Building Public Health and Mental, Emotional and Behavioral (MEB) Health Infrastructure in NYS

PRESENTED BY:
Douglas G. Fish, MD, NYS DOH
Allison Reynolds, Council for Prevention
Gale Burstein, MD, MPH Erie County Department of Health

FACILITATED BY:
Michele Calvo, The New York Academy of Medicine
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ADVANCING PREVENTION PROJECT
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Chideraa Ukeje
cukeje@nyam.org
212-822-7242
Agenda

• Background & Introduction
• Regional infrastructure opportunities through healthcare reform
• Case Studies
  • Strengthening the mental health & substance abuse infrastructure in the North Country region
  • Promoting maternal and child health & preventing and treating addiction in Erie County
• Q&A, discussion
About The New York Academy of Medicine

Current priorities:
• Healthy aging
• Disease prevention
• Eliminating health disparities
About The Advancing Prevention Project

To support implementation of Prevention Agenda plans in the priority areas of:

• Prevent Chronic Disease
• Promote Mental Health/Prevent Substance Abuse

www.advancingpreventionproject.org
About The Advancing Prevention Project

Our Staff

Michele Calvo
Kim Libman

Our Content Experts

Alyssa Moran
Elizabeth Meeker

Our MH/SA Advisory Group

- NYS DOH
- NYS OASAS
- NYS OMH
- Suicide Prevention Center of NY

ADVANCING PREVENTION PROJECT
Prevention Agenda, Part of State Health Reform

Critical Components
- Population Health
- Behavioral Health
- Collaboration
New York State Prevention Agenda
Priorities Selected by Counties, 2013

Priority Areas (# Selected by Counties):
- Chronic Disease (n=57)
- Mental Health and Substance Abuse (n=29)
- Women, Infants, Children (n=16) (n=30)
- Environment (n=9)
- HIV, STD, Vaccines & HAi (n=3)
# Strengthening Infrastructure in the 2013-2018 Prevention Agenda

Table 1: “Promote Mental Health Prevent Substance Abuse” - Focus Areas and Goals

<table>
<thead>
<tr>
<th>Focus Area 1: Promote mental, emotional and behavioral (MEB) well-being in communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: Promote mental, emotional and behavioral (MEB) well-being in communities</td>
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</table>

<table>
<thead>
<tr>
<th>Focus Area 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 2.1: Prevent underage drinking, non-medical use of prescription pain relievers drugs by youth, and excessive alcohol consumption by adults</td>
</tr>
<tr>
<td>Goal 2.2: Prevent and reduce occurrence of mental, emotional and behavioral disorders among youth and adults.</td>
</tr>
<tr>
<td>Goal 2.3: Prevent suicides among youth and adults.</td>
</tr>
<tr>
<td>Goal 2.4: Reduce tobacco use among adults who report poor mental health.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Focus Area 3: Strengthen Infrastructure Across Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 3.1: Support collaboration among leaders, professionals and community members working in MEB health promotion, substance abuse and other MEB disorders and chronic disease prevention, treatment and recovery.</td>
</tr>
<tr>
<td>Goal 3.2: Strengthen infrastructure for MEB health promotion and MEB disorder prevention.</td>
</tr>
</tbody>
</table>

**ADVANCING PREVENTION PROJECT**
MEB Infrastructure Toolkit (brand new!)

- Curated tools & resources, evidence-based interventions, tracking measures
  - Clinical Infrastructure Development
  - Community & County-level Infrastructure Development (local government & grassroots community coalitions)
  - Regional/Cross-Jurisdictional Collaboration & Alignment
- Sample logic models
- Case studies
- Aligns with the updated Prevention Agenda evidence based interventions

Five Components of Infrastructure

- Shared purpose/alignment among partners
- Evidence-based interventions, policies & approaches are utilized
- Conditions for improvement are included
- Engaged and collaborative partners
- Infrastructure is outcome-focused
Regional Infrastructure Opportunities through Healthcare Reform

PRESENTED BY:
Douglas G. Fish, MD
Medical Director, Division of Program Development & Management
NYS Department of Health
DSRIP Program’s Key Components

- Overarching goal is to reduce avoidable hospital use – Emergency Department and Inpatient – by 25% over 5 years of DSRIP

- Built on the CMS and State goals in the Triple AIM
  - Improving Quality of Care
  - Improving Health
  - Reducing Costs
The 25 Performing Provider Systems in New York State
Performing Provider Systems and Local Partnerships

• Partners should include:
  ✓ Hospitals
  ✓ Health Homes
  ✓ Social Service Departments & Local Government Units
  ✓ Behavioral Health Providers
  ✓ Skilled Nursing Facilities
  ✓ Clinics & Federally Qualified Health Centers
  ✓ Home Care Agencies
  ✓ Physicians/Practitioners
  ✓ Other Key Stakeholders

Community health care needs assessment based on multi-stakeholder input and objective data.

