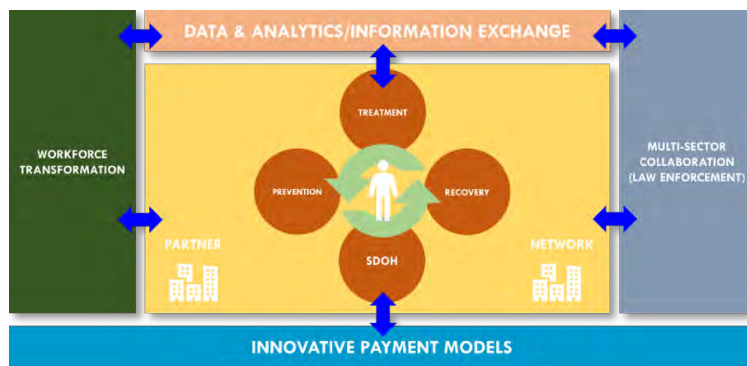


# BEHAVIORAL HEALTH

Since its formation in 2014, Staten Island PPS has become a national model for how to use data driven strategic business intelligence to create multi-agency collaboration, improve care quality, reduce costs and achieve population-level outcomes for people with behavioral health conditions. An integrated system of care framework has been applied across multiple domains including criminal justice, medical, behavioral and social service organizations, workforce, higher education and local government to mobilize all sectors to confront the opioid epidemic. The SI PPS coalition-building leadership provides the support necessary to implement operational strategies identifying gaps in resource, programs and data while focusing on assets in the community and transforming information into action.



A core mission of Staten Island PPS was an initiative undertaken to Strengthen Mental Health and Substance Abuse Infrastructure. SI PPS in partnership with Staten Island Partnership for Community Wellness developed the Behavioral Health Infrastructure Program (BHIP). The purpose of BHIP is to:

- increase access to behavioral health services 24/7;
- integrate behavioral health and primary care services;
- focus on upstream prevention and health promotion models;
- develop innovative data sharing models;
- expand the behavioral health workforce with new titles, trainings and apprenticeships;
- include partners such as law enforcement, local government, and managed care plans in solutions;
- develop new value-based funding payment models.

BHIP aims to build capacity across systems by leveraging and developing partnerships to provide effective, high quality, person centered care that supports improved health outcomes. BHIP goals are being accomplished by strengthening partnerships with community organizations, local government agencies, building capacity for collaborative care in primary care settings, providing cultural and linguistic trainings on behavioral health, and establishing an infrastructure for data sharing. BHIP has defined key priorities illustrated in this section and organized for impact by developing a governing structure that guides strategic initiatives, resource expansion, program implementation, and evaluation.

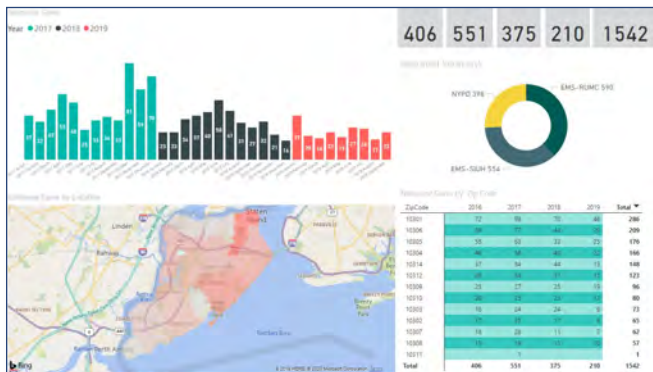
Multiple initiatives have been implemented through behavioral health and primary care detailing campaigns, working with state and city partners to address complex policy issues, offer training and workshops around prevention, integration, and stigma, and promote the expansion of harm reduction services and naloxone distribution to community members.

# BEHAVIORAL HEALTH

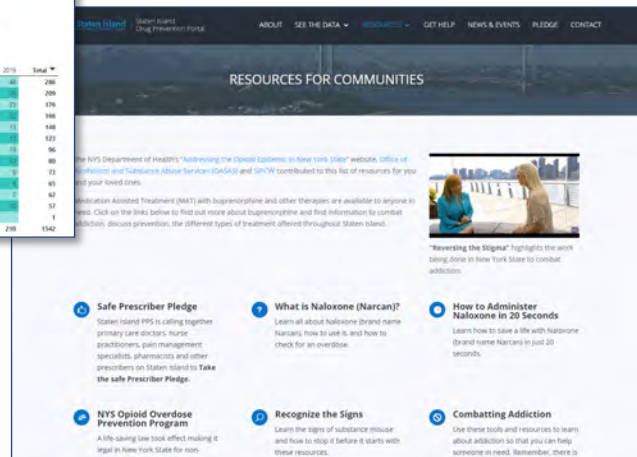
## Staten Island Drug Prevention Portal

SI PPS created the Staten Island Drug Prevention Portal so community members, families, and professionals can access data in response to the opioid epidemic, while also providing resources to the community for treatment and education. The interactive data showcased on the site are naloxone saves and dispensed, opioid ED visits, hospital admissions, and overdose deaths.

