 participants
- 12/13-12/15 UTPD/Capital Police (4001 Mental Health Training (18 officers)
- 12/20/21 TCSO Call Takers (MHFA- 10 Call Takers/Dispatchers)
- 1/3/2022: EMS Cadets (10 participants)
- 1/3-1/6: TCSO 1850 Course (unsure number of participants, about 20)

Consultations: 8

12/6/2021 Jaime Young Maine- Mission Critical Partners Consulting Firm conference call on 911 integration, EMCOT and Lt. Murphy

12/9/2021 Robert Dole Deputy Associate Commissioner, System Integration IDD (HHSC) Conference call on 911 Integration, Integral Care (Dawn, Sherry, Marisa)

12/21/2021 Shay Lett Program Manager ICARE Call Center, Tarrant County MHMR Conference all on 911 integration, Integral Care

1/3/2022 Irina Yakhinitsky Director, Neighborhood Right Response Columbus, OH Conference call on 911 integration (EMCOT and Lt. Murphy)

1/13/2022 John Newcomer Thriving Mind- South Florida CEO (Behavioral Health/Child and Family) Conference call on 911 integration, EMCOT Marisa Aguilar and Sherry Blyth

2/7/2022 Aaron Zisser Consultant, King County Auditor's office (Seattle, WA) Conference call on 911 integration, EMCOT and Lt. Murphy

2/22/2022 Anne Jenks Urban Strategies Council, Oakland California Conference call on Austin sytem, EMCOT, Lt. Murphy, Sgt. King and Andy Hoffmeister

2/24/2022 Megan Szalwinski STRAC, Southwest Texas Regional Advisory Committee Conference call on 911 Integration, EMCOT Marisa Aguilar and Kedra Priest

• National Learning Collaborative:

o Early Adopter Crisis Learning Community – National Council (meeting monthly; learning from one another and completing report card)

• Jail Based Intake and Care Navigation Team – First client intake completed on 2/11/22! Team is fully operational. Held second advisory stakeholder meeting on 1/19/22. Next meeting scheduled in April.

• Outpatient Competency Restoration is open. Met with informal stakeholder group at Commissioner Shea's office on 12/20/21 to review data and answer questions. Held second advisory stakeholder meeting on 2/24/22, and provided data requested during 2/20/21 meeting to full advisory stakeholder committee.

Quarter 3 Update

BHCJAC (Behavioral Health Criminal Justice Advisory Committee) voted to provide a letter of support for continued funding for Integral Care's Jail Based Intake and Care Navigation Program (Feb meeting). Letter provided to Travis County HHS for Travis County Commissioners. A copy of the letter is included as Attachment 10.

Below is the training and consultation/site visit information from March-May 2022:

March

March 3-14- ATCEMS (Austin Travis County Emergency Management Services) Community Health Paramedics (Trained 2)

March 23- ATCEMS Cadets (Trained 14)

March 28-31- University of Texas Police Department (Trained 15)

April

April 18-22- University of Texas Police Department (trained 10)

April 27- ATCEMS Cadets (Trained 12)

May

May 3- Manor Police Department (Trained 13)

May 5- Manor Police Department (Trained 5)

May 9- Travis County Sheriff's Office (Trained 12)

May 9- Austin Comptroller (Trained 60)

May 10- Austin Comptroller (Trained 60)

May 11- Austin Library (Trained 12)

Site Visits/Consultations:

5/12/2022- Sedgwick County- Conference call on 911 Integration (Integral Care, Andy Hofmeister, Ann Kitchens, Rey Arellano)

Quarter 4 Update

Number of first responders trained and the departments

7/11-7/15 AISD 4004 12

7/25-7/29 AISD 4004 12

7/27/2022 EMS Cadet 14

8/1-8/8 EMS CHP 4

8/15-8/19 APD Cadet 65

8/22-8/26 APD Cadet Modified 6

8/29-9/1 TCSO 1850 20

Presentations:

June 11-16 NENA 2022 Conference Presentation: Louisville. Lt. Murphy and Marisa Malik Presented on 911 Integration The Fourth Option: 9-1-1

June 22: National Council Conference Presentation. Collaborative Strategies with Criminal Justice at Early Sequential Intercept Model Intercepts Presenter- Marisa Malik

August 2: Justice Clearing House Webinar: The 4th Option- 9-1-1 Services, Lt. Murphy, Colleen McCollough, BJ Wager

August 8-11: APCO 2022 Conference Presentation: Annahiem, CA The 4th Option at 9-1-1, Colleen McCollough, Kedra Priest, Lt. Murhpy

August 10: Justice Clearinghouse Webinar: Incorporating a Certified Community Behavioral Health Clinic (CCBHC) into your Crisis Response System- Sherry Blyth, Marisa Malik

For disaster and critical incident response:

Integral Care deployed a multidisciplinary team to Uvalde community July 11-15th.

CCRP

CCRP held quarterly advisory stakeholder meeting July 19, 2022.

Jail based intake program launched and underway.

Work with University of Texas Austin on public health Information Technology and analytics projects for prioritizing health equity

Quarter 1 Update

(1) waiting on ONC (Office of National Coordination for Health Information) determination for Public Information Technology workforce grant

(2) data sharing agreements are drafted and awaiting legal approval for Project Connect

Quarter 2 Update

Integral Care and Dell Medical School's Department of Population Health have launched the following 4 initiatives to advance health equity in Travis County. They are interconnected and harness cutting edge technology to integrate physical, mental, and substance abuse treatment, Social Determinates of Health services, and HIE (ICC) (Health Information Exchange Integrated Care Collaboration) data.

SHIP- referral system for SDoH (Social Determinants of Health) affiliated with the FindHelp (Aunt Bertha) Model Communities Initiative (MSDF (Michael & Susan Dell Foundation) sponsored) status-integrated into our EHR (as a sidekick not requiring log in) and rolled out with various programs within Integral Care.

This is also a research study that will inform continuous quality improvements (CQI) as well as scalability.

LEAP 2- pilot with Integral Care and People's Community Clinic that tests out the closed loop referral system with 1 or 2 CBOs (community-based organizations) as a use case (e.g. food bank). Planning is underway to establish clinic workflows and prioritized needs within Integral Care. Similar, to SHIP, this is a research study that will inform CQI and expansion.

FHRed app- (SDF and ONC sponsored)Client facing app that downloads and helps manage patient medical info from multiple portals into one. Integral Care will recruit 50 patients to test out over a 2-3 month period. The Statement of Work is under review by Integral Care's legal department. The app was developed through deep focus groups with BIPOC members over the past couple years.

Collective Medical- (similar to Netsmart Care Manager, but with added functionality) Provides real time access to hospital admissions, discharge, and other key utilization data. Integral Care is currently providing technical info on their system and determining clinical programs to prioritize testing. Contract between Integral Care and Collective Medical is signed.

Quarter 3 Update

The research study affiliated with the SHIP initiative has been approved by Integral Care's research review committee and program planning continues.

The LEAP 2 pilot has established the food bank as the use case for both Integral Care and People's. Operations teams have further refined implementation plans and legal agreements are being drafted by Dell Med.

FHRed app - Integral Care drafted a Memorandum of Understanding agreement to enable implementation of the application pilot and document is currently under review by Dell Med.

Collective Medical- Clinical programs within Integral Care have begun testing the enhanced data access and results will be reviewed next quarter.

Quarter 4 Update

Testing on proposed Collective Medical Platform continues into FY23. Several key stakeholders continue to review the potential use of the platform and logistics.

By end of 4th Quarter, conduct at least six community forums, either in person or virtual, demonstrating appropriate outreach and engagement to diverse communities throughout Travis County and demonstrating Integral Care as a leader in Behavioral Health in Travis County.

Quarter 1 Update

Co-hosted virtual community forum - Meaningful Steps to Prevent Youth Suicide - with Central Texas Chapter of the American Foundation for Suicide Prevention: 105 attendees virtually, 52 views on YouTube, and 393 views on Facebook.

Co-hosted virtual community forum – Evidence-Based Solutions to Homelessness - with Caritas of Austin. 127 attended virtually, 54 views on YouTube, and 286 views on Facebook.

2 CTAAFSC (Central Texas African American Family Support Center) #TogetherWeWillHeal Forums focused on black mental health: The POWER of Diversifying your Whole Health and Wellness Program and Mental Health in the South Sudanese Immigrant Community, 38 people attended in Zoom, live stream reached 304 people on Facebook.

Quarter 2 Update

Hosted the 22nd annual Central Texas African American Family Support Conference with 650 attendees from 8 states, 66 speakers, 19 workshops, 13 sponsors and 29 exhibitors.

Quarter 3 Update

Hosted a virtual forum with Disability Rights Texas on the Rights of Individuals Living with Mental health. 232 attended. Hosted a virtual forum with NAMI Central Texas in Spanish on 'Supporting Families of Individuals Living with Mental Health.' 73 people attended. The livestream on Facebook has 195 views and reached 377 people. Central Texas African American Family Support Conference hosted the Together We Will Heal forum in April on 'The role of peers support services in mental health care." In May, the

forum talked about Faith and Mental health: Christian Perspective. Both attracted over 150 people in Zoom and has reached almost a 1000 people on Facebook.

Quarter 4 Update

- Hosted a virtual community forum with OutYouth in June on 'Supporting the mental health and wellbeing of LGBTQIA+ youth.' 73 people attended. The livestream on Facebook has 195 views and reached 377 people.

- Central Texas African American Family Support Conference hosted the 3 Together We Will Heal forums. In June, the topic was “All in the Family: Navigating Neurodiversity and Nurturing ALL.” In July, the forum discussed "Faith and Mental health: Islamic Perspective." The August forum talked about 'Alzheimer's disease. For the forums, 150 people attended in Zoom, almost a 1000 people were reached on Z68Facebook.

In addition to forums, we actively search for as many opportunities as possible to deploy our experts to provide presentations beyond general information and resources that cover complex but important topics, while dispelling misinformation.

- Coordinated a training session for Austin Independent School District's counselors provided by E 2nd clinic staff

Attachment 1: COVID-19 Residential Program Testing Protocol

COVID-19 Testing Protocol for Residential Programs – October 2021

Purpose:	To provide Integral Care program staff with guidance on COVID-19 testing options for residential clients.
Date:	October xx, 2021
Responsible Staff:	Practice Administrators, Program Managers/Practice Managers, RN Supervisors

---

Overview

The COVID-19 pandemic has disproportionately affected individuals with serious mental illness (SMI) and/or substance use disorders (SUDs). CDC has updated its list of underlying conditions that contribute to adverse COVID-19 outcomes to include schizophrenia spectrum disorders, mood disorders including depression, and substance use disorders. These conditions combined with housing instability contribute significantly to risk for severe COVID-19 outcomes, including premature death and provide evidence for our continued efforts to provide clients with vaccines and testing.

Staff Training and Competency Assessment

Integral Care medical leadership, in collaboration with Austin Public Health, has determined that COVID-19 testing will be made available in all residential programs to (1) minimize exposure risk for clients and staff, and (2) promote case containment in our congregate settings.

All nursing staff and certified medical and nursing assistants in residential programs must complete annual training on COVID-19 test administration. RN Supervisors will be responsible for training all existing staff and new staff. Training must be completed and attestation documented in Relias prior to a staff member administering a COVID-19 test.

Room Occupancy Guidance
Residential clients can be assigned to double rooms, irrespective of vaccine status.

COVID-19 Screening
Guidance for COVID-19 screening of clients, staff, and visitors will be determined by the local epidemic stage published by Austin Public Health.

Generally, if a client reports they were (1) recently exposed to someone who tested positive for COVID-19 in the past 10 days, and/or (2) have possible COVID-19 alarm symptoms (i.e., cough, sore throat, fever/chills, loss of taste and/or smell), a formal screening should be completed and documented in myAvatar.

