



New York State Office of Mental Health

2013 Interim Report



New York State
omh
Office of Mental Health

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Thank you for taking the time to review the New York State interim 5.07 Plan. The changing landscape of health care in our State and Nation can lead to high quality, accountability, and positive outcomes if we get this move right. The Office of Mental Health (OMH) is seeking guidance and input from stakeholders regarding the details of re-configuring care and feedback about the experience of receiving mental health care in New York so that these experiences can help inform the vision for improvements.

**Acting Commissioner,
Kristin M. Woodlock, RN, MPA**

A Progressive Behavioral Health Care System

Vision

New York is embarking on an endeavor to re-fashion the delivery of mental health services to best meet the needs of New Yorkers living with mental illness. This new course is the logical next step, stemming from fundamental developments that have redefined what constitutes effective support for people with mental illness. “The concept of ‘recovery’ has now become common sense – no longer a radical or novel concept.”¹ This seismic shift in the cultural understanding of mental illness rightly moves the prospect of recovery from the fringes of the realm of possibility to an expected outcome. But recovery from mental illness is not a singular proposition achieved solely through clinical care. Rather, it necessitates a holistic approach to addressing all the factors that impact an individual’s mental well-being that, when well managed, allow an individual to live successfully and happily in the community.

More so today than ever, we have the knowledge, understanding, expertise and the leadership in place to support people in their pursuit of recovery. Decades of research and experience have brought us to this point where we now understand how to effectively engage individuals with mental illness in supports that promote their resilience and recovery. On the road to recovery, individuals experiencing symptoms of mental illness are squarely in the driver’s seat, making effective engagement a “make or break” factor that must be continually nourished throughout the provision of supports. To be meaningful to individuals with mental illness, supports must have a real life impact in day-to-day life. Supports that meet this test include: the foundation of a safe and affordable place to live; high quality clinical care that identifies conditions early, quickly provides effective solutions, and is held accountable for outcomes, measured by the quality of life of the individual receiving care; and, assistance with achieving an education and the acquisition of skills that can provide the opportunity for employment or other meaningful community participation.

The current mental health system was developed more than a century ago with a focus on intensive supports in inpatient settings, in a time when a mental health diagnosis relegated individuals to a lifetime “in the system.” Today’s system preserves the “safety net” of inpatient psychiatric hospital care, designed to support people with the most significant mental health needs who cannot be served in the community. The “safety net” must now be re-aligned in order to do more to support the community-based system of care that prevents people from needing more intensive services. Research and experience demonstrate, time and time again, that with access to high quality treatment and supports, even those with the most serious mental illness can and do recover. Under this proposed realignment, New York’s mental health care delivery system can better meet the needs and desires of people with mental illness and value best personal outcomes.

The framework outlined in this document, strengthened through guidance from the community and those we serve, will bring about a stronger system – one that is focused on how best to meet the needs of New Yorkers with mental illness and provides greater value to the taxpayers of New York.

Developing a Blueprint for Change

Shortly after taking office in 2011, Governor Andrew Cuomo initiated a series of health care reforms aimed at reducing the cost of health care, increasing quality and efficiency, and improving individual health outcomes for New Yorkers. In many ways, these reforms provide a blueprint for the types of reforms that remain necessary within New York’s mental health system. The *Progressive Behavioral Health System* proposal for New York State commits to follow through on fundamental reforms already underway that are necessary to bring about change, and builds on these reforms to redesign mental health service delivery to meet the needs of New Yorkers with mental illness in the 21st century. This multi-phase, transformational agenda consists of 4 pillars:

- 1) Accountable Care Management
- 2) Early Access to Care Across the Lifespan
- 3) Access to Affordable Housing, Education and Employment
- 4) Excellence in Treatment and Community Services

The four pillars above are based upon certain realities that demand changes in the mental health system. There is an identified need for continuity of care, integrated care, and coordination between primary care and specialty mental health care. Research has shown that lack of integration results in a gap between when an individual first experiences a mental illness and when they first begin receiving care by 9 years, on average. The majority of opportunities for early identification and intervention occur in primary care settings, but identification and treatment/referral are far too rare. Early intervention and coordinated care prevent the need for more extensive and expensive treatment.

