

Analysis of Top Two Mental Health Priorities

July 2011

Sixty of 62 counties have submitted and certified their priorities in the County Planning System (CPS) as part of their annual planning efforts. Counties have declared varying numbers of priorities, but for the purpose of this analysis, the top two for each county were examined through the lens of mental health to understand more fully general areas of emphasis across counties. Moreover, the analysis provides an overview of areas of concern mapped to the Office of Mental Health (OMH) Strategic Framework. OMH regions are used for the analysis of priorities and mapping to the framework.¹

Distribution of Mental Health Priorities

The analysis takes into account the top two priorities that counties indicated were of chief concern for the delivery of mental health services and supports. The number of priorities reported by counties is 120, representing an overall response rate of 96.8 percent.

Region	MH	MH/SA	MH/DD	MH/DD/SA	YET TO RESPOND	Total
Central	14	13	5	6	2	38
Hudson River	18	7	5	2	0	32
Long Island	2	0	1	1	0	4
New York City	10	0	0	0	0	10
Western	20	4	5	7	2	38
Total	64	24	16	16	4	124

The majority of the 120 priorities reported to date in the CPS relate to mental health (64, 53.3 percent). A number of counties also indicate that their mental health priorities are shared either with one of the other two mental hygiene areas or among all three. Mental health/substance abuse disability priorities account for 20 percent. The percentage of priorities between mental health/developmental disabilities and all three disability areas are the same, with rates of 13.3 percent each. While the distribution reflects much attention to priorities that

¹ Regions as defined by the New York State Office of Mental Health: **Hudson River:** Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, Westchester. **Western:** Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, Yates. **Central:** Broome, Cayuga, Chenango, Clinton, Cortland, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Otsego, St. Lawrence. **Long Island:** Nassau, Suffolk. **NYC:** Bronx, Kings, New York, Queens, Richmond.

relate to mental health services alone, it also reinforces findings from previous years, where cross-systems, comprehensive, integrated person-centered services and supports are designated by counties as essential to effective service provision.

Priorities in Relation to Strategic Framework

Priorities for each county have been mapped to the OMH Strategic Framework domains and major goals, permitting a closer look at priorities. The framework brings structure to the values and principles guiding recovery-oriented, person-centered, and family-driven services and supports. They include:

- 1. People First**
Respect individuality by demonstrating hope and positive expectations, a belief in recovery, and regard for diversity.
- 2. Person-Centered Decision Making**
Provide supports and treatment based on self-defined needs, while enhancing personal strengths.
- 3. Basic Needs Are Met**
Enable and encourage people to meet basic needs; be engaged in work, education, or activity; and live in safe, affordable housing.
- 4. Relationships**
Strengthen connections to others, families, and the community, and help to overcome stigma and discrimination.
- 5. Living a Healthy Life**
Aid people to support and manage their own well-being, meet life's challenges successfully, and maintain physical health.
- 6. Mental Health Treatment and Supports**
Foster access to treatment and supports that enable people to lead satisfying lives in their communities.
- 7. Self-Help, Peer Support, Empowerment**
Promote recovery and a greater quality of life through access to self-help, peer support and empowerment services.
- 8. Mental Health System of Care, Workforce and Accountability**
Reinforce competencies for delivering recovery-oriented services, and ensuring participation in governance and involvement in managing quality and performance.

Across the State, priorities fall largely into Domain 6, Mental Health Treatment and Supports, with (56, 46.6 percent), rising 3.3 percent since last year. Also rising slightly from a year ago is the number of priorities focused on Basic Needs (Domain 3), largely the need for housing with supports to promote successful community living. Compared to 19.8 percent last year, Basic Needs Priorities are at 22.5 percent. Priorities related to the System of Care,

Workforce and Accountability (Domain 8) rank third at 14.2 percent and reflect ongoing concern with fiscal viability of community programs and other effects of regulatory reform.

