



August 26, 2016

Dear CEO and Agency DSRIP Lead,

We are reaching out to announce a 'call to action' of Bronx Partners for Healthy Communities' (BPHC) **community-based behavioral health providers**.

BPHC is a Performing Provider System (PPS) of New York State's Delivery System Reform Incentive Payment (DSRIP) Program. BPHC is a coalition of over 230 Bronx-based organizations working together to increase patient access, care quality, and efficiency in healthcare delivery. Through DSRIP projects BPHC is building a coordinated community-based healthcare system focused on the health and well-being of every South Bronx resident, with the ultimate goal of reducing potentially preventable emergency department visits, hospital admissions, and readmissions. Key to this effort is participating community behavioral healthcare providers as drivers of change. The experience, commitment, leadership and spirit of this community will help transform how we provide services to residents in the Bronx.

BPHC leadership has identified several key behavioral health issues affecting the community and which, if focused on, will further the goal of BPHC and other PPSs. The three areas identified are 1) cross-screening in mental health and substance abuse clinics, 2) Attention Deficit Hyperactivity Disorders (ADHD) in children, and 3) Schizophrenia and Diabetes.

To develop an integrated strategy around these initiatives, we are seeking agencies who would like to be workgroup "leads," and, in essence become community champions of our PPS. BPHC is offering compensation for those selected as workgroup leads. We are also seeking agencies to participate in workgroups to develop implementation plans. These workgroups will have the opportunity to apply for DSRIP funds to assure successful implementation of their workplans. The attached documents describe the application process and what it means to be a workgroup lead and participant. Please contact Irene Kaufmann (ikaufmann@sbhny.org) August 29th through 31st or Rebekah Epstein (repstein@sbhny.org) thereafter with any questions.

We look forward to working with you and developing creative strategies to improve healthcare in the Bronx.

Sincerely,

Irene Kaufmann
Executive Director
Bronx Partners for Healthy Communities



Packet Contents

Attachment 1: Key Dates

A list of key dates for completing the application process, joining the 'Call to Action,' and subsequent dates that timeline Phases I and II.

Attachments 2-4: Workgroup Descriptions

A summary of the behavioral health issues that were identified by the PPS leadership to be the focus of each workgroup.

Attachment 5: Roles and Responsibilities

Lists of expectations for the workgroup lead agencies, and their representative, as well as what the workgroups can expect from BPHC.

Attachment 6: Selection Process for Workgroup Lead Agencies

The processes that BPHC will use to evaluate the workgroup lead applications. The submission will be reviewed and interviews will be offered. Those awarded the lead position will be required to attend two 3-hour orientation sessions prior to the 'Call to Action' Breakfast.

Attachment 7: Application to be a Workgroup Lead Agency

The information that BPHC is requesting of all applicants to be workgroup leads. This includes a section about the agency as a whole, and then about the applicant specifically. The applicant is the individual the agency will support in the role of the workgroup lead.

Attachment 8: Expression of Interest to Participate in Workgroup

The form where an agency can select to participate in a workgroup. The individual who will represent the agency must be experienced, have subject-matter expertise, and be available to fully participate.

Key Dates

September 7, 2016, 1:00-2:00pm: Webinar to review initiatives and application process

Company:	Bronx Partners for Healthy Communities
Phone #:	866-859-7687
Phone Participant code:	61260223#
Meeting type:	WebEx
Meeting description:	BPHC Community-Based Behavioral Health Engagement
Conference/Meeting number:	741547734
Conferencing/Meeting passcode:	bphc

Participant Join URL: <http://e-meetings.verizonbusiness.com/nc/join.php?i=741547734&p=&t=c>

September 12, 2016: Application to be a 'Workgroup Lead Agency' and 'Expression of Interest to Participate in Workgroup' due

September 13–15, 2016: Interviews with Lead Agency Candidates

September 16, 2016: Workgroup Leads Announced

September 29 & October 13, 2016: Workgroup Lead Orientation Sessions

October 18, 2016: 'Call to Action' Breakfast

November 1, 2016: 'Call to Action' Phase I Begins: Workgroup meetings have convened

December 15, 2016: 'Call to Action' End of Phase I: Workplan due to BPHC

January 2017: 'Call to Action' Phase II Begins: Implementation of workplan, supported with DSRIP funds

Attention Deficit and Hyperactivity Disorders and Children Workgroup

Aim: To ensure the use of best practices in the treatment of children, ages 4 to 17, with Attention Deficit and Hyperactivity Disorders (ADHD), and provide the social support and services to their families to further improve outcomes.

