

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

3.a.ii. Behavioral Health Community Crisis Stabilization Services

Project Response & Evaluation:

1. Project Description and Justification

1a. Utilizing data obtained from the Community Needs Assessment (CNA), please address the identified gaps this project will fill in order to meet the needs of the community. Please link the findings from the Community Needs Assessment with the project design and sites included. For example, identify how the project will develop new resources or programs to fulfill the needs of the community.

Addressing behavioral health (BH) crisis stabilization services is a critical issue in our region. Our CNA conducted six focus groups, three with service providers and three with peers with BH disorders, during which a participant noted "To someone who has mental illness and a medical issue and no housing and...they're running out of meds, it's a crisis every day." During our planning process, our PPS held 12 fact finding and planning meetings on BH crisis stabilization services with broad participation by BH and Developmental Disabilities (DD) service providers, Medicaid MCOs and County Health/Mental Health Departments. Results from these meetings indicated that our region has too few alternatives when individuals' usual care and support systems prove inadequate for their needs. The region lacks a NYS Office of Mental Health Comprehensive Psychiatric Emergency Program, which provides a systematic response to psychiatric emergencies with crisis outreach/intervention, community crisis beds and hospital-based observation beds. There is also very limited access to alternative crisis respite, such as "Living Rooms" where a person can be in a safe, low stress environment with professional and peer staffing for several days until they can return home.

Our CNA documented high ED use among Medicaid beneficiaries with serious BH conditions. Experts consulted during the CNA noted that ED visits can increase patient agitation, treatment in the ED is short-term and usually there is no post-discharge follow-up. Participants agreed our region needs alternative crisis care and that the best way to address a BH crisis is to prevent it. There was consensus that BH crisis stabilization begins with a whole person approach to outpatient care that encompasses mental health, substance abuse, medical and social needs.

Among adults in our region with serious BH disorders, 40%-66% are estimated to experience serious functional impairment based on co-occurrence of multiple BH disorders. Almost 1 in 4 adults with general hospital inpatient stays in 2013 (48,971 people) had BH disorders including a major mental illness, alcohol and/or substance abuse issue. Over a third of these adults were Medicaid patients and 83.5% had one or more chronic medical diagnoses.

In consultation with an advisory workgroup comprised of providers, peers, local government agencies and Medicaid MCOs, our PPS will "knit" together existing crisis services and fill identified gaps (e.g. lack of integrated ambulatory care) to create a seamless comprehensive BH

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

response that offers the right services at the right time through integrated primary and BH care, BH "urgent care," mobile crisis team(s), expanded and intensive crisis services, existing/repurposed crisis/respice and observation beds, development of a region-wide crisis line to centralize triage services, and outreach/support including peer workers who will deliver culturally appropriate assistance. Our PPS will also work closely with Participants to ensure all providers are using EHRs or other systems to enable information sharing and ongoing tracking of the target population.

b. Please define the patient population expected to be engaged through the implementation of this project. The definition of patient population be specific and could be based on geography, disease type, demographics, social need or other criteria. This patient population that the PPS expects to actively engage over the course of the project will be a subset of the total attributed population.

This project will work in tandem with our Projects 3.a.i , 2.a.iii and 2.b.iv to address the needs of Medicaid beneficiaries 12 years and older with serious BH diagnoses (including bipolar disorder, depression, schizophrenia, other psychoses, chronic alcohol abuse, opioid abuse, heroin and/or cocaine abuse) living in high need areas, including those with significant African American and Hispanic minority populations. These areas include Mount Vernon, Yonkers, New Rochelle, Poughkeepsie, Newburgh, Middletown, Port Jervis and Kingston. These urban areas have large numbers of Medicaid beneficiaries with serious BH disorders and are BH hospitalization "hot spots;" many are also medically underserved areas. Those who are homeless, have developmental disabilities (DD) and/or criminal justice involvement will also receive targeted outreach to ensure access to expanded services because they are high users of ED and inpatient care, with generally poor access to ambulatory services.

