

NYS Substance Use Symposium Presentation

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And

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How did we get here?

- Behavioral Health Stigma – failure to mainstream and integrate into total person care
- Reluctance to adapt care models to impact social determinant factors
- SUD and Mental Health services inadequately resourced/scaled to depth of demand
- Failure to incorporate CBO experience into planning or care partnerships
- Behavioral health population analytics lagged behind traditional medical
- Sustainability of providers and new programs discouraged innovation
- Measurements of “success” not well understood or applied to program implementation
- Challenges in reimbursement for behavioral health integration



Strengthening the Behavioral Health Infrastructure

Establishing and sustaining resources & partnerships to improve access and care



Improving Linkages to BH Services

24/7 Peer Support Network

- Growing capacity
- Staffing in clinical & criminal justice sites
- Long-term training program with CSI
- 24 Peers certified with PPS funds



24/7 SI Connect Call Center

- Appointments
- Transportation



ED Warm Handoff Pilot

Reduce avoidable SUD-related ED visits

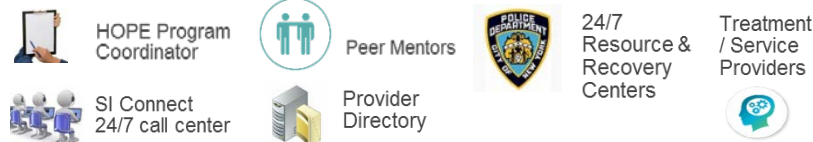


- >600 peer-patient engagements in 6 months
- LOCADTR use in ED
- Same/next day appointments
- Expeditious linkages to treatment providers

Heroin Overdose Prevention and Education (HOPE) Program

Post-arrest & pre-arraignment diversion

- In 7 days, 9 arrested and engaged by Peer Coach, 8 naloxone trained, 2 enrolled



Providing Integrative Care

Collaborative Care Pilot

Technical assistance for primary care practices to integrate behavioral health

Public Health Detailing

Providing all Staten Island PCPs with BH resources on Opioid Use Disorder, MAT, etc.

