Office of Mental Health

OMH News

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Commissioner

Integrated Care:

OMH and its partner agencies are collaborating to meet New Yorker's total health needs

Physical, behavioral, and substance abuse problems very commonly occur at the same time in the same person. To improve a patient's overall health it's necessary to treat these problems together, or none are likely to improve. But after decades of a health care industry built on individual, fee-for-service practice, we continue to have care that's fragmented and often doesn't respond to our patients' needs.

Integrated care calls for mental, physical and substance use disorder professionals to work together and to share information – which stands to improve the care of their patients, as well as to improve the nation's standards of care.

Research has demonstrated that there is a strong connection between serious mental illness and poor physical health, and that integrating mental and physical health care can improve and save lives.

A study by California's Kaiser Permanente in the 1960s determined that 60% of visits to physicians were related to physical symptoms of stress or physical conditions that were made worse by mental health issues. Little has changed. Of note, this report indicated that by using psychotherapy to reduce primary care visits, they could reduce medical utilization by 65%.

Another study in Hawaii during the 1980s by the U.S. Health Care Financing Administration showed that targeted interventions that included collaborations with behavioral and physical health providers reduced costs per patient, per year.

Integration of behavioral health and primary care has become a part of many managed care plans and was a major provision of the U.S. Patient Protection and Affordable Care Act — commonly referred to as "Obamacare" — in 2010.

A study by the New York State Medicaid Redesign Team (MRT)determined that more than 50% of 800,000 Medicaid patients statewide had a primary or secondary behavioral health diagnosis. The MRT called for the urgent integration of general medical and behavioral health services into a comprehensive service delivery system.

This edition of *OMH News* will discuss how the New York State Office of Mental Health is moving toward a fully integrated health care system, transforming the services we provide for those we serve.

Please contact us with your thoughts at omhnews@omh.ny.gov. OMH

Co-Occurring Conditions:
Examining the Relationship Between Mental and Physical Health

As recent research continues to demonstrate a strong association between mental illness and increased risk for preventable chronic physical conditions – and vice versa, there is growing appreciation among medical and mental health professionals, as well as policymakers, for the need to integrate services for all conditions where patients receive services.

Physiological Stress, Medical Disorders

A study published in the September 13, 2016, edition of *The Journal of American Medical Association* reported statistically significant associations between a list of 16 mental disorders and the subsequent onset or diagnosis of 10 physical conditions. As the number of such co-occurring – or comorbid – mental disorders increased, so did the odds of an active diagnosis of a physical condition, such as diabetes, heart disease, asthma and a variety of lung disorders.

"Mental health disorders may cause physiological stress, which can directly result in general medical disorders," the authors said, "or they may indirectly lead to physical disorders through unhealthful habits or reduced access to medical services." On a wider scale, they estimated that mental disorders were associated with 1.5% to 13.3% of all general medical conditions reported by respondents.

For example, they said, patients with diabetes, rheumatoid arthritis, and asthma have an increased risk of developing depression, while poverty and adverse life events are risk factors for both mental and medical conditions in adults. The biological effect may be seen as elevated inflammation and heightened stress response, and adverse health behaviors such as poor diet, inactivity, and substance abuse.

The study recommended that interventions to prevent and manage chronic physical diseases be integrated into treatment of all mental disorders in primary care. They stated that, to prevent and mitigate chronic physical conditions, clinicians can engage patients in programs to develop skills for managing their health – such as physical activity, nutrition, and smoking cessation. To address broader social factors, clinicians can direct patients to resources, such as assistance with food or housing.

"The elevated risk of poor physical health in patients with mental disorders, as well as the risk of mental disorders in people with chronic medical conditions, makes early detection through screening a high priority for these patients," the report said, adding, "For screening to be effective, however, it needs to be coupled with a plan for treating newly diagnosed conditions."

OMH has several initiatives underway to support integration and to encourage mental and physical wellness.

For Teens: Youth Health Indicators

Research has shown that compared to adults, children and adolescents are more likely to have anti-psychotic-induced weight gain and associated metabolic disturbances. "Youth with psychiatric disorders are presenting with these chronic physical health conditions earlier in life, and they may be preventable," said OMH Chief Medical Officer Lloyd I Sederer, M.D. "This tells us that prevention of chronic health conditions for individuals receiving public mental services needs to begin as early as possible."

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To address the needs of this population, OMH developed the Youth Health Indicator (YHI) program in 2009. Its goal is to improve health and reduce risk behaviors for youth treated in OMH clinics and day treatment psychiatric settings.