Building and implementing a DSRIP Project Plan based upon the needs assessment in alignment with DSRIP strategies.

Meeting and reporting on DSRIP Project Plan process and outcome milestones.
DSRIP Domains and Project Requirements

Project implementation is divided into four Domains for project selection and reporting:

• **Domain 1 –Overall Project Progress**
  • This domain “houses” the project’s process measure for all three domains

• **Domain 2 –System Transformation***
  ✓ 2.a.i Creating an Integrated Delivery System
  ✓ 2.b.i v Care transitions intervention model to reduce 30-day readmissions for chronic health conditions
  ✓ 2.b.vi Implementing transitional supportive housing services
  • All PPSs selected at least two (and up to four [or five*]) projects from Domain 2

*Only PPS approved to conduct project 2.d.i will be able to select a maximum of five projects from Domain 2 (and 11 projects in total). All other PPS will maintain the opportunity to choose up to four projects from Domain 2 (and up to 10 projects in total).
DSRIP Domains and Project Requirements

• Domain 3 – Clinical Improvement
  • CV disease, asthma, diabetes, perinatal care, HIV/AIDS, e.g.
    ✓ 3.a.i Integration of primary care services and behavioral health
    ✓ 3.a.ii Behavioral health community crisis stabilization services
    ✓ 3.d.ii Expansion of asthma home-based self-management program
  • All PPSs selected at least two (but no more than four) projects from Domain 3

• Domain 4 – Population-wide Strategy Implementation – The Prevention Agenda
  ✓ 4.a.ii Prevent substance abuse and other mental emotional disorders
  ✓ 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health
  • All PPSs selected at least one (but no more than two) projects
Domain 3: Clinical Improvement Projects
### Project 3.b.i: Cardiovascular Health

#### Map Key
- **CVD Project Selected (3.b.i)**
- **Not Selected**

Eight of eleven DSRIP regions selected this project area.
- Related Prevention Agenda Intervention

#### Region | PPS
---|---
New York City | Advocate Community Partners (AW)
Capital District | Albany Medical Center Hospital
Western NY | Catholic Medical Partners
Central NY | Central NY PPS
New York City | HHC Facilities
New York City | Maimonides Medical Center
Western NY | Millennium Collaborative Care (ECMC)
Mid-Hudson | Montefiore Medical Center
New York City | Mount Sinai Hospital Group
Long Island | Nassau County PPS
New York City | NY Hospital Center of Queens
Tug Hill Seaway | Samaritan Medical Center
New York City | St. Barnabas Hospital
Long Island | Stony Brook University Hospital
Southern Tier | United Health Services Hospitals
Four of eleven DSRP regions selected this project area.

Related Prevention Agenda Intervention

**Project 3.c.i & Project 3.c.ii: Diabetes Mellitus**

<table>
<thead>
<tr>
<th>Region</th>
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<tbody>
<tr>
<td>New York City</td>
<td>Advocate Community Partners (AW)</td>
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<td>Bronx-Lebanon Hospital Center</td>
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<tr>
<td>New York City</td>
<td>Lutheran Medical Center</td>
</tr>
<tr>
<td>New York City</td>
<td>Mount Sinai Hospital Group</td>
</tr>
<tr>
<td>New York City</td>
<td>Nassau County PPS</td>
</tr>
<tr>
<td>New York City</td>
<td>Richmond Univ. Med Ctr &amp; Staten Island Univ. Hospital</td>
</tr>
<tr>
<td>Tug Hill Seaway</td>
<td>Samaritan Medical Center (both 3.c.i + 3.c.ii)</td>
</tr>
<tr>
<td>New York City</td>
<td>St. Barnabas Hospital</td>
</tr>
<tr>
<td>Long Island</td>
<td>Stony Brook University Hospital</td>
</tr>
<tr>
<td>Mid-Hudson</td>
<td>Westchester Medical Center</td>
</tr>
</tbody>
</table>
Project 3.d.iii: HIV/AIDS