Testing Procedures
Integral Care and Austin Public Health have established a formal agreement by which APH will provide onsite testing at Integral Care residential programs. Instructions for requesting these services are noted below.
On weekends and holidays, Integral Care nursing staff (including CNAs and CMAs) who have been trained and deemed competent to do so, will be able to administer a rapid COVID-19 test to clients who screen positive for COVID-19.

If a client screens positive for COVID-19 (e.g., self-report of recent exposure to a COVID-19 positive person or alarm symptoms and/or presents with alarm symptoms on physical assessment), clinical staff will contact their program RN Supervisor or the RN Supervisor on call to determine the appropriate testing approach and isolation procedures for the situation.

++
Isolation Precautions should be modified for clients who are mentally decompensated, i.e., having active hallucinations, delusional, etc. In such cases, nursing staff will assess the situation to determine if a 1:1 sitter is needed. If the 1:1 sitter is needed, an order must be obtained from a prescriber and the staff member providing the observation must don full PPE (i.e., mask, gown, gloves) for the duration of time they are with the client.
++

1. **Austin Public Health Nurse Hotline – to be used when a single client screens positive for COVID-19** (as defined above). The RN Supervisor can delegate contacting the APH Nurse Hotline to any nursing or clinical staff member, as needed.

   Home testing units allow medical professionals to administer tests onsite at an Integral Care residential facility. This helps limit person-to-person spread by keeping potentially infected residents quarantined. In-home testing is ideal for anyone with mobility issues, underlying health issues, or those lacking transportation within the Austin-Travis County area.

   To sign up for a home test, please call the nurse hotline at 512-972-5560, where they will walk you through an assessment and then help schedule a home test. In-home testing is available Monday through Friday, 8 a.m. to 4 p.m.

2. **Austin Public Health Mobile Testing Unit – to be used when >1 client screens positive for COVID-19 or other clients have been exposed to 1 client who tests Positive for COVID-19.** The RN Supervisor or Practice/Program Manager will follow the steps noted below to request APH mobile testing.
   a. RN Supervisor to notify Integral Care Director of Nursing/IPC Officer of the need for APH Mobile Testing.
   b. Practice/Program Manager or RN Supervisor will complete the **Facility Testing Roster** (Excel Spreadsheet required by APH according to instructions noted below;

failure to complete the spreadsheet as instructed will delay testing). All columns on the spreadsheet need to be completed. Please note the following:

i. **First Name, Last Name, DOB and gender are mandatory**
ii. **Address and phone number for staff**: personal address and phone number
iii. **Address and phone number for residents**: facility address and phone number
iv. **One central email** (Jacqueline.mosley@integralcare.org) who will receive notification of test results. *Please **do not** include individual email addresses.*
v. **Language, Ethnicity and Race:** mandatory fields but you'll notice that each of the cells have drop downs. As needed, you can select "other," "unknown," or "prefer not to answer" as indicated.
vi. Once completed, please send to Anjum.hanafi@austintexas.gov and cc Jacqueline.mosley@integralcare.org.

Mobile testing is available Monday through Friday, 8 a.m. to 4 p.m.

3. **Onsite Rapid Testing by Integral Care Staff - to be used when a screens positive for COVID-19** (as defined above) on the weekends and holidays when APH testing is unavailable. The RN Supervisor will determine the following;
   a. If a rapid COVID-19 test is needed and which clients will be tested.
   b. If Isolation Precautions are needed.
   c. If higher level of care is needed due to physical symptoms, e.g., shortness of breath, chest pain.

Client Results Retrieval and Archival

Laboratory results will be delivered as noted below.

a. **Nurse Hotline testing:** Phone notification by APH Nurse Hotline. Integral Care staff to enter an Individual Note in myAvatar. The Individual Note should include the date of the test, indication for the test (e.g., recent COVID-19 exposure, COVID-19 symptoms, etc.), the test result, and date of the result.
b. **Mobile testing:** APH will email results to DoN/IPC Officer who will forward them to the Practice Manager and RN Supervisor to be uploaded to the client's chart in myAvatar.
c. **Rapid testing:** Nursing staff will enter an Individual Note in myAvatar. The Individual Note should include the date of the test, indication for the test (e.g., recent COVID-19 exposure, COVID-19 symptoms, etc.), the test result, and date of the result.

Client Notifications of Results

Program/Practice Managers will delegate client notification of COVID-19 test results to clinical or nursing staff. If a client reports they have not been vaccinated, Integral Care staff will provide the client with vaccine information and facilitate vaccination if the client verbalizes agreement.

Standing Orders

COVID-19 Testing for Residential Clients Standing Orders for the following will be available on SharePoint. Review and attestation must be completed by all current and future nursing staff (including CNAs and CMAs) working in residential settings.

a. Nurse Hotline COVID-19 test request.
b. Mobile COVID-19 test request.
c. Integral Care COVID-19 rapid test initiation and completion.

Facility Name:	

INSTRUCTIONS

We need the Primary & Secondary contact for your Facility. These are people who can access the new account

1. Enter below who will be the Primary & Secondary Contacts for the Facility:

	Primary	Secondary
Facility Name		
Contact Type		
FirstName		
LastName		
Contact: Physical Street		
Contact: Physical City		
Contact: Physical State/Province		
Contact: Physical Zip/Postal Code		
Contact: Mailing County		
Work Phone		
Home Phone		
Mobile Phone		
Email		
Birthdate		
Preferred Language		
Sex		
Race		
Ethnicity		
Staff Job Location in Facility		
Unit/Room#/Hall		

2. Next, we need the list of Residents & Staff.

Click the STEP 2 tab and either copy and paste or enter the information in the sheet. Columns labeled Required must be filled with the proper data.

3. Save the file, then email it back with the signed BAA Form

When you've entered all the information, save it then send it back with the signed BAA Form

Appendix 2: National Standards for Culturally and Linguistically Appropriate Services FY22

Integral Care

National Standards for Culturally and Linguistically Appropriate Services (CLAS) FY 22 (Goal 1-3)

Louise Lynch, MSSW,LMSW-AP,CHC
Provider Network and Authority Officer

CONTEXT OF TRENDS IN HEALTH CARE

- Increase emphasis on outcomes of care, patient experience, and value-based care, along with increasingly diverse patient populations.
- Examining quality scores for overall population served will no longer be sufficient.
- Assess how those quality scores differ between clients belonging to different racial/ethnic groups or different language groups.
- Where gaps are found, develop interventions to reduce gaps and track improvements over time.

Integral Care

GOVERNANCE AND LEADERSHIP

A goal of Integral Care's Strategic Plan is to Create Value:

Ensure Operational Excellence, Sustainability, Value and Equity

- Provide culturally competent and trauma informed care that fits the unique needs of people from different backgrounds and cultures
- Recruit and retain a workforce that reflects the communities that we serve

Integral Care's Racial Equity Plan

CCBHC Criteria requires:

- Interpretation service that are appropriate and timely
- Cultural competency training addresses diversity within the organization's service population

Integral Care

GOVERNANCE, LEADERSHIP & WORKFORCE

Advance plans to address CLAS Standards 2 through 13.

The workgroups include:

- Human Resources and Development
- Population Health and Data
- Evaluation and Assessment
- Language Access
- Newsletter
- Employee Resource (Affinity) Groups

Integral Care

GOVERNANCE, LEADERSHIP AND WORKFORCE

- Voted to change Council name to: Diversity, Equity, Inclusion, and Belonging Council (DEIB)
- Expand quarterly meetings to 1 ½ hours to allow a deeper dive into a DEIB topic

Integral Care

DIVERSITY AND INCLUSION COUNCIL 2020 - 2022 PRIORITIES AND EVALUATION PLAN

1. Collect feedback from staff, community partners, and undeserved groups about their perceptions of and experiences accessing Integral Care services (Addresses Standards 13)
2. Track language access data (Addresses Standards 5-8)
3. Use GARE organizational equity assessment to build organizational capacity to reduce health disparities and racial inequities (Addresses Standards 10 - 13)
4. Develop a dashboard of Diversity Council metrics to increase the use of data by program areas (Addresses Standard 15)

Integral Care

Population Health and Data Workgroup

- The Population Health Workgroup has resumed meetings and is currently seeking new members.
- New Population Health Specialist hired to expand the role of population health at Integral Care
- Population analysis underway for all known individuals that experienced homelessness in FY21.

Integral Care

Workforce Recruitment

Host	Career Fair Title	Notes
Integral Care	Integral Care Virtual Career Fair	Integral Care's very first virtual career fair
University of Texas at Austin	2022 Winter Fair	Hosted by School of Nursing
Huston-Tillotson	2022 Spring Career Fair	Historically Black College & University (HBCU)
University of Texas at Austin	2022 Spring Fair	Hosted by School of Social Work

Integral Care

Percentage of Integral Care clients, employees, and Travis County population by race/ethnicity

	FY 2018			FY 2022 YTD			
	Clients	All Employees	Clinical Employees	Clients	All Employees	Clinical Employees*	Travis County
n=	35,164	1,116	992	18934	905	649	1,273,954
Race							
Asian	564	47	42	281	34	23	6.85%
Black	6,337	139	125	3,656	127	99	8.17%
Hispanic (regardless of race)	10,395	324	298	5,658	272	208	33.64%
White	13,420	548	474	6,460	410	277	72.24%
Other	684	46	41	359	62	42	7.92%
Unknown	3,764	12	12	2,520	-	-	0.00%

Integral Care

Percentage of employees classified as "Professionals" by race/ethnicity

Race/Ethnicity	FY 2018		FY 2019		FY 2020		FY 2021 YTD		FY 2022 YTD	
Hispanic/Latino	159	28.2%	155	25.5%	179	29.1%	162	28.2%	157	29.1%
Asian	30	5.3%	34	5.6%	32	5.2%	26	4.5%	26	4.8%
Black	67	11.9%	82	13.4%	93	15.1%	94	16.3%	87	16.1%
Non-Hispanic White	308	54.6%	338	55.5%	311	50.6%	292	51%	269	50.0%
TOTAL	564	100.0%	609	100%	615	100%	574	100%	539	100%

Integral Care

Percentage of employees classified as "Managers" by race/ethnicity

Race/Ethnicity	FY 2018		FY 2019		FY 2020		FY 2021 YTD		FY 2022 YTD	
Hispanic/Latino	19	20.2%	19	20.4%	26	26.3%	27	27.6%	27	26.45%
Asian	2	2.2%	5	5.4%	3	3%	2	2.0%	2	1.96%
Black	8	8.5%	8	8.6%	8	8.1%	8	8.2%	9	8.82%
Non-Hispanic White	65	69.1%	61	65.6%	62	62.6%	61	62.2%	64	62.27%
TOTAL	94	100.0%	93	100%	99	100%	98	100%	102	100%

Integral Care

WORKFORCE EDUCATION AND TRAINING

Integral Care

Educate and Train Workforce (Cont.)

