

New York State Behavioral Health Organizations 2012 Summary*

NYS Offices of Mental Health and
Alcoholism and Substance Abuse Services

*Revised 5/6/13

Phase 1 BHOs: Administrative Services Organizations

Charge to BHOs: conduct advisory concurrent review of inpatient behavioral health services and facilitate treatment and discharge planning for Medicaid FFS beneficiaries

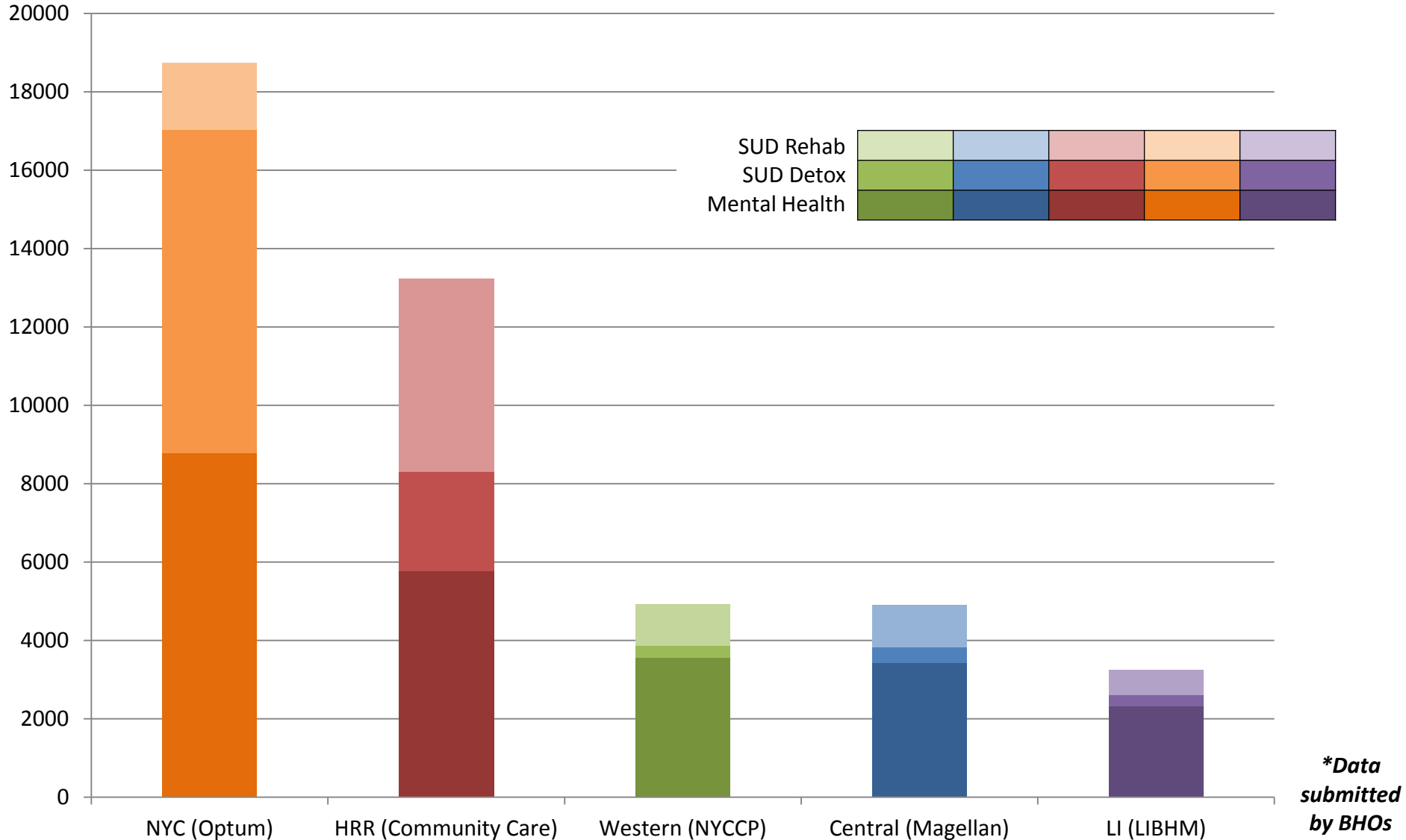
- New York City Region:
OptumHealth
- Hudson River Region:
Community Care Behavioral Health
- Central Region:
Magellan Behavioral Health
- Western Region:
New York Care Coordination Program (with Beacon Health Strategies)
- Long Island:
Long Island Behavioral Health Management (North Shore/Long Island Jewish & ValueOptions)

BHO 2012 Key Findings

- Rates of hospital provider communication and coordination of post-discharge behavioral health services are low;
- Rates of coordination with physical health providers are even lower;
- Homelessness remains a significant barrier to care coordination, though over 90% of individuals are discharged to stable housing;
- Inpatient readmission rates dropped throughout 2012 and several measures of care coordination and engagement improved, suggesting positive impact of BHOs, Health Homes, and other efforts (e.g., GNYHA/HANYS/PSYCKES Hospital Readmission Collaboration)

2012 BHO Implementation: NYS inpatient providers are complying with new regulations requiring notifying BHOs of admissions.

