

Catholic Charities Brooklyn and Queens Launches Programs to Reduce Behavioral Health Hospitalizations and Bolster Community-Based Care

In alignment with NQP DSRIP projects 3.a.i (integration of primary care and behavioral health services) and 2.b.iv (implementation of Care Coordination and Transitional Care Programs), Catholic Charities Brooklyn and Queens (CCBQ) has implemented programs aimed at reducing behavioral health-related emergency department (ED) visits and hospitalizations.

The programs operate under Catholic Charities Neighborhood Services, Inc. (CCNS), the agency's social services arm, and connect patients with community-based organizations (CBOs) in an effort to ensure medical and behavioral health care needs are met outside of a hospital setting.

"We're working to break down the silos that have existed between hospitals and community-based providers," says Patricia Bowles, Senior Vice President/Chief Program Officer at CCBQ. "Our goals are to improve the quality of services and health outcomes for patients and to reduce hospitalizations."

Integrating Primary Care and Behavioral Health Services

Catholic Charities Brooklyn and Queens (CCBQ) has embedded behavioral health providers into their primary care practices, and also placed a physician or nurse practitioner in outpatient behavioral health clinics.

Through these initiatives, community members can receive necessary behavioral health and primary care services concurrently during an office visit. This methodology helps provide services to patients who may not have otherwise sought out treatment for reasons that can include, among others, the stigma that is attached to behavioral health conditions.

At primary care sites, a clinician administers the PHQ-9 patient health questionnaire to the patient to help determine if they can benefit from behavioral health services. If the test results indicate behavioral health services are needed, a warm handoff between physician and behavioral health provider occurs.

Similarly, when a physician or nurse practitioner is placed at an outpatient behavioral health clinic, they can provide physicals, diabetes screenings, and other basic care concurrent with the patient's behavioral health visit.

"The principle behind this concept is there's no wrong door to go through to get your needs met," says Mary Emerton, DSRIP Project Manager, Behavioral Health, Catholic Health Services of Long Island (CHSLI).

Outcome measures for this project include reduced psychiatric and medical hospitalizations, clinic appointments scheduled within 7 days of discharge, and fewer readmissions within 30 days of discharge.

"We are making it easier for patients to receive the behavioral health care they need without having them go through extra steps that could potentially deter them from seeking needed

care,” says Claudia Salazar, Vice President of Clinics, Recovery and Rehabilitative Services at CCNS.

Behavioral Health Community Crisis Stabilization Services

CCNS has partnered with Coordinated Behavioral Care (CBC) Independent Practice Association to reduce 30 day hospital readmissions for chronic health conditions, an NQP DSRIP initiative.

Goals include enrolling half or more of patient participants in a Health Home, connecting 75 percent or more with a primary care physician within 30 days of discharge, and ensuring that 85 percent or more attend a behavioral health appointment within 7 days of discharge.

“To meet NQP DSRIP goals, we offer ED triage for the at-risk population, identifying super-utilizers, and enrolling them in Health Home and outpatient services so they can receive care in the community,” says Desiree Arduini-Muller, LCSW, Vice President of Care Coordination and Case Management at CCNS. “That’s an integral part of providing care transition services from inpatient to community care, in order to reduce 30-day readmissions.”

The care transition project uses a critical time intervention model to meet patients’ individual needs during the time they are transitioning from the hospital to the community.

“Our team is brought into a client’s life during their inpatient stay and through the discharge process,” Arduini-Muller says. “We help them reintegrate back into the community and connect to services outside the hospital.”

Outcomes are positive so far. Arduini-Muller notes that 75 percent of CCNS’s clients have kept their primary care appointments, and 91 percent have kept behavioral health appointments.