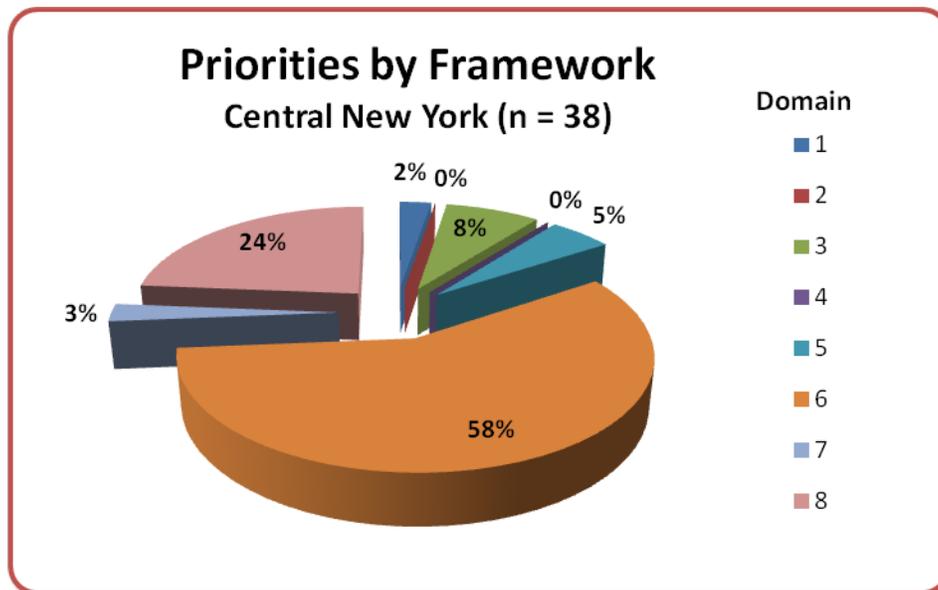
TABLE 2
Regional Priorities by Framework Domain

Region	1 People First	2 Person- Centered Decision Making	3 Basic Needs are Met	4 Relation- ships	5 Living a Healthy Life	6 MH Treatment & Supports	7 Self-Help, Peer Support, Empowerment	8 MH System of Care, Workforce & Accountability	Yet to Respond	Total
Central	1	0	3	0	2	22	1	9	2	40
Hudson River	0	0	11	3	2	10	2	4	0	32
Long Island	0	0	2	0	0	1	0	1	0	4
New York City	0	0	0	5	0	5	0	0	0	10
Western	0	1	11	2	1	18	0	3	2	38
Total	1	1	27	10	5	56	3	17	4	124

Overall, the data appear to indicate the crucial role counties play in overseeing, operating, managing and evaluating resources and resource needs in a time of serious fiscal restraint. Counties are striving to ensure quality mental health treatment and supports with dwindling resources and no new monies, while at the same time responding to a changing service system, including implementation of clinic restructuring and reforms being introduced in preparation for Medicaid managed care. While top-two priorities largely fall into the three domains described here, counties are clearly committed the goals described in the other domains (e.g., person-first, recovery-oriented services and supports, peer support), thereby enabling adults, children and families to live productively in their communities. Features that describe the nature of top priorities by OMH region follow.

Central New York Region

Top priorities fall largely between Domains 6 and 8, Mental Health Treatment and Supports and System of Care, Workforce and Accountability.