➔ [sidrugpreventon.nyc](http://sidrugpreventon.nyc)



Naloxone Saves



Resources for Community Page

## Predictive Analytics to Identify Rising Risk of Overdose

Working with multiple partners like the Richmond County District Attorney closely tracking overdoses and using multiple data sets allows SI PPS to analyze risk factors for victims of multiple overdose. SI PPS is working with Massachusetts Institute of Technology (MIT) in their Health Systems Innovation initiative to develop a predictive algorithm to identify individuals that are at risk of future or multiple overdose. This data will populate a centralized database to identify individuals at risk and prioritize outreach by an interdisciplinary co-response team.



SIHOPE.org, Developed by Richmond County District Attorney Michael E. McMahon



# BEHAVIORAL HEALTH



## Safe Prescriber Pledge

The Opioid Safe Prescriber Pledge campaign is a unique initiative to foster awareness and sustain safe prescribing practices. Healthcare providers are concerned about opioid-related risks but need knowledge and encounter barriers to manage addiction care. An educational campaign is an effective approach to enhance knowledge, prescribing behaviors, and patient expectations. Key provider champions, leaders, and experts in the community were engaged to develop 10 Safe Prescriber Pledge elements and a toolkit using evidence-based guidelines and resources. The multi-faceted outreach campaign kicked off with an educational seminar with participants from different healthcare background and specialties in attendance. Prescribers (i.e. physicians, PAs, and NPs), non-prescribers (i.e. nurses, pharmacists, administrators) and the general public were mobilized during this educational campaign. Upon reviewing the 10 elements and the toolkit, prescribers and healthcare providers signed the pledge, promising to uphold these elements in their practice.

361 

Healthcare professionals to date who have taken the pledge

### Safe Prescriber Pledge Elements

1. Prioritize non-opioid treatment options for pain
2. Utilize the Opioid Risk Tool (ORT)\* to screen all patients before prescribing controlled substances
3. Use the NYS Prescription Monitoring Program (I Stop) before writing any prescription for opiates, benzodiazepines, Medication Assisted Treatment (MAT) medications
4. Follow Centers for Disease Control (CDC) guidelines for initial and chronic medication dosing\*
5. Obtain patient agreement on the risks and benefits of opioids to patients who would be receiving acute and chronic opioid prescriptions\*
6. Maintain an office policy and procedure\* on safe and effective management of prescribing Controlled Substances (CS).
7. Prescribe Narcan for all patients on chronic opiates and MAT\* and:
  - a. Demonstrate how to use Narcan
  - b. Share information about Narcan
  - c. Distribute Narcan educational materials
8. Offer patients on chronic opiates, benzodiazepines and MAT information on "Tamper Resistant" caps, bottles or other medication containers
9. Complete a three-hour CME course in Pain Management, Palliative Care and Addiction every 3 years\*
10. Promote safe return of unused controlled medications

\*Supporting documents found in Staten Island PPS Safe Prescriber Pledge Toolkit.

[sidrugprevention.nyc/safe-prescriber-pledge](https://sidrugprevention.nyc/safe-prescriber-pledge)  
View the pledge, toolkit, and Safe Prescriber List.

### Specialty Breakdown

### Signed Pledges

Specialty Breakdown	Signed Pledges
<b>Total</b>	<b>361</b>
Internal Medicine	93
NP	55
OB/GYN	24
Pediatrics	24
Psychiatry/Neurology Psychiatry	24
Pharmacy	23
PA	20
Dentistry	9
Other	89



# BEHAVIORAL HEALTH

## Integrated Services



Delivery of integrated behavioral health and primary care services to individuals ensures person-centered and timely coordination of care for individuals with both needs. Additionally, family medicine and pediatric practices participating with the PPS through the Population Health Improvement Project (PHIP) utilized social workers from the Mental Health Service Corps (MHSC). Participating partners can provide and bill for integrated services as permitted by New York State DOH. The PPS surveyed partners to assess mental health billing practices to help promote sustainability.

