

Delivering Quality Integrated Care with an Emphasis on PFE

PCPCC Support & Alignment Network

Acacia Network/Care Transitions PTN

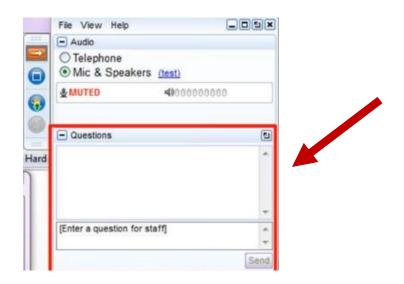
May 25, 2017







Housekeeping



We encourage you to participate in today's presentation!

Please type in your questions or comments into the Question pane in the GoToWebinar control panel.





Welcome & Acknowledgements



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The Care Transitions Network for People with Serious Mental Illness

- Aims to reduce all cause re-hospitalization rates by 50 percent for people with SMI, while helping organizations prepare for value-based payments (VBPs) by 2019
- Provides one-on-one coaching; best clinical practice support services; care transitions support; access to online data dashboards to support population health management; tools to stratify risk and understand cost of care

Set Aims

Use Data to Drive Care

Achieve Progress on Aims

Benchmark Status Thrive as a Business Through Value-Based Payment Systems







The Bronx

- 82% of patients with hospital readmissions have mental health or substance use disorders; 59% have medical disorders.
- Patients with serious mental illness (SMI):
 - Die on average 25 years earlier than people without SMI
 - Have higher than average rates of obesity, hypertension and tobacco addiction
 - Have higher rates of cardiovascular, cerebrovascular and other tobacco-related illnesses
- Historically siloed care systems created disjointed care transitions from inpatient to outpatient care
- Ensuring complete, coordinated care transitions is essential in a VBP environment







Acacia Network

Acacia Network is New York's largest Latino led not-for-profit integrated care organization

- Behavioral Health Programs:
 - o 2 child, adolescent, and adult mental health clinics
 - 3 community residences & apartment treatment program
 - 1 PROS day treatment program
 - 24 Substance Abuse Treatment Programs
- Academic Achievement and three Day Cares
- 7 Senior centers services
- 3 Residential Group Homes for persons with developmental disabilities,
- 7 Primary Health Care Centers, and Medicaid Certified Health Homes
- 1 Skilled Nursing Residential Facility
- Full continuum of housing; shelter, supportive, affordable totaling over 5,000 units







Principles of Engagement

- Prioritize engagement at every level
- Provide hope and be adaptive
- Person-Centered Care and Strengthsbased approach
 - Shared decision-making
 - Personalized approach to treatment
- Include family and peers
- Integrate
- Build cultural competence



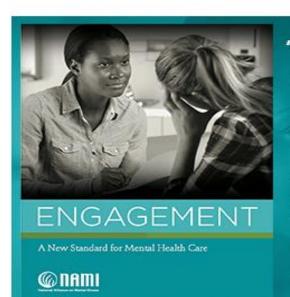






Engagement

Engagement: A New Standard For Mental Health Care



"The U.S. system of mental health care is failing to engage people who seek help. The facts say it all: many people who seek mental health care drop out. 70% that drop out do so after their first or second visit."







Engagement



ROOTED IN THE COMMUNITY SINCE 1969





Examples: Prioritizing Engagement

- Leadership involvement & support
- Commitment to ongoing staff development and training
- Maintain a clean and welcoming environment
- Model Engagement
- Open Access
- Satisfaction Surveys and feedbacks
- Participant celebrations









Principle: Shared-Decision Making

Clinicians and clients work together based on clinical evidence balancing risks and expected outcomes with client preferences to:

- Make decisions
- Select tests
- Treatments and care plans

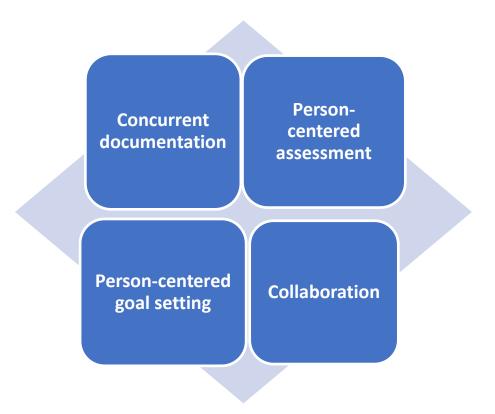








Examples: Shared-Decision Making



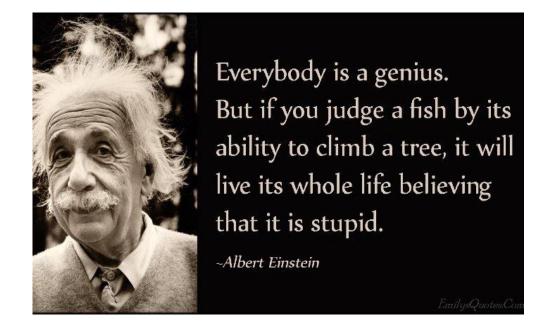






Principle: Strengths-Based Approach

- Emphasizes people's selfdetermination and strengths.
- Philosophy and a way of viewing clients as resourceful and resilient in the face of adversity.



