



**COMMUNITY PARTNERS OF WNY**  
*Performing Provider System*

# Project Advisory Committee (PAC) Meeting

March 20, 2018 8:00am - 9:30am

Welcome



**Mental Health Association  
of Erie County, Inc.**

Dan Lukasik, Director of Workplace Well-Being  
Ken Houseknecht, Executive Director

# mindset

*the path to mental well-being*

**MENTAL HEALTH IN THE WORKPLACE:  
A GROWING PROBLEM...AND OPPORTUNITY**

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**QUARTERLY PAC MEETING  
MARCH 20, 2018**

## America has a mental health crisis

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- ✓ 1 in 4 adult/adolescent Americans are living with a diagnosable mental health condition
- ✓ Though virtually all mental health conditions are treatable, only 40% seek professional assistance
- ✓ People with serious mental illnesses die, on average, 25 years earlier from preventable conditions
- ✓ 22 veterans complete suicide every day
- ✓ There are 3 times as many people in prison with serious mental health issues than treatment facilities

## That crisis affects the workplace

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- ✓ The U.S. spent \$221 billion on mental health in 2014, making it the single-most expensive medical condition
- ✓ Indirect cost of untreated mental illness costs businesses \$193 billion annually due to lost productivity
- ✓ More workdays are lost or disrupted by mental health issues than by chronic conditions such as arthritis, diabetes, and heart disease
- ✓ 60% of people with mental health issues *never* get treatment, and those who do often wait years, often a decade or more, before doing so
- ✓ **Wellness programs are shifting to focus on a more holistic definition of well-being.** More than 78 percent of employers say they're expanding their well-being programs into areas like financial wellness and mental health (Virgin Pulse Survey, 15,000 organizations)

## A window of opportunity has opened

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- ✓ No comprehensive workplace mental health program was being offered in WNY
- ✓ Mental health is a hot topic in the news, especially around human resources
- ✓ As the Mental Health Association, we are uniquely positioned to bring such a program to market
- ✓ We have had two-plus years of funding to research, resource, and build the program
- ✓ **The time is now.** Organizations of all sizes, profit and non-profit, increasingly understand the human and financial costs of inaction

# mindset

**We created this comprehensive program to help address mental health in the workplace.** To design the program, research was done using existing resources to identify what types of gaps there were in the industry. As a result, our programs help employees learn skills needed to improve work-life balance, help companies create a mentally healthy environment, and train management to better address the needs for employees with mental health issues in the workplace.

## Help your employees help themselves.

*Mindset* leverages the **Mental Health Works Program (MHW)**, a research based program developed by the Mental Health Association of Canada, to work with management and leadership teams to reduce stigma around mental health in the workplace; it also teaches measures for helping an employee that requires mental health assistance.

### **COURSE 1: Essential Training**

**1-hour training topics:** Workplace Mental Health, Mood and Depression, Stress and Anxiety, Psychological Health and Safety Essentials

### **COURSE 2: In-focus Training**

**3-hour training topics:** Depression and Anxiety, Mental Health and Safety in Focus

### **COURSE 3: Core Training**

**6-hour training:** This course gives leaders a holistic understanding of mental health and mental illness. Made up of four parts: awareness building, responding skills, collaboration, and social determinants of health.

# mindset launch

## Create a Mentally Healthy Culture at the Workplace *It is good for business*

By Victoria Davis  
Manager of Community and Workplace  
Mental Health, Mental Health Association of  
Erie County

One in four Americans face with mental illness, according to the Substance Abuse and Mental Health Services Administration. Mental illness does not discriminate and can have a serious effect on one's health at home and in the workplace. The most common mental illness seen in the workplace is depression and anxiety. These illnesses can directly affect an employee's ability to perform at their highest level. Organizations can reduce stress associated with lost productivity, increased disability claims and increased health care costs by supporting the comprehensive mental health in the workplace.