An educational campaign will inform providers, community-based organizations, beneficiaries and their families, local government agencies, and others about available BH crisis services and early warning signs of new onset and deteriorating BH conditions. This will enable patients and providers to know where to find the right level of service to prevent escalation when it is possible and the most appropriate setting for care when it is not. With PPS practice-based support, providers will have additional resources to do targeted outreach to at-risk beneficiaries.

c. Please provide a succinct summary of the current assets and resources that can be mobilized and employed to help achieve this DSRIP Project. In addition, identify any needed community resources to be developed or repurposed.

Our PPS will form seven Crisis Systems in collaboration with the counties, Medicaid MCOs and other PPSs in our region. These Systems will be in the seven Hudson Valley counties; Delaware County (a primarily rural region) will be supported by the System in closest geographic proximity, principally out of Ulster County. Our PPS will support local planning and implementation, develop treatment protocols, and provide funding to fill gaps and bolster

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

existing programs. Our PPS Quality Committee will continuously monitor quality improvement activities, including compliance with treatment protocols.

In collaboration with Participants, our PPS will: (1) add a Central Triage Service (CTS)/crisis line capable of tracking patients, follow-up and reporting; (2) fill gaps for crisis services (e.g. mobile teams, crisis beds with 48 hour observation capacity); (3) help launch telepsychiatry services to provide 24/7 psychiatric consultations to participating providers; (4) conduct outreach around community-based crisis services; and (5) facilitate information sharing via EHRs and the RHIO. The project will build on and link current resources in our region as outlined below.

Crisis stabilization services will position PPS hospitals as alternatives to ED/inpatient care. WMC has the largest BH inpatient capacity in the region with 106 adult, 20 adolescent and 15 children psychiatric beds, plus 10 adult detoxification beds and 50 adult substance abuse beds on two campuses. Our PPS will build on WMC's partnership with Dutchess County's crisis team and St. Luke's Cornwall Hospital's partnership with Occupations, Inc. to offer ED/inpatient diversion mobile crisis services.

Mobile BH services are currently available region-wide, but are not reaching a broad population and lack other critical components (e.g., adequate hours, staffing). Mental health crisis beds are also available but are not adequate to meet the region's needs and/or are not connected to a comprehensive system. Our PPS will ensure there are adequate system components for mobile BH services and that 48 hour observation bed capacity is available in participating hospitals or the greater community as the PPS develops its implementation plan. Detox and other crisis needs are largely met through OASAS-licensed inpatient and residential programs. Our PPS will identify effective early intervention and ambulatory services to address substance abuse.

State and county programs are building blocks of our project plan. The Rockland Psychiatric Center has hospital-based and ambulatory clinic care, transitional residences and more in the service area. The New York Systemic Therapeutic Assessment, Respite and Treatment (NY START) program offers community-based crisis prevention/ intervention services to individuals with DD and co-occurring BH needs.

This project will work closely with the 22 integrated care sites participating in Project 3.a.i which will offer urgent care through the Crisis Systems. The Systems will leverage the multiple information, referral, education and supportive peer and family services already offered by counties and community providers to facilitate access and optimize resources.

d. Describe anticipated project challenges or anticipated issues the PPS will encounter while implementing this project, and describe how these challenges will be addressed. Examples include issues with patient barrier to care, provider availability, coordination challenges, language and cultural challenges, etc. Please include plans to individually address each challenge identified.

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

Crisis stabilization services are expensive and reimbursement will be challenging. Our PPS will work with Medicaid MCOs to establish agreements that cover these services and ensure their viability. Additionally, current NYS DOH requirements do not allow Article 28 hospitals to operate and be reimbursed by Medicaid for BH health observation beds. WMC will request waivers to address this issue.

Coordination with other PPSs in our region will be critical to ensure patients in need of BH crisis services have a seamless experience and can access services regardless of their location or provider. This project will enable all three PPSs in our region to achieve efficiencies through the Central Triage Service and the Regional Clinical Council (below).

Capturing and tracking patients and their services in a centralized way to allow all PPSs in our region to accurately report the required project metrics will be challenging as most BH crisis providers are not reimbursed through Medicaid and many BH and community PPS Participants do not have EHRs. We will work with the other PPSs to develop a region-wide encounter system to capture patient services attributed to this project. The PPS will work with participating providers to ensure they are actively using EHRs and are connected to the RHIO to support secure messaging/notifications by DY 3.