Map Key
- HIV/AIDS Project Selected (3.e.i)
- Not Selected

One of eleven DSRIP regions selected this project area.
- Related Prevention Agenda Intervention

<table>
<thead>
<tr>
<th>Region</th>
<th>PPS</th>
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</thead>
<tbody>
<tr>
<td>New York City</td>
<td>The NY and Presbyterian Hospital)</td>
</tr>
</tbody>
</table>
Project 3.f.i: Perinatal Health

Map Key
- Perinatal Health Project Selected (3.f.i)
- Not Selected

Three of eleven DSRIP regions selected this project area.
- Related Prevention Agenda Intervention

<table>
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<th>Region</th>
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<tr>
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<td>Bronx-Lebanon Hospital Center</td>
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<td>Catholic Medical Partners</td>
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<tr>
<td>Finger Lakes</td>
<td>Finger Lakes PPS</td>
</tr>
<tr>
<td>Western NY</td>
<td>Millennium Collaborative Care (ECMC)</td>
</tr>
</tbody>
</table>
Domain 4: Population-wide Projects (Prevention Agenda)
Projects 4.a.i,ii,iii: Mental Health and Substance Use

4.a.i - Promote mental, emotional and behavioral well-being in communities
Region
- Western NY: Catholic Medical Partners, Millennium Collaborative Care (ECMC)

4.a.ii - Prevent substance abuse and other mental, emotional and behavioral disorders
Region
- Long Island: Stony Brook University Hospital

4.a.iii - Strengthen mental health and substance abuse infrastructure across systems
Region
- Capital District: Ellis Hospital
- Central NY: Central NY PPS
- Finger Lakes: Finger Lakes PPS
- Mohawk Valley: Mohawk Valley (Bassett)
- New York City: Richmond Univ. Med Ctr & Staten Island Univ. Hospital, HHC Facilities, Bronx-Lebanon Hospital Center, Maimonides Medical Center, St. Barnabas Hospital
- Tug Hill Seaway: Samaritan Medical Center
- Long Island: Nassau County PPS
- Southern Tier: United Health Services Hospitals
- North Country: Adirondack Health Institute

Map Key
- Related Prevention Agenda Intervention
- MH/SA Project 4.a.i Selected
- MH/SA Project 4.a.ii Selected
- MH/SA Project 4.a.iii Selected
- No MH/SA Project Selected

Sixteen PPSs in ten regions selected MH/SA projects
Project 4.b.i: Tobacco Cessation

Map Key
- Chronic Disease 4.b.i Project Selected
- Not Selected

Six of eleven DSRIP regions selected this project area.

- Related Prevention Agenda Intervention

<table>
<thead>
<tr>
<th>Region</th>
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</tr>
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<tbody>
<tr>
<td>Capital District</td>
<td>Albany Medical Center Hospital</td>
</tr>
<tr>
<td>Capital District</td>
<td>Ellis Hospital</td>
</tr>
<tr>
<td>Mohawk Valley</td>
<td>Mohawk Valley (Bassett)</td>
</tr>
<tr>
<td>Western NY</td>
<td>Catholic Medical Partners</td>
</tr>
<tr>
<td>Long Island</td>
<td>Nassau County PPS</td>
</tr>
<tr>
<td>Mid-Hudson</td>
<td>Refuah Health Center</td>
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<tr>
<td>Mid-Hudson</td>
<td>Montefiore Medical Center</td>
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<tr>
<td>Mid-Hudson</td>
<td>Westchester Medical Center</td>
</tr>
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</tr>
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<td>New York City</td>
<td>The NY and Presbyterian Hospital</td>
</tr>
</tbody>
</table>
Project 4.b.ii: Preventive Care Management