Numbers of Notifications of Admissions by Region and Service Type, Q1-Q4 2012



**Data submitted by BHOs*

Progress to date: High Volume of “Complex Needs” Cases

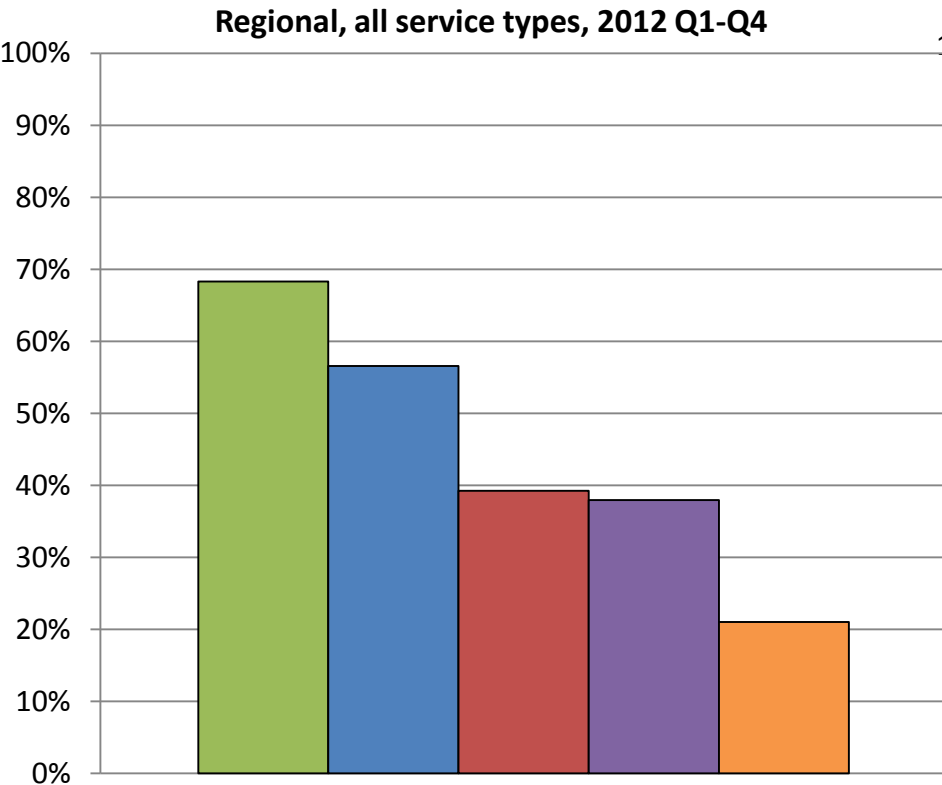
- 45,029 Notifications of Admission (NOAs) in 2012
- 30-50% met criteria for “Complex Needs” defined by OMH/OASAS (definitions below)
- Following an audit in April 2012 and also because of high volume, project was refined in Q4 2012 to focus concurrent review only on Complex Needs cases

Complex Needs Populations Definitions as of 10/1/2012:

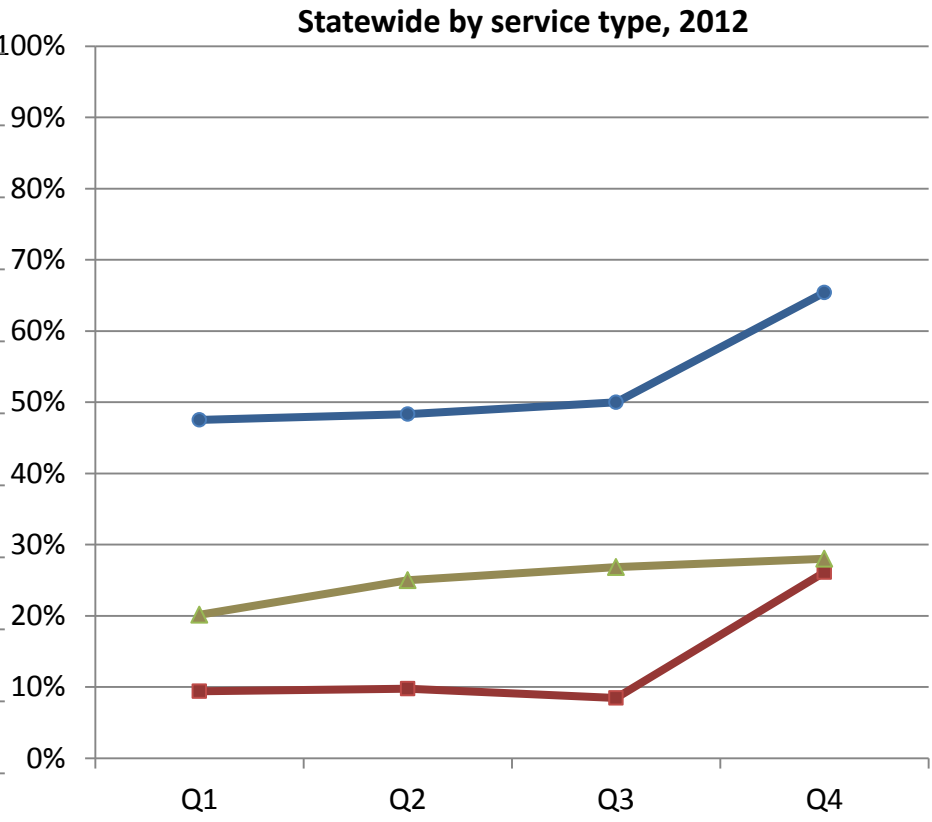
1. Individuals with active Assisted Outpatient Treatment orders
2. Adults admitted to a mental health inpatient unit with who had a previous mental health admission in the prior 30 days
3. Youth admitted to a mental health inpatient unit who had a previous mental health admission in the prior 90 days
4. Individuals (all ages) admitted to a substance use disorder (SUD) inpatient unit who had a previous SUD admission in the prior 90 days
5. High Need Inpatient Detoxification: individuals with ≥ 3 inpatient detox admissions in the prior 12 months
6. High Need Ineffectively Engaged: ≥ 3 inpatient/ER visits in prior 12 months OR forensic mental health services in prior 5 years OR expired AOT order in prior 5 years, AND no claims indicating recent community-based services
7. Provider-nominated

BHOs document provider care coordination activities. Rates of hospital providers communicating with outpatient providers regarding admitted individuals vary widely.

2012 rates of inpatient provider contacting outpatient provider, based upon # of discharges*



- Western (NYCCP) discharges: 4,793
- Central (Magellan) discharges: 4,787
- HRR (Community Care) discharges: 12,865
- LI (LIBHM) discharges: 3,176
- NYC (Optum) discharges: 18,534



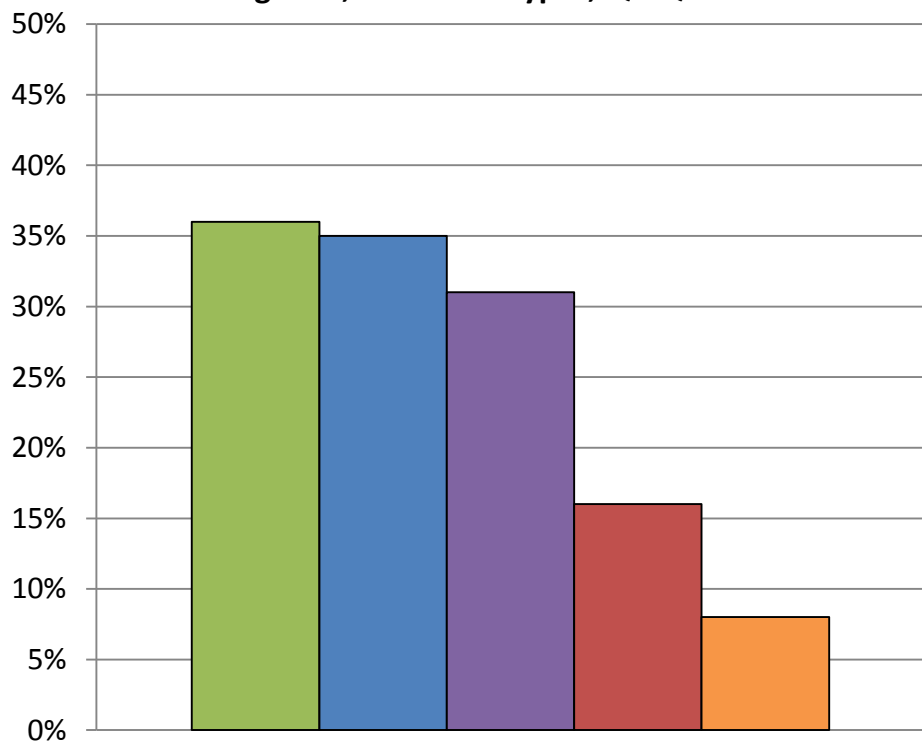
- Mental Health, total discharges: 23,400
- Detox, total discharges: 11,703
- ▲ Rehab, total discharges: 9,052

**Data submitted by BHOs*

Behavioral health inpatient providers show low rates of coordinating follow-up when admitted individuals have known physical health problems.