Changing behavior is both a challenge and a key to success. Our PPS will implement outreach to encourage people with BH disorders, community service providers and family members to seek project services to prevent potential crises.

e. Please outline how the PPS plans to coordinate on the DSRIP project with other PPSs that serve and overlapping service area. If there are no other PPS within the same service area, then no response is required.

Under DSRIP, patients may receive care from any provider, some participating in multiple PPSs. Cross-PPS collaboration, coordination and alignment of clinical implementation will be critical to achieving DSRIP goals across our region and State. The three PPSs serving our region, led by Montefiore Medical Center, Refuah Health Center and WMC, will establish a provider-led Regional Clinical Council to support development of a regional system of efficient and effective care, patient safety and quality improvement.

The Council, with input from providers, payers, government agencies, and others, will review DSRIP project and implementation plans and make recommendations to align overlapping approaches. Region-wide coordination, requirements and expectations will minimize providers' implementation burdens, and create consistent, high quality patient experiences. The Council will identify region-wide care improvement goals and serve as a forum to share and evaluate clinical strategies and practices. The Council will support the rapid and widespread adoption of agreed-upon clinical protocols, as well as evidence-based practices across the region and payers.

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

Continuing the cooperation that resulted in the creation of a common CNA, the PPSs in our region embraced collaboration throughout the selection, design and development phases of their respective DSRIP projects. The Council prioritized crisis stabilization as a primary area of focus and is aligned on core project elements. We will conduct a joint needs assessment across the region, working jointly with local Commissioners.

2. Scale of Implementation

DSRIP projects will be evaluated based upon the overall scale and broadness in scope, in terms of expected impact the project will have on the Medicaid program and patient population. Those projects larger in scale and impact will receive more funding than those smaller in scale/impact. Progress towards and achievement of PPS commitments to these scale measures as provided in the application will be included in achievement milestones for future PPS funding. In order to assess scale, please complete the following information:

2a. Please indicate the total number of sites the PPS intends to include in the project by the end of Demonstration Year (DY), or sooner as applicable. These numbers should be entered in the table as Total Committed.

See accompanying Speed & Scale Excel document

b. Please indicate the total expected volume of patients the PPS intends to engage throughout this project by the end of Demonstration Year (DY) 4. This will become the Expected # of Actively Engaged Patients. Patient scale is measured by the total number of patients that are expected to be actively engaged by the end of Demonstration Year 4.

See accompanying Speed & Scale Excel document

3. Speed of Implementation/Patient Engagement

DSRIP projects will be evaluated based upon the proposed speed of implementation and timeline for patient engagement. The projects with accelerated achievement of project requirements and active engagement of patients will receive more funding than those taking longer to meet goals. Progress towards and achievement of PPS commitments to these scale measures as provided in the application will be included in achievement milestones for future PPS funding. In order to assess speed and patient engagement, please complete the following information:

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

3a. Please indicate the Demonstration Year (DY) and Quarter by which all participating sites will achieve project requirements. Project speed is measured by how fast all the project requirements for all chosen locations are met.

PPSs will be expected to meet these requirements for all of the providers, sites, or other categories of entities included in the PPS “total committed” scale metric, unless otherwise specified in the Domain 1 DSRIP Project Requirements Milestones and Metrics.

See accompanying Speed & Scale Excel document

b. Please indicate the expected timeline for achieving 100% engagement of total expected number of actively engaged patients identified. For example, the PPS may indicate that 25% of targeted patients will be actively engaged by the end of Demonstration year 1, 50% by the end of Demonstration year 2, etc.

See accompanying Speed & Scale Excel document

4. Project Resource Needs and Other Initiatives (750 word limit, Not Scored)

4a. Will this project require Capital Budget funding? (Please mark the appropriate box below)

Yes	No
X	

Please describe why capital funding is necessary for the Project to be successful.

Capital funding is required for the creation of observation units in community setting and/or on hospital campuses, as the service area does not have any Comprehensive Psychiatric Emergency Programs (CPEP) with such beds. These beds will be created by either repurposing inpatient beds or OMH-licensed community residence/OMH-designated crisis beds. Capital funds will also support the physical rehabilitation and equipping of community-based crisis residences and service sites.