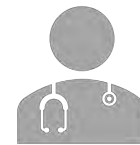
37,672

Medicaid individuals engaged in integrated care as of January 2020

39%



Reduction in ED utilization for individuals who received integrated care

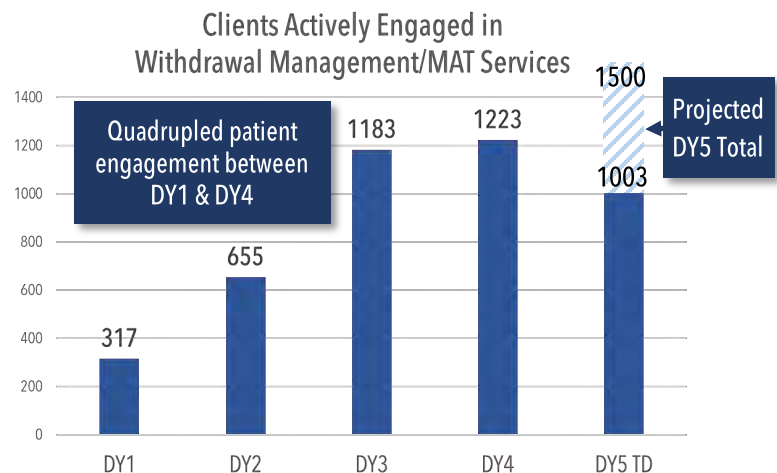


Nine participating primary care practices have integrated behavioral health specialists to deliver mental health and substance use disorder screenings and services to improve health outcomes.

## Expansion of Withdrawal Management & Medication Assisted Treatment Services



Ancillary withdrawal services include medication assisted treatment (MAT) or medical management of mild or moderate symptoms of withdrawal from opioid or other substances within an OASAS certified setting. Medical staff monitor withdrawal symptoms and establish a treatment plan that includes the medication protocol (buprenorphine and/or other withdrawal agents) to achieve safe withdrawal management, clinical interventions to provide engagement, management of urges and cravings, and address cognitive and behavioral issues and recovery supports. SI PPS helped expand these services to nine substance use disorder treatment providers on Staten Island. The number of clients accessing these services has quadrupled since the start of DSRIP.



27%



Decrease in emergency department utilization

4,381

Patients engaged in ancillary withdrawal/MAT services

People who receive MAT have **6-month retention rates** (2014-2017 per OASAS)

# BEHAVIORAL HEALTH

## Standardized ED Buprenorphine Induction Protocol

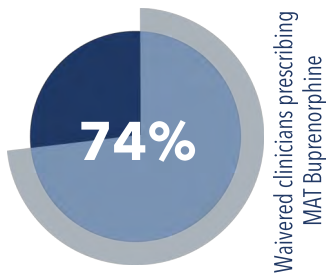


**3** Emergency Departments Implementing Bupe program

**50+**

Patients induced with Bupe in the ED & linked to outpatient care

The purpose of this initiative is to create a uniform ED program standard for Staten Island when introducing individuals to medication assisted treatment (MAT) with buprenorphine. A standardized protocol expands capacity and access to MAT, acting as a bridge for individuals to continue their care in outpatient settings of their choice. Services are available 24/7 via waived providers in each ED setting on Staten Island. Individuals 18 and older are eligible at the present time, with ongoing collaborative development of a standardized protocol for adolescents to be implemented at a future time.



**50**

New clinicians trained on MAT

## ED Warm Handoff



A high volume of patients with substance use disorders (SUD) present to Staten Island Emergency Departments, many of whom frequently return. While patients receive the proper medical care, the challenge of engaging patients to seek treatment or recovery support still prevails. The ED Warm Handoff Program was created to introduce peers in the Richmond University Medical Center ED for the first time. Peers were integrated as hospital staff to engage, educate, and advocate for patients, while supporting clinicians to connect patients to SUD services. The program serves as an intervention to better engage patients who present with SUD needs and to link them to an appropriate level of care in a timely manner. This initiative was launched with a 6-month pilot, from November 2016 to May 2017, and was also supported by several infrastructural system-level enhancements, including the expansion of treatment provider hours of operation, a 24/7 call center and online searchable provider directory, and support for the growth of a Staten Island peer workforce.