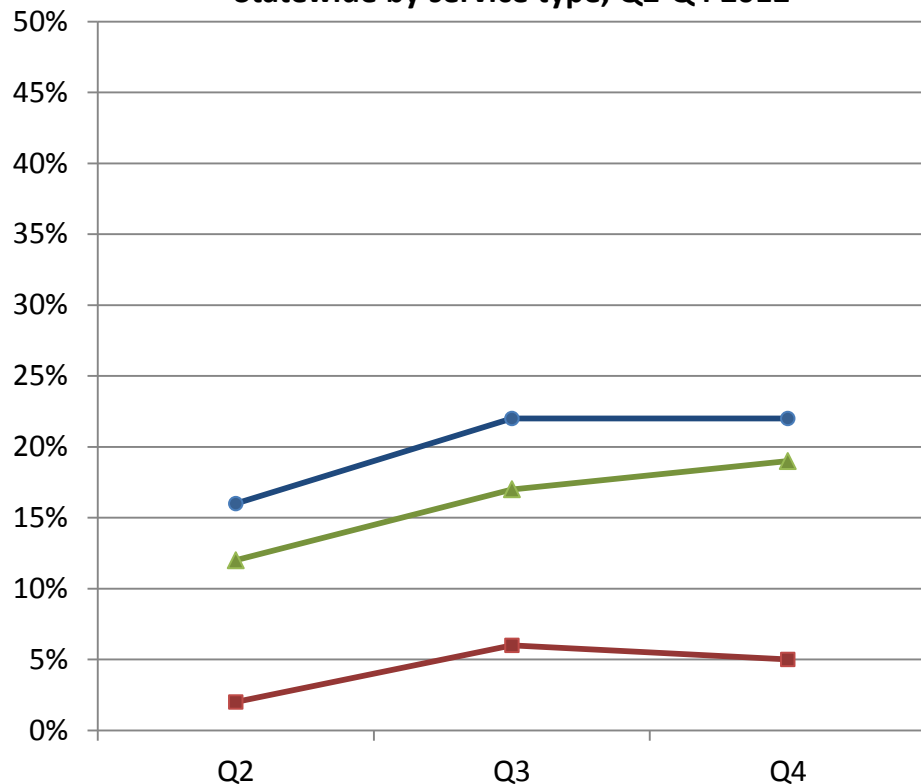
2012 rates of scheduled aftercare physical health appointments for discharged individuals for whom a physical health condition requiring treatment was identified*

Regional, all service types, Q2-Q4 2012



- Western (NYCCP) discharges w/ PH need identified: 1,090
- Central (Magellan) discharges w/ PH need identified: 1,167
- LI (LIBHM) discharges w/ PH need identified: 314
- HRR (Community Care) discharges w/ PH need identified: 2,223
- NYC (Optum) discharges w/ PH need identified: 7,551

