

Coordinated Behavioral Care (CBC)

Year End Report

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INTRODUCTION

I hope you find this Year End Report informative and helpful in understanding all the work underway at CBC. Since I joined CBC in September 2017, the CBC Team, with the help of the Board and many others, have continued to build on the phenomenal success that is CBC. I especially want to acknowledge Danika Mills and her leadership for that growth. As we come to the end of another successful year, it is my pleasure to provide an overview of CBC's achievements, new initiatives and plans for 2018. In 2017, we sadly lost one of our founding members and leading advocates in the field, Asher Fogel. All at CBC and in the NY nonprofit world appreciated all that he did in his work to improve the lives of New Yorkers and he is already greatly missed at our Board meetings.

It has been important for me to meet and get to know our members, key stakeholders, consultants and vendors. To learn about CBC's operations and our extensive network, I have met with all the CBC's programmatic staff (now numbering 30) and have met with many of you in order to get a better

sense of your agencies and service offerings and expect to continue these visits in 2018. These meetings were also an opportunity to learn more from you about your expectations and vision for CBC.

Over these last few months I have been assessing the roles and responsibilities of CBC staff conducting 2 senior executive level staff retreats with the intent of streamlining and better organizing our staff, their portfolios and positioning CBC for the next phase of growth into a more clinically and financially integrated enterprise. We expect to roll out a new organizational structure in early January 2018.

In addition, I have met with many of our vendors, such as BTQ Financial, GAVS and GSI, with several of these meetings leading to contract renegotiations that were favorable for CBC with significant FY18 savings.

We have continued to work closely with our consultants to continue the work initiated around governance and strategy; developing alternative service offerings; developing a strategy regarding grants and development activities, as well as further bolstering our understanding of the IPA, contracting strategy with Managed Care Organizations and other key initiatives.

As a team, we have met with several of the DSRIP PPS', many of which we have current contracts with, including Bronx Partners for Healthy

Communities (BPHC), Mount Sinai, and Staten Island, where we have presented several proposals for funding consideration in addition to the ongoing work and collaboration we are engaged in with them. I anticipate that we will continue to meet with the remaining PPS' in the coming months.

Finally, we have been setting up meet-n-greets with many key stakeholders to further promote the work we are doing at CBC, including but not limited to, the NYS Office of Mental Health (OMH), NYC Office of the Deputy Mayor for Strategic Policy Initiatives, NYS Psychiatric Institute's Center for Practice Innovations, NYC Department of Health and Mental Hygiene (DOHMH), The Mayor's Fund, Robin Hood Foundation and NYU McSilver Institute for Poverty Policy and Research/MCTAC.

I also have represented CBC at several important gatherings/meetings, such as the: MRT Supportive Housing Conference, the North East Business Group on Health (NEBGH) Psychiatry Access Meeting and the NEBGH Disclosure in the Workplace Summit as well as being involved in the following committees/advisory boards: NYC DOHMH Buprenorphine Advisory Committee, Community Supportive Housing (CSH) NYC Advisory Board, Human Services Council (HSC) Value Based Payment (VBP) Commission, United Hospital Fund's (UHF) Health Policy Forum, and the NYC Well Advisory.

CBC IPA

During 2017, the CBC IPA has continued to grow and evolve. We were delighted to welcome **The Bridge, Heartshare St. Vincent and WellLife** as IPA owners along with thirty plus agencies that joined the IPA as Network Providers. Our current array of IPA member agency programs and services demonstrate an incredibly robust network.

CBC's Member Network

- ✓ **41** Licensed Mental Health Clinics
- ✓ **5** Federally Qualified Health Centers (FQHCs)
- ✓ **20** Licensed Outpatient Addiction Treatment Programs/Clinics
- ✓ **14** Health Home Care Management Agencies
- ✓ **45** Distinct Health Home and Other Care Coordination/Care Management Programs for People with Serious Mental Illness, HIV/AIDS and Substance Use Disorders
- ✓ **8,400+** Supportive Housing Beds with Supportive Services
- ✓ **1,900+** Shelter Beds with Supportive Services
- ✓ **1,000+** Licensed Practitioners
- ✓ **20** OMH-Licensed ACT Programs
- ✓ **12** OMH-Licensed PROS Programs
- ✓ **8** Crisis Programs
- ✓ **54** Licensed Transitional Residential Programs
- ✓ **9** HCBS Waiver Service Programs
- ✓ Citywide network including food pantries, entitlement services, transportation, vocational/employment, clubhouses, mobile outreach, settlement houses, and many other human services