The WMC-led PPS will seek capital funds to develop a shared, health IT infrastructure that supports region-wide population health management efforts. The population health management system will include: (1) a centralized care management platform; (2) a patient registry; (3) equipment and software for telehealth and remote monitoring; (4) enhancement of partners' EHR and HIE capabilities; and (5) analytic tools and reporting systems for network management. Collectively, these tools support critical communication and coordination among

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

our PPS partner organizations for enhanced crisis stabilization services. The capability will be shared across all 11 DSRIP projects and is central to our IDS development.

4b. Are any of the providers within the PPS and included in the Project Plan currently involved in any Medicaid or other relevant delivery system reform initiative or are expected to be involved in during the life of the DSRIP program related to this project's objective?

Yes	No
X	

If yes: Please identify the current or expected initiatives in which the provider is (or may be) participating within the table below, which are funded by the U.S. Department of Health and Human Services, as well as other relevant delivery system reform initiative(s) currently in place.

Name of Entity	Medicaid/Other Initiative	Project Start Date	Project End Date	Description of Initiatives
Mental Health Association of Putnam County	Community Crisis Stabilization	2015	2019	New York's Health and Recovery Plans (HARPs) will provide enhanced 1915(i) waiver services (such as enhanced substance use disorder services) to high need behavioral health Medicaid populations through qualified managed care plans.
NAMI-FAMILYA of Rockland County Inc.	Medicaid Managed Care HCBS 1915i Medicaid "Like" Service	2011	2019	New York's HARPs will provide enhanced 1915(i) waiver services (such as enhanced substance use disorder services) to high need behavioral health Medicaid populations through qualified managed care plans.
NAMI-FAMILYA of Rockland County Inc.	Medicaid Managed Care HCBS 1915i Medicaid "Like" Service	2015	2019	New York's HARPs will provide enhanced 1915(i) waiver services (such as enhanced substance use

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

				disorder services) to high need behavioral health Medicaid populations through qualified managed care plans.
Occupations, Inc.	Enriched Crisis and Transitional Housing (ECTH) Pilot	2015	NA	Enriched Crisis and Transitional Housing (ECTH) Pilot is a onetime capital funding and operation for housing services for persons with serious mental illness. Funding supports the creation or reconfiguration of existing residential space to develop three crisis housing units for persons with serious mental illness.
Orange County DOMH	Port Jervis Connections Project - "Court Connection Program"	10/1/2013	9/30/14 with No Cost Extension through mid-2015	The Court Connection Program targets individuals in the criminal justice system and provides medical services to individuals in the court system exhibiting signs of mental illness to improve public safety, reduce corrections costs, and improve quality of life for participants.
The Institute for Family Health	HRSA Behavioral Health Integration (BHI)	2014	ongoing	HRSA Behavioral Health Integration grants support health centers to improve behavioral health services and capacity, and to employ integrated models of primary and behavioral health care.

4c. Please describe how this proposed DSRIP project either differs from, or significantly expands upon, the current Medicaid initiative(s) identified above. A PPS may pursue a DSRIP

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

project that exists as part of another effort if the PPS can demonstrate a significant enhancement to the existing project.

This project will differ from the current Medicaid initiatives because it aims to build bridges and knit together the existing services into a region-wide crisis stabilization system. Our PPS will build on the experiences that come out of the Court Connection Program to apply treatment and intervention strategies to the target Medicaid population. HARP service providers and behavioral health enrollees are likely to participate in this project. This DSRIP project, however, is being implemented at the Participant/provider, not plan level, and is distinct from and will supplement HARP services. In addition, this project will extend to all of our actively engaged population, not just those enrolled in HARP plans. Participants in ECTH will likely also participate in this DSRIP project. However DSRIP funds will not be used to supplant or replace ECTH funding.

Our PPS will build on the experience of the Institute for Family Health which has already begun work to improve behavioral health care under HRSA Behavioral Health Integration grants. However, this DSRIP project will extend to many additional mental health/behavioral health and primary care settings, allow us to reach a broader population than is currently being targeted. DSRIP funding will not be provided to HRSA BHI participating providers if doing so would supplant or duplicate funding.