PBS "Illusion of Race" (prerequisite for all diversity, inclusion, and racial equity training

% of assigned that have completed

	As of November 29	As of December 21
Video 1	14.8%	20.9%
Video 2	10.9%	16%
Video 3	8.4%	12.7%

Integral Care

COMMUNICATION AND LANGUAGE ASSISTANCE

Integral Care

Language by Division: FY22 to Date

Fiscal_Year	FY22					Total
primary_language_value	ABH	CFS	Crisis	IDD	**Total**	
ENGLISH	95.38%	83.69%	92.41%	84.62%	**91.66%**	**91.66%**
SPANISH	2.49%	15.61%	3.38%	10.45%	**5.53%**	**5.53%**
UNKNOWN	1.46%	0.53%	3.92%	2.22%	**2.05%**	**2.05%**
AMER SIGN LANGUAGE	0.44%	0.16%	0.22%	1.76%	**0.51%**	**0.51%**
OTHER	0.08%		0.07%	0.72%	**0.15%**	**0.15%**
ARABIC	0.15%			0.23%	**0.10%**	**0.10%**
Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Integral Care

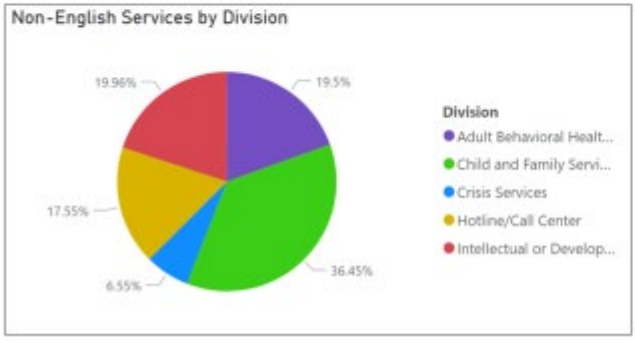
Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing (CLAS Standard 6)

- For FY 22, all progress notes (except medical providers) must document whether or not language access was provided
- Translated documents have been reorganized for ease of staff access.
- https://atcic.sharepoint.com/SitePages/Language-Access-Services.aspxCommunications

Integral Care

Language Services FY22 Q1

CFS and IDD provide the largest percentage of non-English services in comparison to all encounters provided by that division.

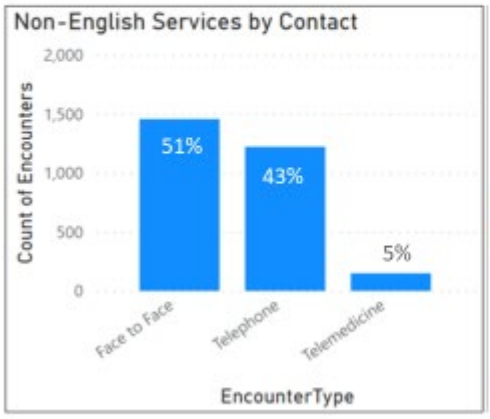


Division	Total Encounters	% Non-English
ABH	26,451	2%
Crisis	13,773	1%
CFS	9,602	11%
IDD	6,373	9%
Hotline/Call Center	26,674	2%

Integral Care

Language Services by Contact FY22 Q1

Of the total non-English services provided during Q1, 51% were provided during a face to face encounter and 49% by telephone.

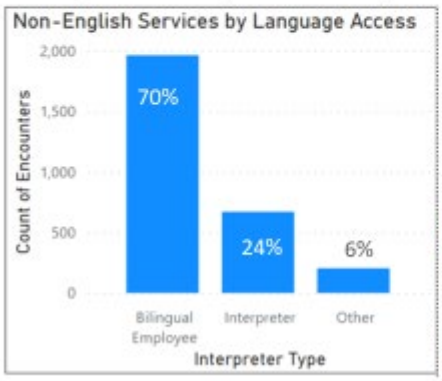


Contact Type	Total Encounters	% Non-English
Face to Face	35,998	4%
Telemed	5,938	3%
Telephone	40,937	3%

% Non-English by Division	Face to Face	Telemed/Telephone
ABH	2%	2%
Crisis	2%	1%
CFS	11%	9%
IDD	7%	10%
Hotline	N/A	2%

Language Services by Access Type FY22 Q1

70% were provided by a bilingual staff person, 24% were provided by a certified external interpreter and 6% by another source (such as a bilingual family member)



% Non-English by Division	Bilingual	Interpreter	Other
ABH	29%	38%	33%
Crisis	57%	41%	2%
CFS	89%	11%	0%
IDD	81%	19%	0%
Hotline	65%	33%	1%

Interpreter Type	% Total Interpreter Svc	% Total Non-English Svc
In-Person	16%	4%
Phone	77%	19%
Video	6%	2%

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY

- Smith Research and Consulting LLC completed key stakeholder interviews and client focus groups
- HRD creating 2022 schedule for Diversity Lunch and Learns
- Formulating goals to evaluate exit interview survey through an equity lens.

Integral Care

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY

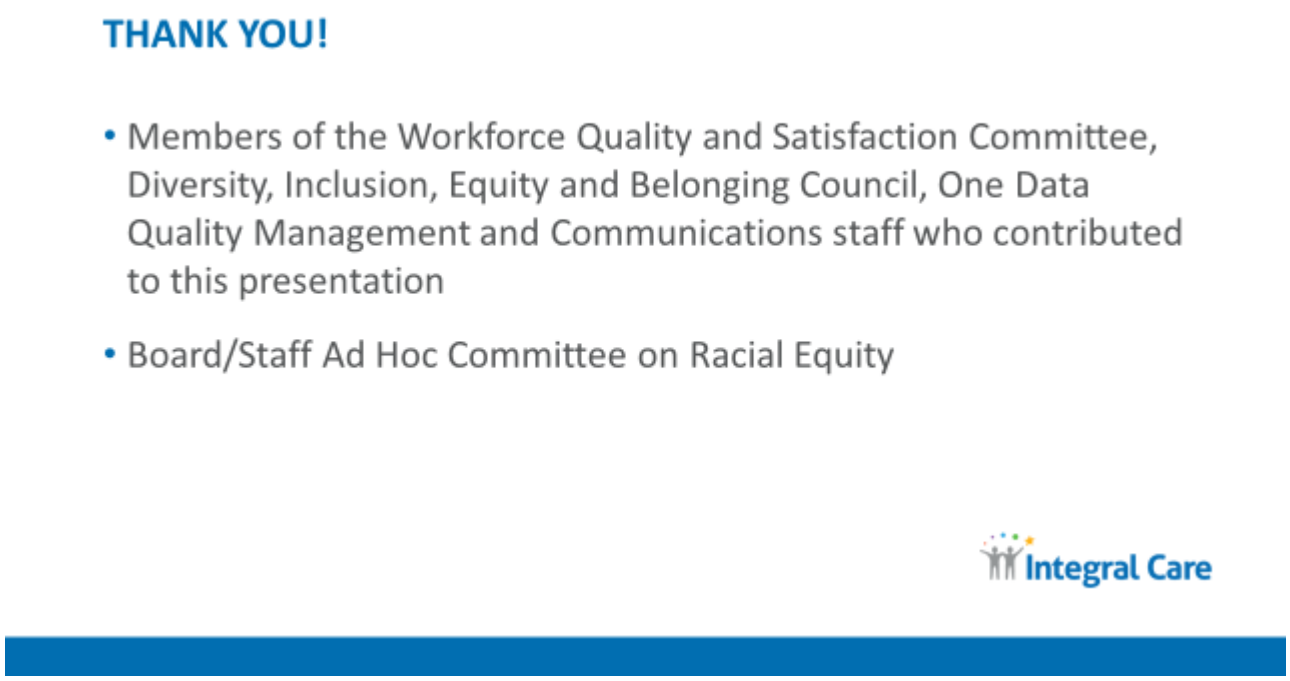
- Joint meeting planned between leaders of DEIB and Workforce Quality and Satisfaction Committees to align goals
- Evaluation and HRD are discussing how current work will be shaped when Equity Consultant work is completed and the CeqO is on board
- Council will hold a Recruitment Lunch N' Learn for Employee Resource Groups in January 2022 as part of larger RORR initiative.

Integral Care

RESOURCES

- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
  www.ThinkCulturalHealth.hhs.gov
- Logic Model for Implementation of the National CLAS Standards Within the Behavioral Health Settings
- https://racialequityalliance.org/wp-content/uploads/2015/02/GARE-Resource_Guide.pdf
- https://racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf

Integral Care



Attachment 3: Analysis of Oppositional Defiant Disorder and Conduct Disorder Diagnoses at Integral Care

Analysis of Oppositional Defiant Disorder and Conduct Disorder Diagnoses at Integral Care

Brittany Whittington, LMSW
Stacy Spencer, LCSW-S
Keisha Martinez, LPC-S

From the Literature

- Studies on diagnostic and implicit bias have shown that racial minorities are more likely to receive a diagnosis of ODD or Conduct Disorder compared to non-Hispanic whites, while White American children with comparable behaviors tend to be diagnosed with mood, anxiety, or developmental disorders

- Adolescents of color also experience more harmful outcomes following overdiagnosis of Conduct Disorder than White American adolescents
  - For example Black/African American adolescents diagnosed with Conduct Disorder are more likely to be hospitalized

Suarez-Morales, Lourdes et al., 2017; Cameron & Guterman, 2007; Mizock & Harkins, 2011; Fadus, Ginsburg, & Sabawale, 2020; Salekin 2002

From the Literature, cont.

- Adolescents with Conduct Disorder diagnoses are also often stigmatized, affecting outcome of treatment quality and appropriateness of services provided. For example, clinicians may label adolescents of color with conduct problems and make more pessimistic predictions toward their recovery.
    - A study of 109 juvenile justice clinicians found that clinicians often gave higher ratings of risk for future criminality to adolescents with Conduct Disorder diagnoses, suggestive of therapeutic pessimism

- Research calls on more culturally competency training for clinicians and taking into consideration academic bias, and environmental stressors when considering a conduct disorder or oppositional defiance diagnosis

Suarez-Morales, Lourdes et al., 2017; Cameron & Guterman, 2007; Mizock & Harkins, 2011; Fadus, Ginsburg, & Sobowale, 2020; Spiekin 2002

Notes on Previous Findings

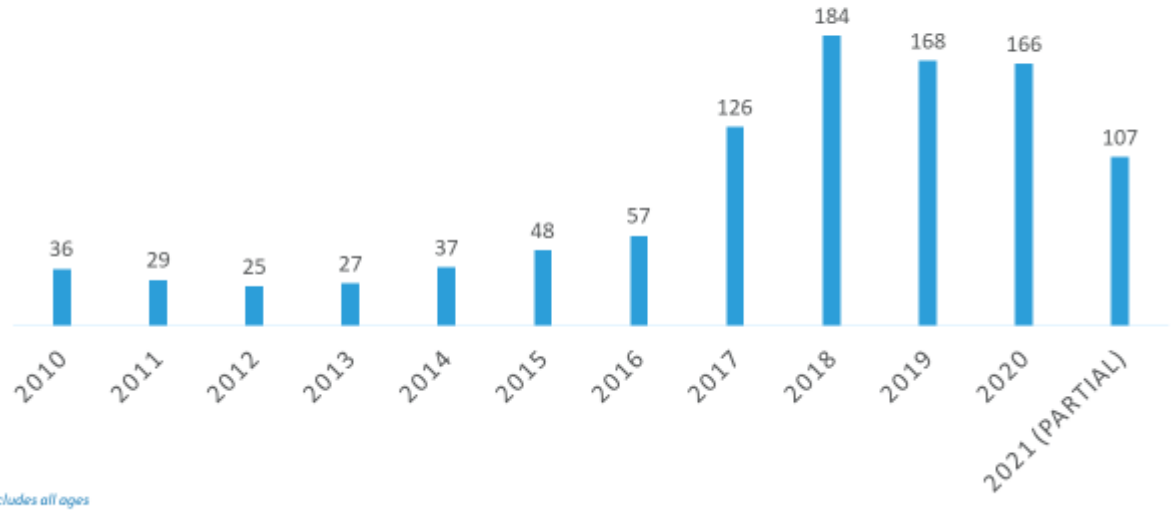
- As of August 2020, over half of all active oppositional defiant disorder and conduct disorder diagnoses were for Hispanic clients served by Integral Care, with another one third given to Black/African American clients

- In FY19, Oppositional defiant disorder was the 4th most common diagnosis for Black children and the 6th most common for Hispanic youth, compared to 11th for non-Hispanic White youth

- In FY19, Conduct disorder was the 14th most common diagnosis for Black children and 15th most common for Hispanic youth, compared to 41st for non-Hispanic White youth