According to the Journal of Psychiatry, "Employees who read the United States economy more than \$750 billion in 2017". More employees get laid off as a result of mental health conditions. More than 40% of mental health conditions are not reported by mental health professionals. This will help with the economy. Create policies that support employees with mental health conditions.

1. Do not stigmatize the individual. Look to other companies that have already created a healthy culture.
2. Look to community resources to help build a strategy for addressing mental health in the workplace. The Mental Health Association of Erie County is addressing this issue in the 100% community. Please contact us for more information.
3. Get familiar with community resources and how they can help. Employees can get help through the help they need.
4. Increase awareness and understanding of mental health conditions. This will help with the economy.
5. Create policies that support employees with mental health conditions.

In addition, depression and anxiety in the workplace organizations can start by creating a low-stress work environment for employees. In 2016, Major Business Advantage Study found that 70% of American and Canadian employees feel positive and that workplace stress negatively impacted them. Organizations need to work to provide better work-life balance. Encouraging employees to take breaks during their workday and to disconnect when they are not at work can help reduce stress. Creating a wellness program, which includes mental health support, can also help to improve the mental health of employees. These types of initiatives can help organizations save money in the long term, while employees create a sense of well-being.

One type of these programs is called "Mindset". According to the United States Department of Health and Human Services, "According to mental health knowledge that have provided through the Mental Health Association of Erie County, a Mindset program (which right mindset) can help to create a workplace culture that is better equipped to respond to mental health conditions in the workplace. By creating a mentally healthy culture, companies are taking care of their biggest asset: employees. Employees that have a culture where it is safe to talk about mental health and get help, show a direct impact on their bottom line."

LAUNCH MARCH 15, 2017

Branding and website  
[www.right-mindset.com](http://www.right-mindset.com)

2017 American Heart  
Association Workplace  
Wellness Summit

3 Business First Articles

Buffalo News Refresh Article  
partnered with New Era and  
American Heart Association

**Mental Health Association of Erie County, Inc.**  
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the path to mental well-being

**Time to Think and Act Differently Concerning Mental Health**

**Mental Health Association of Erie County, Inc.**  
1000 Erie Blvd. E., Suite 200  
Buffalo, NY 14203  
Phone: 716-835-3400  
Fax: 716-835-3401  
www.mhacounty.org

## Promotional Partners

Lawley Insurance

Walsh Insurance

Buffalo Niagara  
Medical Campus

American Heart  
Association

Child and Family  
Services  
EAP

Independent Health

BlueCross BlueShield  
of WNY

Nine Months of Success



**mindset**  
the path to mental well-being



Empowering people. Enriching lives.

**Contact:**

**Dan Lukasik**

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[www.right-mindset.com](http://www.right-mindset.com)

[info@right-mindset.com](mailto:info@right-mindset.com)

**Thank you for your  
time and interest.**

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the path to mental well-being

Presented by the Mental Health Association of Erie County, Inc.

## Budget Update: Through year end 2017

- Update from Amy L. White-Storfer  
Director, Project Management Office

### CPWNY Cumulative Distributed Revenue by PPS Project Category DY1 to DY3 Q3

Project	Sum of DY1-DY3Q3 Expense	Percentage
2.a.i Integrated Delivery Systems	\$ 7,857,269	41.51%
2.b.iii Emergency Department Triage	\$ 1,201,339	6.35%
2.b.iv Care Transitions	\$ 2,799,908	14.79%
2.c.ii Telemedicine	\$ 820,238	4.33%
3.a.i Behavioral Health	\$ 1,138,033	6.01%
3.b.i Cardiovascular Health	\$ 514,414	2.72%
3.f.i Nurse Family Partnership	\$ 1,178,419	6.23%
3.g.i Palliative Care	\$ 1,866,157	9.86%
4.a.i Mental, Emotional, Behavioral Well being	\$ 673,445	3.56%
4.b.i Tobacco Use Cessation	\$ 879,092	4.64%
Grand Total	\$ 18,928,313	100.00%

