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IBH IT Implementation Plan Workgroup

July 28, 2026

Funded by NEW YORK STATE | Office of Mental Health

Housekeeping

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The recording and slides will be shared following the session.

Please use Zoom features to “Raise Hand” or use the Chatbox if you have any questions, comments, or concerns

*Please Note: The information shared in today's meeting is accurate as of July 28, 2026

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Welcome and Introductions

Co-Leads for the ***IT Implementation Plan Workgroup:***

Value Network LLC:

- Jeffrey Bowen, Director of Data Analytics and Infrastructure

NYS Office of Mental Health:

- Kristen McLaughlin, Medical Informatics Director, Office of Population Health and Evaluation
- Naomi Baumann-Carbrey, Project Manager, Office of Population Health and Evaluation

Goals

- Ensure Support for VBP Models
- Expand real-time decision-making alerts
- Review and Assess Measures for Reporting Outcomes
- Increase Consent
- Connect IBH Practice Participants to HEALTHeLINK / PSYCKES
- Explore possibility of connecting HEALTHeLINK to PSYCKES

Progress

- Majority of IBH providers already have access to PSYCKES and participate in SHIN-NY
- Crosswalk of IBH outcome measures against measures available in PSYCKES and additional research on PROMIS® Global Health-10 instrument
- Requirements gathering for Single Sign On (SSO) Integration between PSYCKES & HEALTHeLINK and developing Complex Need alerts
- Working with care delivery team to map integrated care plan components against CCD components in QEs
- Environmental Scan Findings Report finalized and to be presented at next workgroup meeting

HEALTHeLINK Contribution

- **PSYCKES Single Sign On**
- Summary: Create PSYCKES SSO in HEALTHeLINK patient portal to allow users to access PSYCKES Clinical Summary data directly within QE application, with consent
- **Next Steps**: HEALTHeLINK reviewing Statement of Work for PSYCKES SSO and begin scheduling technical sessions for build

- **Complex Needs Alert**
- Summary: OMH to share Complex Needs registry list with HEALTHeLINK to add to ADT alerts
- **Next Steps**: HEALTHeLINK to review Complex Needs criteria and OMH to send formal Statement of Work

HEALTHeLINK Contribution

- **Enhanced ADT Alerts**
- Summary: Add additional data elements to the existing ADT alerts for the IBH cohort using a separate IBH Subscribe and Notify List. Data elements could include care team members across the community, risk score, key diagnoses, and healthcare utilization
- **Next Steps**: Work with CDF workgroup to define needed/desired data elements

- **Behavioral Health One-Page Summary**
- Summary: Brief summary of patient's BH treatment – including diagnoses, medications prescribed, treatment plan goals, and current BH status (stable, improving, declining)
- **Next Steps**: Work with HEALTHeLINK to determine feasibility and availability of requested data elements and delivery and timing of summaries. Work with CDF workgroup to define stable, improving, declining statuses.

Discussion & Feedback

What **opportunities** will HEALTHeLINK contributions provide?

What **challenges** would users face?

Reporting Measures

State-Based Measures
• Total Cost of Care • ED Utilization • Acute Hospital Utilization • Follow-up after ED Visit for Substance Use • Follow-up after ED Visit for Mental Illness • Follow-up after Hospitalization for Mental Illness • Hemoglobin A1c Control for Patients with Diabetes • Diabetes Screening for People with Schizophrenia or Bipolar disorder who are using Antipsychotic Medications • One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation

Practice-Based Measures
• Acute Hospital Utilization (Observed Rates) • Tobacco Use Screening and Cessation Intervention • Controlling High Blood Pressure • Emergency Department Utilization • Glycemic Status Assessment for Patients with Diabetes • Patient-reported outcomes and Measurement-based care attestation

Reporting Measures

- VN is exploring the purchase of a population health platform to assist the practice participants in monitoring patient progress.
- ADTs delivered from the QE to the system on an hourly basis with emphasis on alerts with mental health and/or substance use admission reasons.
- Platform will have proxy HEDIS measures for state and practice-based measures.