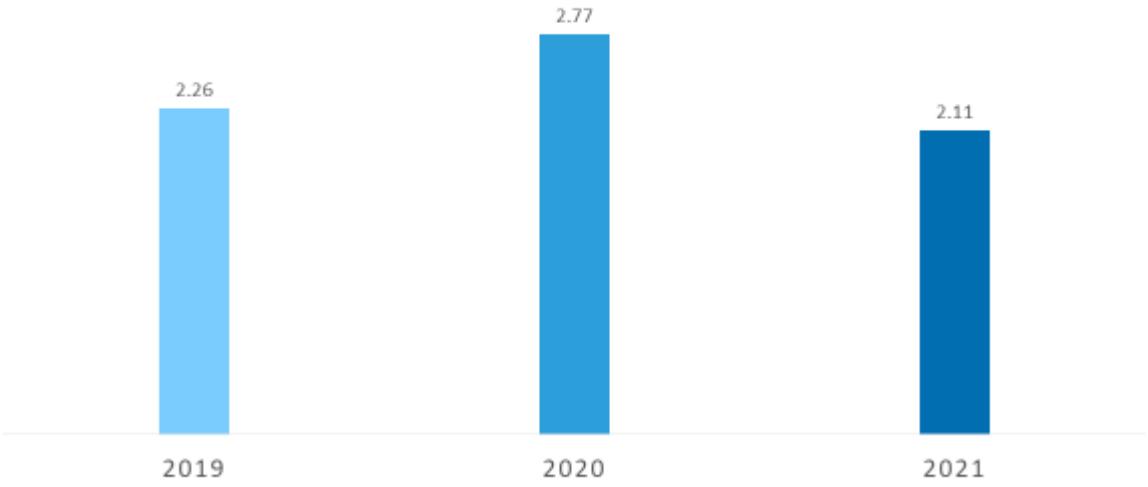
Integral Care

Oppositional Defiant Disorder and Conduct Disorder – New Diagnoses by Year, All Ages



Includes all ages

Rate of New Diagnoses Per 100 Child/Adolescent Clients – 3 Years



Rate per 100 clients aged 0-17

Pandemic Impacts

- Initial literature related to the effects of the COVID-19 pandemic on mental health suggest that there has been **an increase** in oppositional-defiant behaviors among school aged youth during the COVID-19 pandemic

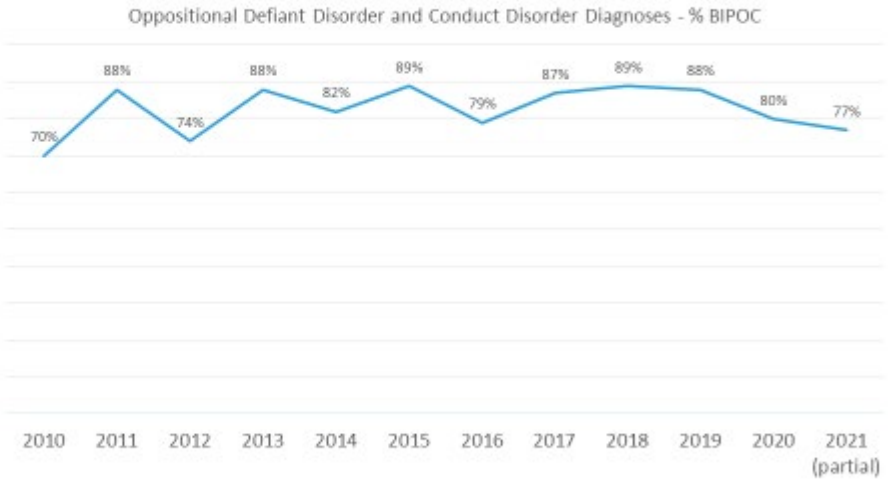
- In a large sample of children and adolescents aged between 1 and 19 years, between 15.3% and 43.0% of the participants reported an increase in problems during COVID-19

Integral Care

Schmidt, S. J., Barblan, L. P., Lory, I., & Landolt, M. A. (2021). Age-related effects of the COVID-19 pandemic on mental health of children and adolescents. European journal of psychotraumatology, 12(1), 1901407. https://doi.org/10.1080/20008198.2021.1901407

Percentage of BIPOC Clients in ODD and CD Diagnoses

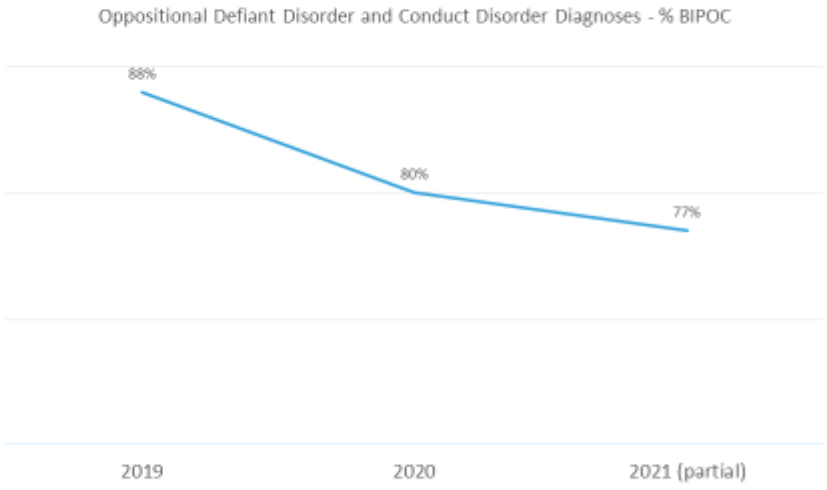
- In any given year, 2/3 of all Oppositional Defiant Disorder and Conduct Disorder diagnoses are assigned to BIPOC clients



Includes all ages

Percentage of BIPOC Clients in ODD and CD Diagnoses

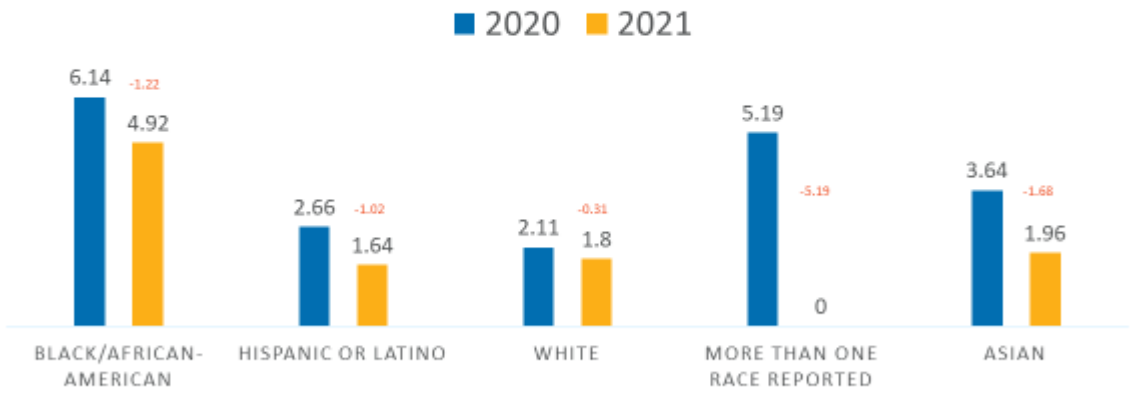
- However since 2019, the rate of diagnoses assigned to BIPOC clients has decreased by 11%
- New Integral Care clinical initiatives were launched in 2020 to address diagnostic disparities among BIPOC youth



Includes all ages

Diagnosis Rate by Race/Ethnicity

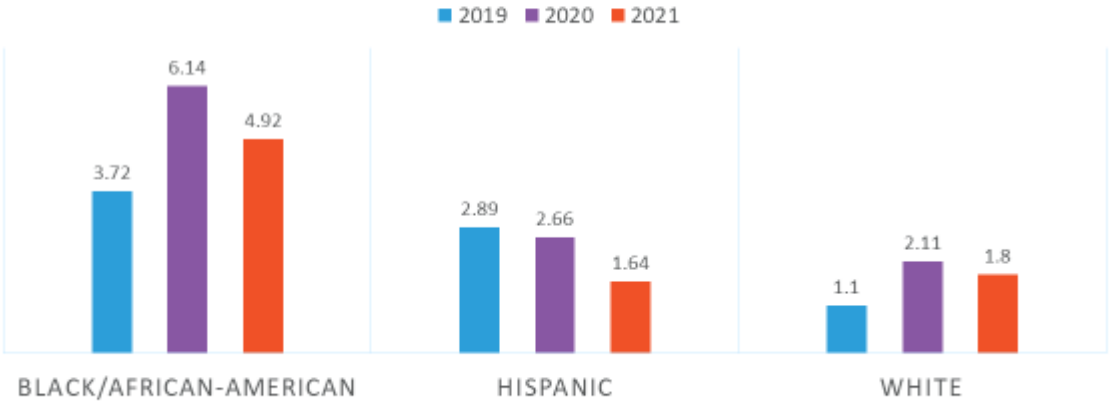
Compared to the year prior, the rate of new ODD and CD diagnoses made in 2021 decreased, with the largest decreases observed among BIPOC child/adolescent clients



Rate per 100 clients aged 0-17

Rate of New Diagnoses – 3 Years, Race/Ethnicity

When controlling for population size, Black and Hispanic clients continue to have disproportionately higher rates of ODD and CD diagnoses, however this disproportionality gap decreased between 2020 and 2021



Rate per 100 clients aged 0-17

What can we do?

Addressing Burnout

Connection and Support

Opportunities for Feedback

Recognition and Appreciation

Process Improvements

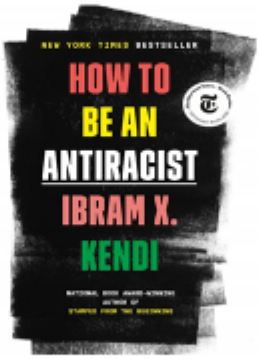
Integral Care

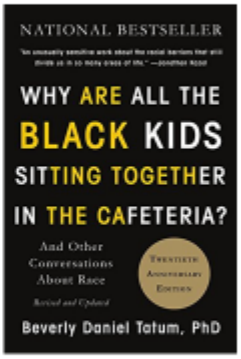
Training

Differential Diagnosis	Advocacy	Other Trainings
• ADHD • Disruptive Mood Dysregulation • Intermittent Explosive • Major Depressive • PTSD	• "He's going to be just like his father in prison" • "This kid gives me the creeps" • "This kid just needs their a** whooped"	• Care for Culture • Lunch and Learns • Intake interview • Trainings for school personnel

Integral Care

Increasing Awareness of Our Own Biases





Integral Care

Top Comorbid Conditions

Rank	Program	%
1	Attention-deficit hyperactivity disorder	48%
2	Neurodevelopmental disorders	18%
3	Trauma- and stressor-related disorders	17%
4	Depressive disorders	15%
5	Cannabis-related disorders	12%
6	Anxiety and fear-related disorders	11%
7	Other specified and unspecified mood disorders	10%
8	Bipolar and related disorders	10%
9	Maltreatment/abuse	4%
10	Psychosocial related to upbringing	3%

Integral Care

Attachment 4: Integral Care Racial Equity Plan

Vision

Healthy living for everyone

Mission

Improve the lives of people affected by behavioral health and developmental and/or intellectual challenges.

Where We Started

As a demonstration of the Board's commitment, the Board/Staff Committee on Racial Equity was established on June 25,2020 with the following charge:

Charge:

The Integral Care Board/Staff Committee on Racial Equity is charged to focus attention, questioning and policy review on all aspects of the organization to identify racial inequalities and opportunities to employ equity practices to overcome and eradicate racism.