**Total Revenue Received YTD DY3 Q3 from all sources:  
\$31,072,757**

## CPWNY Cumulative Distributed Revenue by PPS Program Category DY1 to DY 3 Q3

Provider Category	Sum DY1 - DY3 Q3 Amount	Percentage
Substance Abuse	\$ 633,111	2.69%
Local Government Unit	\$ 535,262	2.70%
Community Based Organizations	\$ 4,792,543	25.30%
Hospice	\$ 1,573,183	7.97%
ED Triage	\$ 549,502	3.14%
Practitioner-Primary Care Provider	\$ 3,627,684	18.94%
Care Transitions	\$ 2,272,379	12.02%
Hospital	\$ 4,421,821	24.41%
Clinical Transformation	\$ 170,935	0.89%
Case Management / Health Home	\$ 344,602	1.83%
All Other	\$ 7,292	0.04%
	\$ 18,928,313	99.92%

## CPWNY Cumulative Distributed Revenue by PPS Partner Category DY1 to DY3 Q3

Partners Receiving Funds	Provider Category	Sum of DY1-DY3 Q3 Expense	Percentage
CHS	Community Based Organizations	\$ 628,678	3.28%
CHS-Care Management	Care Transitions	\$ 2,048,304	10.85%
CHS-ED Triage	ED Triage	\$ 549,502	3.14%
CMP	Community Based Organizations	\$ 3,423,446	18.44%
CMP-Provider PPS Pymt DY1	Practitioner-Primary Care Provider	\$ 1,100,000	6.52%
CMP-Provider PPS Pymt DY2	Practitioner-Primary Care Provider	\$ 1,368,225	8.11%
CMP-Provider PPS Pymt DY3	Practitioner-Primary Care Provider	\$ 1,132,767	4.20%
CMP-Revenue Loss DY1	Hospital	\$ 982,378	5.83%
CMP-Revenue Loss DY2	Hospital	\$ 1,983,666	11.76%
CMP-Revenue Loss DY3	Hospital	\$ -	0.00%
CMP-Care Management	Care Transitions	\$ 224,075	1.17%
CMP-Clinical Transformation Team	Clinical Transformation	\$ 170,935	0.89%
CMP-Rural AHEC	Community Based Organizations	\$ 135,187	0.72%
CMP-P2	Community Based Organizations	\$ 42,836	0.21%
CMP-Community Hlth Worker Ntwk	Community Based Organizations	\$ 58,309	0.27%



## CPWNY Cumulative Distributed Revenue by PPS Partner Category DY1 to DY3 Q3, con't.

Partners Receiving Funds	Provider Category	Sum of DY1-DY3 Q3 Expense	Percentage
Buffalo Urban League	Community Based Organizations	\$ 209,102	0.89%
CASA Chautauqua	Community Based Organizations	\$ 6,417	0.04%
Catholic Charities	Case Management / Health Home	\$ 187,946	0.82%
Chautauqua Alcohol & Sub Abuse	Substance Abuse	\$ 10,435	0.05%
Chautauqua County DOH	Local Government Unit	\$ 535,262	2.70%
Chautauqua County Health Network	Community Based Organizations	\$ 122,464	0.63%
Chautauqua County Hospice	Hospice	\$ 156,918	0.83%
Compeer	Substance Abuse	\$ 19,532	0.10%
ECCPASA	Community Based Organizations	\$ 78,949	0.38%
Hope Treatment & Counseling Center	Substance Abuse	\$ 206,464	0.63%
Horizon Health	Case Management / Health Home	\$ 25,853	0.12%
Hospice Buffalo	Hospice	\$ 1,409,919	7.10%
Housing Options Made Easy	Community Based Organizations	\$ 2,813	0.01%
Jay Bolnick MD	Primary Care Physician	\$ 26,693	0.09%
Lakeshore Behavioral Health	Case Management / Health Home	\$ 67,176	0.51%
Mental Health Assoc of Erie Cty	Substance Abuse	\$ 363,678	1.85%
Mid Erie Counseling	Community Based Organizations	\$ 7,645	0.04%
Native American Comm Services	Community Based Organizations	\$ 2,813	0.01%
Niagara County Dept of Mental Hlth	Substance Abuse	\$ 23,599	0.08%
Niagara Hospice	Hospice	\$ 6,345	0.03%
Northpointe Council	Substance Abuse	\$ 9,403	0.05%
People, Inc	Community Based Organizations	\$ 59,700	0.31%
Person Centered Services	Case Management / Health Home	\$ 273	0.00%
Prevention Focus	All Other	\$ 7,292	0.04%
Roswell Park	Hospital	\$ 682,166	3.31%
Spectrum Human Services	Case Management / Health Home	\$ 63,354.80	0.38%
WCA	Hospital	\$ 773,610.35	3.51%
WNY Independent Living	Community Based Organizations	\$ 3,937.50	0.01%
WNY United Against Drug and Alcohol Abuse	Community Based Organizations	\$ 10,247.07	0.05%