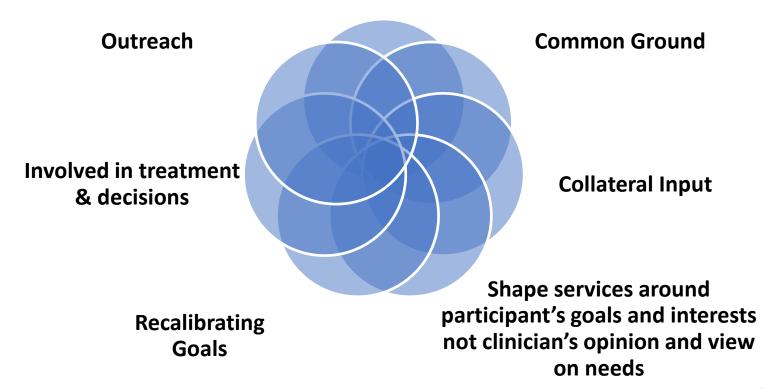






Examples: Strengths-Based Approach

Language Matters









Principle: Peer Support & Involvement

- People provide knowledge, experience, emotional, social or practical help to each other.
- Can take a number of forms such as peer mentoring, listening, or counseling.

PEER SUPPORT IS A
NATURAL WAY OF SUPPORTING
OUR PEERS THROUGH DIFFICULT
TIMES BY SHARING EXPERIENCE AND
BEING ABLE TO SAY...

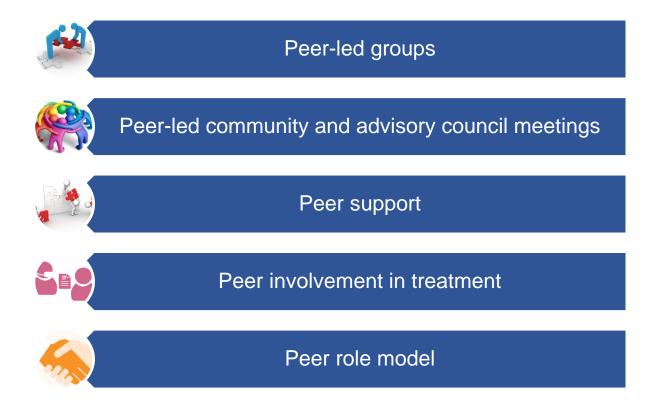
"I'VE BEEN THERE"







Examples: Peer Support & Involvement









Principle: Cultural Competence

- Defined set of ethics and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally
- Cultural competence is a developmental process that evolves over an extended period.









Examples: Cultural Competence

Representation matters

Language services

Ongoing cultural awareness training

Consideration of developmental milestones

Cultural activities







Principle: Integration of Services

"The management and delivery of health services so that clients receive a continuum of preventive and curative services according to their needs over time and across different levels of the health system."









Spotlight: Integrated Meetings

GOAL:

- Develop collaborative immediate and ongoing plan of care
- Assess long-term mental health, trauma, substance abuse, health care, recovery needs, aspirations, educational, recreational vocational, and community living skills.

METHOD:

 Conduct integrated meetings with all the participants enrolled within one week of contact and then monthly/quarterly as the participant feels more connected







Examples: Integration of Services

- Wrap-around services
- Screen for all needs at intake in all programs





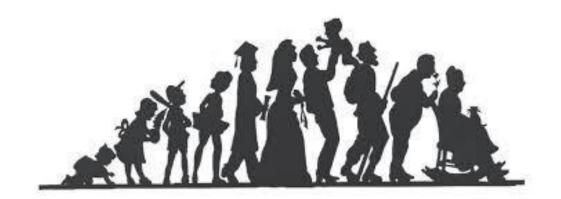




Principle: Family Involvement

Inclusion of the participant's chosen support system (<u>not</u> biological family) in their treatment, which can include:

- Participating in sessions
- Receiving psychoeducation
- Being a part of the participant's relapse prevention plan and safety plan, etc.









Meeting Participant Needs

One of Acacia Network's Article 31 clinics will become a Certified Community Behavioral Health Center (CCBHC)









Additional Engagement Strategies

Bronx Regional Health Information Organization (RHIO) PSYCKES—New York State Medicaid Data Access to services (OnTrack NY, Intensive Mobile Treatment, Mobile Crisis Services, NYCWell) High risk case tracking and management Pre and post tests for group services Attendance tracking MyChois Service utilization Trending reports Data driven treatment Monitor and report on treatment outcomes







Barriers to Engagement

- Practical reasons
 - Transportation, financial, time, resources
- Pre-contemplation stage
- Developmental considerations
- Attitudes/interpersonal factors
 - Difficulty adhering to program rules and regulations
 - Perceived stigma or fear associated with behavioral health services
- Environmental factors
 - Therapist/agency related treatment barriers







Breaking Down Barriers



Provide solutions and resources for practical problems that undermine treatment adherence

Develop relationships with community agencies

Promote adaptability in treatment structure for different participants

Provide ongoing satisfaction surveys

Promote peer and family involvement

Employ innovative engagement strategies for improved coordination of care

Employ engagement principles

Promote ongoing training

Review data and address program specific barriers to engagement







Shifting the Culture

"We would never blame anyone who has cancer for dying, and yet we look upon someone who doesn't get engaged and doesn't get better and assume that he is being obstinate or making a choice. We would much rather provide support...you will eventually get help, but as you go down that slippery slope, it is hard to get help. That must change."

-- Pete Earley (NAMI) <u>Engagement- A New Standard for Mental Health Care</u>

<u>Report</u>









PFE and Value-Based Payments

Satisfied customers are a **key ingredient** to thrive in a VBP environment

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"It's a pedometer. It shows when you've gone the extra mile to satisfy a customer!"







Questions







Primary Care COLLABORATIVE









Contact Us!

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