

NY State Office of Mental Health: Integrating Mind and Body in Our System of Care

**NYS Public Health and Health
Planning Council - September 23, 2016**
Commissioner Ann Marie Sullivan, MD



**Office of
Mental Health**

STRATEGY: THE TRIPLE AIM

❖ **BETTER HEALTH OF THE POPULATION:**

- Prevention and Maximizing Wellness

❖ **BETTER CARE FOR EACH PATIENT:**

- Quality Care focused on patient choice, engagement, and satisfaction; clinical best practices; integrated care between medical and psychiatric services(mind and body); coordinated care; access to care when and where the individual needs it.

❖ **LOWER COST:**

- Performance based payment; Value Based payment; More efficient and effective care that provides comprehensive ambulatory care (PCMH) and Behavioral Care and utilizes high cost inpatient care only when needed; risk based models such as the Accountable Care Organization (ACO); parity for mental health care



Outline: OMH Integrated Care Initiatives

- Prevention and childhood integration initiatives
 - Healthy Steps
 - Project TEACH
 - OnTrackNY
 - Suicide Prevention Plan
- Comorbidity, costs, and system gaps
- Primary Care and Mental Health integration- clinical initiatives:
 - Collaborative care
 - Integrated Outpatient Services and DSRIP 3.a.i projects
 - Geriatric mental health
 - CCBHCs
- Systems-level transformation
 - Medicaid managed behavioral health care
 - VBP plan for mental health



Integrating Care of Mind and Body in Clinical Practice



**Office of
Mental Health**

ACE (Adverse Child Experiences Study): The Need for Prevention

- ❖ Adverse Experiences: Childhood Abuse: sexual, physical, emotional;
Household: substance abuse, mental illness, violence, imprisonment
- ❖ Prevalence: > 50% had one adverse experience; 25% 2 or more
- ❖ Mental Health : If 4 or more experiences 4 to 12 fold increase in alcoholism, depression, suicide attempts, drug abuse
- ❖ Physical Health: Strong dose response relationship with ischemic heart disease, cancer, lung disease, fractures and liver disease
- ❖ Recognition of importance in NYS: DOH including ACES questions in Behav. Risk Factors Surveillance System (BRFSS) survey for first time this year

Healthy Steps for Young Children

- ❖ Enhanced well child care through PCPs Healthy Steps Specialist home visits at key developmental points.
- ❖ Healthy Steps development telephone information line.
- ❖ Staff provides child development and family health checkups
- ❖ Parent groups offer social support and interactive learning
- ❖ Staff provides linkages to community resources and facilitate parent to parent connections.
- ❖ Current pilot to implement in 19 offices



Project TEACH: MH competencies in pediatric primary care

- First launched in 2010, Project TEACH has enrolled nearly 2,200 pediatric PCPs, providing consultation for 8,900 children.
- Through a \$1.4 million expansion, Project TEACH is set to:
 - Enroll an additional 3,800 providers, and
 - Provide an additional 24,500 New York children with behavioral health consultations by 2020.
- New contracts help support this goal:
 - Expanded scope and duties of regional providers of consultation services (psychiatry),
 - New Statewide Coordination Center (Mass General) to promote and increase utilization of TEACH by practitioners, expand training opportunities, and add specialty consultation..



What's New to Project TEACH:

- Expanding consults to adult psychiatrists who treat children.
- Increase of staffing that provides children and families with linkage and referral to supports and services.
- Require that telepsychiatry be offered if family lives more than one hour from the consulting CAP or has limited access to transportation.
- Statewide Coordination Center will help promote consultation to users (PCPs) to increase uptake.
- 7th consultation site added in the Hudson Valley.