The majority of individuals who suffer from mental illness can effectively be treated in the community. In fact, 714,000 of the 717,000 New Yorkers receiving services from the OMH system do so in the community. However, mental well-being depends not only on mental health treatment, but also appropriate and safe housing, and meaningful participation in the community through education, employment or volunteering. Access to housing, and engagement and involvement in the community – through school, work, friends and family – form the foundation for recovery.

Through the enhancement of initiatives to improve mental health care quality and the provision of supports in the community, the reliance on inpatient, specialty care will continue to diminish. Currently, New York State has twice as many state-operated psychiatric hospitals than any other state, constituting nearly 10% of the nation’s total state-operated psychiatric hospitals. New York’s state psychiatric hospital system is unsustainable at its current size. State psychiatric hospital capacity cannot be responsibly and rapidly reduced without managed investments in community care.ⁱⁱ

New York’s new *Progressive Behavioral Health System* will move the state toward a mental health care system that will continue its inevitable evolution toward a more accountable, coordinated, early intervention model that supports people to live successfully in the community through the highest quality mental health care and supports.



Accountable Care Management

REALITIES

Community-based mental health care requires increased accountability for outcomes

Continuity in care and integrated mental health care in primary care lead to positive outcomes for individuals and lower costs of care

The gap between when an individual first experiences a mental illness and when they first begin receiving care is 9 years, on average

New York has long had a commitment to developing community-based opportunities for people living with mental illness as an alternative to inpatient psychiatric hospitalization. This capacity has grown over a period of decades due to the hard work and dedication of countless individuals who have led the way in developing innovative opportunities to support people in the community. Systems realignment will eliminate “siloed” services and funding structures, increasing accountability and reducing incidents of people not receiving services or having repeated hospitalizations due to inadequate community supports.

Efforts to create a more accountable and coordinated system of care are underway, not only in mental health, but across all health services, including physical health and substance use disorder treatment. Under these new structures, individuals will experience their health care in a whole new way, benefitting from increased communication among health care providers, more seamless referrals and improved access to care, and more effective care coordination and management.

First, and most fundamental, among the reforms Governor Cuomo initially set out to achieve within New York’s health care delivery system, was to improve accountability and coordination. Most significant among these reforms were those achieved through the development of the Medicaid Redesign Team (MRT), which found that “unmanaged” and “unaccountable” care was no longer acceptable for individuals receiving Medicaid services – including those with mental illness. This finding resulted in the development of Behavioral Health Organizations (BHOs), a multi-phase initiative to bring individuals receiving mental health and substance use disorder services into a care management environment. The first phase of the BHO initiative is focused both on educating OMH, local governments, providers of mental health services and insurers about the components of high quality managed care for individuals with serious mental illness and substance use disorders, and also, how to improve coordination among providers of mental health services. The second phase of the BHO initiative will take the lessons learned and improvements in care coordination achieved and move them into a care management environment in which managed care plans with expertise in behavioral health will take on responsibility for individuals with behavioral health needs.

Thus far, the BHO initiative has proven very effective at demonstrating New York’s commitment to injecting accountability for outcomes into the mental health care system. Since the publication of the [Statewide Comprehensive Plan for Mental Health Services](#) in October, in October, 45,750 admissions to inpatient mental health and substance use disorder units have been reviewed, demonstrating how the first phase of the BHO initiative is successfully focusing hospital providers on individuals with complex mental health and substance use disorder service and care coordination needs. Ongoing quarterly stakeholder meetings continue to be held in each BHO region, at which BHOs conduct presentations of summary data to hospital and community based providers, involve specific providers in panel presentations and reviews, and identify system level gaps and care coordination needs. This information, along with the information being published on the [BHO Portal](#) on the OMH website, is being used by all involved parties – including OMH and OASAS – to inform planning for the second phase of the BHO initiative. Following through on the BHO initiative into the second phase is key to showing that mental health services can be more effective at engaging individuals in care, developing long-term relationships with recipients of services and their families, obtaining services that will support an individual in their quest for recovery from mental illness, and coordinating care among providers of different supports.

