

**AMAZING
THINGS
ARE
HAPPENING
HERE**

Bridging the Gap: Expanding Roles and Building Partnerships in Behavioral Health

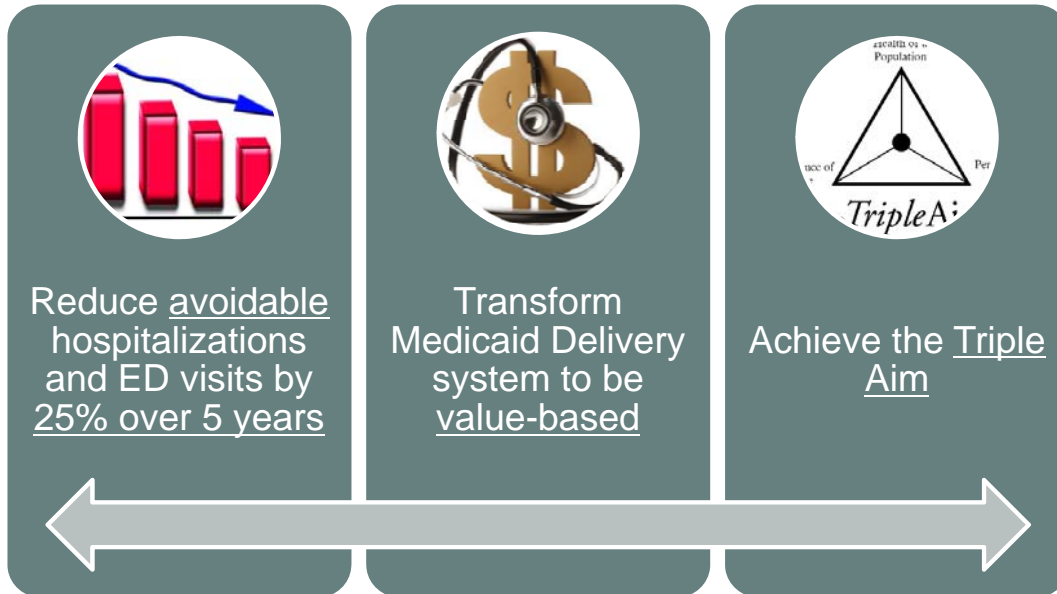
Introductions and Background

- **Four Perspectives**
- **Overview of NYP DSRIP**
- **Overview of Community Network Development**
- **Where do peers fit in?**

Origins: NYS DSRIP Vision & Goals

Attribute geographic populations to performing provider systems (PPS) for care management and coordination across the care continuum

Goals:



■ An Opportunity

- Behavioral health was a required component for state-wide applications for DSRIP
- NYP used this opportunity to review our current system of BH care
- The PPS structure supported a stronger connectivity between the hospital and community providers