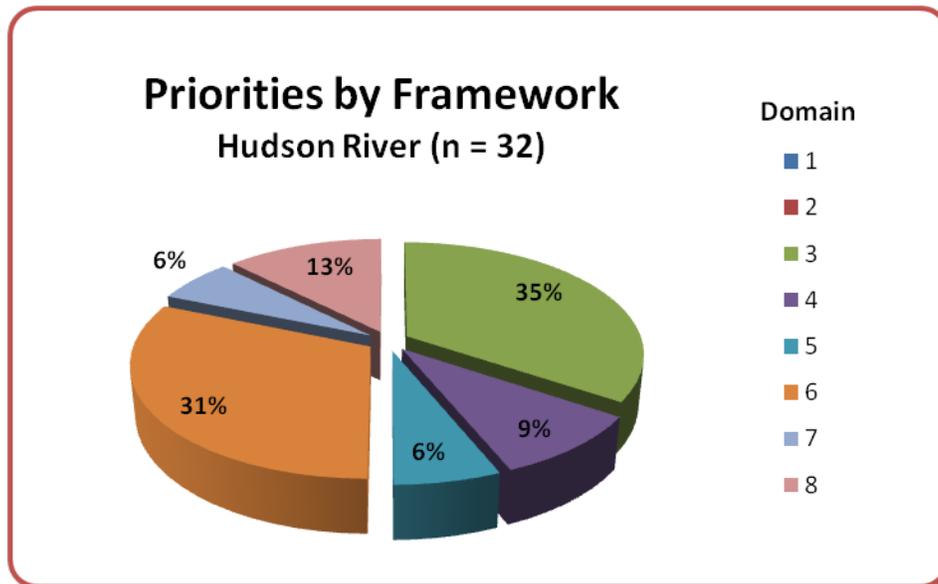
Most of the priorities that fall under Mental Health Treatment and Supports (Domain 6) highlight the importance of improving access to an array of integrated services that meet the needs of persons with co-occurring mental health and chemical dependency disorders and to ensuring well-integrated, coordinated care within the mental health and across the other mental hygiene systems of care. Rural issues were evident by priorities focused on assessing unique rural challenges and planning to address them as well as the need to increase psychiatrist services.

System of Care, Workforce and Accountability priorities (Domain 8) address fiscal and regulatory reform concerns. Counties are striving to operate efficiently and effectively as they deal with the fiscal impacts of the current fiscal climate in New York and nationally. While some are in the midst of reconfiguring services, others are also beginning to consider system changes on the horizon related to State Medicaid Redesign and national health care reform.

Other priorities fall mostly under Basic Needs (Domain 3) and include housing and housing supports for people across the three disability systems and transportation services for a rural county that wishes to improve access to services and supports for its residents.

Hudson River Region

In the Hudson River Region, counties have identified priorities mainly in Domains 3 (Basic Needs) and 6 (Mental Health Treatment and Supports), which is consistent with the priorities declared during last year's planning cycle.



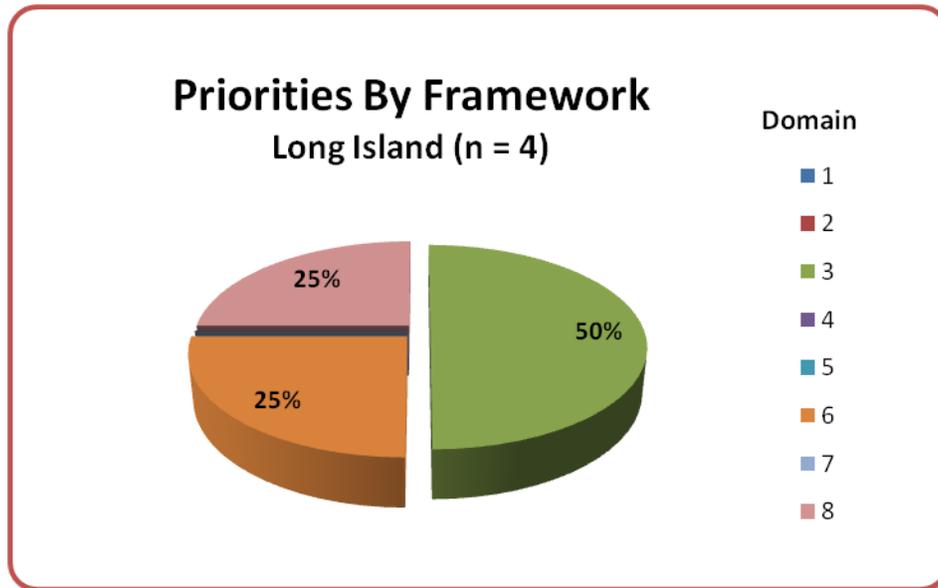
Under Basic Needs, the priorities deal with safe, affordable housing and related supports (e.g., employment, educational opportunities) necessary for successful community living. Three counties cite the importance of providing safe, affordable housing opportunities specifically for people with co-occurring mental health and substance abuse disorders, such as sober housing;; another county indicated work in the area of housing with supports for people with mental health and developmental disabilities.

