Delivering Quality Integrated Care with an Emphasis on PFE

PCPCC Support & Alignment Network
Acacia Network/Care Transitions PTN
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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
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 is New York’s largest Latino led not-for-profit integrated care organization

- **Behavioral Health Programs:**
  - 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 Strengths-based approach
  - Shared decision-making
  - Personalized approach to treatment
- Include family and peers
- Integrate
- Build cultural competence
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.”

Source: https://www.nami.org/engagement
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
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

- Concurrent documentation
- Person-centered assessment
- Person-centered goal setting
- Collaboration
Emphasizes people's self-determination and strengths.

Philosophy and a way of viewing clients as resourceful and resilient in the face of adversity.

Everybody is a genius. But if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid.

-Albert Einstein
Examples: Strengths-Based Approach

- Language Matters
- Outreach
- Involved in treatment & decisions
- Recalibrating Goals
- Common Ground
- Collateral Input

Shape services around participant’s goals and interests not clinician’s opinion and view on needs
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.

"I've been there"
Examples: Peer Support & Involvement

- Peer-led groups
- Peer-led community and advisory council meetings
- Peer support
- Peer involvement in treatment
- Peer role model
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
"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."

Principle: Integration of Services
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
Inclusion of the participant’s chosen support system (not 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)

Source: https://www.thenationalcouncil.org/topics/excellence-in-mental-health-act/
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<thead>
<tr>
<th>Additional Engagement Strategies</th>
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<tbody>
<tr>
<td>Bronx Regional Health Information Organization (RHIO)</td>
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<tr>
<td>PSYCKES—New York State Medicaid Data</td>
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<td>Access to services (OnTrack NY, Intensive Mobile Treatment, Mobile Crisis Services, NYCWell)</td>
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<td>High risk case tracking and management</td>
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<tr>
<td>Pre and post tests for group services</td>
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<tr>
<td>Attendance tracking</td>
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<tr>
<td>MyChois</td>
</tr>
<tr>
<td>Service utilization</td>
</tr>
<tr>
<td>Trending reports</td>
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<td>Data driven treatment</td>
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<td>Monitor and report on treatment outcomes</td>
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Barriers to Engagement

• Practical reasons
  o Transportation, financial, time, resources

• Pre-contemplation stage

• Developmental considerations

• Attitudes/interpersonal factors
  o Difficulty adhering to program rules and regulations
  o Perceived stigma or fear associated with behavioral health services

• Environmental factors
  o 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
“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) Engagement- A New Standard for Mental Health Care Report
PFE and Value-Based Payments

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

“It’s a pedometer. It shows when you’ve gone the extra mile to satisfy a customer!”
Questions
Contact Us!

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