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Partnership Supports Veterans and Their Families

New Center to Offer Services in Concert with the US Department of Veterans Affairs

or military personnel, prolonged combat exposure can lead to psychological and psychiatric issues such as post-traumatic stress disorder and major depression. All too often, these issues surface stateside, affecting not only the veteran, but family members as well.

To help ensure servicepersons, their spouses, parents, children and significant others receive both personal, and when needed, family-oriented behavioral healthcare, North Shore-LIJ has partnered with the US Department of Veterans Affairs (VA) and its Northport VA Medical Center for Military Veterans and Their Families to create a clinical center in Bay Shore that is targeted to open later this year.

The Unified Behavioral Health Center for Military Veterans and Their Families will offer an innovative service model under the combined auspices of the Northport VA and North Shore-LIJ. Construction of the facility was made possible through the generosity of Mildred and Frank Feinberg. In recognition, the North Shore-LIJ component of the program will be named the "Mildred and Frank Feinberg Division." Believed to be a first-of-its-kind family-oriented center for veterans, the initiative represents a unique public/private partnership between the VA and a nonprofit healthcare system. With operations at the center funded in part by

a grant from the Robert Wood Johnson Foundation, the Unified Behavioral Health Center is expected to be a care model for similar centers nationwide. The hope is that the contiguity of VA and North Shore-LII behavioral health services under one roof will facilitate access to care for veterans and their often-underserved family members, said Andrew Roberts, director of North Shore-LIJ's Office of Military and Veterans' Liaison Services.

REMOVING BARRIERS TO CARE

"Only 35 to 50 percent of returning military personnel sign on with the VA," Mr. Roberts said. "Our vision is that a veteran who comes to the VA section of the center might bring family members for care with the co-located North Shore-LIJ providers. Or family members coming in for therapy through the North Shore-LIJ 'portal' may encourage their serviceperson to sign on with the VA. The partnership is a win-win for the family unit."

Mr. Roberts, himself a veteran of Operation Iraqi Freedom who struggled with civilian re-entry, added, "The twoway street between VA and North Shore-LIJ services is critical for overcoming barriers to obtaining behavioral health services. Even if a returning veteran does not elect to use VA healthcare initially, obtaining an assessment with non-VA providers begins the care process in an environment



where linkage with the VA can be easily achieved when the veteran is ready."

UNDERSTANDING THE ISSUES

The Unified Behavioral Health Center's cooperative nature should also help counteract the stigma of mental illness still felt among military personnel. Though, according to Mr. Roberts, more and more military men and women are beginning to consider getting psychiatric

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+ To support or learn more about the Unified Behavioral Health Center, contact Andrew Roberts at 516-562-3235 or aroberts5@nshs.edu or visit http://bit.ly/vets_svcs.



Facilitating Regional Transformation

Helping Ensure Quality Care for Regional Medicaid Recipients

ew York State's behavioral healthcare delivery system has become increasingly fragmented over the years, exacerbated by complex funding and regulation. As a result, for many adults with serious mental illness, the broad array of treatment options is difficult to navigate. Priority access is not always ensured for those with the highest need, and services provided by an array of clinicians and programs are not always well-coordinated. Furthermore, the payment system is not always structured to provide incentives that promote recovery.

Fragmentation of services and poorly coordinated care not only compromise quality of care and outcomes but also increase costs. To improve the coordination of care and enhance clinical outcomes and recovery, New York State has authorized the creation of five regional Behavioral Health Organizations (BHOs) to monitor and assist with the service and discharge planning efforts for unmanaged Medicaid beneficiaries receiving inpatient behavioral health and/or substance abuse services.

In a unique partnership, North Shore-LIJ and ValueOptions have created a new entity — Long Island Behavioral Health Management, LLC (LIBHM), which applied for and was granted the award to be the BHO for the Long Island region. The BHOs, including LIBHM, were created under the governor's Medicaid Redesign Team by the New York State Office of Mental Health and Office of Alcoholism and Substance Abuse. Each will oversee regional delivery of inpatient behavioral health and substance abuse services to these Medicaid recipients to improve healthcare efficiency and quality while reducing care expenditures.