Reducing Stigma

Social Media Campaigns & Trainings

Feeling Blue Awareness on MH issues during holidays



New Year's BH Wellness Resolution



Trainings for providers and front line staff

Watch Your Words Campaign

Expansion of Treatment Provider Availability

24/7 Crisis Stabilization & Respite Centers

24/7 Resource & Recovery Centers

BH Resource Guide

Provider Directory Search App



Staten Island PPS Medicaid Attributed Lives

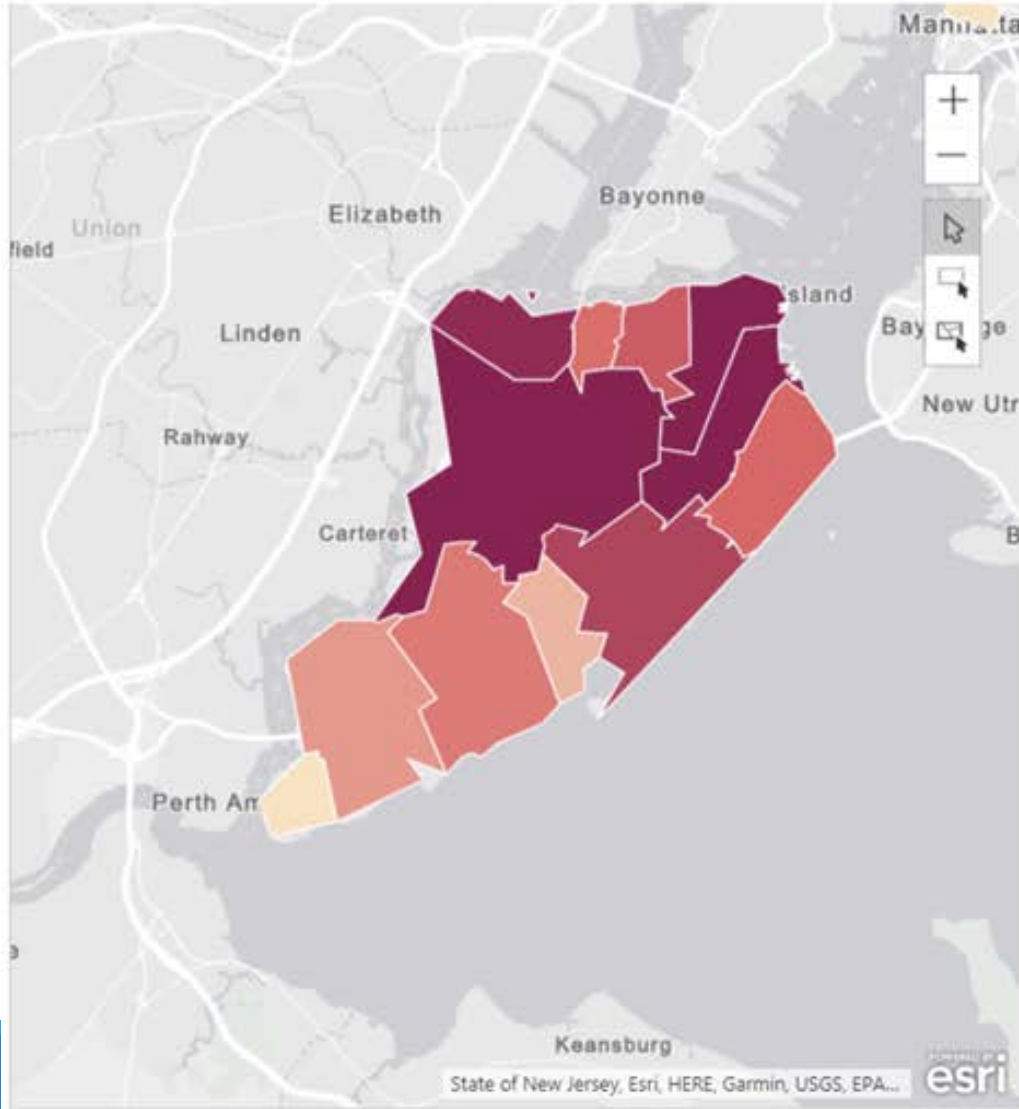
DOH ROSTER RECEIVED 12-06-2016

Lives
76168

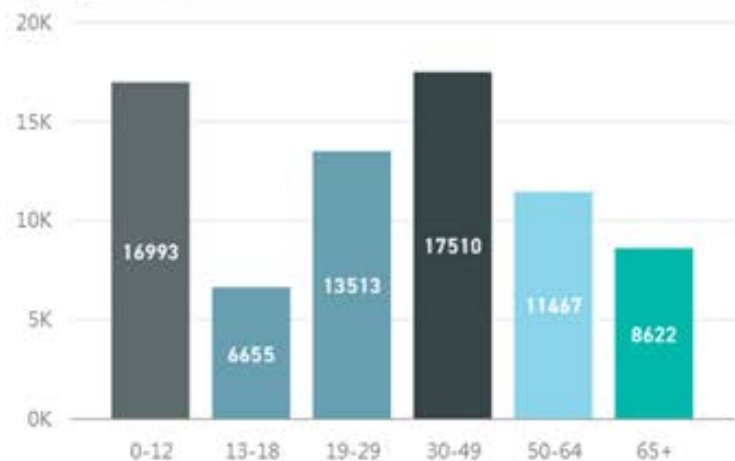


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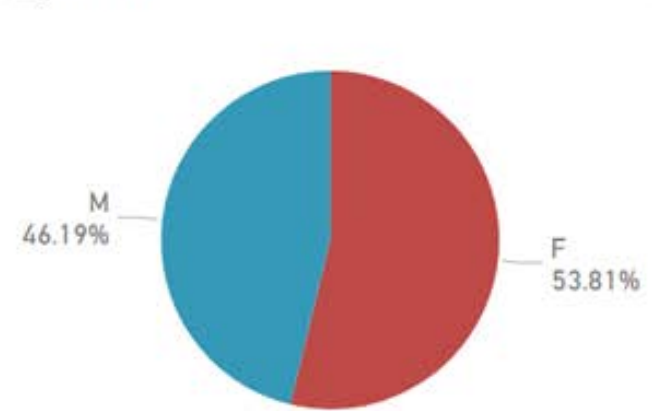
Attributed Lives Address