Similarly, through an opportunity created by the enactment of the federal Patient Protection and Affordable Care Act (ACA) in 2010, Governor Cuomo developed the multi-phase [Health Home](#) initiative aimed at improving coordination among the various medical, behavioral and long-term care needs of individuals with complex and/or chronic conditions. This initiative, which involves individuals with mental illness receiving Medicaid funded services, will lead to reduced health care costs through improved individual outcomes. Most recently, the Centers for Medicare and Medicaid Services (CMS) has approved all three of New York’s State Plan Amendments (SPA) for Health Homes for Medicaid Enrollees with Chronic Conditions. The first phase, which has been operational for some time, currently serves approximately 13,000 individuals – 6,000 in active care management and some 9,000 in outreach and engagement. Nearly all of the counties in New York State have at least one designated Health Home, with outstanding counties being announced in the near future. New York State is now in the process of moving Assertive Community Treatment (ACT) teams, Supported Case Management for residents of adult homes, and case management provided by state personnel, along with the people they serve, into Health Homes.



Early Access to Care Across the Lifespan

REALITIES

The majority of opportunities for early identification and intervention occur in primary care settings, but identification and treatment/referral are rare

Failure to identify mental health needs in the primary care setting and failure to apply early interventions have led to over-reliance on psychiatric hospitals

Early intervention and coordinated care prevent the need for more extensive and expensive treatment

Research and experience informs that early identification and treatment of mental illness – across the lifespan – is the key to preventing acute mental illness, lifetimes of suffering, and tragic incidents. As a matter of policy, New York State has increasingly shifted the focus of health care away from a reliance on the most expensive and extensive treatment options, moving instead toward a model that values early detection of disease and incentivizes early interventions. There are perhaps no better investments in early detection and treatment than in those aimed at mental illness, given the extensive research that points to missed opportunities to provide effective mental health treatment early.

New York has made significant progress toward shifting the focus toward prevention, early detection and early intervention – particularly as it relates to the mental health needs of children. These initiatives have helped to identify and quickly link individuals to needed assessments and treatment, when indicated. Early identification is critical to helping prevent hospitalizations, long term out-of-home-placements, and ongoing challenges with recurring psychotic episodes.

For children and adolescents, pediatricians and family physicians are often the first source of information for families seeking help related to emotional or behavioral concerns. [*Project TEACH*](#) (Training and Education for the Advancement of Children’s Health), a collaborative effort to link pediatricians and primary care physicians with child mental health experts across New York State, provides access to child and adolescent psychiatric consultants, education and training, as well as referral and linkage services. Now under a formal evaluation, *Project TEACH* is helping to shape the *Collaborative Care* initiative in which OMH and the Department of Health seek to improve collaboration between specialty mental health care and primary care in order to improve the ability to screen and treat mental illness in the primary health setting. This coordinated team approach to care includes: training primary care providers in screening and treating common mental health conditions; educating patients and providing basic counseling and medication support; and psychiatric consultation for those patients who need more intensive, specialty services. The next three years will involve work with the AIMS Center at the University of Washington to provide

technical assistance. With 24 hospital centers throughout the state prepared to implement the *Collaborative Care* initiative at one or more of their primary care clinics, all sites will begin seeing patients using the new model by late summer of 2013.