Integrated, coordinated, and collaborative treatment and supports is a main concern across the mental hygiene and other service systems. Counties are working to improve care coordination for youth in transition in the mental health system as well as across the mental health and developmental disability systems. Other counties are focusing on integrated health care in the substance abuse/mental health and across all three mental hygiene areas. Priorities also address the need for healthy living, self-help and peer support services, and efforts toward stronger local systems of care as the transition to clinic restructuring occurs.

Other priorities aim at more fully integrating health and mental health treatment and supports into the fabric of the community, with the aid of peers and peer support; adding more crisis and respite capacity for adults, children and families; more fully developing and strengthening peer leadership and peer services; and addressing fiscal viability and restructuring concerns.

Long Island Region

On Long Island, two priorities are aimed at Domain 3, Basic Needs, and one each for Domains 6 and 8, Mental Health Treatment and Supports and System of Care, Workforce and Accountability, respectively.

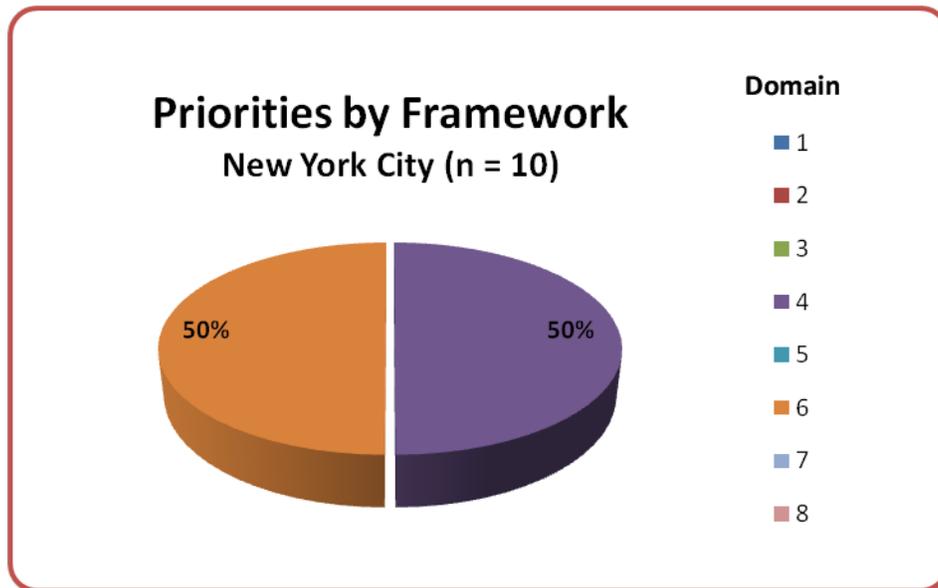


The Basic Needs priorities are intended to increase the supply of housing with related supports. One effort focuses on sufficient housing to meet the needs of people with serious mental illness and the other for people served across the three mental hygiene disabilities. Long Island continues to be challenged by very high housing and living costs and a lack of housing to meet specific needs, including the needs of people who are difficult to place.

The two other main areas being addressed are the provision of evidence-based treatment services and care coordination for persons with multiple disabilities and attention to regulatory and fiscal issues related to restructuring, billing, and inadequate reimbursement rates impacting operations and barriers to clinic access for individuals who do have insurance coverage. An important finding is that people with health insurance who lack the skills and resources to challenge insurance companies (e.g., insufficient provider network, service denials) tend to find their way to public services as a result.

New York City Region

New York City has declared two priorities that fall into Domains 4 (Relationships) and 6 (Mental Health Treatment and Support), covering each of the City's five counties. (The priorities were given the weight of two for each of the five counties comprising the City, totaling to 10.)