Statewide by service type, Q2-Q4 2012

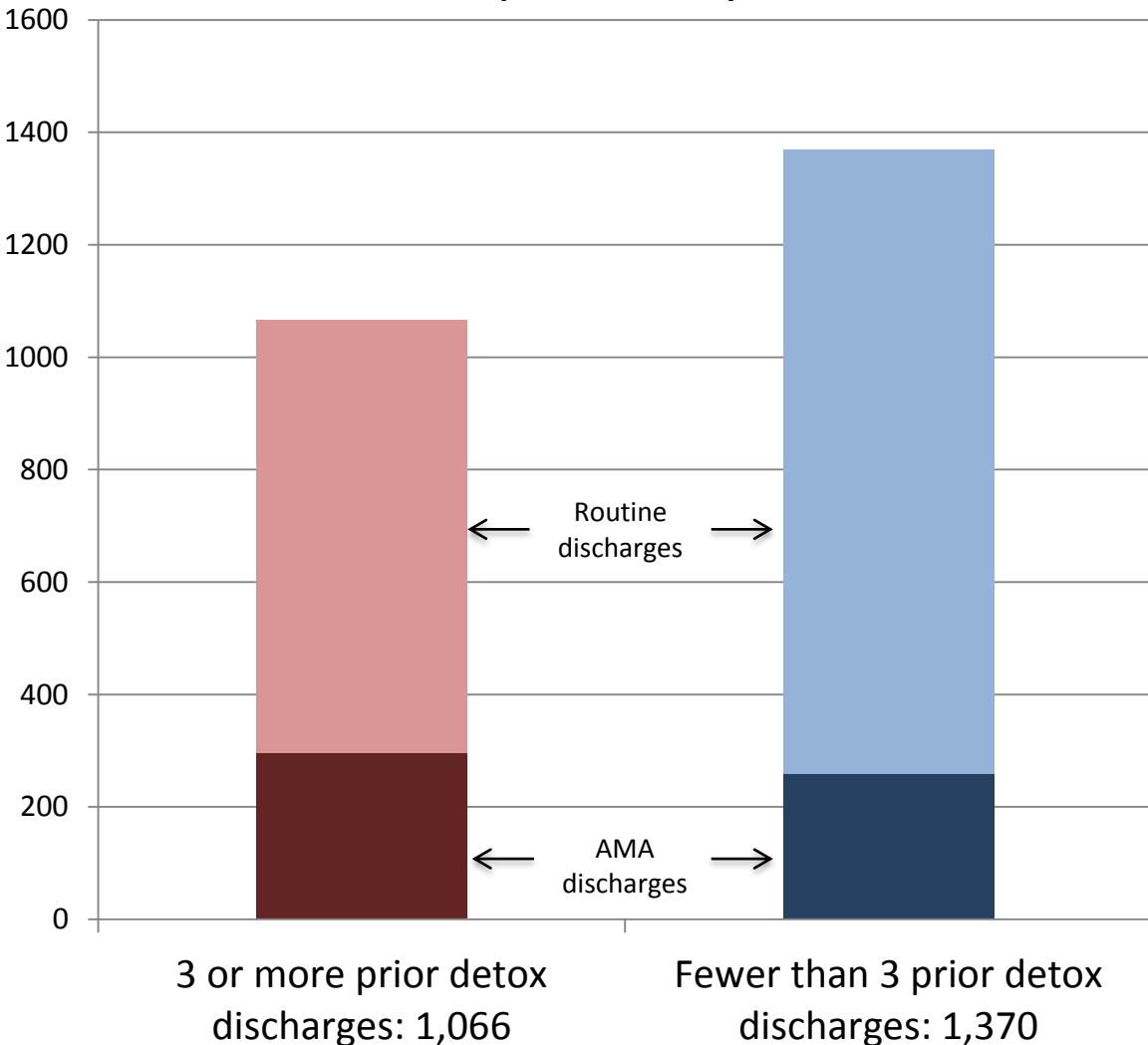


- Mental Health discharges w/ PH need identified: 6,713
- Detox discharges w/ PH need identified: 3,501
- Rehab discharges w/ PH need identified: 2,131

**Data submitted by BHOs*

In Q4 2012, 44% of all individuals discharged from detox units had at least 3 other detox stays in the prior 12 months.* These individuals were more likely to leave detox units against medical advice (AMA).

AMA and routine (non-AMA) discharges from detox units for individuals who had 3 or more prior detox stays or who had fewer than 3 prior detox stays, Q4 2012*