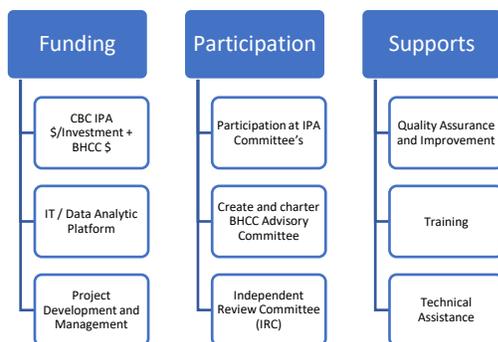
As we were strategically growing our IPA Network, the NYSDOH announced new funding for the development of Behavioral Health Care Collaboratives (BHCC). The New York State (NYS) Behavioral Health (BH) VBP Readiness Program represents a unique opportunity to strengthen BH providers throughout NYS, and prepare them to be successful in the transformation of the health care delivery system.

The CBC IPA applied for the BHCC funding as a lead agency and we were very grateful that the majority of our Network joined with us in our application. In addition, we received support from a number of affiliated PPS' and hospital systems.

The BHCC contracts will be awarded at the end of December and we are confident that with the additional BHCC funding we will continue to build out our IT/Data Analytic capacities to enable a more clinically integrated network. Our current IPA-BHCC Network is an impressive array of NYC health and human service agencies, across the five boroughs, delivering an array of critical services and impacting social determinants of health to close to approximately 200,000 Medicaid recipients.

	IPA Owners	Network Providers	Affiliate Providers	
Participants	15	36	16	
MMC Enrollees Served	138,027	62,542	>50,000	
Network Coverage (by # of Programs)				
Article 31 Clinic: 77	PROS Clinic: 18	ACT: 29	CDT: 4	Partial Hosp: 1
Article 32 Clinic: 31	Outpatient Rehab: 2	Opioid Treatment: 4	Residential Programs: 10	Medically Supervised Outpatient Withdrawal (MSOW): 1
Medically Managed Withdrawal: 2	Certified Community Behavioral Health Clinics (CCBHCs): 3	HCBS: 65	Supportive Housing: >8,000 beds	FQHC: 6 [over 68 different sites]

In December, CBC convened a meeting with all the IPA-BHCC Network Providers to review the BHCC application as well as plans once funding is received. The meeting was well attended and providers were in agreement with the overall strategy and manner in which they would be involved with CBC going forward: funding for IT/Data Analytic Platform development, committee participation and continued supports in such areas as training, technical assistant and quality oversight.



CBC has also have developed a Geomap of our agencies and services/programs, please click the [link](#) for the most updated CBC IPA Network Geomap that includes self-reported programs and services data from all CBC IPA member agencies.

You can click on the “Map” tab to view all programs and services provided by CBC IPA member agencies and you can filter programs and services by a number of different variables, including program type, agency, county (please note that in addition to the city field for where the program/service is based, there are separate

borough fields that you can use to find out which programs/services are offered in each borough even if they are not physically located in those boroughs), etc. by clicking on the blue “filter” tab.

This Geomap was created using the updated CBC IPA Provider Network Database with data collected from the agencies between December 2016 and December 2017. We know that there may be some programs/services missing from this database and Geomap and/or there may be some inaccuracies that require further validation. We look forward in 2018 to further enhance and develop this database as part of our IT/Data Analytic Strategy.

INNOVATIVE COMMUNITY-BASED CARE PROGRAMS

Pathway Home

CBC’s innovative care transition program, Pathway Home (PH), that engages clients on inpatient psychiatric units and provides a continuum of services to facilitate their successful return to the community, using a Critical Time Intervention (CTI) model of care, continued to grow in 2017 and continues to have strong outcomes that demonstrate that with the right care in place our patients can live independent lives, return to school, find employment and raise families.

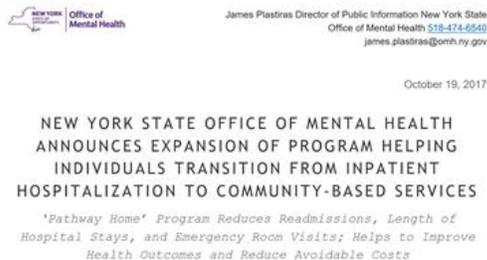
Based on PH’s success, in 2017 OMH funded two additional teams. The first to open was a hospital embedded team at Bronx Psychiatric Center. This team focuses on and supports readiness for community living, problem-solves barriers to discharge, provides peer support and teaches daily living skills needed to ensure a smooth transition