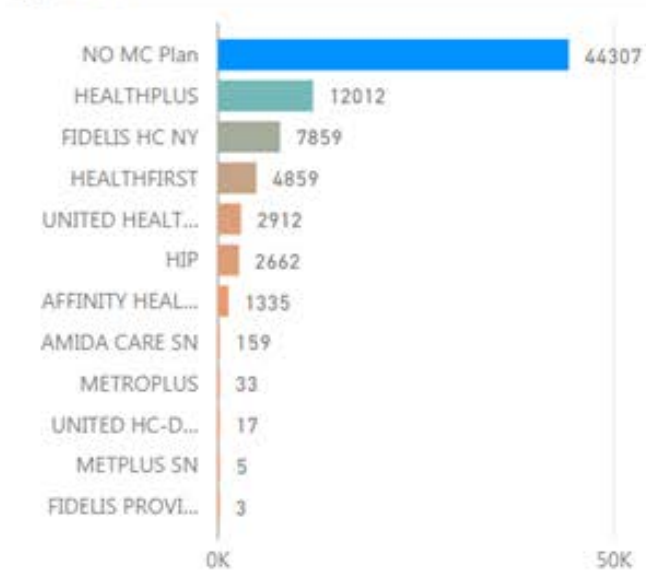
By Age Group



By Gender



By MCO



By PCP

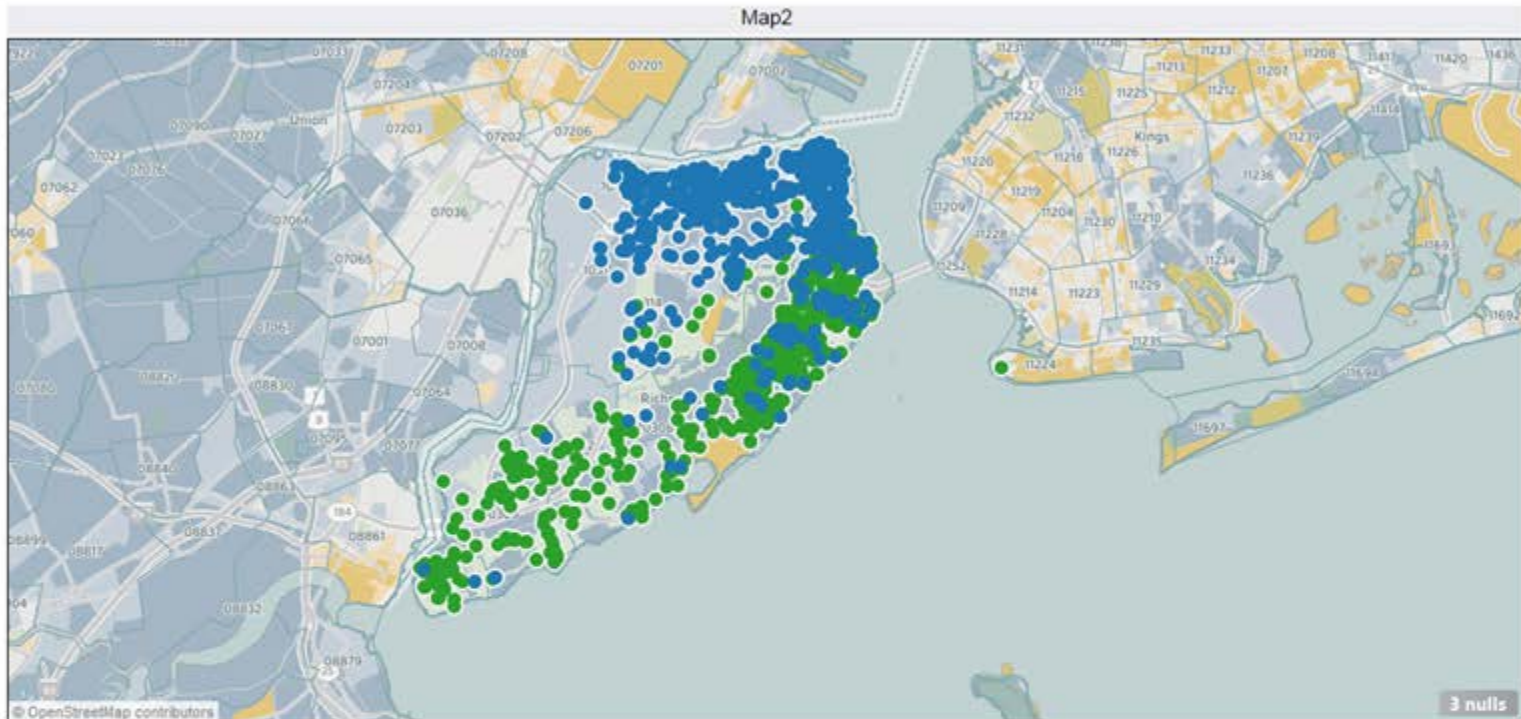
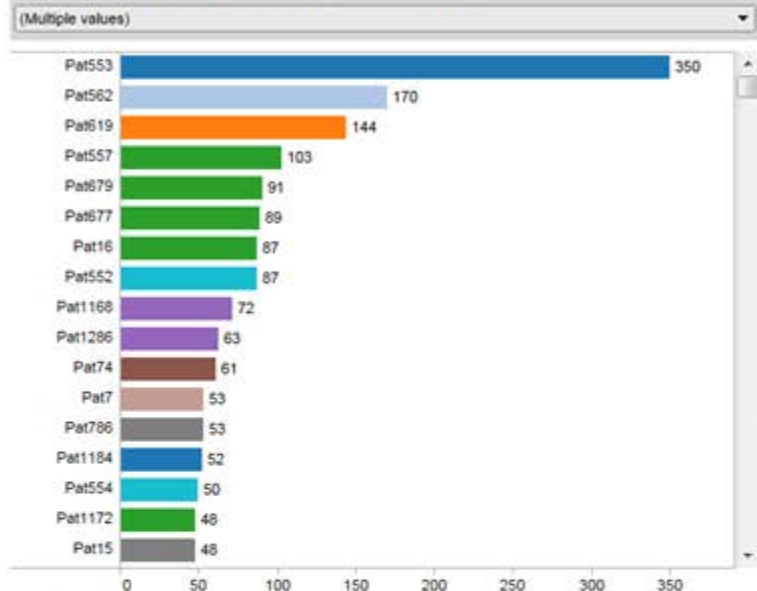


SI PPS EMS Super Utilizer (SU) Dashboard : Jan, 2014 - Mar, 2017

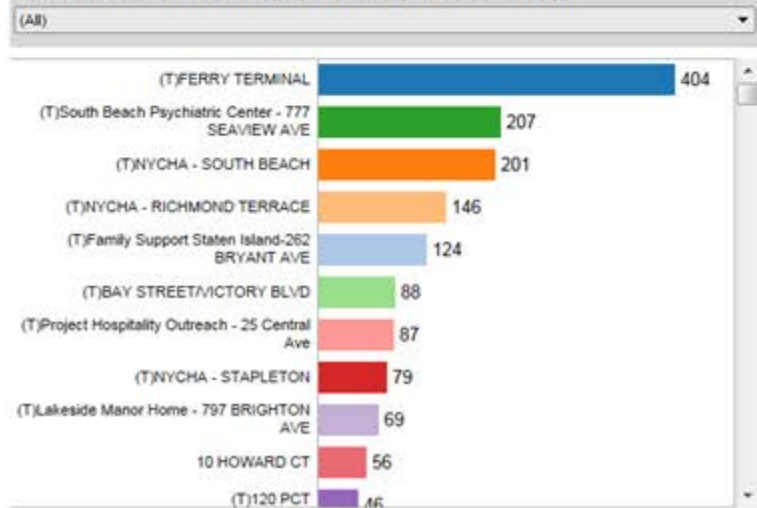
Chief Complaint (All) **Dispatch Code1** (All) **Org1**
 (All) RUMC SIUH

# Unique SU	TOTAL # CALLS	# TO RUMC	# TO SIUH	EST. TOTAL COST
2,799	13,768	6,902	6,866	\$20,652,000

Super Utilizers (Rank by # of Calls):



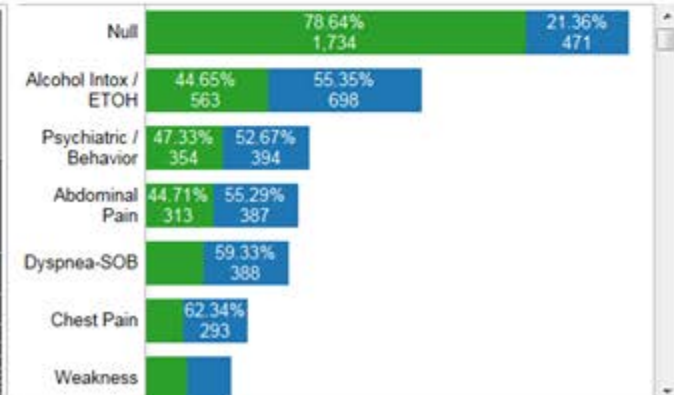
Incidence Locations (Rank by # of Calls):



Dispatch Codes

SICK - Sick 2,529 18.37%	DRUG - Hx Drug Or Alcohol Abuse 1,198 8.70%	CARD - Cardiac Condition 865 6.28%	ABDPN - Abdominal Pain 671 4.87%	UNC -
DIFFBR - Difficulty Breathing 2,471 17.95%	INJURY - Non-Critical Injury 1,020 7.41%	UNKNOW - Caller Has No Pt Medical Info	ALTMEN - Altered Mental	CVAC
	EDP - Psychiatric Patient 898 6.52%	RESPIR - Respiratory		