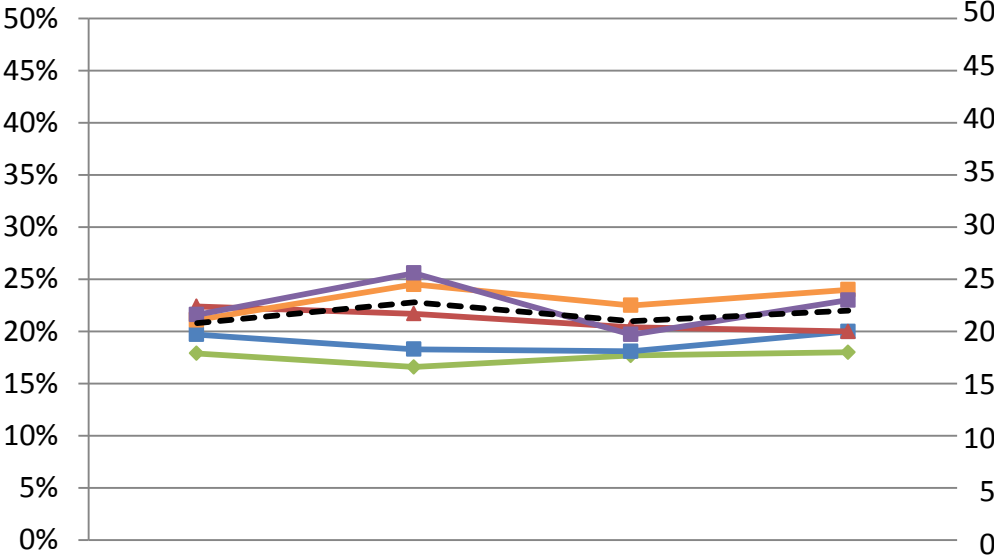


- 28% of individuals who had at least 3 other detox stays in the prior 12 months left AMA
- 19% of all individuals who had fewer than 3 other detox stays in the prior 12 months left AMA
- 23% of all individuals discharged from detox units left against against medical advice (AMA) in Q4 2012

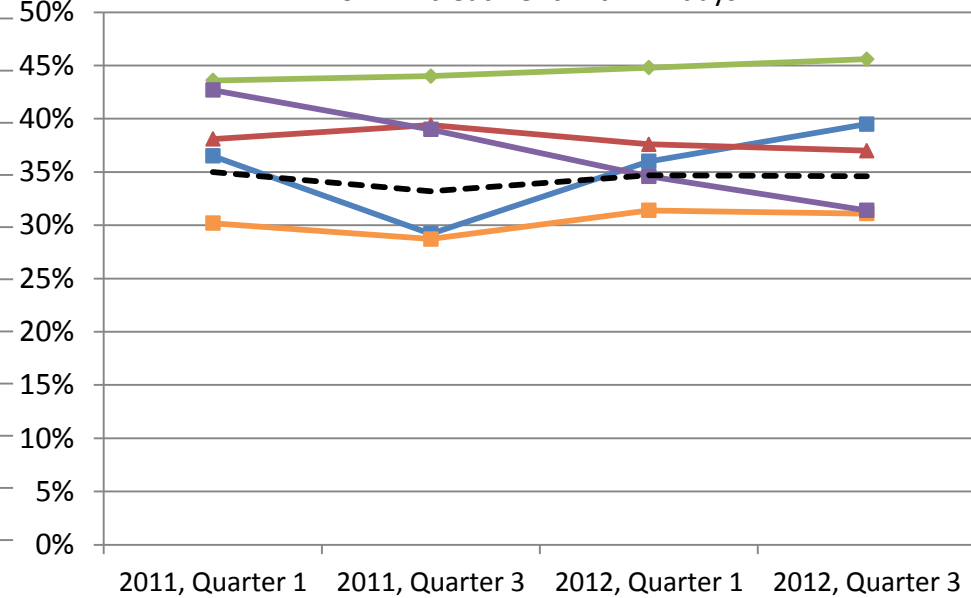
**Data submitted by BHOs*

Inpatient mental health readmission rates dropped throughout 2012. Rates of 7-day f/u (continuity) varied while rates of engagement with aftercare services increased.*

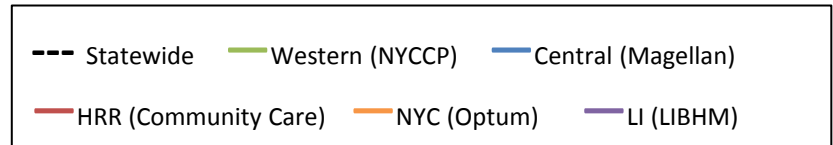
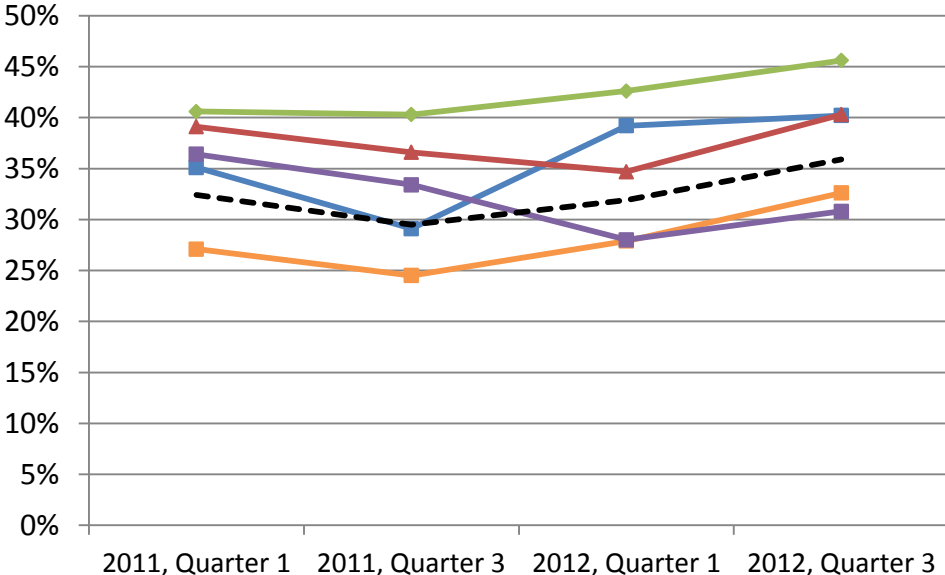
Mental Health (MH) Readmission: Rate of Readmission to IP MH Treatment within 30 days (readmission in any geographic region)