Substance Abuse Network: Partnerships in Healthcare

Hospital
Care



Inpatient
Rehab/Detox



Outpatient/Community



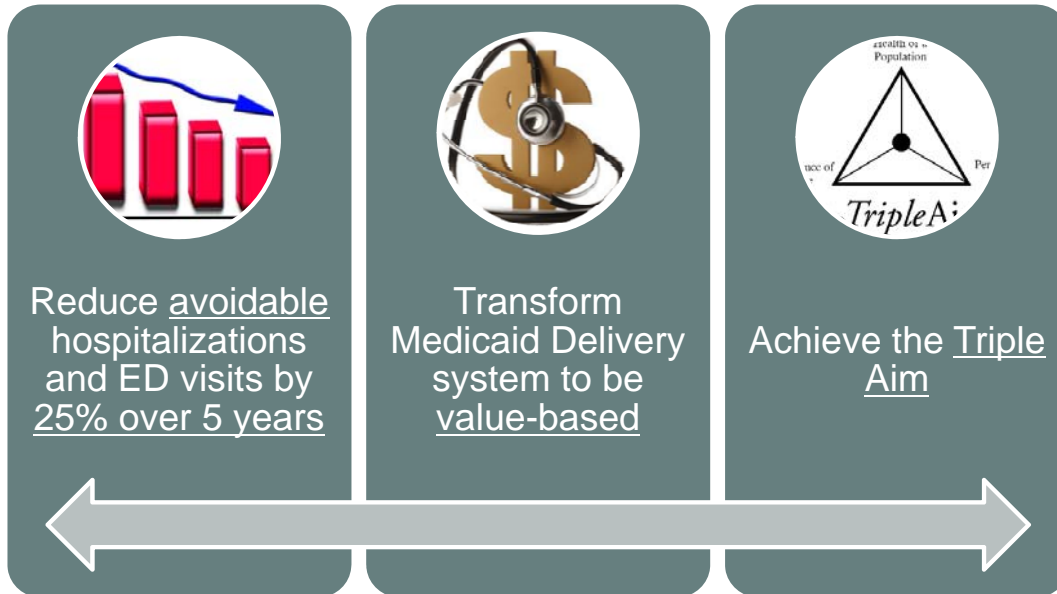
Behavioral Health Crisis



Origins: NYS DSRIP Vision & Goals

Attribute geographic populations to performing provider systems (PPS) for care management and coordination across the care continuum

Goals:



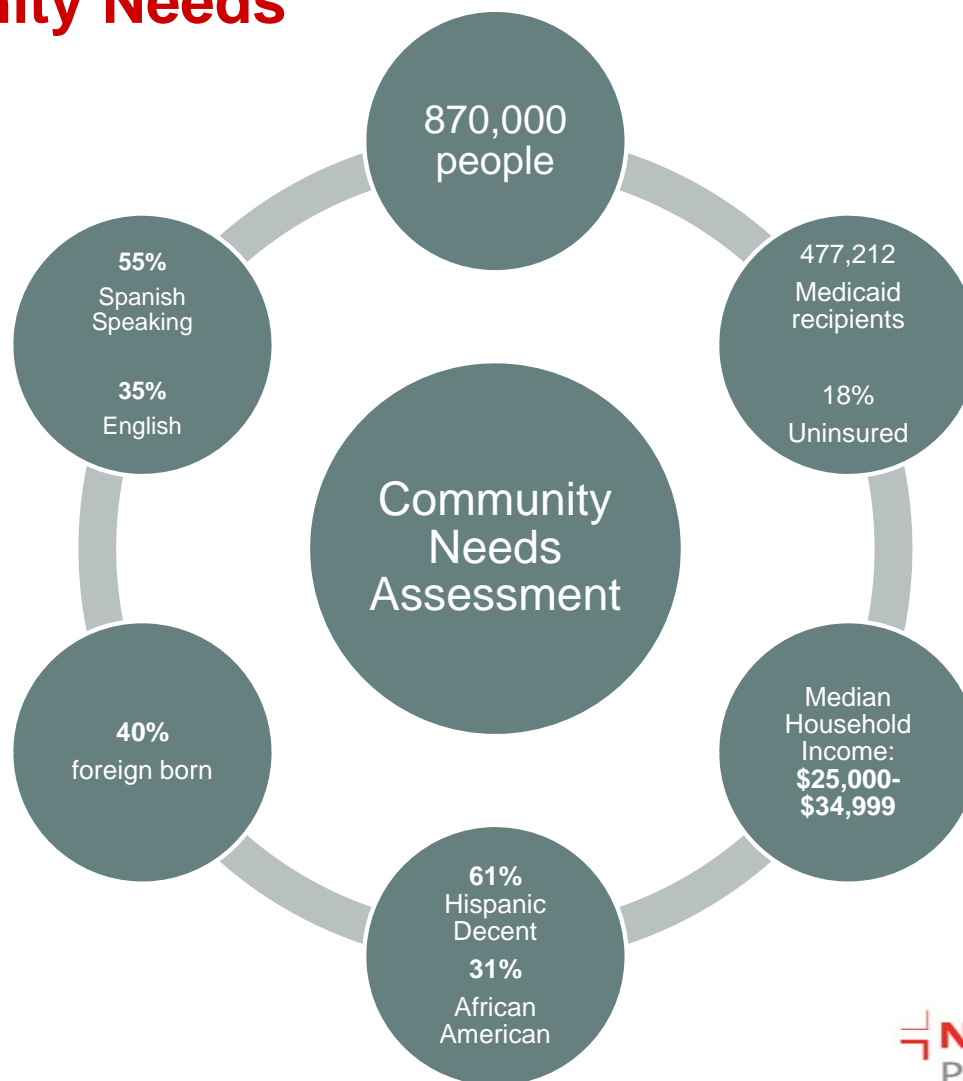
■ An Opportunity

- Behavioral health was a required component for state-wide applications for DSRIP
- NYP used this opportunity to review our current system of BH care
- The PPS structure supported a stronger connectivity between the hospital and community providers