The program is operating in 19 clinics and 31 day treatment programs, which provide services for an estimated 2,000 youths each year. Youths are being screened at the time of admission for body mass index (BMI) percentile, which is a measure of height and weight, as well as their physical activity level. To follow-up, they are screened on a quarterly basis. Youth ages 13 to 18 are also queried for cigarette smoking and alcohol and drug substance abuse.

Through the YHI, OMH facilities are offering educational programs to youths and parents on healthy lifestyles at health fairs, in support groups, and by handouts, posters, web resources, and video exercise programs. In several facilities, teachers and aides are talking to students during lunch periods about the importance of a healthy diet and wellness. Facilities are also adding healthy lunch options such as fruits and vegetables to their cafeteria menus, replacing snacks in their vending machines, and having students participate in developing menus and cooking healthy meals. Youths are also being encouraged take part in physical activities, either at a facility's own gym or by enrolling them in community programs.

"For this past year, the program has focused on working with facilities to identify best practices, with a goal of changing activity level, BMI percentile, smoking, and substance use," Sederer said. "We've also established a learning collaborative within OMH to allow programs to learn about each other's best practices and find help solving common problems."

For Adults: New York Health Indicator Initiative

Among adults, research has shown that many people with serious mental illness were dying prematurely from the same causes of death that affect the general population – such as heart disease, diabetes, cancer, stroke, and pulmonary disease – but at a more frequent rate. Nearly 90% of these deaths were related to poor treatment for health factors such as diabetes, smoking, blood pressure, and obesity – all of which were treatable.

In 2009, OMH also started the New York Health Indicator Initiative to monitor the BMI, blood pressure, and tobacco use of patients in 66 OMH adult outpatient clinics, every three months.

OMH provided clinic staff with training and support and helped them upgrade their blood pressure and weight monitoring equipment. The clinics began integrating tobacco cessation into counseling and treatment and offered other curricula for wellness self-management. Many clinics also scheduled groups to support wellness, weight loss, and exercise. OMH created an online dashboard so that every facility could access useful information and adopt it to develop their own programs.

An analysis by OMH indicated that nearly 50% of the 15,000 people served in adult outpatient clinics in 2009 were screened by the end of the first year. The numbers have continued to increase. Currently, 75% of adults visiting OMH outpatient clinics statewide are getting these measurements every three months. A paper on the team's analysis, "Sustaining Physical Health Screening in New York State Mental Health Clinics," was published in the journal, *Psychiatric Services* in 2016.

Psychiatric Services

State Mental Health Policy

Physical Health Screening in State Mental Health Clinics: The New York Health Indicators Initiative

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The New York State Office of Mental Health recently mandated that all adult outpatient clinics regularly monitor three health indicators—body mass index, blood pressure, and smoking status. After the population was defined,

A recent study of adults with serious mental illnesses who received care in the public mental health sector revealed that, on average, these consumers die 25 years earlier than the general population (1,2). Although they are subject to

mandated that all 66 OMH-run adult outpatient clinics (not including community not-for-profit clinics), which provide care to an estimated 15,000 unique patients, begin monitoring three health indicators at three-month intervals for all adult

For information on OMH health indicators research, visit: http://ps.psychiatryonline.org.psychiatryonline.org/doi/ref/10.1176/appi.ps.201500081.

Integrated Licensing:
Streamlining the Approval Process to Bring Providers On-Board Faster

A main principle of integrated care is treating the whole person, rather than treating various heath, mental health, and substance use issues separately.

But until recently, providers interested in offering services at a single location from OMH, the Office of Alcohol and Substance Abuse Services (OASAS), and the Department of Health (DOH) had to pursue a license from each agency with jurisdiction.

Because the licensing process is designed to protect the quality of patient care, it is deliberately methodical. But, at the same time, it can, by necessity, be time-consuming. This has meant long delays for providers seeking to treat patients with multiple needs.

To help remedy this situation, the three agencies worked together for nearly four years to streamline their review and approval processes, coming up with the Integrated Licensing Program.

"This program has enabled providers to get their services in operation and treating patients much faster, by designating one agency as the 'lead' or 'host' agency," said Keith McCarthy, Director of the OMH Bureau of Inspection and Certification. "Most often the lead is the agency from which the provider already has a license." The provider's programs are expected to meet operating standards of the lead agency and that agency is expected to provide oversight.