The second team is embedded at Metropolitan Hospital Center and works exclusively on 730.40 designations: these individuals are justice-

Pathway Home team received a referral from a State Psychiatric Center for a previously homeless veteran who had a history of poor compliance with outpatient treatment, substance use and multiple hospital admissions. Upon discharge, the client stated that he was not ready to stop smoking marijuana and did not wish to move beyond the transitional living facility he was in. The client also refused to get his hair cut and had poor grooming and was unsuccessful at multiple housing interviews, although he still attended his appointments and was taking his medications. The PH team engaged him around his experience in the military and his family who lived in another part of the country. He slowly began to engage in discussion about goal setting and getting his own apartment one day so his family would visit him. The team met with his outpatient psychiatrist, his therapist, and care coordinator to get everyone focused on mutual goals that could help the client move forward. A few months into the program the client began shaving, showering daily, and cleaning his room; he began attending groups at his clinic around budgeting and nutrition. The team then began to engage him around housing and housing interviews, with mock interviewing with the team and learning how to talk about his experiences, articulate what brought him to the hospital, and insights into how to stay well in the community. Recently, the client was tentatively accepted into a housing program and is excited to move forward in his treatment. He reported to the team that he hasn't smoked marijuana since the end of the summer and is exploring ways to visit his family for Christmas.

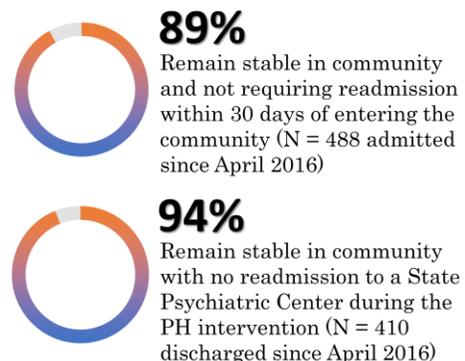
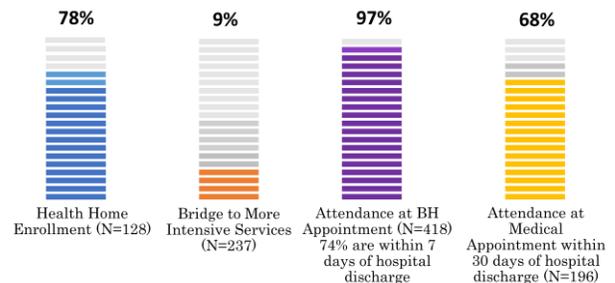
involved and have a co-occurring serious mental illness. PH Team involvement includes discharge planning and community linkages.

In October, the NYS OMH sent out a Press Release announcing the expansion of the PH program and the 2 new teams. It was further validation of the accomplishments this community-based care program has delivered.



In addition to these OMH funded teams, CBC in 2017 launched with the BPHC PPS, a PH team that exclusively serves individuals being discharged to homeless services from Wakefield Hospital. In addition to the usual array of PH services this team provides support around housing placements in the community.

In the past three years PH has served over 800 individuals and consistently has demonstrated robust outcomes, some of which are listed below:



In December, Mark Graham and Barry Granek, presented a poster at the New York Academy of Medicine's Population Health Summit IV: Working Across Sectors to Address Social Determinants of

Health, which was well received and garnered much attention.



Project Connect

A NYS DOH funded pilot program, initiated in April 2017, designed to increase Health Home enrollment amongst eligible individuals being released from Riker's. The program also provides technical assistance to care management agencies (CMA) when their members are arrested and/or incarcerated. We are working with NYS DOH for year two funding

Staten Island Community At Risk Engagement Services (SI CARES)

In partnership, with the SI PPS and five member agencies, CBC operates and manages this short-term care management program designed to assist community members with Medicaid and one chronic health condition to become linked and engaged with community based providers in order to better manage their health care needs. The program uses community based Health Coaches to work with members on health education and immediate needs and in the last two years has served over 2,000 people.

In December, CBC staff, Deean Dobrer and Ava Blair, presented on different panels at the Primary Care Symposium hosted by the SI PPS; the goal of the Symposium was to bring together providers and partner agencies to focus on different areas that impact clinical and community quality outcomes. The topics presented by CBC staff were:

- "The Role of Care Coordination in Addressing Hospital Utilization"
- "The Role of Care Coordination in Diabetes Management"

Additionally, the SI CARES has developed an educational video; its goal is to distribute the video throughout Staten Island so that more people can learn about care coordination and sign up for SI CARES. To watch the video:

<http://www.statenislandpps.org/si-cares>

HEALTH HOME

CBC continues to operate one of the largest Health Homes (HH) in New York State, with nearly 17,000 enrolled members and an additional 4,000 members in outreach and engagement. CBC HH is proud to support care coordination services across the life span with our youngest member being 4 months old (born 7/17/2017); our oldest is 102 years old (born 4/8/1915).