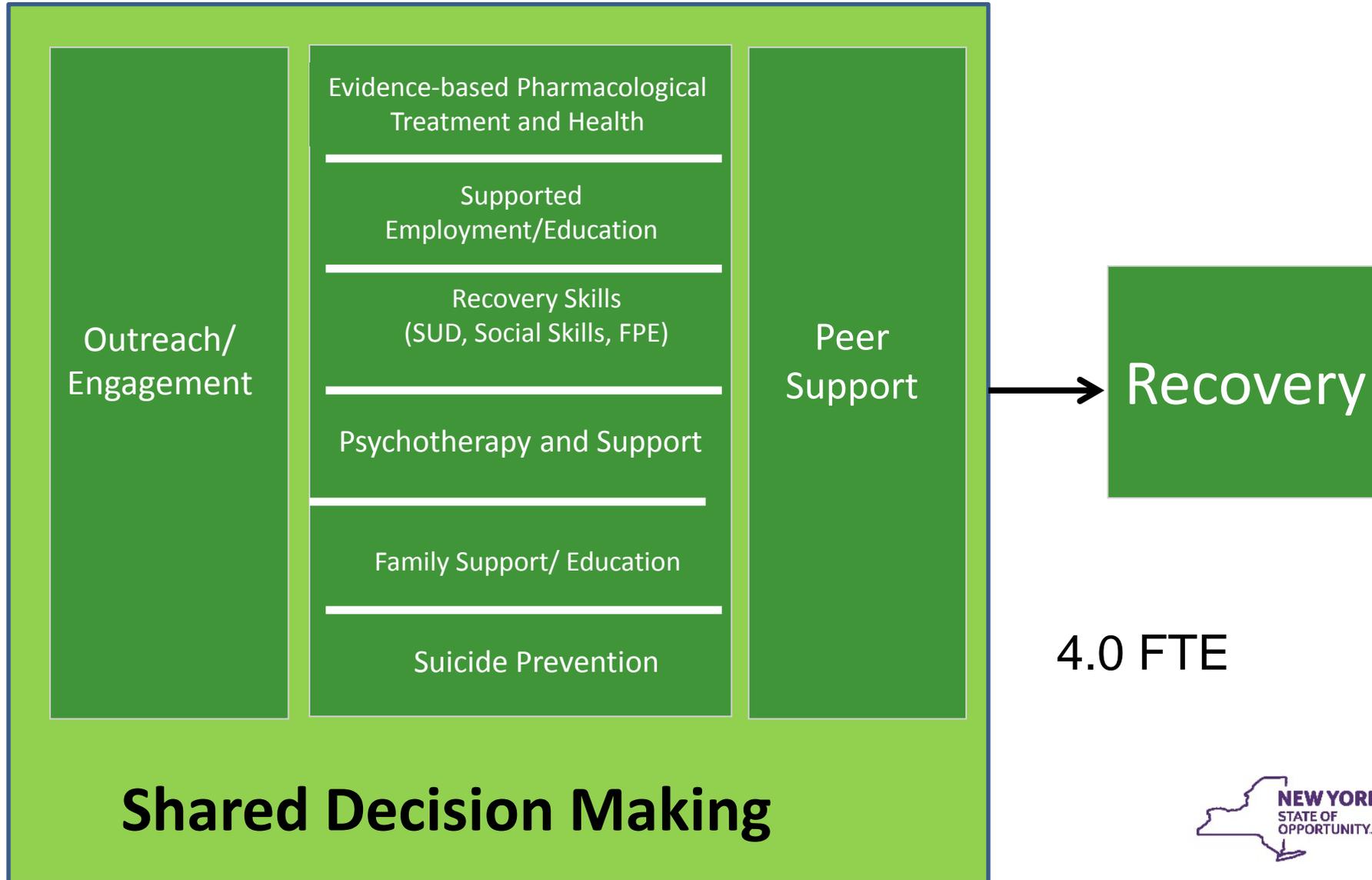


My health. My choices. My future.