## Budget Year DY4

- ▶ Approximately, \$3,000,000 available to the network through end of DY4 in performance incentive/performance programs.
  - ▶ Additional performance plans are being explored for hospital partners.
- ▶ Budget surpluses plus contingency funds have made additional non-project funds available to partners
  - ▶ Key health outcomes incentives in areas such as:
    - ▶ Behavioral Health
    - ▶ Primary Care, adult and pediatrics
    - ▶ OB/GYN
    - ▶ Hospitals
- ▶ Priority outcome measures established by PPS leadership as a sub-set of 71 total metrics
  - ▶ Associated action plans are: Specific, Measurable, Attainable, Relevant and Time-Limited

## Project allocations, looking ahead

- ▶ Many projects are at a steady state, will be funded in DY4 with same or similar amounts as DY3
  - ▶ New projects include
    - ▶ SBIRT screening enhancements with Emergency Depts
    - ▶ Support of expansion of some telemedicine initiatives
    - ▶ VBP education programming and conference
- ▶ Final budget approvals are planned for end of March 2018 with budget notifications going to partners in April 2018
- ▶ DY4 revenue is more “risky,” less predictable revenue streams for overall projects. Budget surpluses in DY3 allow us to reliably fund projects in DY4 and into DY5.

## Project Status Updates

<http://wnycommunitypartners.org/partners/dsrip-reporting/project-and-workstream-status-reports/>

The screenshot shows the website for Community Partners of WNY, specifically the 'Protected: Status Reports' page. The page features a navigation menu with links for Home, About Us, Projects, Project Advisory Committee, Cultural Competency, News, Resources, and Partners Only. The main content area is titled 'Protected: Status Reports' and includes a sub-section for 'Project and Work Stream Status Reports'. This section contains text explaining the importance of reporting and provides a list of reports, with the 'Approved Policy for Reporting Status' link highlighted in a red box. A sidebar on the right contains links for 'DSRP Reporting', 'Status Reports', and 'RECENT NEWS'.

**Project and Work Stream Status Reports**

Regularly reporting on project status is an important part of the Community Partners of WNY communication plan as well as the reporting and monitoring functions for appropriate project management processes. This section of the website provides summary reports for project monitoring.

The quarterly patient engagement speed and scale report, current and historical, is available for viewing [here](#).

Members of the project management team are required to report to weekly, on the 1st and 15th of each month, on the status of their assigned projects. These reports are used to inform the leadership team and other success groups on the status of the CPEWV DSRP program. Below are links to each of the status reports, as well as the approved policy for reporting status.