<table>
<thead>
<tr>
<th>Region</th>
<th>PPS</th>
<th>Focus of 4.b.ii</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Country</td>
<td>Adirondack Health Institute</td>
<td>COPD</td>
</tr>
<tr>
<td>New York City</td>
<td>Advocate Community Partners (AW)</td>
<td>Cancer and hepatitis screening; HPV vaccines</td>
</tr>
<tr>
<td>Capital District</td>
<td>Albany Medical Center Hospital</td>
<td>Cancer screening</td>
</tr>
<tr>
<td>Finger Lakes</td>
<td>Finger Lakes PPS</td>
<td>Obesity and Tobacco in high risk populations, especially low SES</td>
</tr>
<tr>
<td>Mid-Hudson</td>
<td>Montefiore Medical Center</td>
<td>Cancer screening and prevention</td>
</tr>
<tr>
<td>New York City</td>
<td>Mt. Sinai Hospital Group</td>
<td>Cancer, Hep C, Chlamydia screening; increase well child visits</td>
</tr>
<tr>
<td>New York City</td>
<td>Richmond Univ. Med Ctr &amp; Staten Island Univ. Hospital</td>
<td>Cancer, COPD and hypertension</td>
</tr>
<tr>
<td>Tug Hill Seaway</td>
<td>Samaritan Medical Center</td>
<td>COPD and Cancer</td>
</tr>
<tr>
<td>Long Island</td>
<td>Stony Brook University Hospital</td>
<td>Cancer screening; tobacco cessation; obesity</td>
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<td>Southern Tier</td>
<td>United Health Services Hospitals</td>
<td>COPD</td>
</tr>
<tr>
<td>Mid-Hudson</td>
<td>Westchester Medical Center</td>
<td>Cancer screening</td>
</tr>
</tbody>
</table>

Map Key
- Chronic Disease 4.b.ii Project Selected
- Not Selected

Eight of eleven DSRIP regions selected this project area.

- Related Prevention Agenda Intervention
Project 4.c.i & 4.c.ii: HIV & Sexually Transmitted Diseases

Map Key
- HIV/STD Project Selected (4.c.i or 4.c.ii)
- Not Selected

One of eleven DSRIP regions selected this project area.

- Related Prevention Agenda Intervention

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<td>St. Barnabas Hospital</td>
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<td>The NY and Presbyterian Hospital</td>
</tr>
<tr>
<td>New York City</td>
<td>The NY Hospital of Queens</td>
</tr>
</tbody>
</table>
Project 4.d.i: Reduce Premature Births

Map Key
- Purple: Women, Infants and Children Project Selected (4.d.i)
- Grey: Not Selected

Two of eleven DSRIP regions selected this project area.

- Blue circle: Related Prevention Agenda Intervention

<table>
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<tr>
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<td>Millennium Collaborative Care (ECMC)</td>
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</tbody>
</table>
Joint PPS Collaboration in the Hudson Valley

• Westchester, Refuah and Montefiore PPSs
• Working together to engage Local Government Units (LGUs) and their Behavioral Health Providers.
  • This past quarter PPS Medical Directors embarked on a "listening tour", meeting independently with each of the seven county LGUs to learn about best practices and gaps aligned with the Crisis Stabilization project to inform project design.
• PPSs are collaborating on population health projects (tobacco cessation and cancer).
  • Engaging over 20 LGUs/organizations (including NYS Asthma Coalition and American Lung Association) through key activities of the Hudson Region DSRIP Public Health Council
How should an integrated delivery system function? The DSRIP Vision...Value-Based Payments

Integrated Physical & Behavioral Primary Care
Includes social services interventions and community-based prevention activities

Population Health focus on overall Outcomes and total Costs of Care

Sub-population focus on Outcomes and Costs within sub-population/episode

Episodic
- Prenatal and Maternity Care
- Elective Care (Hip-, Knee replacement, ...)
- Depression
- Acute Cardiovascular (AMI, Stroke)
- Pneumonia
- Cancer care, ...

Continuous
- Chronic care (Diabetes, CHF, Hypertension, Asthma, HIV, ...)
- Multimorbid disabled / frail elderly (FIDA population)
- Severe BH/SUD conditions (HARP population)
- Care for the Developmentally Disabled
Summary

• Significant alignment between Local Health Departments, the Prevention Agenda and DSRIP projects

• PPSs embracing Domain 3 and 4 projects and concept of population health

• Ongoing commitment to collaborate and focus on many of the priorities of the Prevention Agenda with DSRIP

Acknowledgement to Sylvia Pirani, Office of Public Health, NYS DOH for the PA and DSRIP Map slides
Strengthening the Mental Health & Substance Abuse Infrastructure in the North Country Region

PRESENTED BY: Allison Reynolds
Prevention Educator, Council for Prevention
“To Promote mental health and well being” The Council for Prevention fosters healthy communities, schools, families, and individuals. We support and encourage collaboration among leaders, professionals, and community members addressing the issues of mental health, substance abuse, disease prevention, treatment, and recovery.

- Classroom Curriculum-Based Programs
- School Wide Programs
- Professional Development and Training
- Coalition Building
- Challenge Program
- Parent and community member Education
Adirondack Region

Adirondack PPS Region

ADVANCING PREVENTION PROJECT
4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across systems

Goals:
1. Participate in Mental Emotional Behavior health promotion and MEB disorder prevention partnerships.
2. Provide cultural and linguistic training on MEB health promotion, prevention, and treatment.
Regional Structure

Development of a 4.a.iii Coalition

• 4 Sub regions (Prevention Agencies)
• Satellite Staff in each of the sub regions
• Sub regions will develop workgroups within their catchment areas for local level needs
• Sub regions will report data and share resources and information
• Sub regions are represented on the 4.a.iii Coalition
• AHI Project manager represented on coalition
• Coalition will collaborate with other DSRIP projects that are similar and using similar resources to accomplish goals
Areas of Focus

Prevention of MEB’s through evidence based programs
Generational Poverty
Trauma Informed Care
Social Emotional Developmental Learning
Cross Training
Sharing of data and information
Strategies of Engagement

1. Be at the table or invite them.
2. There are so many projects and things going on.
3. Help people to see the connections of all the projects.
4. Remember to think about things on the local level.
5. Don’t be afraid to advocate for your agency or program.
Promoting maternal and child health & preventing and treating addiction in Erie County

PRESENTED BY:
Gale R. Burstein, MD, MPH
Commissioner,
Erie County Department of Health
GEOGRAPHICAL STRUCTURE
MCC ORGANIZATIONAL STRUCTURE

Board of Managers Steering Committees:
- Finance
- IT Data
- Compliance
- Governance
- Project Advisory Committee (PAC)
- Physician Steering Committee

Advisory Committees:
- Community-Based Organization Task Force
- “Voice of the Consumer” Sub-Committee

Geographic Councils:
- Niagara Orleans Healthcare Organization
- Southern Tier Council

Chief Medical Officer
Chief Clinical Integration Officer
Director of Community Based Initiatives
Administrative Director
Community Health Workers (5)

Lead Entity ECMCC
Board of Managers
Compliance Officer
Executive Director

Financial Director
Director of Workforce Development
Director Of Operations
Emergency Intervention

• Meet with PPS leadership
• Presented facts
• Proposed collaboration
### MCC PROJECT STRUCTURE

<table>
<thead>
<tr>
<th>BEFORE</th>
<th>AFTER</th>
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<tbody>
<tr>
<td>• Project Management Model</td>
<td>• 11 Project Managers with Project Champions</td>
</tr>
<tr>
<td>• 11 projects</td>
<td>• Incorporate community and government engagement</td>
</tr>
<tr>
<td>• 11 project managers</td>
<td>• 4 of the 11 projects have champions from the government sector</td>
</tr>
<tr>
<td>• Hospital centric</td>
<td></td>
</tr>
</tbody>
</table>

- 11 projects
- 11 project managers
ECDOH Project Involvement

• ECDOH Project Champions
  • MCH
    • Increase support programs for Maternal and Child Health (3fi)
    • Reduce premature Births (4di)
  
• MEB
  • Addictions prevention and care
Lessons Learned

• PPS needs public health involvement
• PPS and public health strange bedfellows
• PPS want to work with public health but often no established relationships
• Public health can be leaders by forging those new relationships
ADVANCING PREVENTION PROJECT

Questions? Type them here →

New York State Department of Health
PREVENTION AGENDA 2013-2017

NYS HEALTH FOUNDATION

THE NEW YORK ACADEMY OF MEDICINE
HEALTHY CITIES. BETTER LIVES.
Materials Accompanying This Webinar

Please review the Infrastructure Toolkit available at
www.advancingpreventionproject.org
Thank you!

www.AdvancingPreventionProject.org