New Category for 'Integrated Outpatient Services'

The regulations cover clinical and physical plant standards, staffing requirements, and a single application and review process. Identical language appears in the regulations of each of the three agencies to create a licensure category for "Integrated Outpatient Services" and provide for:

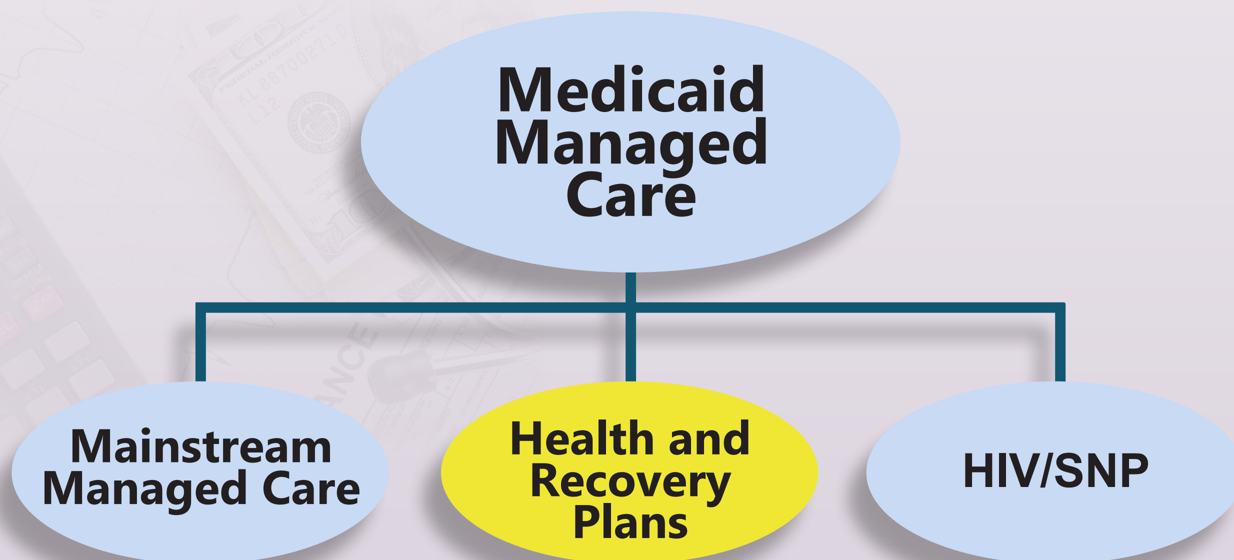
- Giving authority to OMH, OASAS, and DOH to establish joint operating, reporting, and survey procedures for primary care and behavioral health services.
- Allowing providers to deliver the desired range of cross-agency clinic services at a single site under a single license.
- Requiring the provider to possess licenses within their network from at least two of the three participating state agencies.
- Allowing the site's current license to serve as the "host."
- Facilitating expansion of services through request to the state agency currently possessing primary oversight responsibility.

Providers with two or more licenses at different locations can be authorized to provide a range of behavioral and physical health services at any clinic location. If a provider has two separately-licensed clinics in the same location, the process allows the provider to offer integrated treatment. To participate, a provider must operate at least two outpatient clinics in different disciplines – such as primary care, mental health, or substance use disorder; and be affiliated with a health home network. Any parent organization host and adjunct clinics must be in good standing with state regulations.

A pilot for the program was established in the 2012-13 State Budget and ran through June 2015. It involved seven providers and 15 clinic sites across the state. Four of the seven providers were recipients of geriatric service demonstration program grants. Reports on the project from providers said it helped to improve the overall coordination and accessibility of care. Information gained from the project helped in developing the final regulations. The final Integrated Outpatient Services regulations, became effective January 1, 2015.

"The new Integrated Outpatient Services regulations are helping clinics from each agency to expand and add-on the services they need to provide complete care for their clients," McCarthy said.OMH

Health And Recovery Plans:
Helping People Reach Their Recovery Goals



HARP is a part of New York State's Medicaid Redesign strategy.

Better health. Better care. Greater access. Lower costs. These are the goals New York State has set in changing in the way health care is delivered.

In order to meet these goals, New York State has transitioned behavioral health benefits into Medicaid Managed Care. This means that Medicaid health insurance plans, also called "Medicaid Managed Care Plans," which currently manage people's physical health services, will now also be managing people's mental health and substance use disorder services.

Medicaid Managed Care plans and Medicaid providers will work together with Medicaid enrollees to create a person-centered service system focused on recovery and integrating physical and behavioral health to improve health outcomes. In a person-centered system, providers listen to the person receiving care, understand their choices, and support the concept that people's own lives and recovery are within their own control.