MH Continuity of Care: % of MH discharges followed by an OP visit for MH treatment within 7 days

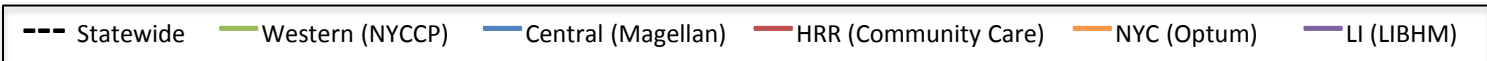


MH Engagement in Care: % of MH discharges followed by 2 or more MH OP visits within 30-days



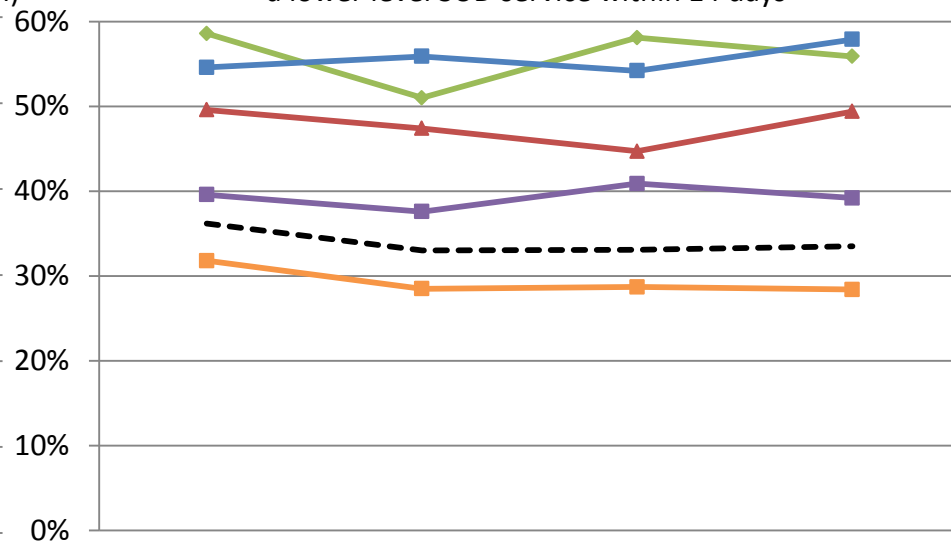
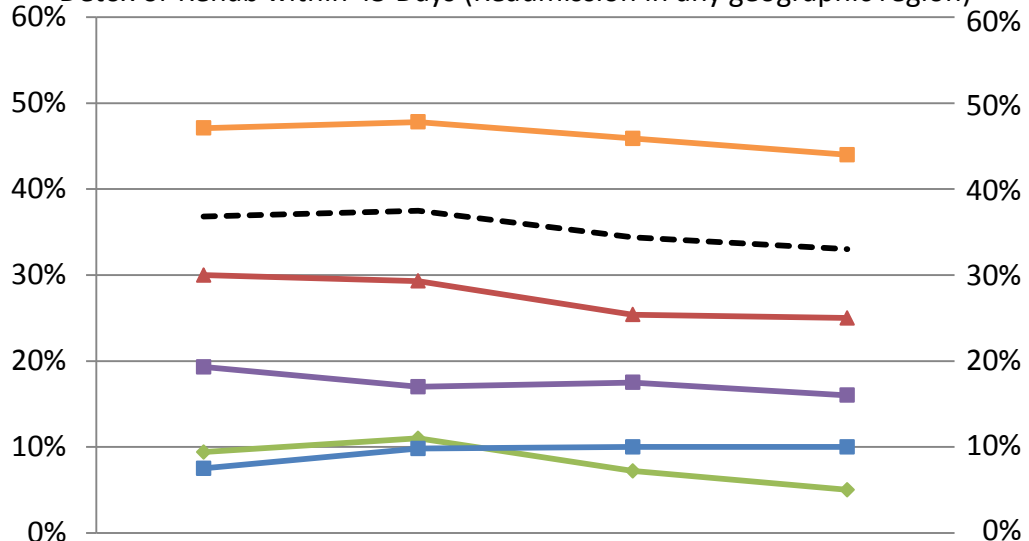
*Medicaid claims data