**1700+**

Peer engagements as of 1/2019

**16%**

Warm handoffs to treatment providers on the same/next day

**11x**

The national average acceptance rate of SUD services

Transformed ED culture of **managing SUD patients** and **reduced stigma**

# BEHAVIORAL HEALTH



## Heroin Overdose Prevention & Education (HOPE) Program

Working with NYPD, behavioral health providers, and local government units, the Office of the Richmond County District Attorney launched a pre-arraignment diversion model in January 2017. The program redirects low level drug offenders to community-based health services instead of jail and prosecution using peer recovery coaches. Peers engage with individuals in the NYPD precincts, explaining the program and training and distributing naloxone. Individuals participate in the program by agreeing to be screened at one of the 24/7 Resource & Recovery Centers on Staten Island. SI PPS funded the 24/7 operation of the Next Step Recovery Center operated by Community Health Action of Staten Island (CHASI) and peer education and training led by The Resource Training Center. The HOPE program goals are to reduce overdoses, improve health outcomes by exposing individuals to harm reduction services, peer mentors and divert persons with addiction from the criminal justice system and into recovery. Upon successful completion of the program and meaningful engagement with community services, the DA will decline to prosecute an individual's case and they will have no criminal record.



Richmond County District Attorney Michael E. McMahon with SI PPS Executive Director, Joseph Conte and Managing Director, Strategic Initiatives & Operations, Ashley Restaino

HOPE Eligible	Peer met at Precinct	Went to Directly to Recovery Center	Received Naloxone Training	Naloxone Kits Distributed	Completed Assessment	Meaningfully Engaged
<b>763</b>	<b>722</b>	<b>66</b>	<b>621</b>	<b>603</b>	<b>663</b>	<b>603 (94%)</b>

\*As of 1/13/2020

Following the success of the first HOPE program impacting individuals with low-level offenses, RCDA worked collaboratively on two additional programs with partners in the community to address substance use and overdose risk for individuals charged with misdemeanor offenses.

## HOPE 2.0

HOPE 2.0 is an arraignment/post arraignment diversion program that expands the existing HOPE programming and services to individuals who have had more contact with the criminal justice system and are not eligible for HOPE 1.0 due to extensive criminal histories that include more graduated misdemeanor charges, some misdemeanor victim crimes, and/or felony arrests that are five or more years old. Even in its early stages, HOPE 2.0 has successfully engaged nearly 200 Staten Islanders, with a 65% acceptance rate at arraignment. More resources are being added to engage clients in the system.

## Overdose & Avoidance Recovery

The NYC Criminal Court designated a newly created Overdose and Avoidance Recovery (OAR) Court in Richmond County. The Court in Richmond County provides a calendar for judicial supervision of individuals participating in the HOPE 2.0 program and substance using defendants at high-risk of overdose. Additionally, the OAR Court accepts select cases from arraignment that are deemed ineligible for HOPE 2.0 if the defendant's attorney makes the request after determining that the defendant may be at high risk for overdose. HOPE 2.0 and OAR work collaboratively to address substance use in individuals charged with misdemeanor offenses.

HOPE 2.0 Offered	Offers Accepted at Arraignment	Completed Assessment at Recovery Center	Successful Completions	OAR Offered	OAR Offers Accepted	Completed Assessment with Court Resource Staff	Successful Completions
<b>182</b>	<b>199 (65%)</b>	<b>102 (86%)</b>	<b>54</b>	<b>47</b>	<b>37 (79%)</b>	<b>30 (81%)</b>	<b>9</b>

# BEHAVIORAL HEALTH



## E-Recovery Addiction Treatment Platform

In 2018, SI PPS and the Office of the Staten Island Borough President partnered to pilot the E-Recovery Addiction Treatment Platform for substance use disorder recovery and relapse prevention among four SUD providers on Staten Island. The E-Recovery platform includes a patient-facing app, a provider-facing app and a case management dashboard to give individuals real time, 24/7 access to recovery services and supports. E-Recovery has shown to improve recovery outcomes including less relapse, higher abstinence, fewer heavy drinking days and increased treatment adherence. The patient-facing smartphone app called Connections, offers individuals clinician support through messaging, peer support through groups and message boards, medication and appointment reminders, weekly surveys, treatment plan goals, journals and inspirational videos and messages. SI PPS has access to an enterprise level data analytics and benchmarking platform to view utilization and outcomes for the providers participating using the platform. Recently, the Silberstein Center for Integrative Behavioral Health at Richmond University Medical Center has joined the program with 40 clients enrolled across two programs.

Provider	Total	YMCA	Bridge Back to Life	Richmond University Medical Center	Silberstein	Silver Lake Behavioral Health
Patients	160	47	19	38	40	16

\*As of 1/30/2020

## SI CONNECT



Staten Island Connect (SI Connect), a local, 24/7 call center was built to help providers and patients connect to substance use, mental health, and care management services. Professionals could call (844) 877-7828 or (844) 877-STAT any time, any day to make referrals and appointments for their clients. Agents were available to answer calls from community members and connected them to behavioral health providers, a care manager, and other community resources.



**400+**

Calls received from  
December 2016-January 2019



**69%**

Linked to behavioral health  
providers or care management  
providers