New Type of Plan

Part of this transition includes the creation of a new type of product line within Medicaid Managed Care called a "Health and Recovery Plan" (HARP). HARPs are specialty plans designed for individuals with serious mental illness and substance use disorders.

HARPs cover physical health, behavioral health, plus new rehabilitative benefits that are designed to help people reach their recovery goals. HARPs must have specially-trained staff to provide behavioral health support to their members and coordinate their physical and behavioral health needs. Additionally, individuals eligible for HARPs are automatically eligible for Health Home Care Management services to help evaluate and coordinate health care services.

To help meet their recovery goals, people enrolled in HARPs can access new rehabilitative services called "Behavioral Health Home and Community Based Services," (BH HCBS) if they are eligible. These new services address skills to maintain community living, find a vocation, meet educational goals, decrease stress, manage crises, and make connections with others.

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Goals	Maintain Housing. Live Independently.	Return to School. Get a Job.	Manage Stress. Prevent Crises.	Get Help from others who have been there and significant others
BH HCBS Services	Psychosocial Rehabilitation	Educational Support Services	Short-Term Crisis Respite	Peer Support Services
	Community Psychiatric Support and Treatment	Pre-Vocational Services	Intensive Crisis Respite	Family Support and Training
	Non-Medical Transportation	Transitional Employment		
		Intensive Supported Employment		
		Ongoing Supported Employment		

Services available through HARP.

A Community Mental Health Assessment must be completed in order to receive these services. A Health Home Care Manager must perform the assessment for BH HCBS with the enrollee. The enrollee's recovery goals guide the planning process.

Right now, HARP enrollment is only available to Medicaid Managed Care enrollees age 21 and over that are identified by New York State to have a certain history of service usage and other risk factors. HARP enrollment is not available to individuals who:

- Have both Medicaid and Medicare;
- Live in a nursing home;
- Are in a Managed Long Term Care Plan;
- Are under age 21; or
- Receive waiver services from the Office for People with Developmental Disabilities (OPWDD).

People who are eligible to enroll in a HARP will receive a notice from New York Medicaid Choice, New York State's enrollment broker. This notice will provide information about eligibility, how to get help deciding which plan to join, and how to enroll. People who do not enroll initially, may choose to enroll in a HARP at any time, as long as they remain eligible, by contacting New York Medicaid Choice at **1-855-789-4277.**

As of September 8, 2016, more than 70,000 people are enrolled in a HARP.

For more information on HARP, visit: http://www.omh.ny.gov/omhweb/bho/harp.html; and for New York Medicaid Choice, visit: https://www.nymedicaidchoice.com.OMH

Triple Partnerships:
Meeting the Mental Health Needs of the Aging

New York ranks third in the nation in the number of older adults, with 3.7 million individuals aged 60 and older.

Given the size of New York's older population, it is imperative that mental health and substance use services are coordinated and tailored to meet the needs of older adults.

Collaboration Through the Council

To address this need, New York State enacted the Geriatric Mental Health Act, which took effect in 2006, to establish an Interagency Geriatric Mental Health Planning Council. In 2008, this body was expanded to include chemical dependence and mental health care for veterans and was renamed the Interagency Geriatric Mental Health and Chemical Dependence Planning Council. Through the council, state agencies have been collaborating on initiatives to integrate physical and behavioral health care in outpatient clinic settings.

"Prior to the Geriatric Mental Health Act, this population wasn't receiving the attention that it should have," said Donald T. Zalucki, Director of OMH's Bureau of Program and Policy Development, Division of Adult Services. "Now we're developing partnerships that are finding innovative ways to meet the unique mental health and substance use needs of a growing aging population."

The Geriatric Service Demonstration Program, also established through the act, is providing the means for developing these initiatives. Administered by OMH in cooperation with the State Office for the Aging, OASAS, and other state agencies, the program awards grants to providers in the areas of community integration, improving quality of treatment, integrating services, workforce, family support, finance, specialized populations, information clearinghouse, and staff training.

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
GERIATRIC TECHNICAL ASSISTANCE CENTER

For information visit: http://www.thenationalcouncil.org/geriatric-technical-assistance-center/

A total of 40 grants have been awarded in four rounds to local agencies throughout the state since the program started in 2007. The first three founds focused on expanding either behavioral or physical health settings to accommodate integrated care. The most recent round of grants is designed to create "triple partnerships" in local communities of mental health, substance use disorder, and aging services. Called the "Partnership Innovation for Older Adults," the $7.96 million program combines resources from multiple state agencies and offers training and technical assistance for grantees through the Geriatric Technical Assistance Center, which is currently operated by the National Council for Behavioral Health. For information on this round of grants, visit: http://www.governor.ny.gov/news/governor-cuomo-announces-nearly-8-million-outreach-program-expand-mental-health-addiction-and.