New York State seeks to continually to improve early identification and treatment for individuals experiencing a mental illness – in particular for those with psychotic disorders, such as schizophrenia – through an approach currently referred to as *First Episode Psychosis* (FEP). Recent research indicates that reducing the duration of untreated psychosis, coupled with the provision of recovery-oriented psychiatric services and community supports, markedly improves short-term outcomes and may likely lead to life-long benefits. Essentially, the FEP project is aimed at engaging young people experiencing psychotic symptoms at first onset and helping them develop a management plan to deal with this likely life-long condition, thereby breaking the cyclical nature of debilitating psychotic episodes that too often involve repeat hospitalizations, the criminal justice system and incarceration, long-term disability, dependence on health care, poverty, homelessness, and premature death. While significant progress has been made on the project, including the development of a blueprint to bring this new approach to scale, beginning with four demonstration teams, the FEP initiative is in its nascent stages. Likewise, New York’s efforts to shift to early detection and treatment of mental illness are also just getting underway and require continued commitment.



Access to Affordable Housing, Education and Employment

REALITIES

Mental well-being depends not only on mental health treatment, but also appropriate and safe housing, and meaningful participation in the community through employment or volunteering

“Decent, safe and affordable housing is a foundation for recovery”¹

New York State has long recognized the importance of providing access to housing, education and employment as key to a successful life in the community and has made significant investments in these areas for a number of years.

New York State has made significant progress in the effort to develop affordable housing opportunities for individuals with mental illness, developing over 30,000 units of housing for people with mental health needs, to date. Through partnership with New York State’s housing agencies, development of housing incorporated into generic affordable housing endeavors have yielded further housing options. In an effort to build upon these achievements and improve health outcomes for individuals with serious mental illness who are high-end Medicaid recipients and in need of stable, affordable housing, Governor Cuomo has called for the development of 1,000 units of supported housing for residents of nursing homes (including 400 by the end of 2014), 4,000 units of supported housing for individuals in adult homes (including 1,400 by the end of 2014), and 3,400 beds for the homeless housing program in New York City (including 634) by the end of 2014.

In order to support the educational needs of individuals with mental illness, New York State supports a portfolio of initiatives targeted at helping young people with behavioral health disturbance to stay in school, on track and ready to learn. The *Early Recognition Coordination and Screening* project, which funds full time early recognition specialists in children’s natural settings, such as schools, day cares or pediatrician offices, helps to identify children and youth with social and behavioral challenges early and establish the necessary linkages to further assessment and treatment services. Early recognition specialists coordinate the creation and maintenance of productive partnerships, conduct community outreach, engage children and their families, obtain active parental consent, and carry out a community-wide plan for early identification. Tens of thousands of screenings are now taking place statewide in order to help put in place the needed supports and services to stave off future difficulties in interpersonal relationships, academic challenges and engagement in the community among youth.

Engagement in meaningful community participation – either through gainful employment, volunteering or other opportunities – is also an integral component to sustaining independence and

maintaining mental well-being. The [New York Employment Services System \(NYESS\)](#) was developed as a job matching/employment supports coordination and data system designed to assist New Yorkers with disabilities (including those with mental illness) to find competitive employment opportunities and supports. Now fully operational, NYESS uses data entered by providers of employment supports to generate reports on performance in helping individuals meet their employment goals (<https://my.nyess.ny.gov/reports>).

NYESS is now operating as the first and only Statewide Administrative Employment Network in the U.S. recognized by the Social Security Administration's (SSA) Ticket-To-Work program. This unique approach engages SSA's Ticket-To-Work initiative in a way that encourages collaboration and partnership among State agencies and community rehabilitation providers that will in turn lead to increased employment opportunities for individuals with disabilities. NYESS has now officially received the first set of Milestone Payments from SSA for the successful employment outcomes achieved by individuals with disabilities, which will be distributed to providers of employment supports responsible for helping those individuals achieve their employment goals. Moreover, SSA is now looking at New York's NYESS system as a standard by which the Ticket-To-Work program will be administered across the country. The NYESS system is working to address systemic and real life barriers that hinder individuals with disabilities in realizing their goals of being equal members in society.