Top Chief Complaint

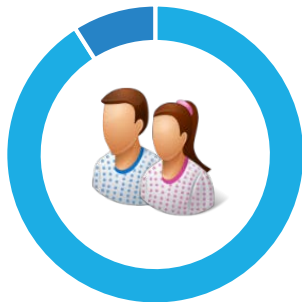




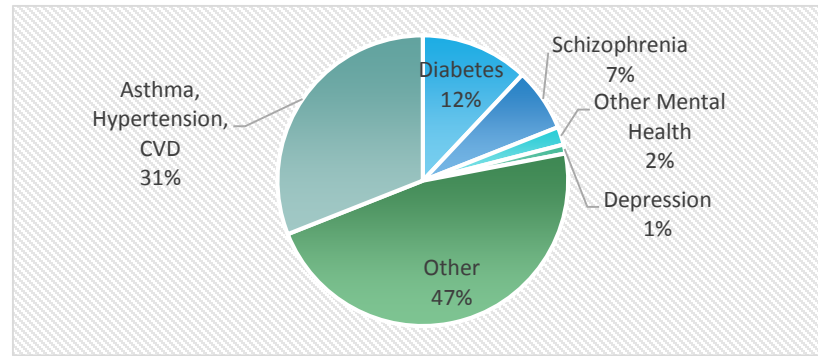
The Impact of Top 1000 High Risk Patients (HRP)

Staten Island PPS Risk profile algorithm identified the top 1000 High Risk Patients (HRP) from 82,906 Staten Island PPS Medicaid Enrollees

1.2% of Staten Island PPS Medicaid Enrollees are defined as High Risk Patients (HRP)



100% HRP had one or more Chronic conditions



Percentage of Top 500 High Risk Patients (HRP) engaged in DSRIP projects

>25%
2.a: Integrated Delivery (Health Home or HHR)

17%
2.b: Care Coordination (2.b.iv, 2.b.vii, 2.b.viii)

31%
3.a: Behavioral Health (3.a.i, 3.a.iv)

>50%
Took PAM survey as of 04-07-2017

That population drives **23%** of preventable ED Visits (PPV) of Staten Island PPS Medicaid enrollees



Avg. PPV /HRP: **4.55**

Min PPV /HRP: **4** Max PPV /HRP: **140**

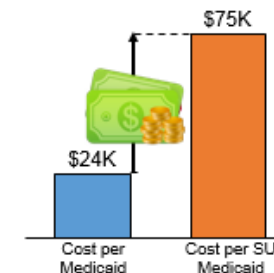
... and **40%** of preventable readmissions



Avg. PPR/HRP: **0.28**

Min PPR /HRP: **1** Max PPR /HRP: **5**

Average spending per Super Utilizer recipient is **3.1X** greater



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Prepared in accordance with the Public Health Law Section 2805 j through m and Education Law Section 6527

ED Warm Handoff

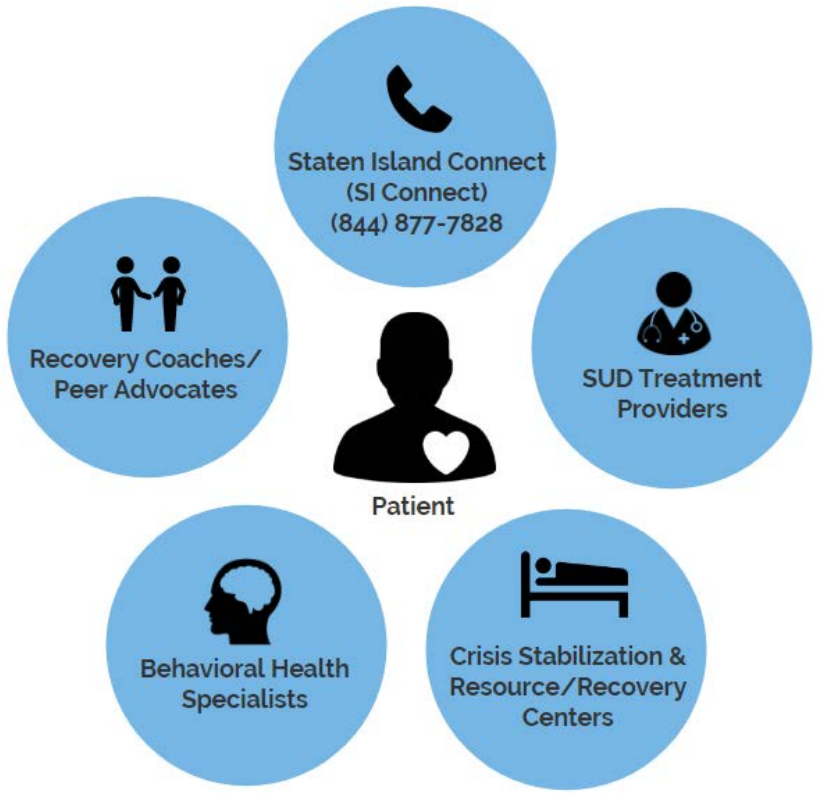
Goal

Connect clients with substance use disorder needs to treatment and support services by:

- ✓ Establishing a 24/7 call center
- ✓ Placing certified recovery coaches/peer advocates in the ED
- ✓ Expanding treatment providers' hours of operation
- ✓ Conducting SUD level-of-care in the ED



Project Oversight





I'm tired of this and you're the only one who's been talking to me for 2 days now, I'm putting my life in your hands whatever you think is best"