The charge of this committee and the importance of this work as it relates to Integral Care and our vision of Healthy Living for Everyone, is further emphasized by the media statement from the Center for Disease Control Director Rochelle P. Walensky, MD, MPH, noting that "racism is a serious public health threat that directly affects the well-being of millions of Americans" (Appendix A) and The Hogg Foundation for Mental Health Declaration of Racism as a Mental Health Crisis (Appendix B).

In the beginning the committee engaged in courageous conversations and adopted a common understanding of definitions of terms to create a framework for open and meaningful dialogue. The committee recommends the following working definitions for the identified terms.

Working Definition of Terms

Antiracism "Anti-racism is the active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably." - NAC International Perspectives: Women and Global Solidarity

Cultural Competency Cultural competency in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of health care delivery to meet patients' social, cultural and linguistic needs. (American Hospital Association)

Diversity is the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs. (Ferris University)

Equality is providing everyone the same opportunities regardless of race, ethnicity, gender, age, sexual preferences, physical attributes

Equity is the distribution of opportunities based on need to ensure equality.

An equity lens is a process for analyzing or diagnosing the impact of the design and implementation of policies, programs, projects, plans and investments on Black, Indigenous, People of Care (BIPOC), and to identify and potentially eliminate barriers. This includes: race/ethnicity, religious expression, veteran status, people of color, including underrepresented groups and new immigrant populations, people who identify as women, age, socio-economic people with both apparent and non- apparent disabilities, people of various gender and sexual identities and expressions, American Indians and other indigenous populations.

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

Inclusion is involvement and empowerment, where the inherent worth and dignity of all people are recognized. An inclusive university promotes and sustains a sense of belonging; it values and practices respect for the talents, beliefs, backgrounds, and ways of living of its members. (Ferris University)

Individual racism refers to the beliefs, attitudes, and actions of individuals that support or perpetuate racism in conscious and unconscious ways. The U.S. cultural narrative about racism typically focuses on individual racism and fails to recognize systemic racism.

Institutional Racism are discriminatory treatments, unfair policies, or biased practices based on race that result in inequitable outcomes for whites over people of color and extend considerably beyond prejudice.

These institutional policies often never mention any racial group, but the intent is to create advantages.

Internalized Racism is the situation that occurs in a racist system when a racial group oppressed by racism supports the supremacy and dominance of the dominating group by maintaining or participating in the set of attitudes, behaviors, social structures and ideologies that undergird the dominating group's power. (Donna Bivens, 1995. "Internalized Racism: A Definition." Women's Theological Center.)

Interpersonal racism occurs between individuals. These are public expressions of racism, often involving slurs, biases, or hateful words or actions. NMAAHC

Intersectionality is the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. (Oxford Languages)

Person Centered Planning is a process for selecting and organizing the services and supports that a person with a disability may need to live in the community. Most important, it is a process that is directed by the person who receives the support. (Modified from the Administration of Community Living)

Racial Equity The Greenlining Institute defines racial equity as the condition that would be achieved if one's race or ethnic origin was no longer a determining factor in one's success. This concept focuses on achieving comparable favorable outcomes across racial and ethnic groups (BIPOC) through the allocation of resources in ways designed to remedy disadvantages some people face through no fault of their own

Racism prejudice, discrimination, or antagonism directed against a person or people on the basis of their membership of a particular racial or ethnic group. (Oxford Languages)

Structural racism is the overarching system of racial bias across institutions and society. These systems give privileges to white people resulting in disadvantages to people of color. *Example: Stereotypes of people of color as criminals in mainstream movies and media.* (National Museum of African American History and Culture.

Trauma Informed Care "Trauma-informed care is a strengths based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment." (Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings.)

White supremacy the belief that the white race is inherently superior to other races and that white people should have control over people of other races.

Where We Are Going

After reviewing baseline information, current efforts, education and participating in the ground water analysis, the workgroup identified that the following strategies must be incorporated in all efforts for Integral Care to be successful in advancing racial equity.

Utilize data to identify, monitor, and respond to racial disparities, including identifying and addressing gaps in data and ensuring racial equity data is tracked and monitored for all programs, workforce and services.

Review and update all policies and procedures through a racial equity lens.

Improve outreach, engagement, and quality of care for Black, Indigenous, and People of Color (BIPOC) and underserved populations through a quality practice and workforce development strategy.

Promote communication strategies to promote racial equity throughout the organization.

Engage community in meaningful ways to identify gaps in perception, services and access.

Budget for equity outcomes

The Board and Integral Care leadership are committed to:

Identify racial inequities that exists within Integral Care's structure, culture, policies, programs, and practices and developing a culture of inclusion.

Implement the necessary change in organizational culture that require increased transparency, vulnerability, and accountability to create an inclusive, authentic environment for the community and staff.

Provide equitable access to prevention, treatment, and recovery services.

To change the culture of the organization, the strategies and commitments above must come to life throughout the following areas:

Establish a Racial Equity Baseline for Organizational Development, Structure & Accountability

Clients and Services

Employees, Contractors, and non-direct Contractors(vendors)

Community Engagement and Collaboration

Following are the steps to move forward on Integral Care's Racial Equity Plan. While not all-inclusive of every effort to address racial equity within Integral Care, we believe the plan provides a high-level viewpoint of the efforts to promote racial equity within Integral Care's culture and plans to incorporate this effort within the development of the upcoming FY2022- 2025 Strategic Plan.

Establish a Racial Equity Baseline for Organizational Development, Structure and Accountability:

Goal: Embed racial equity as part of Integral Care's culture Potential Objective for Business Plan:

Engage a consultant to provide an independent view and assist with completion of an equity assessment and equity action plan.

Utilize resources from GARE to identify and implement appropriate steps toward racial equity.

Ground Water Analysis workshop, debrief and strategy session.

Utilize PBS Series: Illusion of Race to provide an exploration of race in society, science and history as a means to open discussions and create a common understanding regarding racial equity.

Clients and Services:

Goal: Address identified barriers to racial equity and inclusion in client services and program practices Potential Objectives for Business Plan:

Identify diagnostic racial disparities and take appropriate steps to mediate and reduce diagnostic disparities in African American, Hispanic/Latin X, Indigenous, and Asian American/Pacific Islander clients.

Identify racial disparities in groups receiving services (such as Level of Care assignment, frequency and duration of contact) and implement appropriate strategies to address and reduce the disparities.

Review language access plan to ensure appropriate availability and ease of access to needed services.

Apply a racial equity lens to clinical care practices, policies and procedures and update accordingly.

Employees and Contractors and Non-direct Contractors (Vendors):

Goal: Create an inclusive and culturally competent staff and contracted provider base that reflects the community and clients receiving services from Integral Care

Potential Objectives for Business Plan:

Allocate appropriate funding in the FY22 budget to support the inclusion of an Equity Office for Integral Care to serve as a central point for coordination and monitoring of progress on racial equity as part of the culture of the organization.

Implement strategies to address racial inequities, including developing a racial equity recruitment, hiring and retention plan.

Inclusive and supportive environment recognizing and celebrating the value staff and contractors bring when they are their authentic selves.

Identify and examine employee reasons for separation to identify and address disparate practices.

Identify and implement needed training for supervisors to ensure racial bias is not included in reviewing of applications or in interview process.

Empower leaders, managers and supervisors to create safe environments for courageous conversation (Appendix C) to discuss racism and racial inequities.

Develop a strategy to invest in increasing the percentage of Historically Underutilized Businesses (HUB qualified or eligible vendors/contractors) Integral Care uses year over year.

Provide supervisors with appropriate training for evaluating racial equity throughout work and incorporate a racial equity standard in all performance evaluations.

Identify and implement appropriate required employee and contractor training regarding using a racial equity lens to recognize institutional and structural racism and self-identified biases.

Community Collaboration:

Goal: Align efforts on diversity, racial equity and inclusion with groups and organizations within the community to help create shared values, consistent language, policy, and equitable practices throughout the community

Potential Objectives for Business Plan:

Centering decision-making using a racial equity lens through an active, inclusive, community engagement processes, including listening and storytelling

Work with other organizations within the community to collaborate on development and sharing of appropriate resources.

Align efforts on racial equity with appropriate organizations within the community to identify and address racial disparities in availability of services.

Hold summits to share key insights and learning with other community collaborators.

Revise communication plan to increase outreach and engagement of BIPOC based upon consultant recommendations.

Appendix A

Media Statement from CDC Director Rochelle P. Walensky, MD, MPH, on Racism and Health

Media Statement

For Immediate Release: Thursday, April 8, 2021

Contact: Media Relations (404) 639-3286

Today, Rochelle P. Walensky MD, MPH, director of the Centers for Disease Control and Prevention (CDC) and administrator of the Agency for Toxic Substances and Disease Registry (ATSDR), declared racism a serious public health threat. Adding action to words, she highlighted several new efforts CDC is leading to accelerate its work to address racism as a fundamental driver of racial and ethnic health inequities in the United States. She also unveiled a new website "Racism and Health" that will serve as a hub for the agency's efforts and a catalyst for greater education and dialogue around these critical issues.

Statement from Rochelle P. Walensky, MD, MPH, Director, Centers for Disease Control and Prevention

The COVID-19 pandemic has resulted in the death of over 500,000 Americans. Tens of millions have been infected. And across this country people are suffering. Importantly, these painful experiences and the impact of COVID-19 are felt, most severely, in communities of color— communities that have experienced disproportionate case counts and deaths, and where the social impact of the pandemic has been most extreme.

Yet, the disparities seen over the past year were not a result of COVID-19. Instead, the pandemic illuminated inequities that have existed for generations and revealed for all of America a known, but often unaddressed, epidemic impacting public health: racism.

What we know is this: racism is a serious public health threat that directly affects the well-being of millions of Americans. As a result, it affects the health of our entire nation. Racism is not just the discrimination against one group based on the color of their skin or their race or ethnicity, but the structural barriers that impact racial and ethnic groups differently to influence where a person lives, where they work, where their children play, and where they worship and gather in community. These social determinants of health have life-long negative effects on the mental and physical health of individuals in communities of color.

Over generations, these structural inequities have resulted in stark racial and ethnic health disparities that are severe, far-reaching and unacceptable.

As the nation's leading public health agency, CDC has a critical role to play to address the impact of racism on public health.

We will continue to **study the impact** of social determinants on health outcomes, expand the body of evidence on how racism affects health, and propose and implement solutions to address this.

With COVID-19 funding, we are **making new and expanded investments** in racial and ethnic minority communities and other disproportionately affected communities around the country, establishing a durable infrastructure that will provide the foundation and resources to address disparities related to COVID-19 and other health conditions.

We are **expanding our internal agency efforts** to foster greater diversity and create an inclusive and affirming environment for all.

We are **launching our new web portal** "Racism and Health" as part of our ongoing commitment to serve as a catalyst for public and scientific discourse around racism and health, and to be accountable for our progress.

Confronting the impact of racism will not be easy. I know that we can meet this challenge. I know that we can create an America where all people have the opportunity to live a healthy life when we each take responsibility and work together. I am committed to this work. I certainly hope you will lean in and join me.

Appendix B

The Hogg Foundation for Mental Health Declaration of Racism as a Mental Health Crisis

The COVID-19 pandemic and the economic recession have hit communities of color the hardest. The murders of George Floyd, Breonna Taylor, Ahmaud Arbery, and numerous other BIPOC (Black, indigenous and people of color) Americans in 2020 has sparked a global outcry against racism and police brutality. This long-standing history of violence against communities of color, including the high-profile murders of Black trans women, has led local and state leaders across the country to declare racism a public health crisis or emergency. Declarations like this are an important first step toward racial equity and justice. The Hogg Foundation for Mental Health declares that not only is racism a public health crisis, but it is also a mental health crisis, and it is about time we named it.

To make a declaration like this is to wield a power and a privilege that few possess. Those who are positioned to declare racism as a crisis – city councils, hospitals, school districts, medical journals, professional networks, universities – are positioned to do so because they have been historically complicit in perpetuating the racism crisis in the first place. It is thus our responsibility to use our voices to call out these wrongs and start correcting them as institutions, communities, and individuals.

This declaration exposes nothing new or previously unknown. On the contrary, racism as a mental health issue has been well-documented, and the extent of its impact is far reaching. Racism is a mental health issue because racism causes trauma. Racial trauma accumulates throughout a person's life, leading to activation of stress responses and hormonal adaptations, increasing the risk of non- communicable diseases and biological ageing. This trauma is also transmitted intergenerationally and affects the offspring of those initially affected through complex biopsychosocial pathways.

People of color in Texas are more likely to be uninsured than White Texans, which limits their access to mental health services. BIPOC are also less likely to seek out treatment and more likely to end treatment prematurely. This is largely a result of financial and healthcare restraints caused by systemic racial oppression, long-held stigmas against seeking help within the community, and the inability of some healthcare providers to establish themselves as credible and reliable sources of support. Current data indicates that suicide is among the leading causes of death for BIPOC youth. Additionally, given our knowledge of Adverse Childhood Experiences (ACEs), the impact of racism increases the risk of health and social problems across the lifespan. Young people of color with behavioral health issues are more readily referred to the juvenile justice system than to specialty primary care, compared with White youth. Encounters with the police for young persons of color can cause serious psychological harm, and can even have spillover effects on the mental health of people not directly involved.

With so much evidence supporting the reality of this crisis, it is incredible that it has taken all of us until now to name it. Still, the power of explicitly naming a crisis, especially in public health literature, should not be understated. It lays a foundation for future researchers studying inequities, and it validates the threat racism poses to society by equating it with other threats to public health and mental health, like the opioid crisis, foodborne outbreaks, and the COVID-19 pandemic. As a mental health community, we must do more than name these threats in silos – we must act to dismantle the systems that perpetuate these crises and

rebuild our systems of care in ways that seek to undo historic injustices and inequities. Here are some key first steps:

The establishment of an Office of Health Equity, within the Texas Health and Human Services Commission, would be an initial step towards addressing mental health and racial disparities in Texas.

The Hogg Foundation will use this declaration of racism to guide our mental health policy priorities going forward, which will identify ways to undo the institutional racism embedded into existing policy structures. We encourage those who co-sign this letter to follow suit.

By more effectively addressing mental health in schools, we can close off the "school-to-prison pipeline" that is a significant driver of racial disparities.

We should be looking to incorporate mental health supports in all of the places where BIPOC live, learn, work, play and pray—these include coffee shops, barbershops, gyms, parks, schools, places of worship, and workplaces.

Behavioral health professionals should take it upon themselves to learn about historical and cultural trauma and the impact legacies of oppression have on the present-day mental health of BIPOC.

Someday, the pandemic and the recession will be over. When will we be able to declare the same about the racism crisis, and its threat to mental health? It is our responsibility to envision this future and work towards it – a future in which all people can thrive in communities that support mental health and well-being.

Regards,

Octavio N. Martinez, Jr., M.D., M.P.H.

Executive Director, Hogg Foundation for Mental Health Co- signed,

2020 Mom

Academicians for Equity

Achor Counseling & Associates

Activate Care

ADJ10CONSULTANT

Agentix Counseling, Coaching, & Consulting PLLC

Alliance for Greater Works

Amaryah Journey

Amma Empowerment Services

Art Spark Texas

ASHwell

Asian American Health Coalition

Association of Persons Affected by Addiction

Austin Asian Community Health Initiative

Austin Child Guidance Center

Austin Clubhouse

Austin Professional Counseling

Austin Texas Musicians

Austin Trauma Therapy Center

Authenticity Movement

Bastrop County Cares

Batton, Counseling, Consulting and Wellness, LLC

Be Well Victoria

Bexar County AIM Peer Mediation Program

Black Family Business, LLC

Black Lesbians of Denton County

Blanca Sanchez-Navarro, LPC-S, LCDC

Brazos Valley Psychological Association (BVPA)

Breakwater Light

Building Community Capacity, LLC

Building Promise USA

CASA

Center for Violence Prevention, University of Texas Medical Branch

CentrePath Counseling, PLLC

Centro de Mi Salud, LLC

Choices Interlinking Alliance

Christi Center

Clarity Child Guidance Center

Clear Language Group

Clover Educational Consulting Group

Coalition of Texans with Disabilities (CTD)

College of Pharmacy, The University of Texas at Austin

Combined Arms

Community Advocate

Consider the Lilies

Consult Us Now

Contigo Wellness

Council of Families for Children

Courageous Conversations Georgetown

Crisis Intervention of Houston, Inc.

Dallas-Fort Worth Hospital Council

DEI Consultants, LLC

Dr. Calvin Kelly & Associates

Dripping Springs Therapy

ECHO

Emotional CPR

Empower Fort Worth

Epic Community Development Center

Equal Rights for Persons with Disabilities International, Inc

Excellence and Advancement Foundation

Family Houston

Family Learning Solutions, Inc.

Family Service Center of Galveston County

Family Service of El Paso

Fanfare! Lutheran Music Academy

Festival of Arts & Culture-USA

Hakomi Institute Southwest

Heart of Courage

Hearts2Heal

Hesed House of Wharton

Hill Country Parenting

Hope & Wellness Rising

HOPE Houston Organization of Public Employees

HUG ME Ink

Human Service Collaborative

Humble Beginnings

Indieflix

IndieFlix Foundation

InnerAlly Inc

Inner Explorer

Institute for Psychological Services

Institute of Chicana/o Psychology

Integral Care

ISHIDA Dance Company

J. Henderson Education Services

Kingdom Counseling Services

Lane County Mental Health

Leadership ISD

LifeworkClarity Career Counseling

Longevity Wellness Group INC

Lynfro Consulting, LLC

McCabe Roberts UMC

Meadowcrest Books

MEASURE

Mental Health America of Greater Dallas

Mental Health Match

Mental Health Peer Services of Greater Fort Worth

Mental Health America of Greater Houston

Mia Roldan Austin Therapy PLLC

Mindful Philanthropy

MindLinx

Momentum Behavioral Health Concepts

Morris County Collaboration

Mufasa's Pride Rites of Passage

Multicultural Recovery Center Inc

NAMI Central Texas

National Alliance on Mental Illness (NAMI) Texas

National Association for Rural Mental Health

National Association of County Behavioral Health and Developmental Disability Directors

National Association of Social Workers - Texas Chapter

National Council for Behavioral Health

National Latino Behavioral Health Association

National Network of Intercessory Pray-ers

Nature and Eclectic Outdoors

New Hope Housing, Inc.

New Mount Rose Missionary Baptist Church

Nia Cultural Center

Ola Wellness

Olive Branch - Muslim Family Services

OneSeventeen Media, PBC

OTA The Koomar Center

Pam C. Lyons, PLLC

People's Community Clinic

Prelude Clubhouse

Presence Wellness

Prevention Institute

Professional Counseling Program at Texas State University

Project GRAD Houston

Project MALES/Texas Education Consortium at The University of Texas at Austin

Prosumers International

Psychiatric Advanced Practice Nurses of Austin (PAPNA)

Pyramid Consultation Services

Quality Systems Consulting

Real Urban Counselors

RecoveryPeople

Religious Sisters of Mercy

Samaritan Center for Counseling and Pastoral Care, Inc.

San Antonio Clubhouse

Satcher Health Leadership Institute

Serendipity Alliance Healthcare Consultants

Serenity Solutions, LLC

Set Supper Club

Shared Vision Psychological Services, Inc.

SIMS Foundation

Skillful Living Center, Inc.

Social Responsibility Corporation

South Asian International Volunteer Association

Spirit Reins

STARRY

TAN Healthcare

Teens Grounded Inc.

Texans Care for Children

Texas A&M University-Kingsville

Texas After Violence Project

Texas Appleseed

Texas Council of Community Centers

Texas Counseling Association

Texas Criminal Justice Coalition

Texas Familias Council

Texas Institute for Excellence in Mental Health

Texas Jail Project

Texas Network of Youth Services

Texas Pediatric Society, the Texas Chapter of the AAP

Texas Psychological Association

Texas Society for Clinical Social Work

The ACEs to Assets Collaborative

The Arc of Texas

The Austin Center for Grief & Loss

The Center for Relationships

The Center For True Self

The Future is US

The SAFE Alliance

The Walk for Mental Health Awareness – Houston Therapy Place Services LLC

Third Coast Research & Development, Inc

Transitions and Decisions

Trust for America's Health

University of Texas at Arlington School of Social Work

University of Houston Graduate College of Social Work

University of Texas Health Science Center

University of Texas Rio Grande Valley

Urban Affairs

Valeria E. Milstead-Benabdallah, LCSW, PC dba VEMB Psychotherapy Services

VASA (Voices Against Substance Abuse) Coalition a program of VOICE

Vaughngage Healthy Aging Center

Via Hope

WhatsintheMirror?

Williamson County and Cities Health District WMS and Associates LLC

Workers Assistance Program, Inc.

Yashael Consulting Inc

YMCA of Metropolitan Dallas

Young Invincibles

YWCA Greater Austin

Appendix C

Courageous Conversations about Race Protocol Four Agreements

Stay engaged: Staying engaged means "remaining morally, emotionally, intellectually, and socially involved in the dialogue"

Experience discomfort: This norm acknowledges that discomfort is inevitable, especially, in dialogue about race, and that participants make a commitment to bring issues into the open. It is not talking about these issues that create divisiveness. The divisiveness already exists in the society and in our schools. It is through dialogue, even when uncomfortable, the healing and change begin.

Speak your truth: This means being open about thoughts and feelings and not just saying what you think others want to hear.

Expect and accept non-closure: This agreement asks participants to "hangout in uncertainty" and not rush to quick solutions, especially in relation to racial understanding, which requires ongoing dialogue

Attachment 5: Texas Council Presentation

When the Board Moves Mountains: Leading on Racial and Health Equity in Behavioral Health

Emmitt W. Hayes, Vice Chair, Integral Care Board of Trustees
David A. Weden, Chief Administrative Officer/Chief Financial Officer
Kathleen A. Casey, Ph.D, Senior Director of Clinical Innovation and Development
Louise F. Lynch, LMSW-AP,CHC, Provider Network & Authority Officer

Integral Care

Integral Care

About Integral Care

Since 1967, Integral Care has supported the health and well-being of adults and children living with mental illness, substance use disorder and intellectual and developmental disabilities. Integral Care was the first community center to provide high-quality, community-based behavioral health and intellectual disabilities services in Central Texas.

Integral Care Board Members and Staff

Integral Care

Is your agency moving toward DEI or Racial Equity practices?

- CLAS implementation
- Impact of policies and practices
- Recruitment, Hiring and Retention
- Leadership and Organizational Culture
- Analyzing demographic data to determine disparate impact

Integral Care

Learning Objectives:

- Participants will understand why board leadership is critical in achieving change in organizational culture
- Participants will learn the importance of using data to inform equity practices
- Participants will identify the 3 to 5 components of a racial equity assessment that are critical to evaluate the organization

Integral Care

The Racial Equity Toolkit

1. Proposal: What is the policy, program, practice or budget decision under consideration? What are the desired results and outcomes?

2. Data: What's the data? What does the data tell us?

3. Community engagement: How have communities been engaged? Are there opportunities to expand engagement?

Integral Care

The Racial Equity Toolkit (cont.)

4. Analysis and strategies: Who will benefit from or be burdened by your proposal? What are your strategies for advancing racial equity or mitigating unintended consequences?

5. Implementation: What is your plan for implementation?

6. Accountability and communication: How will you ensure accountability, communicate, and evaluate results? The following sections provide a description of the overall questions.

Integral Care

Courageous Conversations Protocol

1. Stay engaged: Staying engaged means "remaining morally, emotionally, intellectually, and socially involved in the dialogue" (p.59)

2. Experience discomfort: This norm acknowledges that discomfort is inevitable, especially, in dialogue about race, and that participants make a commitment to bring issues into the open. It is not talking about these issues that create divisiveness. The divisiveness already exists in the society and in our schools. It is through dialogue, even when uncomfortable, the healing and change begin.

Integral Care

Courageous Conversations Protocol (Cont.)

3. Speak your truth: This means being open about thoughts and feelings and not just saying what you think others want to hear.

4. Expect and accept non-closure: This agreement asks participants to "hang out in uncertainty" and not rush to quick solutions, especially in relation to racial understanding, which requires ongoing dialogue (pp.58-65).

Integral Care

Definitions

Equality is providing everyone the same opportunities regardless of race, ethnicity, gender, age, sexual preferences, physical attributes.

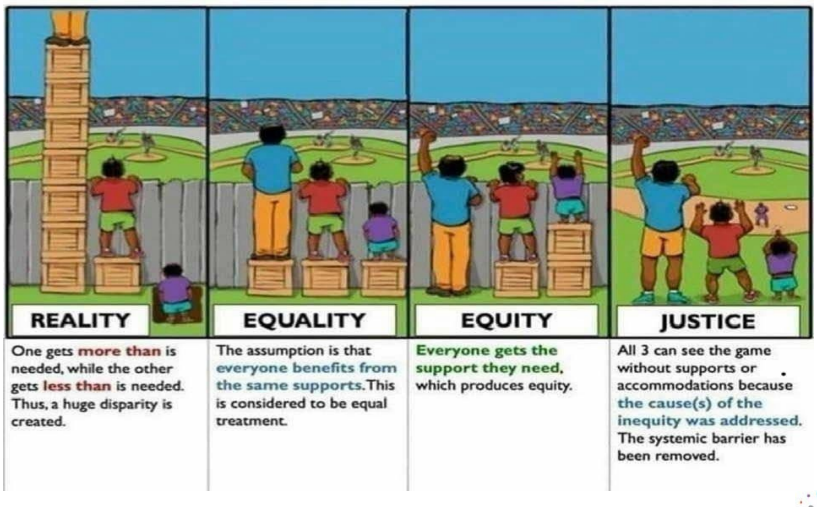
Equity is the distribution of opportunities based on need to ensure equality.

An equity lens is a process for analyzing or diagnosing the impact of the design and implementation of policies, programs, projects, plans and investments on under- served and marginalized individuals and groups, and to identify and potentially eliminate barriers. This includes: race/ethnicity, religious expression, veteran status, people of color, including underrepresented groups and new immigrant populations, people who identify as women, age, socio-economic people with both apparent and non-apparent disabilities, people of various gender and sexual identities and expressions, American Indians and other indigenous populations.

Definitions (Cont.)

Racial Equity The Greenlining Institute defines racial equity as the condition that would be achieved if one's race or ethnic origin was no longer a determining factor in one's success. This concept focuses on achieving comparable favorable outcomes across racial and ethnic groups (BIPOC) through the allocation of resources in ways designed to remedy disadvantages some people face through no fault of their own.

Racism Prejudice, discrimination, or antagonism directed against a person or people on the basis of their membership of a particular racial or ethnic group., typically one that is a minority or marginalized. (Oxford Languages)



Integral Care

Definitions (Cont.)

Structural racism is the overarching system of racial bias across institutions and society. These systems give privileges to white people resulting in disadvantages to people of color. *Example: Stereotypes of people of color as criminals in mainstream movies and media.* (National Museum of African American History and Culture.

Trauma Informed Care "Trauma-informed care is a strengths based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment." (Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings.)

White supremacy the belief that the white race is inherently superior to other

Galvanizing the World!

Racial justice — or racial equity — goes beyond "anti-racism." It is not just the absence of discrimination and inequities, but also the presence of deliberate systems and supports to achieve and sustain racial equity through proactive and preventative measures.

https://neaedjustice.org/wp-content/uploads/2018/11/Racial- Justice-in-Education.pdfand preventative measures

Integral Care

The Board and Integral Care leadership are committed to:

- Identifying racial inequities that exists within Integral Care's structure, culture, policies, programs and practices and developing a culture of inclusion.
- Implementing the necessary change in organizational culture that require increased transparency, vulnerability and accountability to create an inclusive, authentic environment for the community and staff.
- Providing equitable access to prevention, treatment, and recovery services.

Integral Care

Where We Started

As a demonstration of the Board's commitment, the Board/Staff Committee on Racial Equity was established on June 25,2020 with the following charge:

The Integral Care Board/Staff Committee on Racial Equity is charged to focus attention, questioning and policy review on all aspects of the organization so as to identify racial inequalities and opportunities to employ equity practices to overcome and eradicate racism.

Integral Care

Support for the Charge

The charge of this committee and the importance of Integral Care's relates to our vision of *Healthy Living for Everyone*, is emphasized by the media statement from the Center for Disease Control Director Rochelle P. Walensky, MD, MPH, noting that "racism is a serious public health threat that directly affects the well-being of millions of Americans" and,

The Hogg Foundation for Mental Health Declaration of Racism as a Mental Health Crisis https://hogg.utexas.edu/who-we-are/racism-declaration.

Integral Care

What Are We Doing?

- Utilize data to identify, monitor, and respond to racial disparities, including identifying and addressing gaps in data and ensuring racial equity data is tracked and monitored for all programs, workforce and services.
- Review and Update all policies and procedures through a racial equity lens.
- Improve outreach, engagement, and quality of care for Black, Indigenous, and People of Color (BIPOC) and underserved populations through a quality practice and workforce development strategy.

Integral Care

What Are We Doing? (Cont.)

- Promote communication strategies to promote racial equity throughout the organization.
- Engage community in meaningful ways to identify gaps in perception, services and access.
- Budget for equity outcomes

Integral Care

Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Ms. James is currently the CEO and owner of Joyce James Consulting, based in Central Texas, and providing short and long term technical assistance, seminars, workshops, policy and program reviews, and other specially designed services, with a focus on supporting and developing leaders toward a race equity analysis using data and racial equity principles that lead to systems transformation and the achievement of equity.

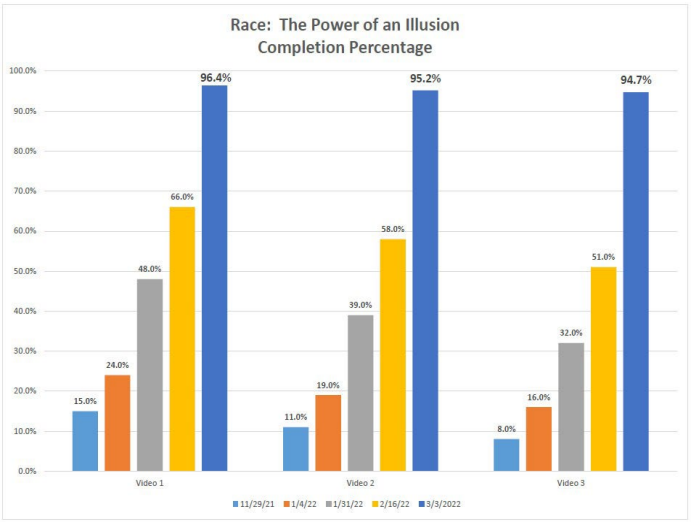
Integral Care

Richard J. Reddick, Ed.D.

Season 1, Episode 1—Community Conversation about Racial Inequities in Austin

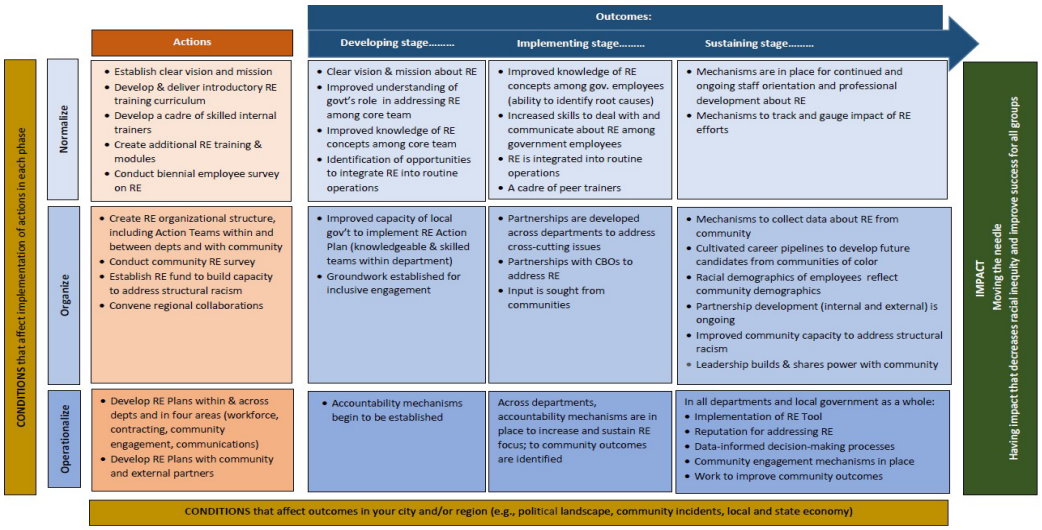
Integral Care

Building Staff Competencies



Integral Care

GARE Logic Model Template



GARE Logic Model

Change the Culture of the Organization through Focus

- Establish a Racial Equity Baseline for Organizational Development, Structure & Accountability
- Clients and Services
- Employees, Contractors, and non-direct Contractors (vendors)
- Community Engagement and Collaboration

Integral Care

Dimensions of Identity

Social and Economic Factors Drive Health Outcomes

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Racism and Discrimination					
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code / geography	Literacy Language Early childhood education Vocational training Higher education	Food security Access to healthy options	Social integration Support systems Community engagement Stress Exposure to violence/trauma	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

Health Outcomes: Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Equity Framework

Who is expected to benefit from this action/policy?

What methods have been used to engage community?

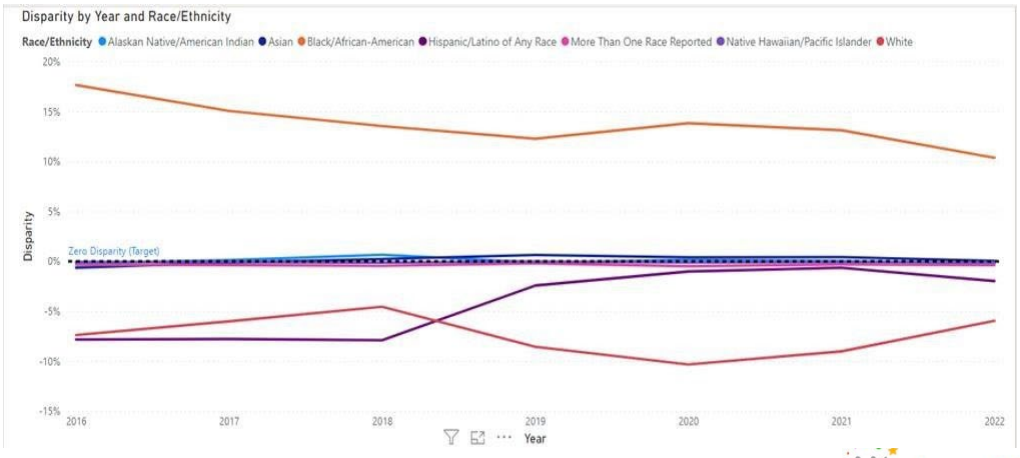
What might be the unintended consequences, drawbacks, opportunities, or domino effect from this action/policy?

Will this action/policy burden BIPoC?

Integral Care

D

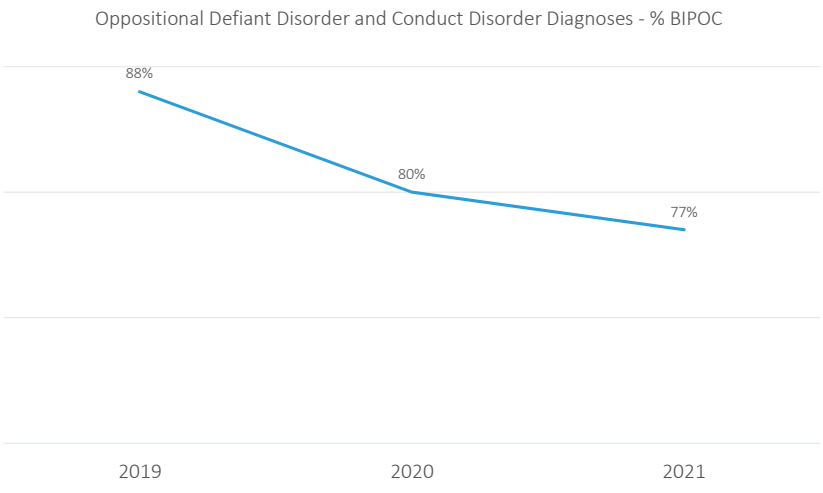
Disparities by Year for Race and Ethnicity



Integral Care

Percentage of BIPOC Clients in ODD and CD Diagnoses

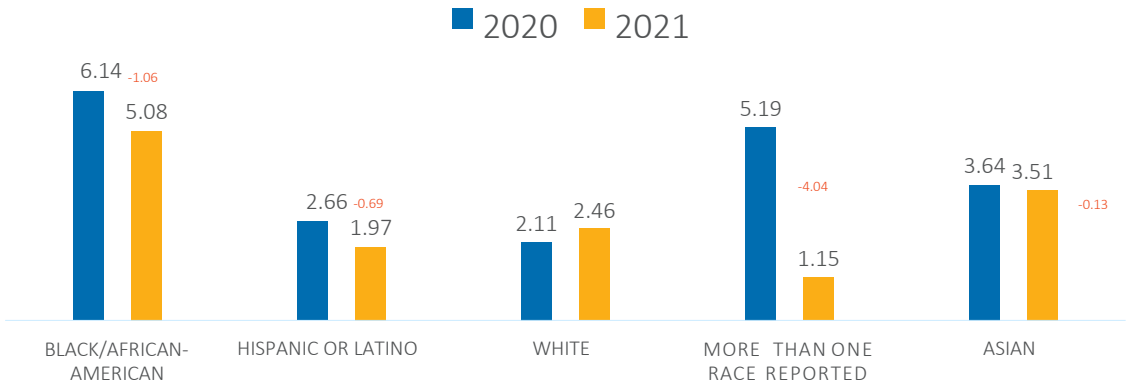
- However since 2019, the rate of diagnoses assigned to BIPOC clients has decreased
- New Integral Care clinical initiatives were launched in 2020 to address diagnostic disparities among BIPOC



Includes all ages

Diagnosis Rate by Race/Ethnicity

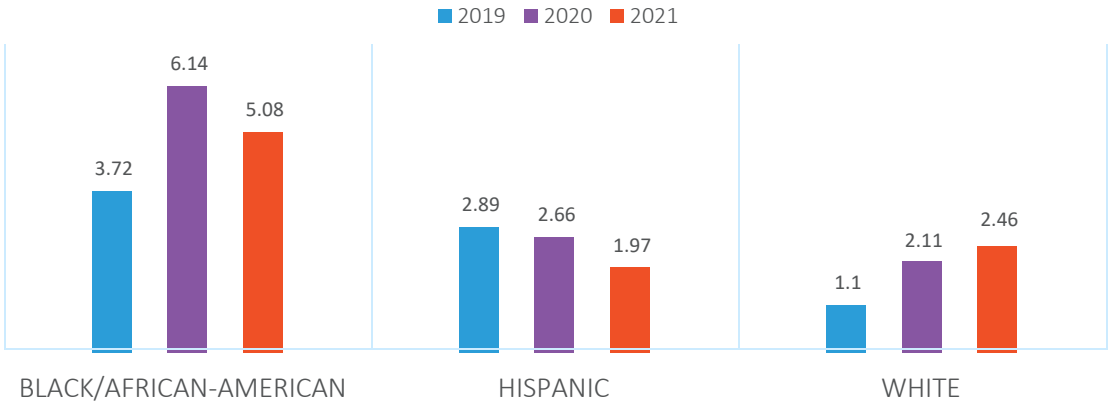
Compared to the year prior, the rate of new ODD and CD diagnoses made in 2021 decreased overall, with decreases observed among all BIPOC child/adolescent client groups



Rate per 100 clients aged 0-17

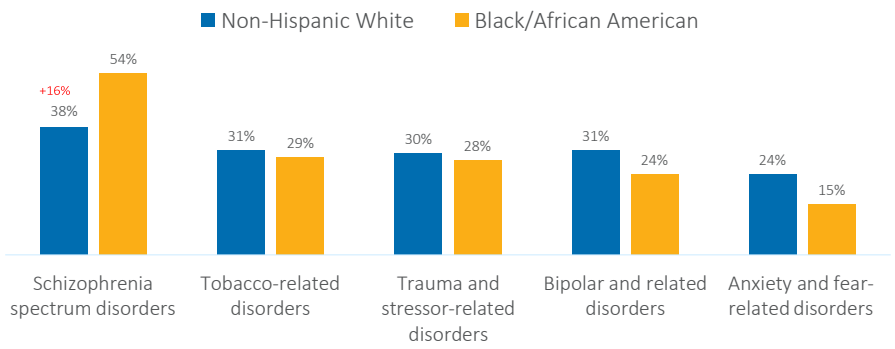
Rate of New Diagnoses – 3 Years, Race/Ethnicity

When controlling for population size, Black and Hispanic youth continue to have disproportionately higher rates of ODD and CD diagnoses, however this disproportionality gap decreased between 2020 and 2021.



Rate per 100 clients aged 0-17

Top 5 Diagnoses of ANEW Clients: Comparison



Integral Care

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).

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

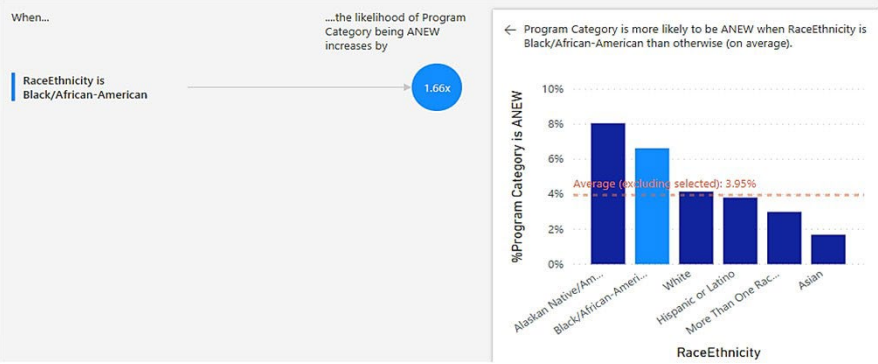
	% of Total Population (Black/African American)	% Jail Bookings (Black/African American)
Travis County, 2020	9%	33%

https://www.traviscountytx.gov/open-records/jail-pop-demographics
United States Census Bureau (2019). Quick Facts, Travis County. Population Estimates 2019

Integral Care

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



Goals Review

- Establish a Racial Equity Baseline for Organizational Development, Structure and Accountability— Goal: Embed racial equity as part of Integral Care culture
- Racial equity assessment will be completed by 4/30/2022
- EMT and board committee agendas/presentations have racial equity focus
- PBS series Illusion of Race curriculum developed/completed for all staff training
- Budgeting for equity –impact of minimum wage adjustment

Integral Care

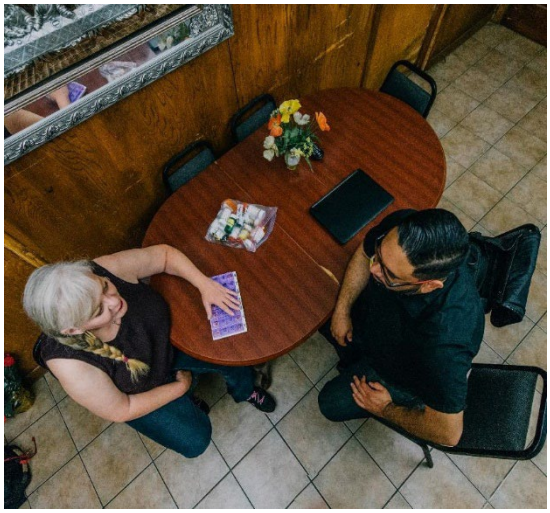
Accountability

- Client Services—
- Goal: Address identified barriers to racial equity and inclusion in client services and program practices shared understanding of racial equity.
- Identification of disparate service impact on BIPOC in areas of criminal justice, population health, COVID impact, homelessness and EMCOT
- Strategies to mitigate impact of diagnostic disparities addressed in ODD, CD in CFS and schizophrenia in Black adults

Integral Care

Goals in Review

- Employees and Contractors and Non-direct Contractors (Vendors)—
- Goal: Create an inclusive and culturally competent staff and contracted provider base that reflects the community and clients receiving services from Integral Care
- HR recruitment with diversityjobs.com



Integral Care

Goals in Review

- Community Collaboration—
- Goal: Align efforts on diversity, racial equity and inclusion with groups and organizations within the community to help create shared values, consistent language, policy, and equitable practices throughout the community
- Chief Equity Officer hired.

Integral Care

Smith Research and Consulting LLC

What's Next?

- Adoption of the FY 2023 -2025 Integral Care Strategic Plan that includes and equity goal.
- Build racial and health equity in the community and aninclusive environment for team members and providers.
- Increase Provider and Supplier Diversity
- Revisions of Procurement Processes using an equity lens

Integral Care

What's Next (Cont.)?

- Conduct an in-depth study of racial inequities across racial groups in the areas of engagement and services and develop strategies for remediation
- Develop a model of authentic community engagement with Integral Care clients, community partners, and stakeholders in the Austin-Travis County mental health ecosystem
- Develop long-term strategies for recruiting a more diverse workforce

Integral Care

Tools and Resources

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care
www.ThinkCulturalHealth.hhs.gov

PBS Production: Race, The Power of Illusion
https://atcic.sharepoint.com/:f:/r/adm/BoardTrust/California%20Newsreel?csf=1&web=1&e=Uqsfkl

Characteristic of white supremacy culture
http://www.cwsworkshop.org/PARC_site_B/dr-culture.html

Integral Care

Tools and Resources (Cont.)

White Fragility: Why it's so Hard for White People to Talk about Racism, by Robin Diangelo

How to be an Anti-Racist by Ibram X Kendi

Why are all the Black Kids Sitting Together in the Cafeteria? And Other Conversations about Race by Beverly Daniel Tatum, Ph.D

National Hispanic and Latino Mental Health Technology Transfer Center
https://mhttcnetwork.org/centers/national-hispanic-and-latino-mhttc/home

Integral Care

Tools and Resources (Cont.)

My Pronouns https://www.mypronouns.org/.

Ten Lessons for Taking Leadership on Racial Equity

https://www.aspeninstitute.org/policy-work/community-change/racial-equity

Government Alliance on Racial Equity

https://www.racialequityalliance.org/resources/racial-equity-toolkit-opportunity-operationalize-equity/

https://fitchburgstate.libguides.com/c.php?g=1046516&p=7616506

Integral Care

Discussion/Questions?

Integral Care