"We'll be gathering recommendations from a broad group of stakeholders, including providers, patients and families, on

potential improvements for the Medicaid service delivery system. This includes understanding barriers to care at all levels and coming up with potential solutions to address those barriers," said Mitchell Shuwall, PhD, associate executive director at The Zucker Hillside Hospital and North Shore-LIJ project executive for the

Data gathered in Phase 1 of the BHO will also help the state formalize actions for Phase 2 of the initiative, which is likely to reflect a capitation model. Success in Phase 2 will require a highly coordinated delivery system and access to resources and services that will promote recovery and minimize unnecessary admissions, readmissions and emergency room visits.

CARE FOR THE STATE'S MOST VULNERABLE

The statewide effort's target population is Medicaid recipients who are not enrolled in a managed care plan for their behavioral health services. These patients typically receive SSI (supplemental security income) and have socioeconomic challenges that increase their vulnerability.

"Many of these beneficiaries have physical, behavioral, social and economic concerns, including unstable housing, and these issues serve to exacerbate the difficulty of navigating a complex healthcare system," said Dr. Shuwall. "For patients with chronic behavioral and physical health conditions, a failure to engage in lower-cost outpatient and preventive care results in the need for more costly inpatient services and poorer outcomes."

Responding to stakeholder concerns that assigning these higher-need beneficiaries to traditional managed care plans (with a primary focus on length of stay reduction driven by provider

Topping-Off Ceremony

Friends of The Zucker Hillside Hospital gathered recently to celebrate a construction milestone. Workers recently laid the final beam on the hospital's 130,000-squarefoot, \$100 million patient pavilion that will house 115 inpatient beds, including specialized units for adolescents, adults and geriatric patients receiving psychiatric care. Construction is scheduled for completion in 2013. On hand for the event were, from left, Joseph Schulman, Zucker Hillside's executive director; John Kane, MD, vice president of behavioral health services for the North Shore-LIJ Health System and chair of psychiatry at Zucker Hillside; Donald and Barbara Zucker, the health system trustees whose support is allowing construction of the new facility; Richard Goldstein, chairman of North Shore-LIJ's board; Michael Dowling, president and CEO of the health system; and Saul Katz, chairman emeritus.



fears of reimbursement denials) might have an adverse impact on readmissions, cost and quality, New York State decided to implement BHOs to more thoughtfully transition to a managed care model. The BHO model will provide an opportunity to better understand where existing gaps in the system may contribute to unnecessary admissions and unnecessarily extended lengths of stay, said Dr. Shuwall. "An important part of the BHO project is to collect the data that will help the state figure out the best way to eliminate unnecessary inpatient days through thoughtful reinvestment in less costly outpatient, support services and recovery-oriented options."

A FOCUS ON READMISSION RATES

One primary task of the BHOs is to facilitate connection to required post-discharge care. Because this population has a high 30-day readmission rate, readmission will be a special focus of the BHO, Dr. Shuwall said. "If a patient is readmitted, we'll be focusing on understanding what led to the readmission and working with providers to come up with a more effective discharge plan this time." Analyses of data relating to reasons for readmission will be shared with providers and New York State and will contribute to quality improvement efforts.

A component of addressing readmission rates will be ensuring that provider discharge plans are appropriate and realistic. "This includes looking at post-discharge services that address physical health needs identified during a patient's inpatient stay in addition to behavioral health and/or chemical dependency needs," said Dr. Shuwall. "North Shore-LIJ's extensive experience in both behavioral and physical healthcare service delivery and management will allow us to work effectively with area hospitals, community-based organizations, physicians and patients to create solutions to reduce avoidable readmissions."

FACILITATING CROSS-SYSTEM LINKAGE

New York State realizes that while there are gaps in the delivery system, the fragmentation of existing services too often results in a patient not receiving care even where the service may be available. "There is great opportunity for improvement here," said Dr. Shuwall. "We will work very closely with providers to improve communication and linkages, and we've established a Regional Advisory Committee to get input from providers on the front line, as well as from consumers, especially ideas for solutions that will improve outcomes while managing costs."

The BHO will record scheduled outpatient appointments and delays in such appointments, and New York State will track, for both providers and the BHOs, the percentage of discharged patients who attended an outpatient appointment within required timeframes (for example, within seven days of discharge for inpatient behavioral health).