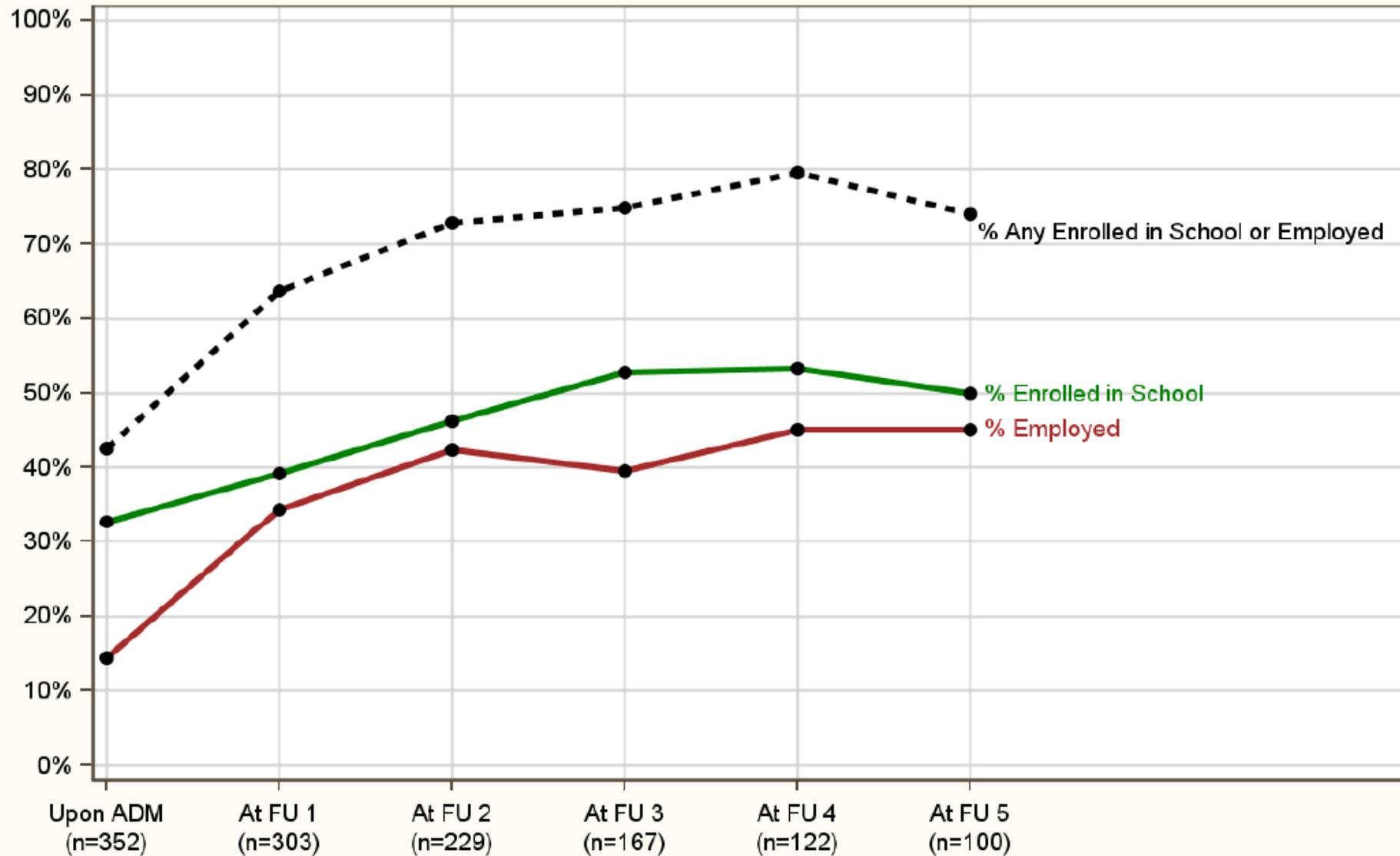
OnTrackNY is an innovative treatment program for adolescents and young adults who recently have had unusual thoughts and behaviors or who have started hearing or seeing things that others don't. OnTrackNY helps people achieve their goals for school, work, and relationships.



OnTrackNY Team Intervention

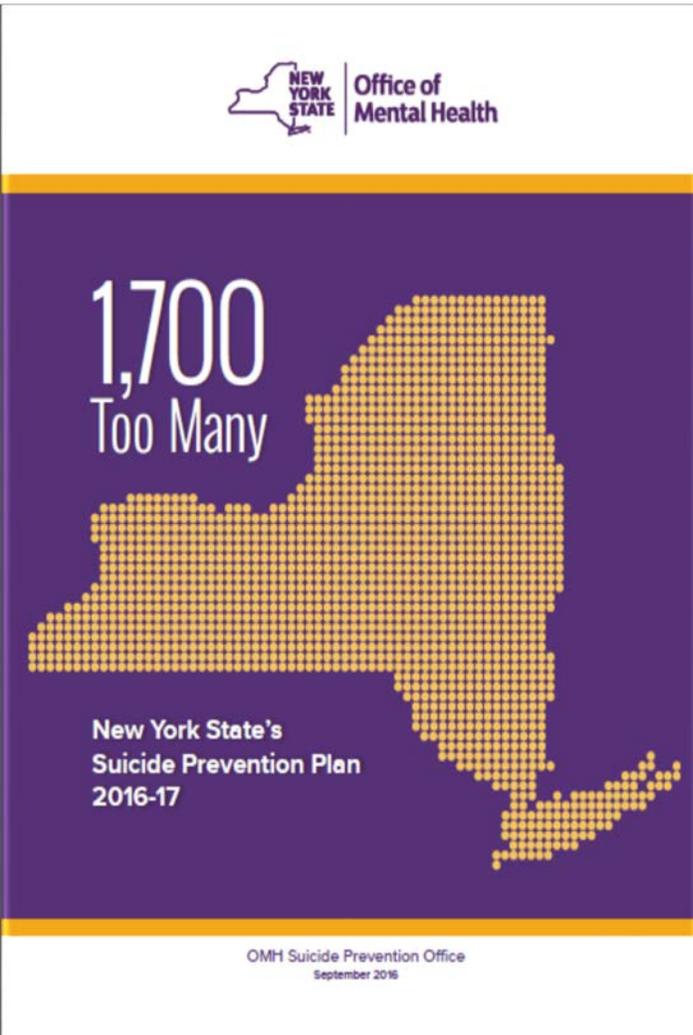


% of OnTrackNY Clients Working or in School in Last 3 Months through 6/16



NYS Suicide Prevention Plan 2016-17

3 Core Strategic Domains :



1. Integrating a **systemic approach to suicide prevention into health/BH care systems**
 - Advancing Zero Suicide implementation
2. Community(non-clinical) interventions:
 - Schools
 - Community Coalitions
 - Gatekeeper Training
3. Making better **use of existing and new surveillance data**

Suicide Prevention – Not Just the MH System

- ❖ Domain 1: Zero Suicide recognizes and requires a role for health care settings in assessing and reducing suicide risk: Most suicides occur among people recently seen in health or mental health care settings. Awarded a SAMSHA grant to imbed best practices across 180 behavioral health clinics in NY State
- ❖ Domain 2: 44 existing local/county suicide prevention coalitions across the State involve multiple sectors in and outside of the health and mental health systems. Suicide prevention a local health dept. Prevention Agenda 2013-18 priority.
- ❖ Domain 3: Better surveillance data comes from multiple sectors



The high cost of BH disorders, and gaps in system

- ❖ Mental disorders are highest cost health conditions in US- at \$201 billion in 2013

- ❖ Depression:

Lifetime prevalence of significant depression in NCS (2001-2) 16%;
12 month prevalence 6.6%

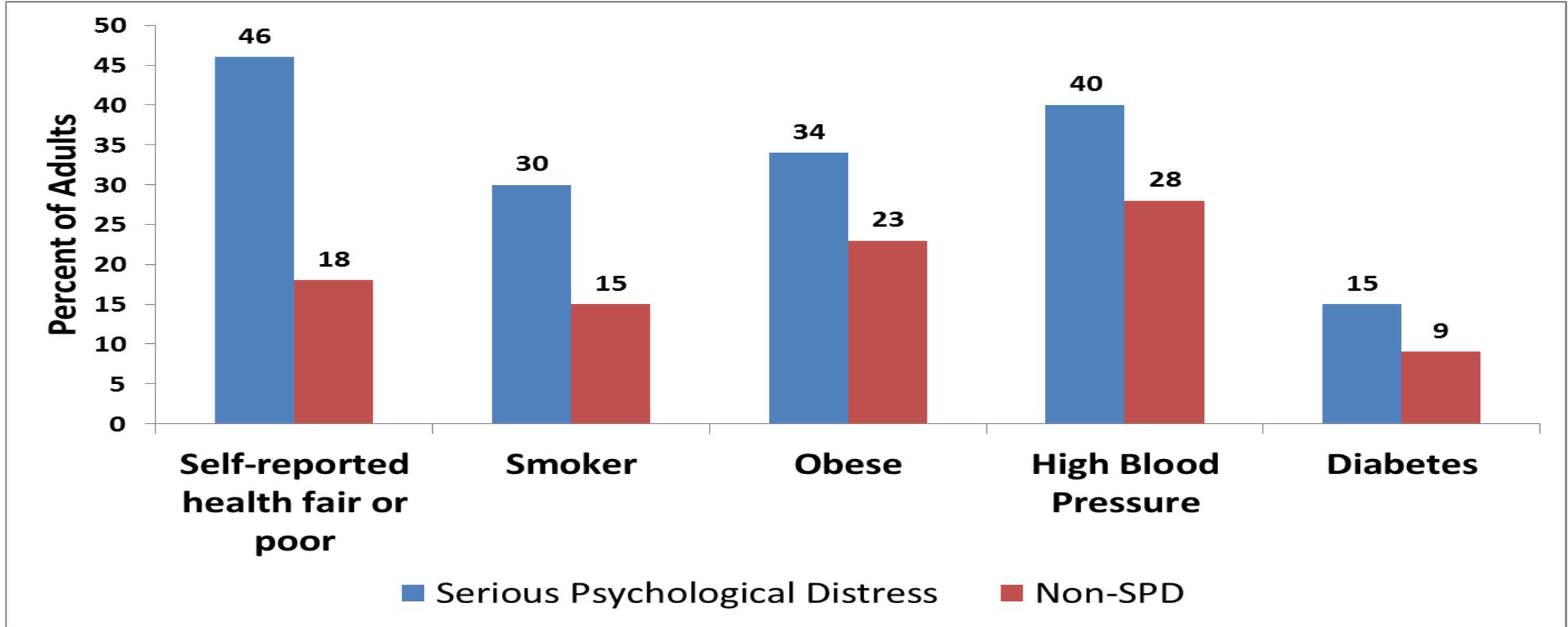
42% of significant depression in US is still untreated

Still only 22% of patients treated receive evidence based care

Lack of treatment increases inpatient days; results in poor compliance for chronic illnesses and poor outcomes

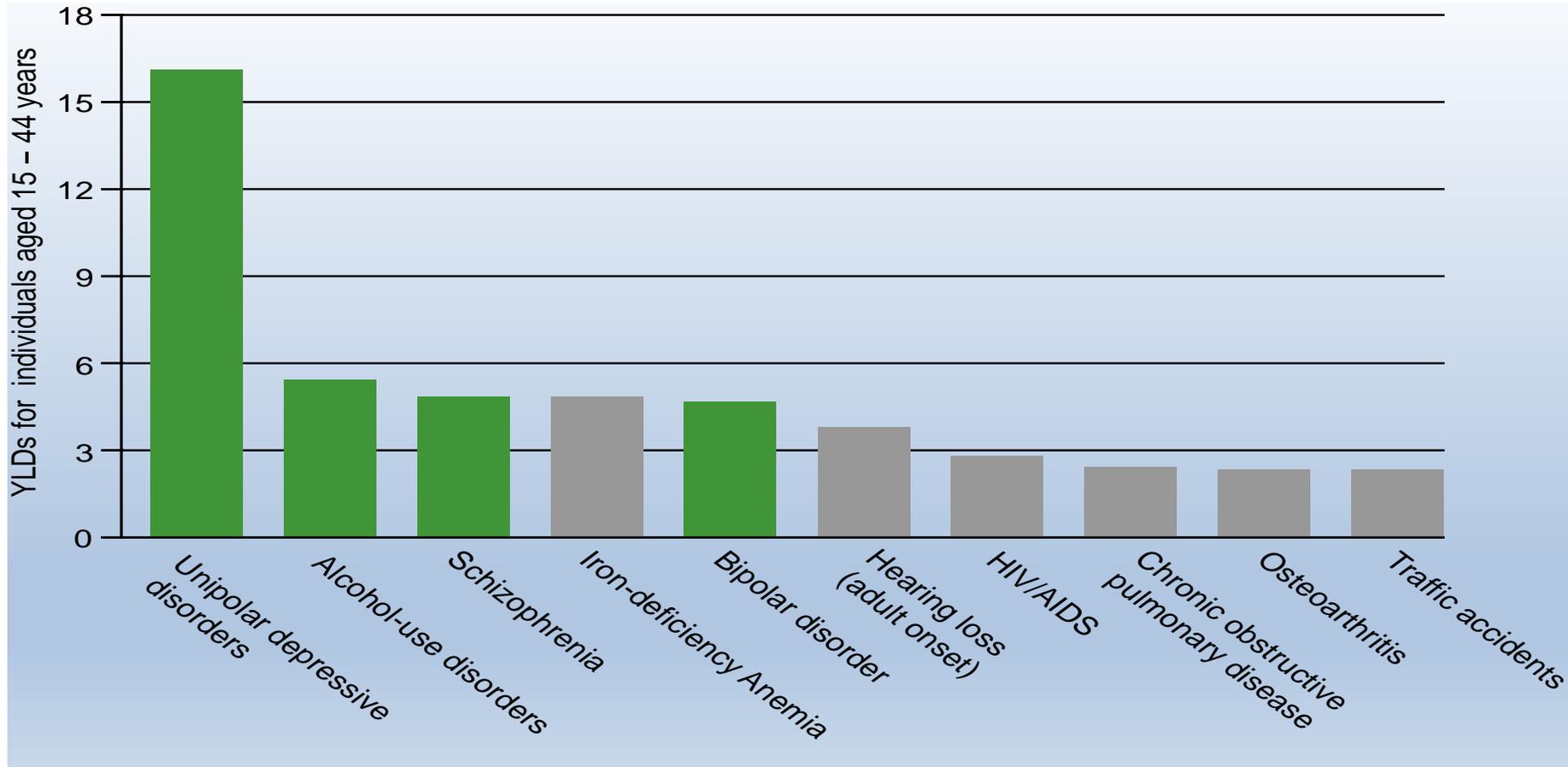


Background Disproportionate burden of health conditions and risks among those with poor mental health

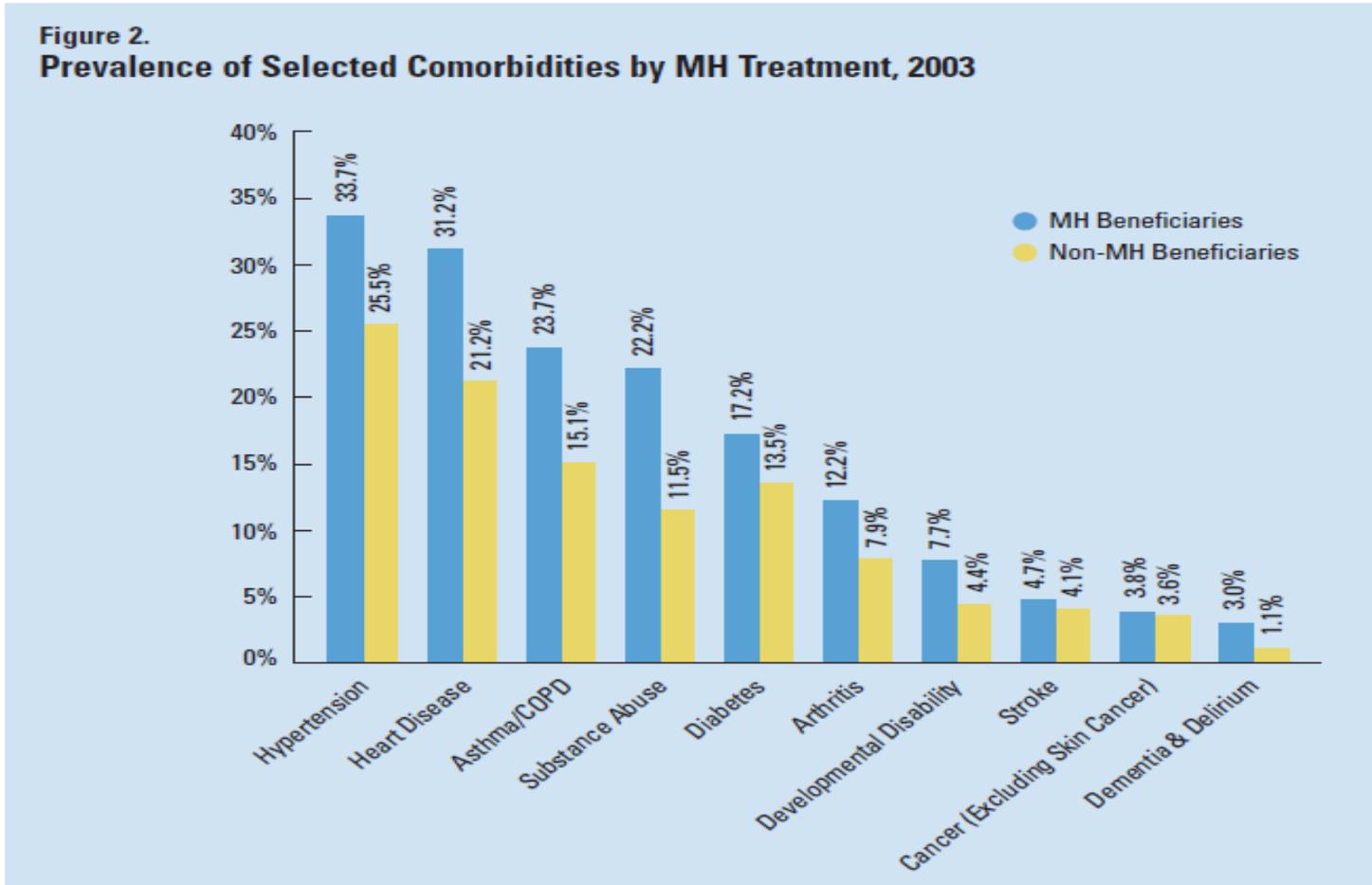


Source: NYC DOHMH Community Health Survey, 2009, <http://nyc.gov/health/epiquery>

Population Health: Neuropsychiatric diseases are among the top 10 causes of disability worldwide (ages 15-44)



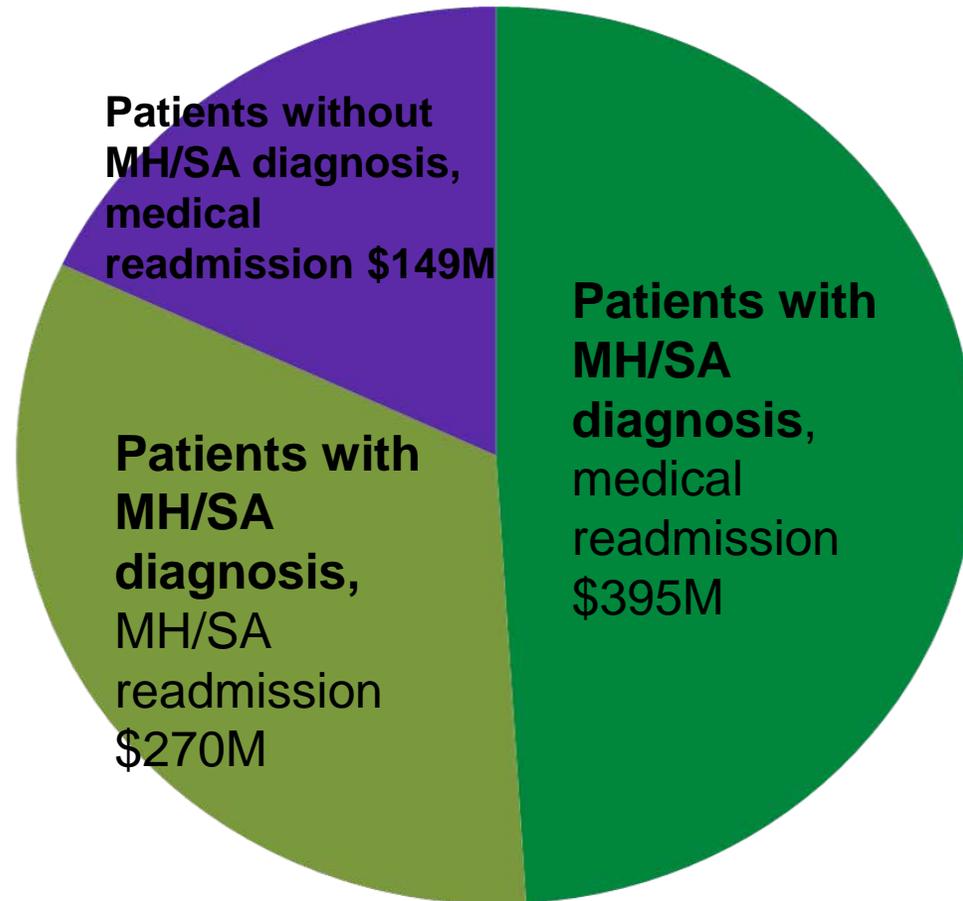
Co-occurring disorders among Medicaid beneficiaries with mental illnesses



Source: United Hospital Fund, New York Beneficiaries with Mental Health and Substance Use Conditions, 2011



The Need for Integrated Care: Potentially Preventable Readmissions (PPR's) NYS Costs \$814M (2007)



Some Approaches for Integrating Clinical Treatment

- ❖ Collaborative Care Model
- ❖ Integrated Outpatient Services (IOS) Regulations
- ❖ DSRIP Project 3.a.i Licensure Threshold
- ❖ Geriatric MH Demonstration
- ❖ Certified Community Behavioral Health Centers

Collaborative Care in New York State

- ❖ FQHC's: 25 across the state have implemented collaborative care for depression in primary care; supported by grants CHCANYC and MHANYC
- ❖ NY State OMH/DOH 2 year funding to establish collaborative care in 20 Academic Medical Centers and 31 primary care clinics
- ❖ Geriatric demonstration Project: over 20 sites collaborative care in primary care and behavioral health
- ❖ Challenges: OMH/DOH working on a rate/payment/ structure to sustain these and other programs e.g., rate increase for implementing collaborative care for depression; regulatory relief for collaborative care in primary care and behavioral health settings.
- ❖ DSRIP: all 22 PPSs chose collaborative care treatment for depression/substance use in primary care; 5 for integrated in behavioral settings
- ❖ State Hospital System: Stop Smoking Program; Metabolic Screening and Treatment Initiative



IMPACT Program

- ❖ Collaborative Care for late life depression
- ❖ Primary Care patients 60 and older with major depression or dysthymia
- ❖ Randomized trial 8 health centers and 18 clinics
- ❖ Treatment: Pharmacologic and Care Management
- ❖ Outcomes:
 - >50% drop in SCL-20 depression scores at 6 months and 12 months



Maternal Depression Screening

- ❖ OMH Children's Division working with State DOH in developing guidance on implementation and promotion of maternal depression screening among pediatric and women's health care providers, pursuant to Chapter 199 of 2014 (NYS).
- ❖ NYS Insurance Circular Letter No. 1 (2016) issued by DFS asserts the legal requirement that insurers cover maternal depression screenings for pregnant and postpartum women at their OB/GYN or a pediatric office with no cost sharing - built on foundation of MH parity laws, and Chapter 199 of 2014.
- ❖ The screening and early interventions driven by these policies are highly effective in reducing costly and lengthy maternal and postpartum depression. Positive long term impact and savings for both mother and child health.



Geriatric Primary/MH Integration

- ❖ OMH completing its third round of geriatric mental health integration demonstration grants.
- ❖ Greatest success in MH settings integrating physical healthcare, more work needed for bi-directional success
- ❖ Many settings sustained integrated model after grant funding
- ❖ Fourth round therefore will focus on developing community “Triple Partnerships” among local mental health, substance use, and office for aging systems- to embed systemic changes in treatment and support systems for aging
- ❖ RFP for Triple Partnership also enabling remote communication, telepsychiatry



Systems Redesign to Support Care Integration



Integrated Outpatient Services Regulations

The IOS Regulations (10 NYCRR Part 404 and 14 NYCRR Parts 598 and 825) allow a provider licensed or certified by more than one agency to add services at one of its clinic sites (the “host” site) without additional license or certification, as long as it is licensed or certified to provide such services at another clinic site:

- Primary Care Host Model (DOH licensed providers adding mental health and/or substance use disorder services)
- Mental Health Behavioral Care Host Model (OMH licensed providers adding primary care and/or substance use disorder services)
- Substance Use Disorder Behavioral Care Host Model (OASAS certified providers adding primary care and/or substance use disorder services)



DSRIP 3.a.i.: Primary Care and BH Integration

- ❖ Objective of 3.a.i is to promote the integration of mental health and substance use disorder services with primary care for the purpose of ensuring coordination of care, through one of three models – Model 1 (PCMH), Model 2 (BH) or Model 3 (IMPACT)
- ❖ Licensure Thresholds raised for 3.a.i clinic sites identified in the PPS Implementation Plan, and pursuing Model 1 or Model 2
- ❖ The DSRIP Project 3.a.i Licensure Threshold allows the provider to integrate primary care and behavioral health services under a single license or certification, as long as the service to be added is not more than 49 percent of the provider's total annual visits

Certified Community BH Centers (CCBHCs)

- ❖ NYS hopes to become 1 of 8 states awarded demonstration grant to develop CCBHCs
- ❖ Currently ~20 programs signed up to participate
- ❖ Special focus on integrating care and linkage to social services
- ❖ Following services offered, and reimbursed under cost-based Prospective Payment System
- ❖ 24/7 mobile crisis
- ❖ Screening, assessment, diagnosis
- ❖ Treatment planning
- ❖ Outpatient MH and SUD treatment
- ❖ Primary care screening/monitoring
- ❖ Targeted case management
- ❖ Psychiatric rehabilitation
- ❖ Peer and family support
- ❖ Armed services and veteran services
- ❖ Connections to other providers/systems



INTEGRATED MEDICAID MANAGED CARE BENEFIT: Person-centered, Recovery-oriented

Health and Recovery Plans: HARPS

- ❖ Ensuring true integration of physical and behavioral health
- ❖ Integration of Health Homes: care coordination
- ❖ HCBS/recovery services: employment support, peer & family support, skill-building, respite, crisis services,
- ❖ Self Directed care/ Patient directed care plans

Children's State Plan Amendment (SPA) – Major expansion for all <21

- ❖ Crisis Intervention
- ❖ Community Psychiatric Support & Tx
- ❖ Psychosocial Rehabilitation Services
- ❖ Family Peer Support Services
- ❖ Youth Peer Training and Support
- ❖ Other Licensed Practitioner Services



Value Based Payment for Integrated Care

- ❖ DSRIP and the State Innovations Model (SIM) are driving NYS providers to a value-based payment environment and integrated care will be measured and a key part of outcomes and payment
- ❖ Outcome Measures used to determine payments for value based arrangements in the HARP benefit will include: behavioral health outcomes such as engagement after psych hospitalization and physical health outcomes such as hypertension and diabetes control for schizophrenic patients
- ❖ Value based payments in the mainstream plan will include measures for depression in primary care such as screening and treatment outcomes; depression is one of the chronic illnesses to be managed and followed for outcomes in the mainstream plans.
- ❖ Pursuing VBP Incentive Pool for meaningful inclusion of BH community providers in new payment arrangements, linked to primary care and/or community based arrangements



Need to integrate behavioral assessments, treatment and training in all parts of our care systems to improve individual and population health

- Inpatient, Primary and Specialty Care, across all generations adult, pediatric, maternal health
- Care Coordination and Care Management, eg transitions in care
- Long term care
- Workforce training and development in all disciplines eg. OMH and APA initiative in 5 NY State Residencies to train adult psychiatric residents in collaborative care

Summary: A Major Opportunity to Transform the System

Major investment over the next 3-5 years in system redesign that will transform how we provide care

There must be coordination in planning and implementation of all the moving parts:

- ❖ Integration of Medical and Behavioral Health: Integrated Care
- ❖ DSRIP redesign and Medicaid Managed Care that supports Triple Aim goals
- ❖ Prevention focus on children and youth