– RUMC ED Patient

ED Warm Handoff Pilot

3 Staten Island Emergency Departments

RUMC ED

- 6-month pilot: Nov 30th to May 30th 2017
 - 395 unique patients with 70% male
 - 70% cases related to alcohol use
- Strong collaboration between medical, social work, 24/7 peer staff, and call center was critical for better ED patient experience
- Patients who were evaluated and accepted assistance (44%) were linked with inpatient, outpatient, and other services
- Transitioning to billing for peer advocate services and use of in-community services
- Capacity for inpatient detox services on SI makes MAT, ancillary withdrawal, and harm reduction services even more urgent

SIUH North and South EDs

- Pilot orientation in mid-May with live implementation on June 1st
- 12 provisional Peer Advocates/Recovery Coaches placed in both EDs on 24/7 basis
- BH Specialists using LOCADTR for level of care assessment in ED
- Collaboration between medical, social work, peer staff, and call center to link patients
- Immediate linkages with patient escort to internal or external service providers including treatment providers, harm reduction, recovery & resource centers



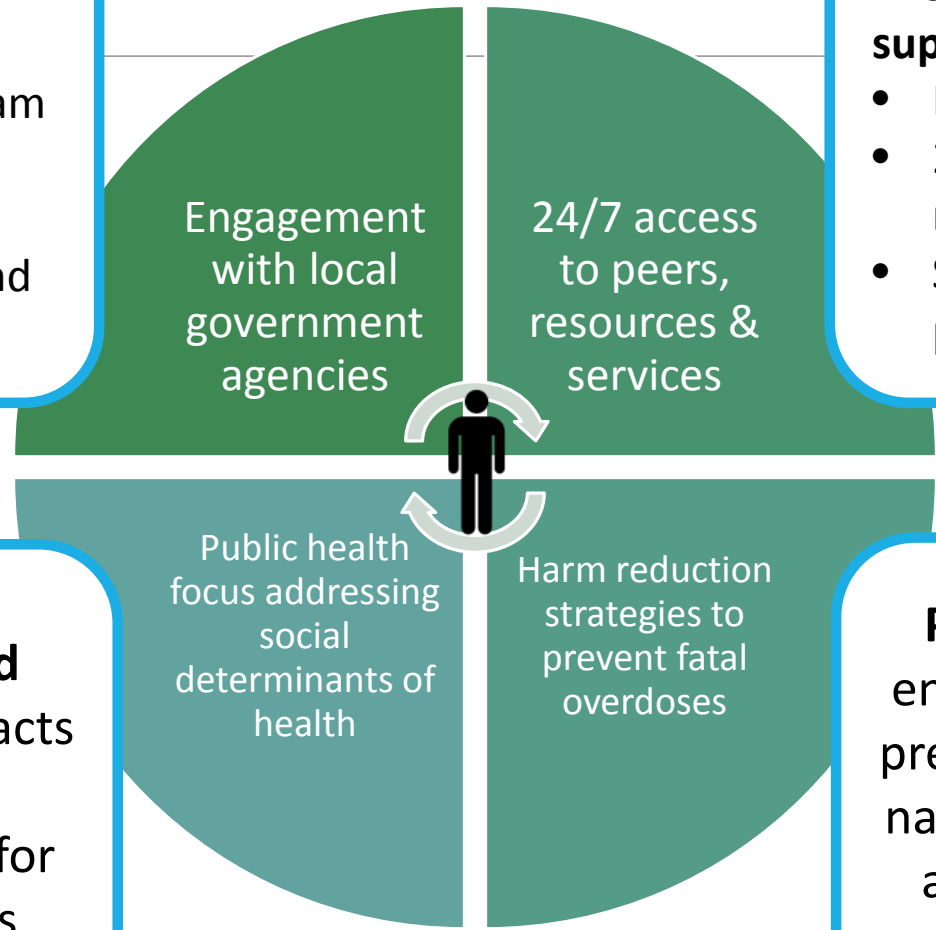
Heroin Overdose Prevention & Education (HOPE) Pilot Local Government & Public Health Collaboration



Committed to

- Promoting HOPE program
- Connecting clients to resources and services

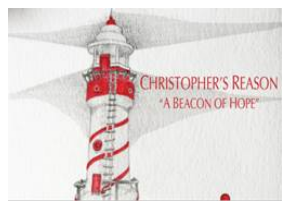
Avoiding a criminal record positively impacts an individual's opportunities for education, jobs and housing



PPS funding and support for

- Peer network
- 24/7 resource & recovery centers
- SUD treatment provider access

Peer mentors engage clients at precincts, provide naloxone training and distribute kits