SUD readmission rates dropped in 2012 but rates of continuity and engagement with aftercare services did not change.*



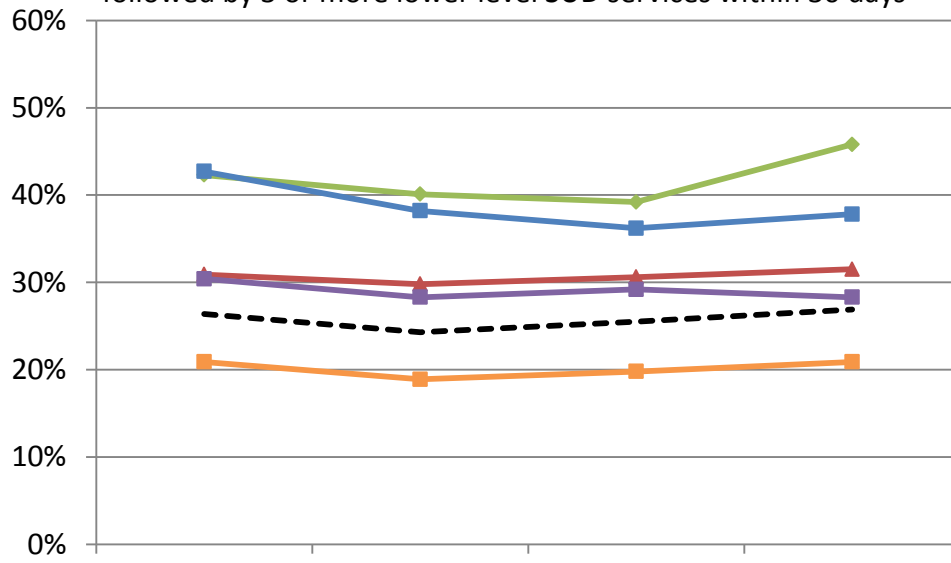
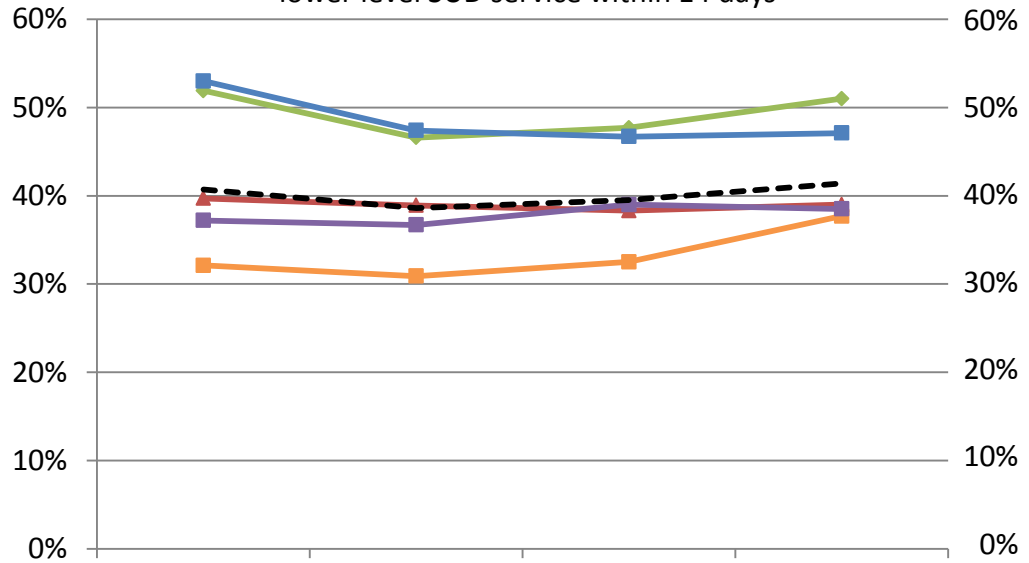
Substance Use Disorders (SUD) Readmission: Rate of Readmission to SUD Detox or Rehab within 45 Days (Readmission in any geographic region)

SUD Continuity of Care: % of SUD **Detox** Discharges Followed by a lower level SUD service within 14 days



SUD Continuity of Care: % of SUD **Rehab** Discharges Followed by a lower level SUD service within 14 days

SUD Engagement in Care: % of SUD Detox or Rehab discharges followed by 3 or more lower level SUD services within 30 days



2011, Quarter 1 2011, Quarter 3 2012, Quarter 1 2012, Quarter 3

*Medicaid Claims data

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