Excellence in Treatment and Community Services

REALITIES

714,000 of the 717,000 New Yorkers receiving services from the OMH system do so in the community

New York State has twice as many state-operated psychiatric hospitals than any other state, constituting nearly 10% of the nation's state-operated psychiatric hospitals

Through initiatives to improve mental health care quality in the community, reliance on inpatient, specialty care will be further reduced

State psychiatric hospital capacity cannot be responsibly and rapidly reduced without managed investments in community care²

New York State operates a legacy system of over twenty psychiatric hospitals; this hospital system is the second largest in New York State. Outside of the downstate region, these hospitals are small and are unevenly distributed. The number of inpatient beds has been declining for decades and will continue to shrink as deep end behavioral health services are included within the benefit package for Medicaid Managed Care in the latter part of the 2013-14 fiscal year. The Olmstead decision, which requires that individuals with mental illness live in the most community integrated setting possible, will also continue to focus on the need for more community care options. Many of the state psychiatric hospitals in the Upstate New York region (OMH Western New York, Central New York and Hudson River regions) struggle with recruitment of scarce clinical experts (psychiatrists, child psychiatrists, psychiatric nurses) and the capital costs to maintain 24 separate hospitals, many of which have less than 100 beds.

New York State has vibrant regional centers for the diagnosis and treatment of cancer, diabetes, trauma and other special health conditions. We see how the regional approach has shaped health care delivery by examining the regionalized specialty care system located within the Upstate New York region for several areas of health care:

- 1 National Cancer Institute Center
- 5 Regional Trauma Centers
- 5 Regional VA Medical Centers
- 4 Regional Hospital Centers for Pediatric Cardiac Surgery
- 7 Regional Hospitals with AIDS Centers
- 4 Regional Burn Centers

Patients and families recognize the need to travel to these centers when highly specialized care is required. Advances in health information technology have greatly improved the ability of providers to coordinate specialty care with routine care from a distance. By comparison, there are 11 (non-forensic) state psychiatric hospitals within this same region. Regional Centers could be equally effective in treating complex mental illness.

Prior to the full implementation of Medicaid Managed Care, it is imperative that OMH position state-operated services as a high value choice for consumers and health plans. OMH is proposing a model of Regional Centers of Excellence to secure our role for the future. OMH Regional Centers of Excellence (RCEs) will be a state-operated continuum of services that assist individuals with the most complex experiences of mental illness. In addition to providing hospital level care for each OMH region, these Centers will operate a strong network of outpatient treatment and community supports throughout their region. Outpatient and community support services must be closer to the homes of our recipients and their families. This approach is utilized by the general healthcare system and the Veterans Administration. OMH has provided extraordinary treatment with a staff that includes some of the most respected psychiatrists, clinicians and researchers in the world. As Regional Centers of Excellence, OMH could continue to offer these highly specialized services, but with much greater cost efficiency.

The Office of Mental Health will be conducting a statewide listening tour to obtain input and ideas from recipients, families, stakeholders, providers and our workforce.

Conclusion

The magnitude and significance of this redesign of the mental health system should not go understated – coupled with improvements in accountability, the ability to ensure early access to care and the ability to support individuals living in the community, investments in community-based mental health care will undoubtedly reduce the need for intensive specialty mental health services, thereby improving the quality of life for thousands of New Yorkers with mental illness.

Like any significant change, this next phase in New York’s transformation of mental health care will not be without growing pains. Refining the vision into a plan for action will require collaboration with partners in government, partners in the workforce, and partners in the community – including providers of mental health services, advocates, family members and recipients of services – to develop a system that is best capable of serving New Yorkers with mental health needs. Facilitated by OMH, New Yorkers will enter into a dialogue about how best to bring this vision to life. It is through dialogue with all stakeholders that New York will be able to craft a plan to achieve this vision that first, and foremost, meets the needs of New Yorkers with mental illness, but also makes best use of the state’s human and capital resources, and identifies a long-term, sustainable role for the state’s psychiatric hospital system in the rapidly changing world of treatment for mental illness.

¹ Statewide Comprehensive Plan for Mental Health Services, New York State Office of Mental Health, October 2012

² Testimony of Michael F. Hogan, Ph.D., to the Senate Committee on Health, Education, Labor and Pensions. January 24, 2013