Need Statement: ADHD is identified by the presence of three symptoms: inattentiveness, hyperactivity, and impulsivity. Children with ADHD often experience the symptoms severe enough to have a significant disruptive impact at home, in school, or in various social situations. ADHD is not an isolated disorder, but rather can unfold or be accompanied by an array of medical and psychiatric issues. A 2015 report in Science Daily from the Journal of Clinical Psychiatry states that 12% of US children and teens had a diagnosis of ADHD in 2011, a number that has jumped by 43% since 2003. According to the CDC, in a five year period between 2007 and 2012, the sales of stimulants to treat ADHD, around the US, doubled to \$9 billion from \$4 billion. In 2015, over 800 children between the ages of 6 to 12 years, attributed to Bronx Partners for Healthy Communities (BPHC), were newly prescribed ADHD medication. Of those, only 65% had a follow-up visit with a practitioner within 30 days after starting the medication. This is a small section of children with an ADHD diagnosis that needs more collaborative care.

Goal: To develop a model of care based on best practices including a focus on medication management for children with ADHD; with consideration given to models of collaborative and/or integrated care.

Related HEDISⁱ Measures:

- Follow-up care for children prescribed ADHD medications – continuation phase
- Follow up Care for children prescribed ADHD medications – initiation phase

Related BPHC DSRIP Project:

- Strengthen Mental Health and Substance Abuse Infrastructure Across Systems (4.a.iii) – a school-based intervention for ages 12 and up

Questions for consideration:

- What treatment strategies are currently being used?
- What is the best practice approach for treatment?

- What are some of the models of treatment around the country that have positive outcomes? What are they and what are the outcomes?
- How can the pediatrician and care manager assist in a model of care for children with ADHD?
- How can the family be incorporated into the child's ADHD treatment, at the clinical and social setting?

ⁱ HEDIS: A tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service.

Schizophrenia and Diabetes Workgroup

Aim: To improve the care of persons with a diagnosis of schizophrenia by providing screening for diabetes and ongoing monitoring of people with schizophrenia and diabetes.

Need Statement: Medical comorbidities, particularly diabetes or undiagnosed diabetes in people with schizophrenia is well documented and known to drive avoidable emergency and inpatient care because of lack of appropriate screening and detection, treatment, or treatment that is not comprehensive, integrated, or coordinated among providers. Evidence suggests that diabetes is seen in one in five patients with schizophrenia, contributing to the reduced lifespan of 20-25 years in people with schizophrenia and other serious mental illnesses, compared with the rest of the population. Of the schizophrenics attributed to Bronx Partners for Healthy Communities (BPHC), over 700 are also diagnosed diabetics and only 67% had an LDL-C and HbA1c during 2015. The effects of psychotropic medications, used in the treatment of schizophrenia, can cause or exacerbate diabetes. For many people with schizophrenia, the mental health center is their primary point of contact with the health system, underscoring why screening for diabetes in this setting can be so effective.

Goal: To develop a model in which people with schizophrenia are screened regularly for diabetes and are monitored routinely if they have diabetes. Included will be the ability to identify and share findings and develop referral processes and procedures for ongoing collaboration and communication among the members of the behavioral health and primary care teams.

Related HEDISⁱ Measures:

- Adherence to antipsychotic medications for people with schizophrenia
- Cardiovascular monitoring for people with cardiovascular disease and schizophrenia
- Diabetes screening for people with schizophrenia or bipolar disease who are using antipsychotic medication
- Diabetes monitoring for people with diabetes and schizophrenia
- Follow-up after hospitalization for mental illness – within 7 days
- Follow-up after hospitalization for mental illness – within 30 days
- Potentially preventable emergency department visits for person with a behavioral health diagnosis

Related BPHC DSRIP Project:

- Evidence-Based Strategies for Disease Management – Diabetes

Questions for Consideration:

- What is the baseline of schizophrenia and schizophrenics with diabetes in the Bronx? How many are being screened for diabetes and cholesterol annually?
- Is there a best practice model for diabetes screening for this targeted population?
- What are the barriers to finding and adopting a best practice model for this workgroup?
- Do any Bronx organizations provide routine screening for diabetes in their population of people with schizophrenia? If so, what are their findings?
- Do models exist around the country in which people with SMI are screened routinely for diabetes? What are the findings?

ⁱ HEDIS: A tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service.

Mental Health and Substance Abuse Screening & Referral Workgroup

Aim: To implement screening standardization using the Personal Health Questionnaire (PHQ)-2/9 and SBIRT across mental health and substance use treatment services.

Need Statement: Historically, mental health and substance use treatment services have been provided by separate entities, under different New York State auspices. Behavioral health services are reported to be highly regulated by multiple agencies with patient care being restricted according to the funding and regulatory agency, despite the frequency of co-occurring disorders. Mental health providers often do not identify systematically the existence of a substance abuse issue, and substance abuse providers often do not identify a mental health issue. The Bronx community members marked that substance abuse and alcohol abuse are pressing issues. In 2015, over 13% of adults over the age of 18 reported binge drinking on one or more occasions in the past 30 days. Over 37% of emergency department visits that same year were determined to be potentially preventable, as defined by revenue and CPT codes. This data points toward the dire need for better coordination of care between mental health and substance use treatment services.