Results of NYPH BH Systems Review

- BH Quality Metrics were lower than the state average for 24 of the 53 metrics
- High ER usage by patients with Substance Abuse and Mental Health diagnoses
- Continuation of Substance Abuse and Mental Health treatments past 2 weeks was lower than state average
- Need for an intervention longer than Mobile Crisis with the flexibility to engage a population who does not always prioritize behavioral health treatment
- Identified the need for a model for engagement with patients who are historically not engaged in community care*

Origins: Community Needs



BH Crisis Program – Targeted Population

- **Severely mentally ill population with complex mental health, medical and psychosocial needs; expect sizeable homeless cohort and complex comorbidities both medical and psychiatric**
- **Patients with frequent use of emergency and inpatient services; expect patients with history of contact with mental health system with intermittent or limited success in the areas of engagement, wrap-around care and coordination of care**
- **Patients with emerging behavioral health crisis needs and developing proactive strategies to address underlying stressors and reduce likelihood of future emergency services.**

BH Crisis Program – Core Goals

- **Access to a richer variety of wrap around services**
- **Improving the health of cohort/health outcomes**
 - **Fewer ED visits**
 - **Fewer inpatient days**
 - **Decreased LOS**
 - **Access to substance use services, warm handoffs*, case management, home-based and community care**
- **Better coordination of care internally at NYP and with community partners***
- **Building on pre-existing crisis services throughout NYP to develop shared crisis protocols across NYP programs and sites**
- **Identifying opportunities for enhanced discharge planning and follow-up care***
- **Use of IT for shared enhancement of history, progress and outcomes**

Tackling the Requirements

Goal:

Identify and divert non-emergent but in-crisis psychiatric patients (adults, children and families) presenting to emergency and ambulatory programs and linking them rapidly to nearby ambulatory medical, social (housing, nutritional support, etc.), psychiatric, substance use and other providers as indicated.

Initial ED Strategy

Embedding psychiatric triage in the ED to coordinate ambulatory care needs with Comprehensive Psychiatric Emergency Program (CPEP) psychiatrists

Implementing a community-based, mobile Critical Time Intervention-like ('CTI-like') team, linked to behavioral health access points within the hospital and community*

Revised Ambulatory Strategy

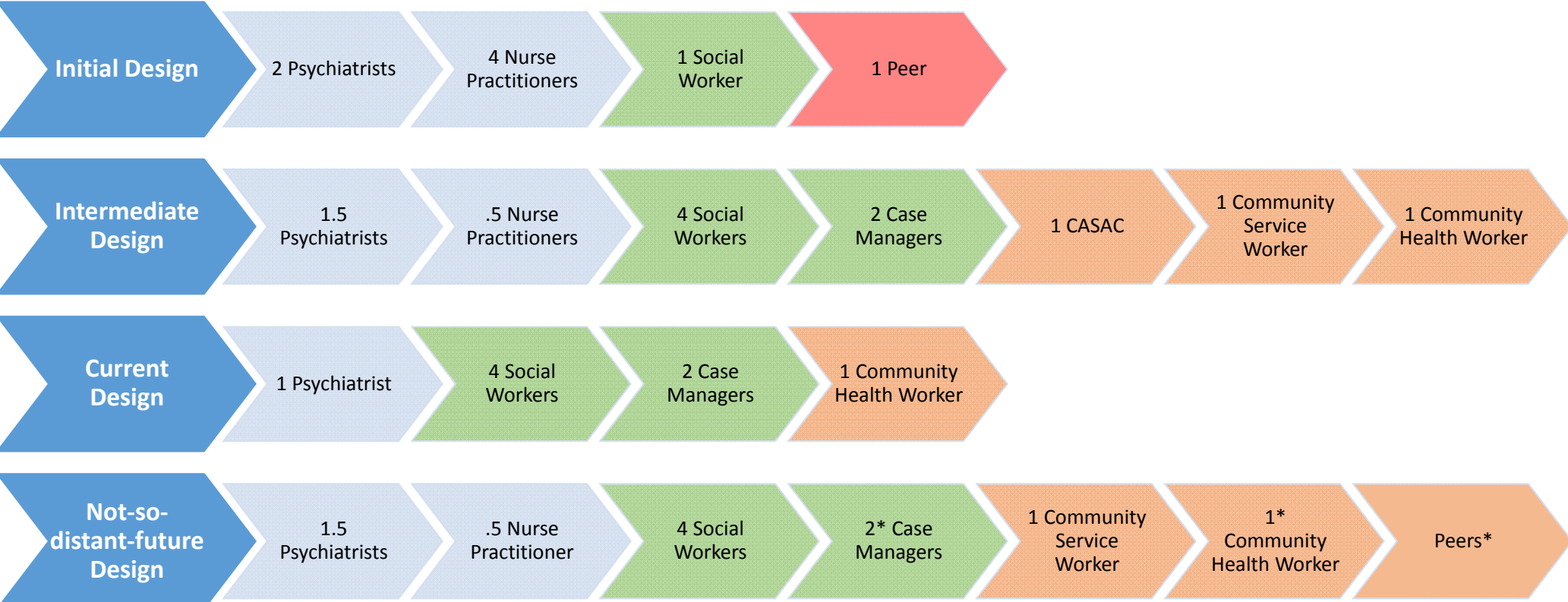
Embedding a centralized, telephonic psychiatric triage service, known henceforth as the BH Crisis 'HUB', within the NYP Ambulatory Care Network to coordinate ambulatory care needs for presenting patients in crisis