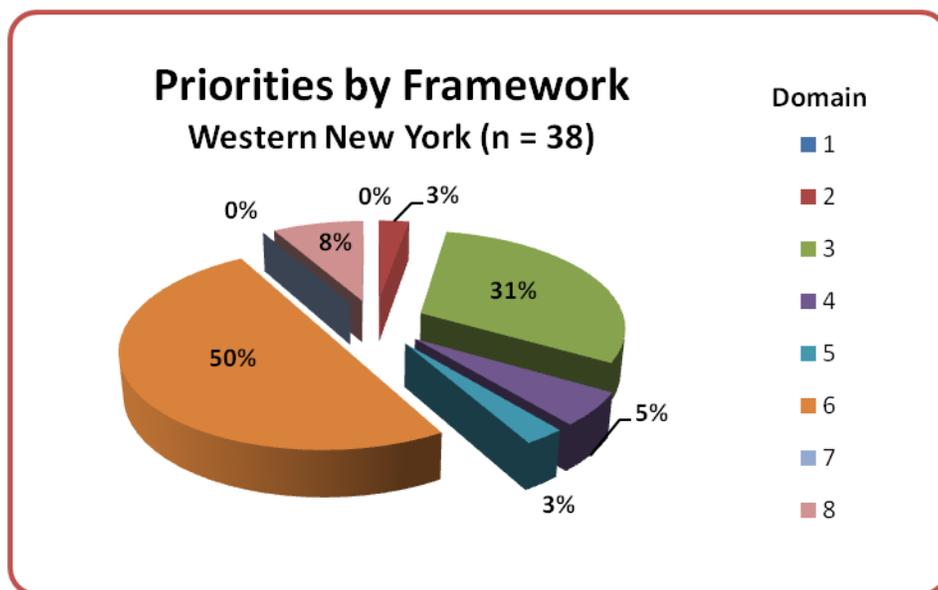


The priorities are expressed broadly, and, in particular, with respect to Domain 4, the City has placed a strong emphasis on services and supports that help people to reach their full potential and lead personally meaningful lives in their communities through employment, recreational activities, community involvement, and significant relationships. The City's goal is to provide a full range of supports that are oriented toward recovery and enable people to make informed decisions and manage their lives as well as they can.

The second priority is a continuation from the previous year and includes striving to have children from birth to eight years of age reach their optimum developmental potential through assessment and early mental health intervention, when indicated. The priority aligns with the goals of the Children's Plan to promote the social and emotional growth and development of New York's children and aims to continue building capacity among parents, caregivers and others responsible for children's education, health, safety, and well-being.

Western New York Region

Priorities for Western New York cluster mainly around domains 3, 6 and 8, and focus on Basic Needs, Treatment and Supports, and the System of Care, Workforce and Accountability, respectively.



Priorities addressing basic needs primarily involve safe, affordable housing and supports for people served by OMH and also for people served by OMH and OASAS. One rural county continues to work on improving transportation to health appointments, jobs, classes and recreational activities for people with disabilities across the systems of care; another is concerned with better meeting the needs of youth in transition served by the three mental hygiene disability areas; and two counties are particularly interested in strengthening vocational and employment opportunities for people with disabilities.

Mental Health Treatment priorities tend to concentrate on the specific needs of populations served by mental health and other providers. The priorities call for strengths-based, person-centered care coordination and integrated services across systems of care for high-need, high-risk populations (e.g., dual disorders, multiple disabilities, criminal justice contact) and for strengthened System of Care efforts on behalf of children with serious emotional disturbance and mental health challenges and their families.

System, Workforce and Accountability priorities vary, with three counties noting the need to expand psychiatry services through recruitment of child psychiatrists and/or use of tele-psychiatry. Another county indicates that it will be assessing the level of services needed for children and families, while another will be examining how it can increase access to children's services. Staff development is another theme to emerge, with one county focusing on use of screening tools to improve care across disability areas and another looking at how it can

improve provider education for providers serving people with co-occurring mental health and substance abuse disorders.