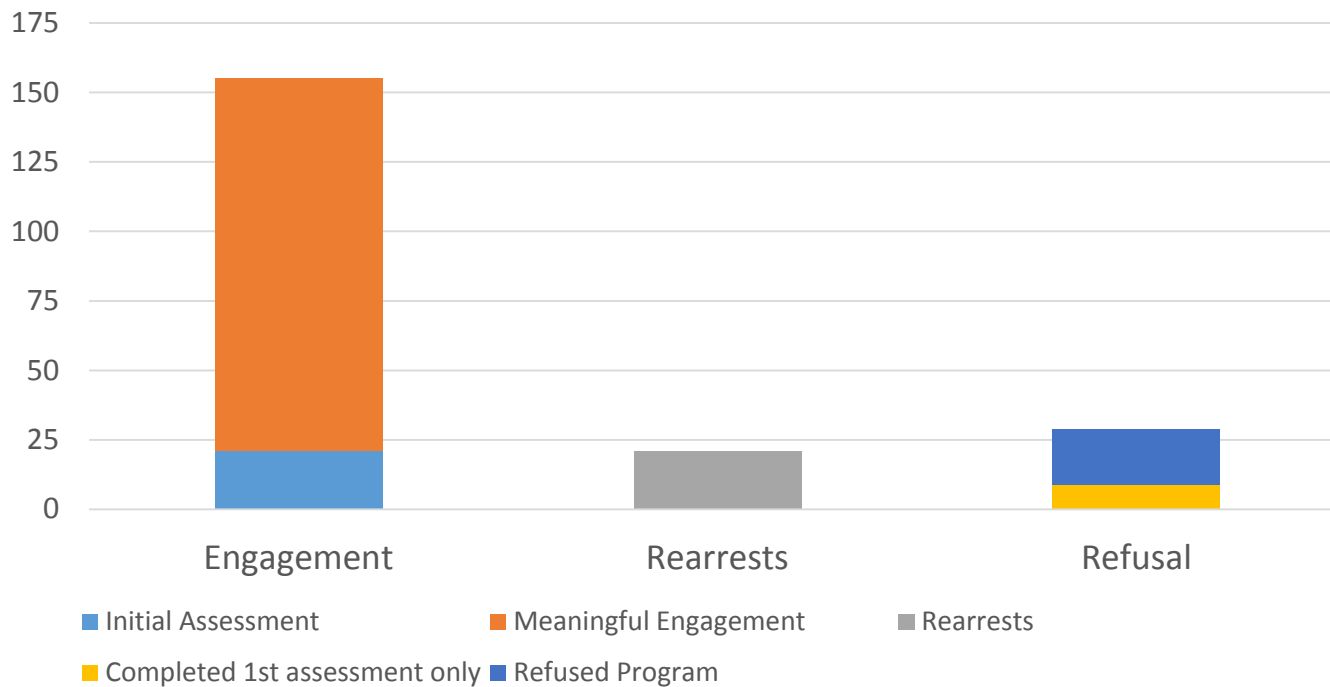




Heroin Overdose Prevention & Education (HOPE) Pilot

184 individuals offered HOPE program

HOPE Data
as of 6/13/2017



- Eligibility Rate = 39%
- Peer Engagement Rate = 98%
- Assessment Rate = 84%
- Harm Reduction Rate = 90%
- Success Rate = 73%



SI PPS Substance Use Disorder Treatment & Support Provider Network

Recovery Center (<24/7)

- CHASI- Recovery Center
- Christopher's Reason
- Carl's House (peer-run)



Crisis Stabilization (24/7)

- Project Hospitality – PREP Center
- Camelot of Staten Island – Seaview Rehabilitation Center (permit use of beds for ED Warm Handoff Pilot participants)



Inpatient (24/7)

- South Beach Addiction Treatment Center (OASAS)
- Staten Island University Hospital



Outpatient

(Business hours ranging from 7am to 9pm)

- Bridge Back to Life Center
- Camelot of Staten Island
- Community Health Action of Staten Island
- Project Hospitality
- Richmond University Medical Center
- Silver Lake Support Services
- Staten Island Mental Health Society
- Staten Island University Hospital
- YMCA of Greater NY – Counseling Services





Project Hospitality 24/7 PREP Center Expansion

PH Project Hospitality

PREP CENTER

Medically Monitored

WITHDRAWAL

Stabilization Unit

Pause
Reflect
Engage
Prepare

Located at:
Bayley Seton
75 Vanderbilt Avenue, 4th Floor
Staten Island, New York 10304

Telephone:
718-447-3293
718-447-3293

- Formerly a 15-bed, 24-hour residential medically monitored withdrawal and stabilization unit, provides comprehensive withdrawal stabilization and recovery services
- Expansion via OASAS 820 certification and SI PPS funding support enables PREP to
 - Increase capacity to 20 beds
 - Offer stabilization, rehabilitation, and reintegration residential services
 - Place additional medical staffing and managerial support to ensure 24/7 access for clients
 - Support DSRIP and post-DSRIP efforts
 - ED and EMS diversion
 - Reduction in preventable ER utilization
 - Colocation of integrated mental health and substance use disorder services



Engaging Primary Care & Other Providers in SUD Patient Engagement and Treatment

- Offering free SBIRT (Screening, Brief Intervention and Referral to Treatment (SBIRT) training
 - 4-hr for licensed professionals, and
 - 8-hr for unlicensed staff
- Hosted Primary Care Education Event with focus on educating providers on screening methodologies, Medication Assisted Treatment, and linkages to OASAS licensed providers
- Conducting buprenorphine outreach and technical assistance to providers
 - Readiness assessment
 - Linkages to resources and mentors
- Conducting Behavioral Health Integration Detailing campaign to PCPs and Specialists
- Facilitating formal linkages between primary care/specialty providers and SUD treatment providers



Resource & Recovery Center Components



24/7 North Shore location provides crisis intervention, assessment and intake, harm reduction services, and recovery support services



South Shore location provides support groups, intake and assessment, counseling, naloxone and overdose prevention, recovery support services
Recently received funding to operate 24/7



TRTCC is a training network to certify peers that staff recovery centers, RUMC & SIUH ED 24/7 for warm hand-off pilot and provide naloxone training and kits for HOPE pilot



PPS funding and support for 24/7 staffing



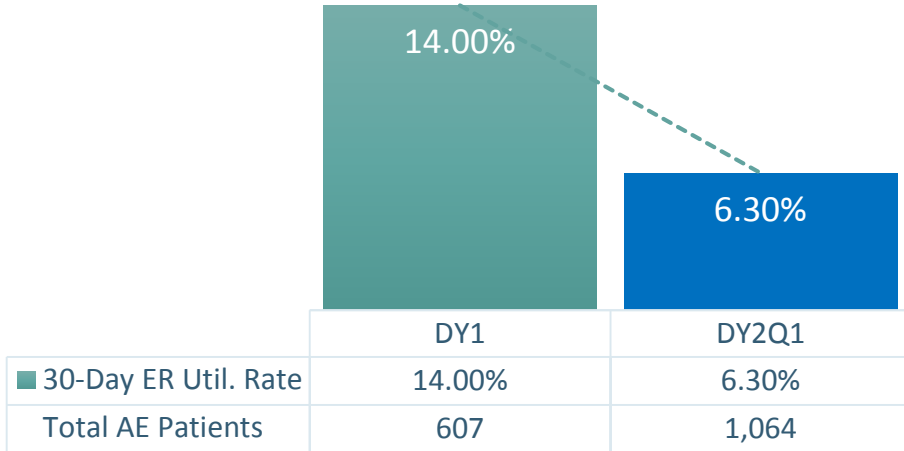
Provides oversight and technical assistance for Domain 4 BHIP projects including HOPE pilot