- [Approved Policy for Reporting Status](#)
- [Project and Work Stream Status Report March 15, 2018](#)
- [Project and Work Stream Status Report February 15, 2018](#)
- [Project and Work Stream Status Report January 15, 2018](#)
- [Project and Work Stream Status Report December 15, 2017](#)
- [Project and Work Stream Status Report November 15, 2017](#)
- [Project and Work Stream Status Report October 15, 2017](#)
- [Project and Work Stream Status Report September 15, 2017](#)
- [Project and Work Stream Status Report August 15, 2017](#)

**DSRP Reporting**

- Performance Reporting

**Status Reports**

- Patient Engagement Data Collection
- Compliance
- VBP Provider Resources
- Guidelines, Policies and Procedures
- Training and Tools (General)

**RECENT NEWS**

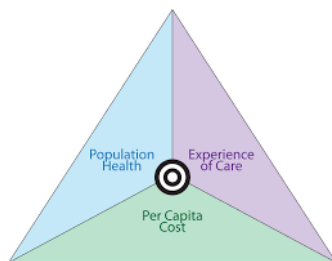
- [Value Based Payment Recorded Webinars Available](#)
- [New: Value Based Payment Resource Library](#)
- [RECODE WNY: Engaging Patients in Addressing Chronic Disease](#)

# VBP EDUCATION UPDATE

Lauren Moore, Administrative Assistant II, CPWNY

## Reminder: What is value based payment?

- ▶ Moving from a billing model that is a fee-for service (volume based) model to a value based payment model that's more outcomes driven (value based)



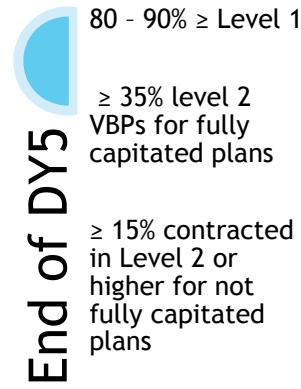
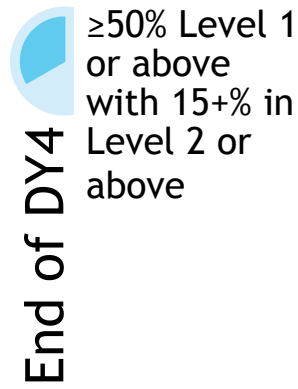
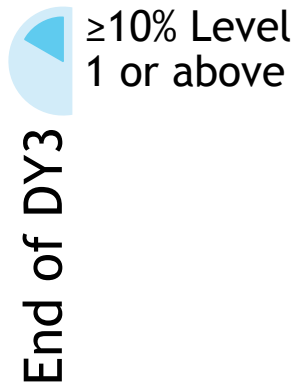
The IHI Triple Aim:

1. Improve patient experience of care (quality and satisfaction)
2. Improve health of populations
3. Reduce the per capita cost of health care

Source: Institute for Healthcare Improvement (IHI)

## Value Based Payment - Update/Goals

Expectations for MCO Expenditures according to VBP Roadmap:



- ✓ As of July, 2017, Statewide 34% of Medicaid payments are value based in Level 1-3 arrangement
- ✓ WNY, only .5% of Medicaid revenue is paid out under Level 1-3 VBP arrangements and 21% in Level 0