Our Health Home Serving Children (HHSC) program celebrated it's one year anniversary this December. Year to date, CBC has served 3,971 children making CBC HHSC the 3rd largest in NYS and 2nd largest downstate. Within this first year, CBC HHSC has established partnerships with Maimonides Pediatric Primary Care Centers and NYU Lutheran Family Health Centers, which are in the early stages of embedded Care Coordination models.

Notably, CBC HH has maintained a seat on the Board of Directors for the Coalition of NYS Health Homes (CNYSHH), Amanda Semidey, CBC's VP for Care Coordination Services, was nominated and elected for the NYC Metro Seat. The CNYSHH is formerly incorporated and is recognized by SDOH, DOHMH, the Plans and the Conference of Local Mental Hygiene Directors and LGU representatives. The CNYSHH works to streamline HH training, standardize quality oversight, and provides advocacy regarding HH implementation.

NYS DOH specifically requested our HH participation in a Patient Activation Management (PAM) Research Project on Diabetes Management. Our HH was the only Designated Lead invited to participate. It will be a Focused Clinical Study to determine if the PAM could support better health outcomes in Diabetes Management.

During the last year we invested significant resources in training our CMA's care coordination workforce. Through our Value-Add Training, aimed at promulgating best practices, CBC HH strengthen our network's capacity to work with Criminally Justice Involved individuals by providing technical assistance and Care Management support through our Project Connect Initiative. CBC HH is in our 2nd year of the Trauma Informed Care Training Curriculum, ensuring our network is knowledgeable about the role and impact of trauma across the life cycle, its impact on decision making, coping skills, and health outcomes. This curriculum features monthly case conferences and has trained and provided CEUs to nearly 700 participants. Finally, our monthly Care Coordination Webinars included topics such as: person-centered care plans

- SDOH documentation guidelines for care teams
- HH consents
- Diabetes Management
- Ending the Epidemic
- HH Incident Reporting
- SUD Assessment and Treatment
- Understanding Gaps in Member Care

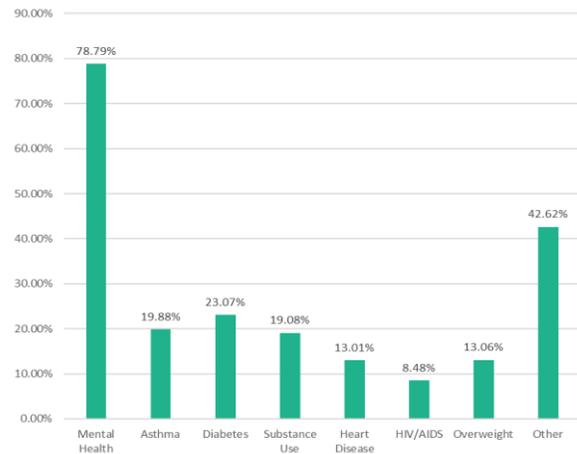
Our HH quality management oversight has also evolved significantly in the past year. The foundation of our quality assurance strategies is the reliance on the subject matter expertise from our CMA. Integral to this process, are our CBC HH learning collaboratives, quality management and Children's quality management team meetings and site visits. These activities support the continued enhancements to our Policy & Procedure Manual, Corrective Action Plans

inclusive of Technical Assistance calls and Monthly case record reviews.

For well over a year our HH has created population health data to better understand who we serve and what their greatest BH, medical and social determinant needs are. Based on the following data, it is apparent that we are serving those most in need of care management services.

Adults:

- 33% of members have more than **two chronic conditions**
- 14% of our population is **homeless**
- 71% are Category 1 homeless (street homeless/living in a shelter)
- 29% are Category 2 homeless (unstably housed)
- 5.8% had a recent hospital stay for mental illness
- 1.1% had a recent hospital stay for substance use



Children:

- 76% report **Serious Emotional Disturbance (SED)**
- 33% are in **Foster Care**
- 21% have **Complex Trauma Designations**

Care Management Model Success

Maimonides Medical Center conducted a three-year program funded by a Health Care Innovation Award (HCIA) from the federal Centers for Medicare and Medicaid Innovation (CMMI), to

coordinate medical, behavioral, and social services for more than 7,000 individuals with serious mental illness. The program was implemented through the Brooklyn and CBC HH and directed by a consortium of partners who would go on to play key roles in the formation of the CBC network.