All partners are integrated through DSRIP BH pilots involving ongoing communication and collaboration

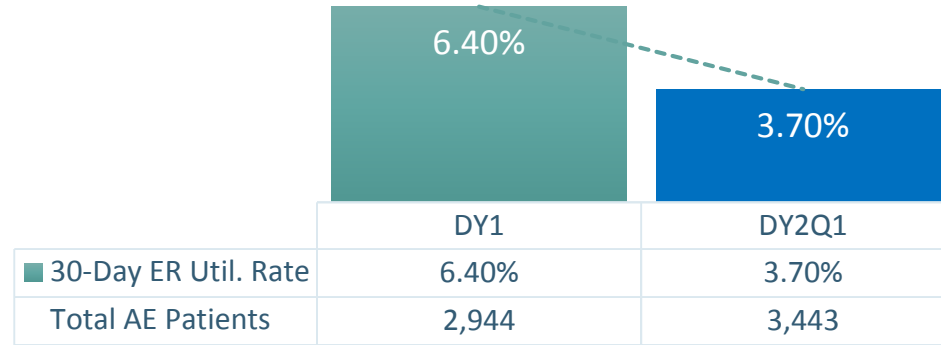


Current Progress - Improving Care Outcomes

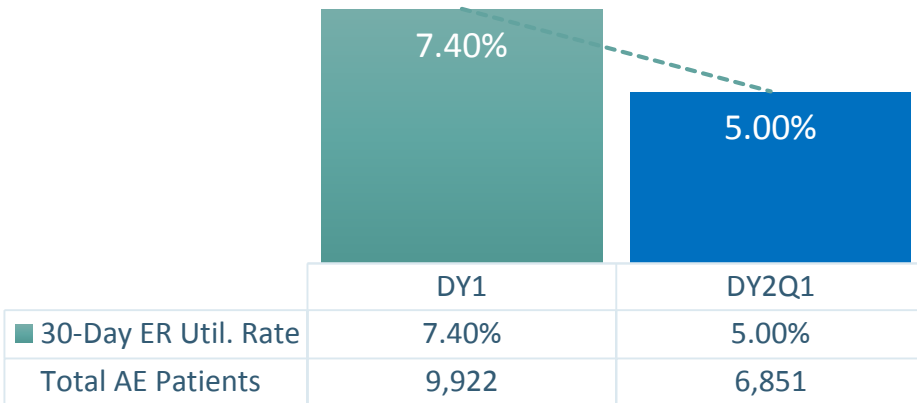
2.A.III : HH at Risk



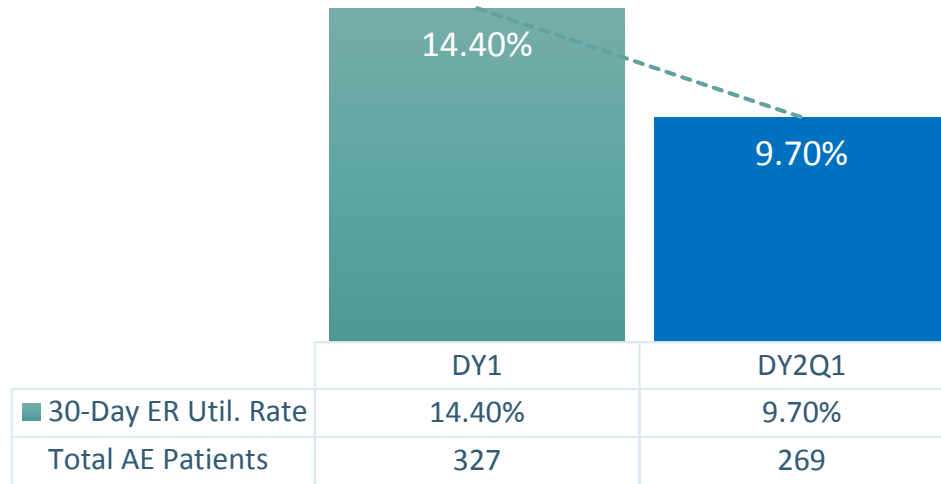
3.C.I : Diabetes Management



3.A.I



3.A.IV



Key Findings: Significant improvement in 30-day ER Utilization Rate (DY1 vs. DY2Q1)

- 2.A.III: **55%** improvement, decreased from 14% to 6.3%.
- 3.C.I: **42%** improvement, decreased from 6.4% to 3.7%.
- 3.A.I: **32%** improvement, decreased from 7.4% to 5.0%.
- 3.A.IV: **33%** improvement, decreased from 14.4% to 9.7%.



Future Success Requires More Innovation

- Broader and more detailed partnerships with Health Plans
- Greater information sharing between providers to improve outcomes
- True regulatory reform enabling providers institutional and individuals to innovate
- Economic sustainability to seed and encourage program development
- Integrative care offering patients true access and complete services through continuum
- ACO type partnerships with behavioral providers as equal partners at table

Leveraging Community Resources and Partnerships to Advance Behavioral Health Integration

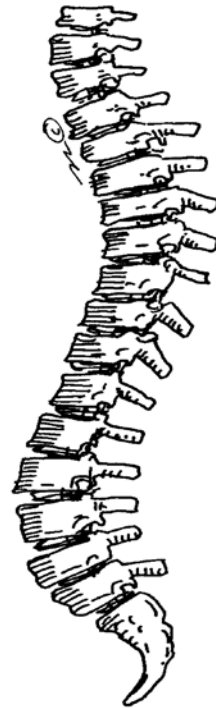
A CBO Perspective



Staten Island Partnership for Community Wellness (SIPCW)

Backbone support for the following initiatives:

- Coalition Building
- Project Planning & Management
- Partner Engagement
- Facilitation
- Communication and Education
- Data Collection and Sharing
- Evaluation
- Advocacy



Tackling Youth
Substance Abuse
(TYSA)