## NEW: CPWNY VBP Milestones

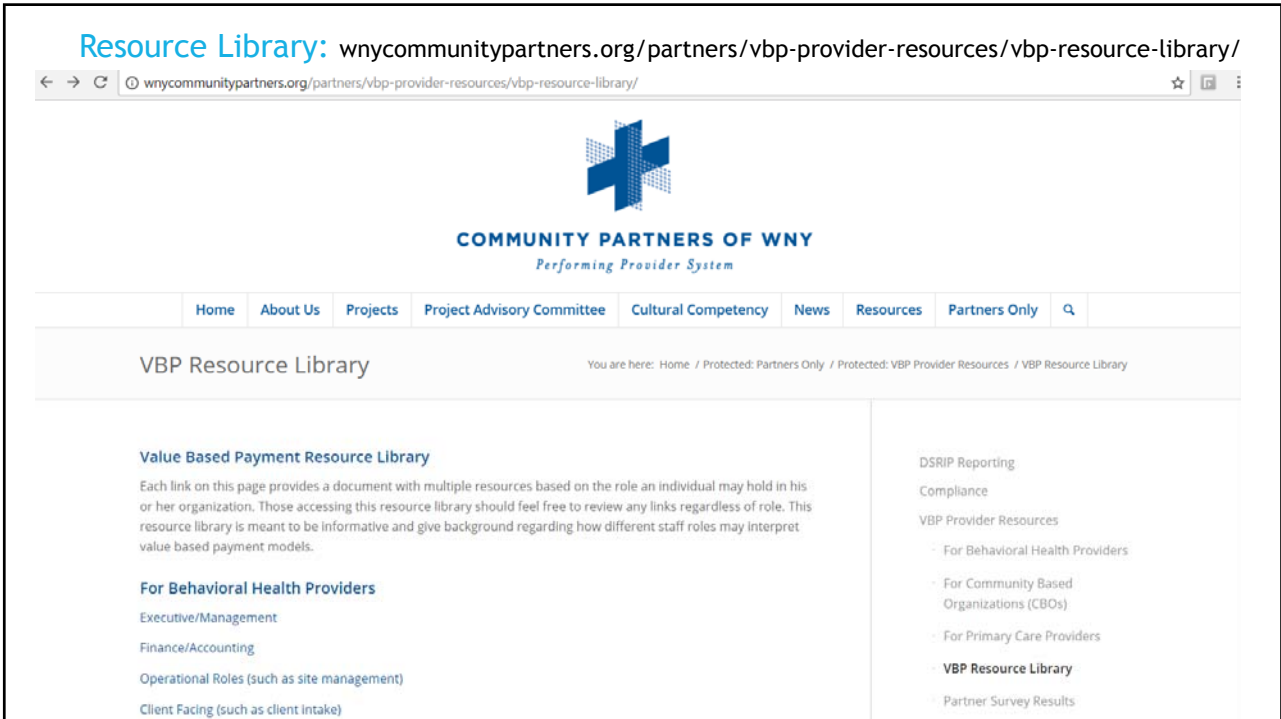
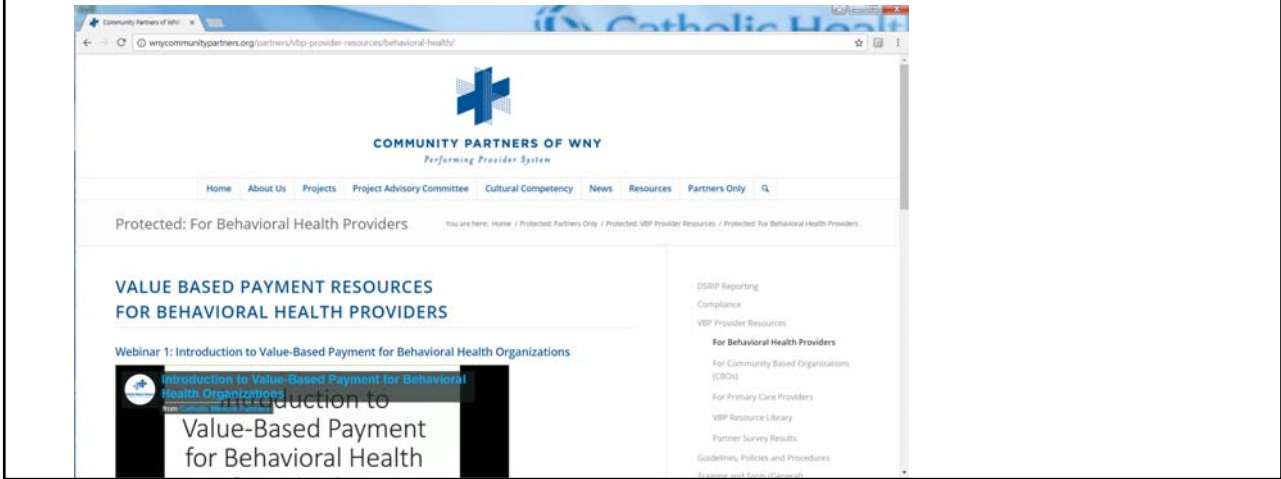
CPWNY is Preparing Its Network for VBP Under 2 NYS Required Milestones