Mathematica Policy Research released an independent [evaluation](#) of Maimonides' HCIA intervention, which found that the intervention resulted in an average Medicaid savings of \$944 per member per month, totaling \$48 million over three years. These results confirm the value of community based-care management and bolsters the argument that this approach to caring for high-need, complex populations can meaningfully improve outcomes and lower costs.

2018: THE YEAR AHEAD

CBC's IPA structure and functioning will become more formalized with the further development of an IT/Data Analytic Strategy and the convening of key committees that will allow us to move towards Clinical/Financial Integration and thus becoming a "delegated" IPA model.

Starting in 2018, we will reconvene and/or launch the following committees, with our IPA member and Network member agency representatives:

- Clinical Integration Committee (CIC)
- Quality Oversight Committee (QOC)
- Technology and Analytics Strategy Committee (TASC)
- Children's Committee (CC)
- Network Advisory Committee (NAC)
- Consumer Advisory Committee (CAC)

In addition, an Independent Review Committee (IRC) was established in order to assist in the independent evaluation of proposals submitted by the IPA owner, network and affiliate agency members. The purposes of the IRC are to review applications to participate in CBC IPA committees and to review, evaluate and recommend proposals to implement programs or services that

the IPA solicits. Based on its reviews, the IRC makes recommendations to the CBC Leadership staff and IPA Board of Directors for final approval.

CBC's IT/Data Analytic Strategy, is comprised of 3 inter-related and sequential build-outs. CBC plans to begin rolling-out these components throughout 2018 and beyond, with the assistance and direction from our Technology and Analytics Strategy Committee (TASC) and other key stakeholders.

1. Centralized Database of Organizations, Programs, and Services: a detailed, searchable, faceted repository of organizational and program information that can be used to:
 - Complete inventory of remaining IPA-BHCC Network agencies
 - Ascertain the status of agencies' programs and services
 - Identify gaps in services
 - Allow for the referrals to agencies and programs that match the needs of patients based on their multiple search criteria such as diagnosis, language, location, age and acuity
2. Contact Tracking and Closed Loop Referral System: a system that tracks the progress of patients from across the IPA Network:
 - Triggering events alerting CBC IPA staff of a patient's need for a referral
 - Requests by the CBC IPA to an IPA Member Agency for a referral
 - IPA Member Agency's acknowledgement of receipt of referral requests
 - IPA Member Agency's transmission of the status and/or disposition of referral requests
3. IT/Data Analytic Platform: a comprehensive integrated data repository and data analytics system to generate management reports and dashboards for:

- Quality metrics specific to attributed population
- Budgeted and actual total cost of care for attributed population
- CBC IPA's ability to measure and meet quality metrics

materials that will serve as an overview of CBC and our service offerings as well as a new logo.



On the HH front we have much activity ahead of us in 2018, here are some highlights of work to come:

- Beginning in 2018, CBC HH will issue Quarterly CMA Report Cards, allowing providers to better understand their Care Coordination performance across within our HH and across our downstream providers.
- CBC HH is establishing new quality benchmarks for CMA's, transitioning from process metrics to performance outcomes to better prepare providers for VBP.
- CBC HH's Trauma Informed Care Curriculum and Value Add Monthly trainings will also continue in 2018, ensuring our network remains knowledgeable about the role & impact of trauma across the life cycle and can implement care coordination best practices.
- The Criminal Justice Initiative, Project Connect, will continue to strengthen our networks' capacity to work with Criminal Justice Involved individuals by offering ongoing technical assistance to CMA's and network-wide trainings.
- Along with our colleagues in the Coalition for NYS HH, CBC will continue advocacy efforts to support the sustainability of care management for NYS's neediest members.
- Additionally, Coalition for NYS HH utilizing the GSIHealth Dashboard are jointly developing both the Adult and Children's Comprehensive Assessments in an effort to streamline costs and training across all shared downstream providers.

Finally, CBC has finalized the content and layout for the new CBC website; our hope is that it should be up and running by early January 2018. Further branding and communication is underway; we are in the process of developing new marketing



CBC has accomplished so much since it was established and we must thank all our partners who have and continue to share in the vision of CBC, especially our Board Members, who have dedicated their time and resources to making CBC what it is today. I am proud to be the newest addition to this amazing group of talented and committed advocates, striving to improve the quality of care of all New Yorkers.

I look forward to continuing these bulletins in 2018 and reporting the progress we are making at CBC.

Jorge R. Petit, MD | CEO