Some Medicaid patients under BHO purview may also be enrolled in one of the new Medicaid health homes, a statewide care management service targeting the state's highest Medicaid utilizers of inpatient and emergency services. "A substantial portion of Medicaid

> beneficiaries assigned to health homes will have a serious mental illness, oftentimes with co-morbid physical health problems such as diabetes. The health homes will assign a care manager for each enrollee who will maintain a comprehensive care plan for all services and directly assist the enrollee in addressing his or her health care and social service needs," said Dr. Shuwall. With North Shore-LIJ also designated as one of two health homes for Nassau County, patients will benefit from the heightened coordination between the BHO and the health home. The health home care manager will assist the BHO in facilitating, and then sustaining, ongoing engagement in postdischarge care.

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PLANNING FOR THE FUTURE

An additional behavioral health goal of Phase 1 of the BHO initiative is to track children with significant emotional disturbance. When such a child enters one of the region's specialty child clinics, the clinic provider will submit demographic information, diagnoses and identified functional limitations to the BHO. The BHO will submit reports to the New York State Office of Mental Health to enhance planning and care coordination efforts as these children become adults.

Overall, Dr. Shuwall said the expectation of the Medicaid Redesign Team is that the BHO project will lead to improved provider coordination, better linkage to and engagement with outpatient care and fewer avoidable inpatient admissions and emergency room visits. "We're confident that working together with stakeholders, consumers, families and New York State we will find creative ways to simultaneously improve outcomes while reducing unnecessary costs."

+ For more information on Zucker Hillside's participation in the New York State Office of Mental Health BHO initiative, please call Dr. Shuwall at 718-470-8295 or visit libhm.org.

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or psychological help a sign of strength, not weakness. "It's becoming a badge of honor, because it takes guts for a serviceperson to stand up to difficult behavioral health issues. And therapy works," he added.

Mr. Roberts knows the power of therapy from personal experience. He is one of the approximately 60 percent of servicepersons who returned from active duty suffering post-operational stress. "You're miserable. You find yourself in a place where you think it's never going to get better. But it can — and does — get better with professional help. Change happens, and family engagement is critical," he said. "I understand how challenging it can be to step forward and ask for help for conditions related to post-operational stress. In my case, it was three years after I got back from Iraq when my Dad told me he thought I still wasn't really acting like myself. It was difficult to hear that, but it essentially forced me to take a look at how I was acting and feeling. I decided to give therapy a chance, and it changed my life for the better."

When Mr. Roberts, a veterans' advocate for more than five years, joined North Shore-LIJ in 2011, he was encouraged by the system's commitment to uniformed services personnel as embodied in its Florence and Robert A. Rosen Wellness Center for Law Enforcement and Military Personnel and Their Families, which has been serving veterans and active servicepersons and their significant others since 2006. "I had come across different initiatives, but hadn't seen the kind of sophisticated understanding of the issues confronting military families that I've witnessed at the Rosen Center and also throughout the North Shore-LIJ system," he said. "We aren't just waving a flag. We're providing outreach and personalized care."

At the Rosen Center, behavioral health experts recently treated a youngster who was upset that his older brother lost his leg in Iraq, Mr. Roberts noted. "The VA just isn't set up for a situation like that. But with child and adolescent psychiatry and psychology experts available, both the Rosen Center and the new Unified

Behavioral Health Center in Bay Shore will be able to provide the kind of specialized services children need and deserve."

MEETING THE NEED

The Unified Behavioral Health Center will be housed at 132 East Main Street in Bay Shore. This facility has also received significant support from the Fay J. Linder Foundation, the Berlin Family Foundation, the Jack and Dorothy Kupferberg Foundation, the Randi and Mark Jacobson Charitable Foundation and the Martin B. Greenberg Foundation.

Witnessing such local enthusiasm for the center, which is designed to reach veterans and family members living on Long Island, gratifies Mr. Roberts. "We can no longer say that veterans are solely the VA's responsibility. It's a community responsibility, a national responsibility," Mr. Roberts said. "To North Shore-LIJ's credit, it recognized a need. Along with members of our community, it is stepping up to address it."



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