Identifying Unmet Needs

Starting next year, awardees are to identify adults age 55 or older whose independence is in jeopardy because of a mental health, substance use, or aging-related concern. "They're to find and offer services to individuals who could possibly end up on an institution because they're not currently connected with any services, are having difficulty accessing services, or may not even be aware that there are services are out that can help them," Zalucki said.

The eight providers, chosen through an open Request for Proposal process, are each receiving about $1 million during the next five years. Providers for this round are located in Nassau, Niagara, Onondaga, Orange, Putnam, Queens, Ulster, and Westchester counties. The program is expected to reach 6,000 older New Yorkers during the next five years.

"These grants are flexible to allow each provider to design its own program," Zalucki said. "This way it can use its current resources and relationships in the most efficient and effective manner possible to build a connected network that meet the particular needs of its specific population."OMH

PSYCKES:
Sharing Information to Integrate Care

The ability to collect and share treatment data is vital to the process of integrating care.

Office of Mental Health

PSYCKES

For information, visit: http://www.psyckes.org

OMH's Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) is designed to make such collection and sharing possible.

PSYCKES is a web-based tool designed to support quality improvement and clinical decision-making.

It displays information from New York State's Medicaid billing data and information from other state administrative databases to generate information on quality indicators and summarize treatment histories.

OMH and DOH have a memorandum of understanding through which PSYCKES has secure access to claims and encounter data for Medicaid enrollees with a mental health service, diagnosis, or psychotropic medication.

Access to PSYCKES is available for qualified clinicians, social workers, freestanding health and mental health clinics, inpatient clinics and psychiatric units, psychiatric emergency departments, care coordinators, Comprehensive Psychiatric Emergency Programs, and government agencies.

Providers with access to PSYCKES are able to access quality indicator reports at the state, region, county, agency, site, program, and client level to review performance, identify individuals who could benefit from clinical review, and inform treatment planning. Quality reports in PSYCKES are updated monthly, and clinical information is updated weekly.

System Updates Will Help Providers

Features have recently been added to PSYCKES focusing on general medical health and support health integration for mental health providers. These new features will help make providers aware of medical conditions in mental health clients and help them with reconciling medication, evaluating cases, and coordinating care:

- The **Behavioral Health (BH) Quality Assurance Reporting Requirements (QARR) Improvement Measure** contains quality indicators, such as low adherence to an antipsychotic medication for individuals with schizophrenia, discontinuation of an antidepressant for individuals with major depression, and no diabetes monitoring for individuals with diabetes and schizophrenia.
- The **General Medical Health Set** contains quality indicators, such as no outpatient medical visit in the past year, preventable hospitalization for asthma, dehydration, or diabetes, and no metabolic monitoring for individuals on an antipsychotic.
- The program's **Recipient Search Menu** can be used to search for clients who have specific health conditions – such as diabetes – or who have high use of inpatient medical services. Diagnostic information in PSYCKES has been updated to include the 10th revision of the International Statistical Classification of Diseases (ICD-10).

These reports can identify clients who meet indicator criteria, and can help providers intervene and review prevalence rates for tracking progress over time. Providers can access a PSYCKES clinical summary for each client that includes medical diagnoses, medications, services, and Health Home care coordination contact information. OMH

Integration in State Operations:
Meeting the Community's Multiple Needs

Integrating mental and physical health care is making a difference for clients of community clinics run by two psychiatric centers in New York City.

"You never know which door a client who's in need will walk into first," said Anne Marie Bove, South Beach Psychiatric Center Deputy Director of Community Services. "We can't say: 'We can't treat you here because these aren't services we provide.' For many clients, it's necessary to have mental and physical health services under the same roof."

Paul A. Augustin, MD, full-time Medical Specialist at Manhattan Psychiatric Center's 125th Street Clinic.

Treating the Whole Person

Clinics can focus on treating the whole person and provide connections with other community services a client may need.

"Our clinic on 125th Street in Harlem started out 15 years ago with a medical specialist on duty only part time," said Lucy Borges-Smith, Director of Community Services for Manhattan Psychiatric Center.