Reporting Measures

Options for practices to monitor measure performance

1. **PSYCKES**: Not all IBH measures have equivalent PSYCKES quality flags for Medicaid patients.
2. **HEALTHeLINK/HEALTHeOUTCOMES:** Some measures are within HEALTHeOUTCOMES but BH measures are not comprehensive
3. **Value Network Population Health Tool**: VN tool will contain all state and practice-based measures
4. **Internal EHR:** Some EHRs may have measures built within the system

PROMIS-10 tool

Practices will have four options to collect PROMIS-10 GH responses to allow for flexibility around cost and burden:

1. **Paper**: Administer survey via paper; no fee
2. **API:** HealthMeasures has developed an API that practices can use to integrate survey administration into existing electronic data collection systems. Practices will be required to pay a small annual license fee to use the API.
3. **EPIC**: Can be integrated into existing customers' EMR for a fee. The fee structure is not public and costs roughly 1% of the total EMR costs (e.g., if a practice pays $100,000 per year for their EPIC system, the PROMIS-10 GH application would cost an additional ~$1,000 per year). Practices interested in integrating PROMIS-10 GH into their EMR system (not EPIC) can work directly with a PRO vendor on custom implementation. The latter would likely be relatively costly.
4. **MyCHOIS**: OMH can program directly into this application and would require to pay a HealthMeasures Electronic Administration Permission (HEAP) fee

- **Next Steps**: Meet with CMS and HealthMeasures and get more information for each option

MyCHOIS

My Collaborative Health Outcomes Information System (MyCHOIS)

- An application within the PSYCKES database that can be used for both Medicaid and Non-Medicaid recipients
- Available as both a web and mobile application!
- Recipients can use this tool to help track their health information, improve communication with providers, and view other crisis and recovery resources, including:
    - My Treatment Data (e.g., services, medications, diagnoses)
    - Complete assigned screenings, assessments, or surveys
    - My Plans & Documents (e.g., create a safety plan or Psychiatric Advance Directive)
    - Pat Deegan's Recovery Library
    - Crisis hotlines and resources


NEW YORK STATE
Office of Mental Health
MyCHOIS
Home
Learning Center
About Me
Help
Español
Log Out
Welcome to MyCHOIS
CommonGround
CSSRS
PHQ9
Review my past reports
Take a survey
Track my recovery progress
Communicate with my doctor
My Treatment Data
Review my services
Review my medications
Review my diagnoses
Upload a Psychiatric Advance Directive
Create or upload a Safety Plan
988
SUICIDE & CRISIS LIFELINE
Need help now? Call or text 988 or chat online
Crisis Hotlines
Hotlines and lifelines for a crisis or emergency support
Crisis Resources
Support lines and available mental health resources

NEW YORK STATE | Office of Mental Health | MyCHOIS

Home | About Me | Help | Español | Log Out

CommonGround

Welcome to MyCHOIS, JANE

What is CommonGround?

Take a CommonGround survey now

Your Power Statement

I want to work together with you to find a medicine that will help me have less panic attacks so that I can work at my job

Edit

Your Early Warning Signs

I sleep in the day, I don't want to see people, I miss appointments, I stop talking to people

Edit

Your Personal Medicine

Taking a walk, Reading a book, Seeing my family

Edit

Your Mental Health Medicine

Haloperidol, Invega Sustenna, Risperidone, Quetiapine Fumarate, Lithium Carbonate