Goals: To standardize screening in the mental health and substance abuse treatment settings. To develop an integrated system for referring between mental health and substance abuse providers, and/or primary care providers when warranted, and to ensure communication and collaboration among the members of the care team.

Related HEDISⁱ Measures:

- Initiation of alcohol and other drug dependence treatment (1 visit within 14 days)
- Engagement of alcohol and other drug dependence treatment (initiation and 2 visits within 44 days)
- Follow-up after hospitalization for mental illness – within 7 days
- Follow-up after hospitalization for mental illness – within 30 days
- Potentially preventable emergency room visits (for persons with behavioral health diagnosis)

Related BPHC DSRIP Projects:

- Health Home At-Risk Intervention Program (2.a.iii)
- Integration of Primary Care and Behavioral Health Services (3.a.i)

Questions for Consideration:

- To what extent is screening with PHQ-2/9 and SBIRT already being done in the mental health and substance abuse settings?
- How can we involve operations, IT, support staff, and others to implement the changes associated with this project? Who else will play a key role in ensuring that the screenings are done?
- What workflows should be required in order to implement standardized processes?
- What process metrics will help us track implementation progress?
- Who should provide the screening?
- Who reviews the results?
- What are the procedures that guide referrals to a substance abuse clinic, to a mental health clinic, or to a primary care clinic?
- What procedures need to be put in place to ensure ongoing communication and collaboration among providers?

¹ HEDIS: A tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service.

Roles and Responsibilities

Of Lead Agencies:

- Lead agencies must become a part of the Integrated Delivery System and have Master Service Agreements with BPHC
- Identify the appropriate person to be the workgroup lead who:
 - is a senior-level individual at the agency
 - has leadership capability as well as availability
 - has interest in and willingness to take on the role
 - is able to attend all of the in-person orientation sessions prior to the 'Call to Action' Breakfast
- Convene and facilitate workgroup meetings, beginning before **November 1st**, at least twice per month, consistent with timelines to ensure that work is completed
- Provide meeting minutes and signed attendance forms for every workgroup meeting to BPHC
- Establish the workplan by **December 15th** so that it is ready for implementation beginning **January 2017**, when workgroup meetings must occur at least monthly in order to ensure that the implementation is consistent with the workplan
- The workgroups will continue to function through the implementation of the model, with phase 1 completing in **March 2017**
- Identify experts, if warranted, to inform the development of the workplan
- Ensure timely submission of all required documents and workplan to BPHC
- Respond to requests of BPHC for presentations and written reports, updates on progress, additional materials, and charts/visuals, if warranted
- Identify and relate to BPHC feedback from behavioral health community agencies on other projects wanted by the behavioral health providers, reactions to BPHC strategies, opinions regarding future directions, and about challenges to complete the workplan

Roles and Responsibilities

Of BPHC:

- Provide funds to support the lead agencies for leading the workgroups
- Provide direction to workgroups on BPHC's expectations, their tasks, the models they are developing in terms of what may not be feasible, and the timelines
- Convene and host regular meetings with workgroup leads, to be chaired by BPHC Executive Director or designee, which will be designed:
 - as a learning collaborative for leads to share ideas and learn techniques from each other
 - as a forum for BPHC to provide direction, state expectations, and monitor progress towards the goals
- Monitor the progress of the workgroups, as above: in meetings and through monitoring tools, in terms of adhering to set timelines, accomplishing the work as defined, and overcoming barriers
- Provide support to workgroups including: providing data, identifying experts to inform workgroups, providing literature reviews, helping to overcome barriers which may be due to unexpected drop-off of participants, programmatic unfeasibility of model being developed, and personnel management issues
- Provide consultation on such items as: questions on the direction taken by the workgroup, challenges and barriers identified by workgroup leads, acquiring more information on a specific issue, and accessing experts to inform the group
- Respond to requests for funds from workgroup leads which may be needed to facilitate planning and/or implementation of models

Selection Process for Workgroup Lead Agencies

1. BPHC will be compensating the workgroup lead agency in the amount of \$25,000, at the completion of their work, from project planning to implementation.
2. Interested agencies must complete the application form and submit by **September 12th**.
3. The selection team will review applications and determine which agencies are to be scheduled for interviews;
 - The “applicant” is defined as the person selected by the organization to lead the workgroup.
4. Interviews will occur **between September 13th and 15th**.

Criteria for consideration:

- Organization’s experience and expertise in workgroup topic;
 - Organization’s history of leadership in the community;
 - The position and level of the applicant within the organization;
 - Applicant’s leadership ability and availability;
 - Applicant’s interest and willingness to take on this role;
 - Type of support and mechanism for how agency will support applicant in facilitating the workgroup; and
 - Demonstrated agency support for the applicant.
5. Selection process will be completed by **September 16th**. Selected applicants will be notified by telephone and by email.
 6. Selected applicants will be required to attend two 3-hour orientation sessions occurring in late September and early October.
 7. Selected applicants will play a key role at the ‘**Call to Action**’ Breakfast on **October 18th**.