The medical specialist provided care to clients of the Transitional Living Residence, the Crisis Residence, and Family Care; and to undocumented clients and those pending Medicaid. He also conducted physicals and tuberculosis testing to support housing placement efforts. "But the needs of our patients and the demand on our services was growing," Borges-Smith said. "So in 2008, we hired Dr. Paul Augustin to provide care full-time. Our clinic also now has a nutritionist on-site twice each week."

"Having our medical specialist on-site allows us to reach consumers that are resistant to seeking medical care," Borges-Smith said. "Our psychiatrists consult with Dr. Augustin to better manage and improve patients with multiple healthcare needs and monitor high risk patients with obesity, hypertension, chronic obstructive pulmonary disease, coronary artery disease, and brittle diabetes mellitus."

Changing the Culture

"Integration helps us to coordinate and augment services, instead of overlapping," Bove said. South Beach runs eight clinics in the community, partnering Maimonides Medical Center for three of them.

Staff at the South Beach clinics have found that having mental and physical health services at the same location helps to deal with the stigma surrounding mental health care. "Some health care patients might be in need of mental health services but they might be reluctant to visit a place called a 'mental health clinic,'" Bove said. "If they're comfortable with their general practitioner, they're more likely to admit they've experienced a loss or aren't feeling well emotionally. Their general practitioner can introduce them to a therapist."

To help change the culture around treatment of mental illness, South Beach has taken the step of calling the facility a "community clinic," and not an "outpatient clinic," and referring to clients as "recipients of care."

Co-location can help clients who might tent to not follow up on their care and relapse. "If it's a hassle for some people to go to a clinic in another part of the community, they'll tend not to go," Bove said. "If they have to wait to be connected with services, they'll walk away. They need a clear, simple, path to get to providers and services. Integrating care accomplishes this."

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Improving the Health of Clients

Integrating care is bringing about results. Manhattan Psychiatric Center's Harlem clinic, for example, has seen a dramatic decrease in the rate of smoking and in the BMI of its clients. By having both types of service in the same facility, the psychiatric staff can be informed about any physical conditions their clients have of which they perhaps weren't yet aware. It can also help when tracking changes in medication providing an additional layer of protection against detecting any counteractions, besides the pharmacist.

One South Beach clinic has been able to provide support in a personalized manner that wouldn't have been possible in the past. In one case, the clinic was able to change staff assignments to help a client adjust to a change in setting of care. The client had become comfortable with a member of the mobile team, so the mobile team member was allowed to be on the client's team for transportation to a care provider.

"Through integration, we are changing the system," Bove said. "This means breaking down any long-time barriers in the system. We're creating patient-centered care programs and policies, which allow people to get the services they need."OMH

Community Health Centers:
Grants to Develop Outpatient Networks

During 2017, New York State will be working to improve access to community-based mental health care and substance use disorder programs by establishing Certified Community Behavioral Health Clinics (CCBHC) in pilot sites throughout the state.

CCBHCs are designed to:

- Improve New Yorker's health outcomes by increasing access to quality care for all Medicaid eligible individuals;
- Reduce avoidable hospital use and complications through the development of intermediate levels of service;
- Foster better partnerships between primary care and mental health and substance use disorder providers through co-location; and
- Improve the fiscal outlook for mental health and substance use disorder care providers by improving Medicaid reimbursement.

Planning Grants

New York was one 24 states to be awarded a one-year planning grant from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Medicare and Medicaid Services (CMS) to develop a CCBHC proposal and program demonstration.

Through this program, OMH, OASAS, and DOH will establish multiple CCBHC pilot sites across the state. Site selection will reflect the regional diversity of the state's population and service delivery systems. Sites are to develop local outpatient networks of primary care, mental health, and substance use disorder programs that will adopt a common set of tools, approaches, and organizational commitments to treat individuals in a seamless and integrated manner. Stakeholders will be able to provide input into the networks' design and provide advice on ways to improve services, as this process moves forward.

Competition for Demonstration Program

This planning grant is the first phase of a two-phase process. When the planning grant phase ends on October 31, 2016, New York will have an opportunity to apply for a two-year demonstration program that will begin January 2017.

Through a competitive process, up to eight states with certified community behavioral health clinics will provide mental health and substance use disorder services to individuals eligible for the program in their state. OMH and OASAS are jointly reviewing provider submissions to be included in the state's application to SAMHSA, which is due October 31, 2016.

For more information on the CCBHC program, visit:
http://apps.cio.ny.gov/apps/mediaContact/public/view.cfm?parm=94157A21-A32B-DAED-7A8A001541C11B68.OMH