Edit

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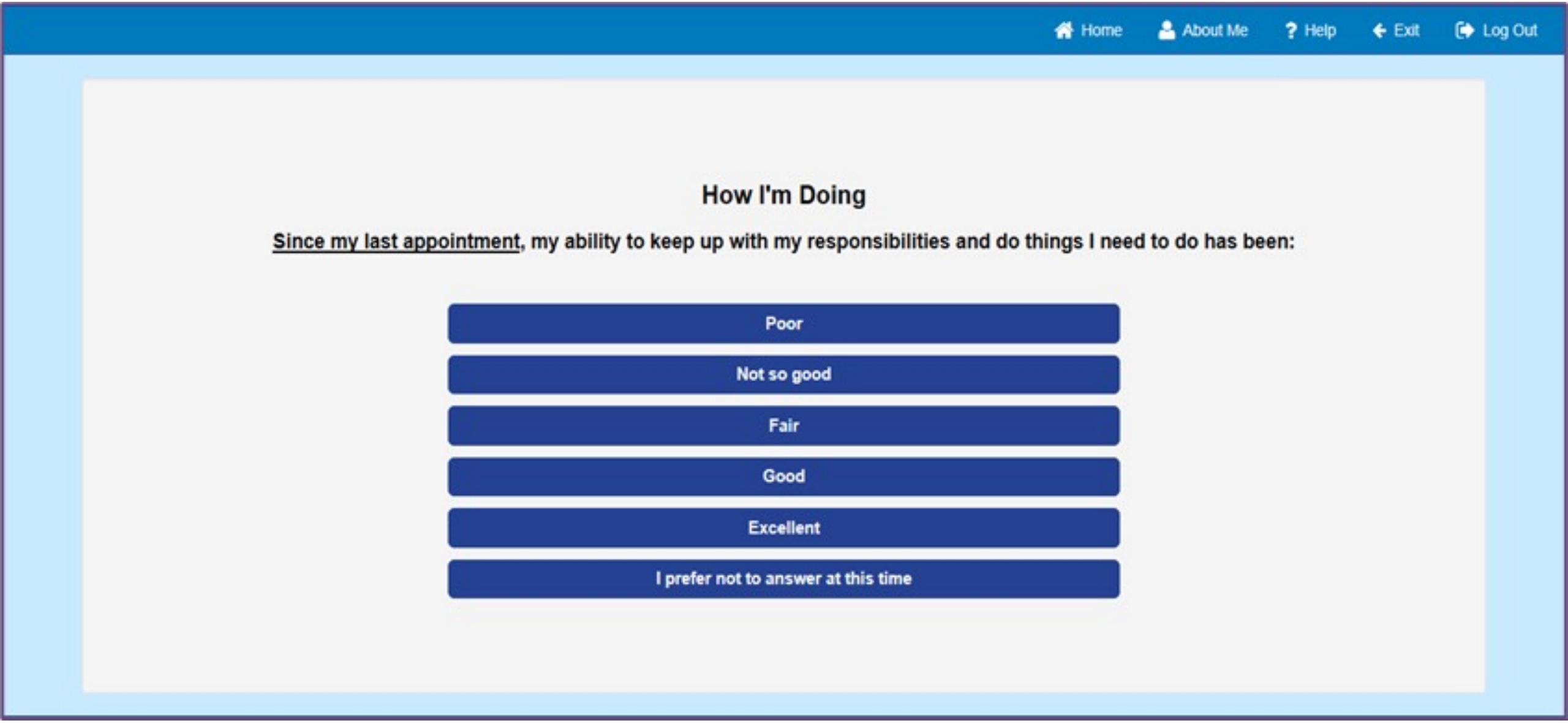
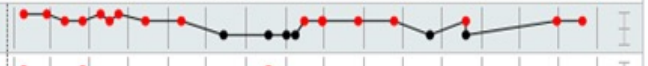
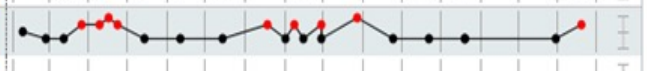
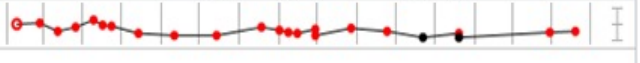

Home
About Me
Help
Exit
Log Out
How I'm Doing
Since my last appointment, my ability to keep up with my responsibilities and do things I need to do has been:
Poor
Not so good
Fair
Good
Excellent
I prefer not to answer at this time

Survey Report

- MyCHOIS creates a survey report of recipient's responses, including trend line graphs
- Could develop something similar for PROMIS-10 survey