DSRIP Behavioral
Health Infrastructure
Project

Childhood Wellness
Initiative

Partnership for a
Healthy Staten Island

TCNY2020 Stapleton

Behavioral Health

Physical Wellness/
Chronic Disease
Prevention

Equity/ Place
Based



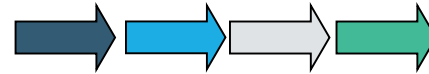
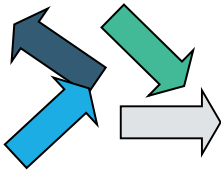
Role in Planning and Leading BHIP Efforts

- Proven track record in engaging diverse and cross sector stakeholders to align resources around common agenda;
- Experience in identifying and implementing evidence based practices in behavioral health promotion and prevention;
- Established and trusted relationships with the majority of BH providers participating in the SI PPS;
- Leadership role in borough, city, and state population health initiatives that span behavioral health, chronic disease prevention and primary care expansion; and
- Strong inroads to communities and neighborhoods across Staten Island that allow for authentic engagement and cultural competence
- Relationships with legislative champions at City and State level and partnerships with law enforcement agencies



Leveraging TYSA Coalition

- Founded in 2011, TYSA is a cross-sector collaboration aimed at leveraging the power of collective impact to improve health outcomes for SI youth (up to 25 yrs old) by promoting substance use disorder prevention, treatment, & recovery.



Coalition comprised of providers across the continuum of services (prevention, early intervention, harm reduction, treatment, recovery) schools, faith-based organizations, law enforcement, parents, youth, persons in recovery, philanthropy, and government partners.

Braiding funding from federal, state, and local philanthropy.



SI PPS Investment

- Advance prevention strategies
- Adopt innovative approaches
- Include Mental Health – exploring co-occurring disorders
- Build capacity of people with lived experience to drive strategies



Benefits of Collaboration and Integration

- Upstream prevention to increase overall impact
 - Delay onset of first substance use
 - Reduce health care costs
 - Reduce risk factors
- Integration of mental health and substance use
 - Increase awareness of co-occurring disorders
 - Increase communication and collaboration between providers
- Alignment between Primary Care and Behavioral Health
 - Identify behavioral health conditions through universal screenings
 - Team based approach
 - Holistic, patient-centered services and care



Opioid Strategies

SOMETIMES THE MEDICINE BECOMES THE PROBLEM



Protect yourself & your family

A guide to removing old and unused medications from your homes

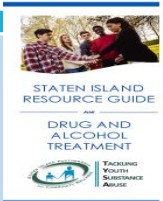
Non Medical Use of Opioid Analgesic Prevention

- Prescriber Education
- Parent & Professional Development workshops
- Youth workshops- bystander interventions, drug landscape
- Pharmacy inserts



Overdose Prevention

- Naloxone expansion
- Retailer and community engagement through OD campaign



General Community Awareness

- Co-branded PSAs
- Community education materials



Opioid Related morbidity

- Alignment w/ HIV and HCV initiatives
- Opioid and HCV event series
- Integration of primary care and behavioral health services



Alcohol Strategies



Alcohol related morbidity

- Alcohol and Cancer forum
- SBIRT expansion in primary care



Policy and Environmental Changes

- Building Alcohol Ad Free Transit
- Responsible Beverage Server
- Social Host ordinance



Youth planned and led campaigns

- Seasonal sticker shocks
- Alcohol photovoice

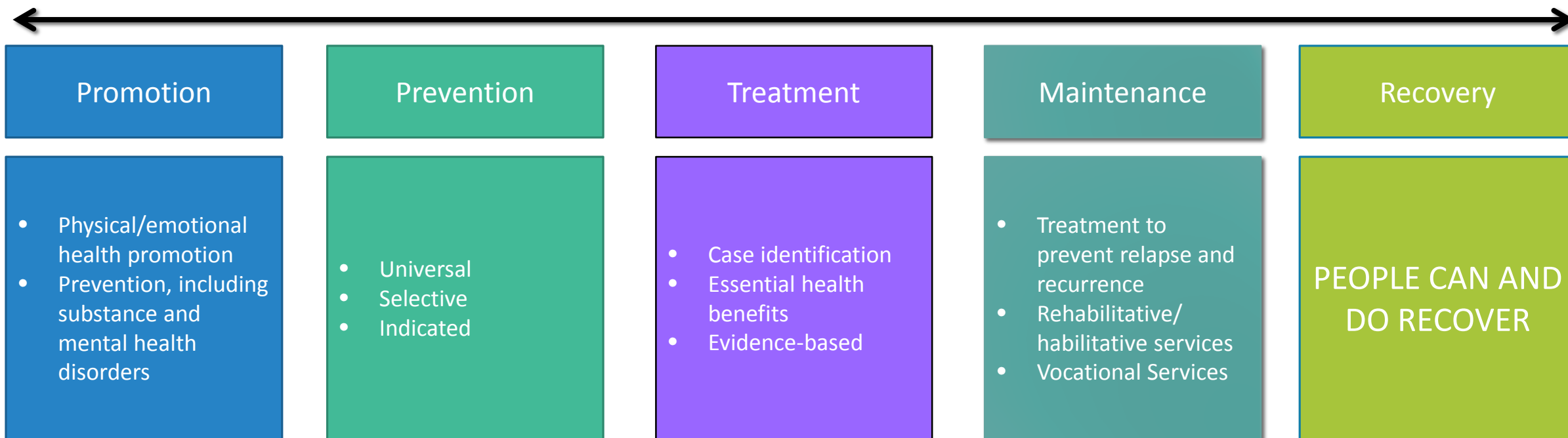


Community Education & Social Norms Campaign

- Our Kids Are Listening
- What's in Your Fridge?



Behavioral Health Integration Across the Continuum



Behavioral Health Integration is a long-term process that requires:

- Teamwork across sectors
- State and community voices
- Collaborative and integrated practices that include prevention
- Development/testing of evidence-based practices