Implementing a community-based, mobile Critical Time Intervention-like ('CTI-like') team, linked to behavioral health access points within the hospital and community*

Perform a full review of existing crisis management services at NYP and develop a standardized, evidence-based Crisis Management Protocol to assist providers at ACN sites to deliver consistent, compassionate and comprehensive care to patients in crisis

Develop a bi-directional safety-net between NYP and Community Based Organizations to provide specialized, intensive services to address the varied needs of patients in crisis*

Staffing Evolution



NYP Center for Community Health Navigation (CCHN)



CCHN MISSION AND GOALS

Mission:

Initiated in 2005, the mission of the Center for Community Health Navigation is to support the health and well-being of patients through the delivery of culturally-sensitive, peer-based support in the emergency department, inpatient, outpatient, and community settings.

Goals:

- **Improve patient access to care at NewYork-Presbyterian Hospital and in the community**
- **Deepen connections between Hospital and community services and support**
- **Develop innovative patient-centered initiatives**
- **Advance the Community Health Worker role and workforce**
- **Enhance the Community Health Worker knowledge-base and inform practice**

CCHN History and Evolution



NYP CHW MODEL

Hospital-Community partnership model

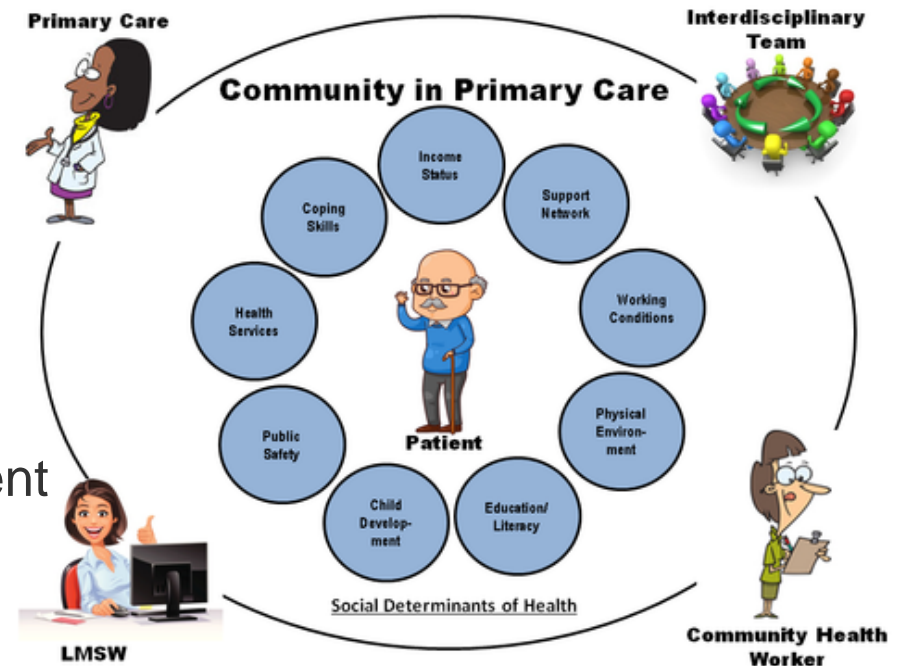
Community Health Workers

- Bilingual
- Community-based
- Members of health care teams

Home visits, appointment accompaniment

Peer support & health education reinforcement

Links to social services and support



EXPANSION UNDER DSRIP

- **Added Community Health Workers focused in the following areas:**
 - **Children with special healthcare needs**
 - **Adults transitioning out of the inpatient hospital with 3 or more hospital admissions per year**
 - **Behavioral Health Crisis Services**
 - **People living with or at high risk for HIV or Hepatitis C**
 - **Increased the number of Patient Navigators in the ED**
 - **Expanded geographically to serve the entire city**