- CPWNY submitted a plan to **support adoption of VBP**
  - A schedule of **partner engagement sessions** was also submitted as part of the VBP adoption plan
- **Educate and train partners** for participating in a VBP arrangement
  - **Provide multiple educational training sessions** for each service provider
- **Survey** partners for feedback
- Provide training in a **conference** setting, including subject matter experts speaking about VBP and break-out sessions



# VBP Webinars Available on our Website:

<http://wnycommunitypartners.org/2018/03/06/vbp-webinars/>



# Resource Library

wycommunitypartners.org/wp-content/uploads/2018/01/BH-Executives.pdf

## Behavioral Health Providers: Executive Leadership

Topic	Level	Media	Source	Link	Summary
Talking with your Board About Health Care Changes	Basic	Webinar	MCTAC	<a href="https://www.youtube.com/watch?v=000000000000">https://www.youtube.com/watch?v=000000000000</a>	It can be difficult to keep up with all the changes in the health care system and yet it's extremely important to be able to communicate this information to your agency's board of directors. How do you know what to share and when to begin? This informative webinar was presented by two CEOs who have over 30 years of experience, who share ideas, tips and lessons learned.
Leading a Behavioral Health Organization into Value Based Payment "Finding our New True North"	All	Video	MCTAC	<a href="https://www.youtube.com/watch?v=000000000000">https://www.youtube.com/watch?v=000000000000</a>	David Woodcock, President & CEO, shares his perspective on the alignment between health care reform and the behavioral health community. Realizing our value begins with knowing who we serve.
BH Provider Readiness Map	Basic	Infographic	NYS Value Based Payment University	<a href="https://www.valuebasedpayment.org/bh-provider-readiness-map">https://www.valuebasedpayment.org/bh-provider-readiness-map</a>	A simple roadmap for BH Providers on Value Based Payment
Value Based Payment Areas for BH Governance Overview, Stakeholders Engagement, Business Strategy, Finance & Data	Intermediate	Document	NYS Value Based Payment University	<a href="https://www.valuebasedpayment.org/value-based-payment-areas-for-bh-governance-overview-stakeholders-engagement-business-strategy-finance-data">https://www.valuebasedpayment.org/value-based-payment-areas-for-bh-governance-overview-stakeholders-engagement-business-strategy-finance-data</a>	This document is intended to help providers, specifically BH Providers, prepare for and make the transition to Value Based Payment. Although there are many activities that may support a BH's initial steps toward Value Based Payment, this document focuses on a few activities that BH organizations may consider to streamline their transition to Value Based Payment.
Moving Toward Value Based Payment for Medicaid Behavioral Health Services	Intermediate/Advanced	Document	CHCS	<a href="https://www.chcs.org/medicaid">https://www.chcs.org/medicaid</a>	This brief, produced with support from the California Health Care Foundation, describes how innovative states and Medicaid managed care organizations (MCOs) are building upon models developed for physical health services and incorporating Value Based Payment arrangements into behavioral health programs. It explores key challenges in implementing Value Based Payment models in behavioral health settings related to quality measurement, provider capacity, oversight considerations, and privacy and data sharing constraints. Lastly, it highlights considerations to help states advance these models, and suggestions to support MCOs and providers with more effective program implementation.
					HMA Principals Josh Rubin and Megan Schlie will outline what behavioral providers and community-based organizations (CBOs) need to know when considering and ultimately pursuing a potential health care merger and the steps to take during each merger phase (Pre-Merger, Merger Execution, and Post-Merger). Listen to the recording and...

# SAVE THE DATE



**Increase Your VBP Velocity**

**The Shift to Value Based Payment**

**Wednesday, June 6, 2018**  
 8:30 am – 4:30 pm *Registration Begins at 8:00 am.*

**Adam's Mark Hotel**  
 120 Church St., Buffalo, NY 14202

Presented By:



