

# CBHL Member Roundtable: The Intersection of Poverty, Lived Experience, and Mental Health (January 19, 2023)

## Roundtable Summary

Poverty is one of the most significant social determinants of health, intersecting with all other determinants - housing, community conditions, race and ethnicity, immigration status, access to care, and the built environment. The same things that drive poverty can also lead to poor health outcomes. Stressors such as structural racism, limited access to wealth building employment or quality educational opportunities, limited access to quality care, stigma, social isolation, and trauma.

We can't respond effectively to our client's mental and substance use concerns unless we understand who they are as a whole person experiencing society, including the impact of poverty.

The College for Behavioral Health Leadership (CBHL) held a Member Roundtable on January 19, 2023, to learn and share comprehensive strategies to addressing poverty at the community, state, and federal level.

This Roundtable featured a number of panelists, listed hereafter in alphabetical order by Last Name:

- Jei Africa, PhD | Assistant Director Human Services, County of San Mateo
- Larissa Estes, DrPH | Executive Director, ALL IN Alameda County
- Senchel Matthews, MCRP | President, Southeast Regional Development Corporation
- Darryl McDavid | Program Manager, NET Growth Movement, Bay Area Community Services
- Garrett Moran, PhD | Professor of Health Policy & Behavioral Medicine and Psychiatry at West Virginia University School of Medicine (retired)
- Kathy Sternbach, MBA, MEd | Partner, TriWest Group, LLC

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The roundtable opened around these areas of discussion:

### Lived experience (Darryl)

- Darryl shared his 18 year experience in the foster care system
  - Built a pathway to go to college, working while going to school fulltime
- Recognized certain personality traits were related to history of trauma and poverty
- *\*Critical to anchor solutions in lived experience*

### Role of government and systems (Jei)

- Many people are one emergency away from being poor

- Government agencies have the responsibility of looking at holistically addressing people's needs
  - *\*Ensuring basic needs are met is key*
- Government has a tendency of paying attention to the symptoms of the issues rather than the root causes such as poverty
  - Structural racism and economic instability are intertwined

### Role of government policies and importance of communities (Larissa)

- Government policies and practices have allowed for intergenerational poverty
- Complex processes to access services
  - *\*Processes should be people-centric*
- How to rebuild trust as a government entity or large institution
  - Need to engage community and people you serve
  - Consider restorative justice and truth telling – opportunities for receiving feedback and adequately responding to what community is asking for
- Keeping mental health in mind while developing programs
  - Building dignity and trust into the work we do
  - This takes time – a generational shift of looking into upstream and downstream strategies
  - Those with power and privilege in organizations and government are key to undoing racial policies and practices
    - Collaboration among system leaders is key

### Community-level program (Senchel)

- Community-level partnerships are vital for eradicating poverty
- Trainers for Trainers (T4T) program – how to disrupt system with the very people the system is impacting
  - Community residents learned about social determinants of health
  - Collaboration - partnered with local colleges, hospitals, arts and culture community
  - Provided tools and language to sit at the table with decision makers
  - **“The people closest to the pain have the best solutions”**

## Specific Examples of Programs/Policies

### Federal tax credit for children (Kathy)

- Most people at one time were able to get a federal tax credit based on the age of their children 17 and under – goal was to reduce tax burden
- The Child and Dependent Care Credit added a substantial amount of money to the tax credit and made it refundable to the family
  - This credit cut the rate of child poverty in half

- Congress failed to extend the program when COVID crisis ended
- Cash transfer to people results in a higher standard of living, better quality of life

For more on the impact of federal Child Tax Credit, TANF, and eviction stoppage during the height of the COVID-19, see the [Health Affairs November 2022 journal](#).

### Pennsylvania Opioid Centers of Excellence (Garrett)

- Whole person care and attention to SDOH are keys to effective treatment & recovery supports
  - Very few programs achieve this due to silos for health, behavioral health, and SDOHs
- The Opioid Centers of Excellence was designed to achieve this goal – combine all factors of wellbeing (whole person approach) and a specific focus on identifying SDOH relevant to the person and addressing them
  - Since no existing program was designed to deliver that full array of services, the program began with grants to selected agencies to build capacity to address the whole range of SDOH and treatment needs
  - The whole person approach has been transformative at community level because it required developing connections across many community organizations,
- The federal Medicaid program authorized making bundled payments specifically for the work of addressing SDOH, while other treatment and recovery supports continue to be paid through fee-for-service
  - Resulted in improvements to # of people being served, engagement and retention in treatment, follow up to other treatment
- West Virginia is working to replicate this model and other states could benefit from it also

For more information on the program, go to: [Pennsylvania's Novel Public-Private Approach to Combatting the Opioid Crisis \(nejm.org\)](#)

### California Medicaid Transformation (Larissa)

- California Advancing and Innovating Medi-Cal (CalAIM)
  - Provider could prescribe a menu of community supports (deemed medically appropriate, cost effective to a state service)
    - Housing navigation, tendency and sustaining services, medically supported food and prepared meals (inclusive of mental wellbeing challenges)

### Guaranteed Income Program for Foster Youth (Darryl)

- Based on lived experience
- \$1000 per month, 2-year program
- Providing agency and choice – lead with empowerment
- Hope is that the money will equate to having the time, energy, and space to start to think through how their mental health is being impacted by being in poverty and involved in the foster system

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## Community Capacity Building Leadership and Advocacy Academy (CCBLA) (Senchel)

- Built upon interviews with residents –input on what would be helpful in a program
  - 5-month, once per month program
  - Solution-focused; acknowledging the issues but keeping solution-focused
  - Networking
    - Diverse mix of participants (teachers, politicians, local government, young people, older people)
  - How to be empowered and sustain the change that participants want to see
    - Incorporated a capstone component – had to do an individual capstone or work together as a group
    - Funded up to \$2500 per project
      - Examples – gardening lessons, providing women’s menstrual care, etc.
  - Creating pride and empowerment in selves and community
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The structured conversation opened to audience dialogue at this point. The following section captures the audience dialogue.

## Federal and state level policy impacts

### Federal Plan for Equitable Long-Term Recovery and Resiliency

- Series of social determinants that must be addressed by federal, state, and local governments in order to end poverty, homelessness, mental illness, etc.
  - Based upon vital conditions of life (list of basic needs/social determinants central to everyone’s life)

### Self-directed care

- Direct cash supports and programs that are designed by folks with lived experience
- Long way to go to operationalize these programs (ideally within Medicaid) in ways that aren't overly burdensome for participants
- A few pilots and small programs around the country that are specifically targeted for people with mental health related disabilities
  - Research has shown that this helps people meet their basic needs (i.e., \$5000 a year to purchase whatever it is that would be supportive to their wellbeing)
  - Can be funded within Medicaid

### Need to look beyond traditional health spaces to address the determinants of health

- Think big for what opportunities are out there
  - American Rescue Plan Act (ARPA) had dollars to support recovery of communities
    - Some communities have used this money to launch income pilots

- Think outside of behavioral health – where else are there pots of funding that might be able to help address these issues

### Separating the problem from symptoms

- Need to go beyond redirecting funds
- It's a “both AND” effort - policy transformation, intentional and redirection of funding, community power building and organizational resilience
  - Transforming leaders - how to make leaders better

### Action or Next Steps We Can Take Today

- Improve service engagement
  - Service systems and reforms don't matter if people are not engaged – we fail to engage so many people
  - We have systems but people don't go to them for any number of reasons – we need to understand why and meet people where they are.
- Include peers or people with lived experience in the research, development, and evaluation of programs (peer researchers)
- Address policies impacting safety-net programs informed by people with lived experience that are creating barriers that perpetuate racism and inequities, limit access services and reinforce harmful poverty narratives.
- Establish civic engagement and resilience building opportunities in communities for local people to influence what can happen
- Decision makers need to meaningfully immerse themselves within communities to learn what is happening at the community-level

### Links Shared:

- Mayors for Guaranteed Income: <https://www.mayorsforagi.org/>
- Guaranteed Income Projects in California: <https://www.cdss.ca.gov/inforesources/guaranteed-basic-income-projects>
- [BRIEF: Countering the Production of Health Inequities: Ensuring the Opportunity for Health for All | Prevention Institute](#)
- [Pennsylvania's Novel Public-Private Approach to Combatting the Opioid Crisis \(nejm.org\)](#)
- <https://www.mentalhealthselfdirection.org/>
- New State Medicaid Director Letter relevant to this discussion: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd23001.pdf>