How I Am Doing

1=Least Symptomatic, 5= Most Symptomatic, Pref No Ans.=Prefer Not to Answer

Area of wellbeing	This Report	Concerned This Report	Last Report	Progress over Time (Feb 15 – May 15 – Aug 15 – Nov 15 – Feb 16 – May 16)
Power Statement achievement	2		2	
Ability to keep up with responsibilities	2		2	
Overall physical health	3		2	
Overall mental health	2		3	
Living Situation	1		1	
Alcohol or drug use	N/A		N/A	
Hearing voices or seeing things	3		5	
Racing thoughts	1		1	
High energy	1		1	
Distressing beliefs or fears	1		1	
Anxiety	3		3	
Harm others	No		No	
Low energy	1		1	
Concentration	1		1	
Sleep	1		1	
Little Interest	1		1	
Thoughts about death / harming myself	3		4	
Depressed/Hopeless	3		3	
Appetite / Eating	1		1	
Feeling like failure	3		1	
Speech / Movement	1		1	
PHQ2 Depression screen (0-6)	-		-	
PHQ9 Depression score (0-27)	6 (Mild)		5 (Mild)	

Since my last appointment, I spent time in a	None of the above
Since my last appointment, I have had some changes in my life:	No change
Smoking status	Never smoked - 09/15/2014

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Discussion & Feedback

What **option** do you think would work best for PROMIS 10 implementation?

What **challenges** do you see with implementation / data collection?

Shared Care Plan (Program Dependent)

- OMH Program Input Required
- The use of CCDs to build a shared care plan is untenable
- IBH Care Plan to be authored by BH and live in BH EHRs
- Physical Health consultant to advise on physical health goals

Comprehensive IBH Model Care Plan Components

A comprehensive IBH Model care plan includes, but is not limited to

- behavioral and physical health conditions
- individualized crisis and safety plans
- planned services
- cognitive and functional assessment results
- family and social history
- unmet needs related to upstream drivers of health
- environmental and caregiver evaluation
- treatment goals and progress
- emergency response and safety monitoring
- approach to symptom management and progress notes
- individualized recovery and relapse prevention plans
- routine assessments and plan adjustments
- medical interventions and follow-ups
- notes from periodic review and revision

Discussion & Feedback

Behavioral Health Practices

Are there required elements of the integrated care plan not currently part of your treatment plans? How could you incorporate physical health conditions into the care plan?

Primary Care Practices

What information from the BH care plan would you be interested in incorporating into your plans/practice? What BH information should be part of the one-page BH summary?

The Role of Crisis Providers in IBH

- A goal of IBH is to ensure that **individuals with complex mental health and physical needs receive the right level of treatment** (i.e., avoiding repeat visits to the ER without a solid plan to address underlying issues).
- **Crisis providers** can play a critical role in determining whether individuals need an ER visit.
- OMH conducted an environmental scan of the NYS crisis system to identify current approaches to support **communication, referrals, clinical information sharing, and monitoring.** Results indicated the following crisis provider needs:
  1) **Faster access to background information** to diagnose need for an ER visit or mobile crisis response.
  2) **More efficient referral workflows** for connecting individuals to mobile crisis and ongoing mental health services to prevent future emergencies.

Crisis Provider Goals and Next Steps

- **Reduce rates of ER visits and hospital re-admissions through achieving the following crisis provider outcomes:**
  - Increasing timely mobile crisis responses
  - Improving access to background data to inform referrals

  Success in achieving the above goals can help reduce system costs and improve outcomes for the IBH-identified population.

- **Next Steps:**
  - Evaluating technical solutions that can address the above goals and making decisions
  - Setting implementation timeframes for implementing crisis provider technical system updates
  - Tailoring implementation to Western NY providers participating in the IBH project

Discussion & Feedback

What **questions** do you have about the environmental scan?

Next Workgroup Meeting Tasks

Activities

- Review Slides from Today
- Provide Feedback / Comments / Questions to be addressed during the next workgroup
    - MCTAC mailbox: mctac.info@nyu.edu

Proposed Meeting Schedule:

Quarter 3 Convening Structure -- August 6th 11:30am-2pm

- IT Implementation Plan – September

Quarter 4 Convening Structure In-Person -- November 4th 9am-4pm