ADDITION OF PEERS



- Part time staff
- Lived experience in the area they are working
 - 5 Peers total
 - 4 working for a substance abuse and HIV service organization
 - 1 working for a needle exchange program

Challenges, Successes, and Opportunities

Challenges:

- Balancing part time scheduling with patient needs
- Cross coverage of cases
- High turnover
- Time management
- Varied experience and fluency in hospital

Successes:

- Life work balance
- Built a workforce of Peers in a hospital setting

Opportunities:

- Advancement in a healthcare system
- Expansion across the entire NYP system

TRAINING CURRICULUM DEVELOPMENT

- Leveraging existing trainings and resources
- Utilizing community experts



Format and Current State

- **Training reviewing process:**
 - **Training is reviewed by adult learning and health literacy standards review by expert in health education**
 - **Learning objectives, re-cap questions, and pre and post test questions are drafted and added to the training**
 - **Sent to Education Committee for review(CHWs and/ or Peers, Patient Navigators, Health Home Care Managers, Community Collaborators, and NYP Care Managers and Administrators)**
 - **Given one week per training to review**
 - **All feedback is compiled and sent back to trainers for updating**
 - **If trainer is satisfied with changes based on feedback, training is recorded**
 - **Training is sent to vendor for digitization**
 - **Training is uploaded to the PPS training website**

Learning Center: Home x

https://nyp-pps.sabacloud.com/Saba/Web_spf/NA3P1PRD006/local/

Apps Harvard manager me


NewYork-Presbyterian
Performing Provider System

Hi, Whitney Ale

Home Me Groups

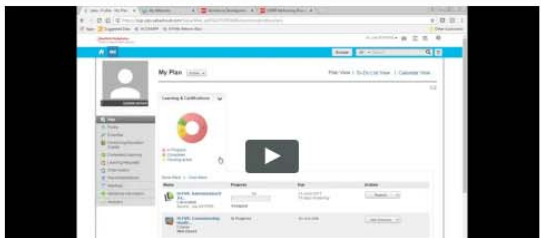
Search BROWSE

Personalize



WELCOME TO THE
NYP PPS TRAINING CENTER

NYP PPS TRAINING CENTER TOUR



ANNOUNCEMENTS

You are not assigned to any default group.

MY GROUPS

You haven't joined any groups yet.
To join groups, go to the Groups section and search for groups you would like to join.

NewYork-Presbyterian
Performing Provider System

Hi, Whitney Ale

Home Me Groups

Search

BROWSE

BROWSE

FILTER BY

LEARNING EVENT TYPE

- Course
- Curriculum
- Certification

OFFERED AS


- Blended
- Instructor-Led
- Virtual Classroom
- Web-Based

LOCATION

DATE

- Any
- This Week
- This Month

New Learning



Pediatric Asthma - NYP PPS
1 Class
Instructor: Adriana Matiz, MD Medical Director
Center for Community H...
[more...](#)

★★★★★



Home

Me

Groups



Search



BROWSE ▾



Pediatric Asthma - NYP PPS

(ID: 00020889, Version: 1.0)

Course description : Instructor: Adriana Matiz, MD Medical Director Center for Community Health Navigation Associate Professor of Pediatrics Learning Objectives: Describe the disease of asthma Discuss asthma in our local area List the different triggers/causes Recognize the symptoms seen in asthma attacks (mild and severe) Explain how to control asthma Discuss the different asthma medications, side effects, and proper use
[...less](#)

Suggested classes for you



Class ID : 00035112
Web-Based

ENROLL



Can't find a class that works for you? [Submit a request](#)



Share

Tag

ADD TO PLAN



Whitney Ale
Program Manager, Center for Community Health Navigation

NOT REGISTERED

COURSE STATISTICS



1

Completions this year

1

Total completions

Other Information

Training Source: NYP PPS
Training Hours: 1

Sample training: Asthma Training

Challenges/ barriers to training

- **In person vs. online format**
- **Time**
 - **Review and upload**
 - **Personnel time**
- **Costs associated with process- DSRIP allowed this to happen**
- **Expanded audience for trainings**
- **Prioritizing trainings and competing needs**

Leslie Abreu- Peer perspective at NYP