

Challenges to Transforming Care

Without a doubt, the field of mental health faces some of the greatest challenges ever. As New Yorkers, we strive to overcome the economic conditions around us, adapt to the unfolding elements of the Affordable Care Act (ACA), respond to the effects of natural disasters that have hit our communities, redesign and improve the quality of Medicaid services, and structure our State and local governments for greater efficiency. Within this environment, the Office of Mental Health (OMH) works assiduously to sustain clinical treatment so people, particularly the most vulnerable people we serve, receive necessary mental health services and supports.

This year's *Statewide Comprehensive for Mental Health Services* primarily addresses the many changes all taking place at the same time:

- The ACA, signed into law in March 2010, put in place comprehensive health insurance reforms that are being rolled out continuously, with most changes implemented by 2014. On the heels of mental health parity legislation, these efforts hold promise for early intervention and treatment as well as for mental health and behavioral treatment on par with that for physical ailments.
- While ACA components are introduced, a caucus within Congress makes

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- Mental illness leads as the cause of disability from illness, contributes to death through suicide, and drives school failure, poor health, incarceration and homelessness.
- Decentralized and fragmented approaches to care coordination persist in New York State.
- When people do not get early assistance, problems often worsen and add to the responsibility of an already overburdened mental health safety net.
- Schools struggle to create environments that support learning for students with mental health and behavioral problems.
- A lack of safe, affordable housing for people with serious mental illness stands in the way of productive community living.
- Unemployment continues at unacceptably high rates for individuals with serious mental illness.
- When compared to the general population, people with serious mental illness are over-represented in the criminal justice system.
- A lack of coordinated care and policies between agencies has reinforced barriers to care and contributed to diminished accountability.
- New York is overly reliant on expensive inpatient psychiatric care.
- Medicaid is the single largest payer of mental health services in New York State.
- This need for restructuring and redesign are urgent in the face of the Great Recession, large State budget gaps, the end of federal stimulus funding, changing federal Medicaid regulations and the introduction of the federal ACA.

repeated attempts to chip away and roll back provisions of the ACA, for example, proposing legislation to repeal the requirement that states maintain current Medicaid eligibility standards for adults until 2014, and in mid-September, introducing draft legislation to remove consumer protections from the ACA.

- While the number of suicides is up nationally, in New York State (NYS) the number has declined by about 10%. Nonetheless, data show that the overall suicide rate generally rises during recessions and falls during times of economic expansion.¹ These findings make more compelling the necessity for unremitting public health suicide prevention approaches.
- Clinic restructuring continues to align fiscal and clinical policy and drive improvements in care (e.g., increase access to clinic services with more timely first visits following hospitalization or emergency care, better engage people in care with welcoming environments and staff responsive to concerns).
- Under the Governor’s leadership, much activity is under way with the Medicaid Redesign Team (MRT), Spending and Government Efficiency (SAGE) Commission, and Mandate Relief efforts to advance government service that is more efficient and effective.
- The State Department of Health (DOH), localities and stakeholders are preparing for the implementation of health homes for people with chronic health conditions.
- OMH, DOH, Office of Alcoholism and Substance Abuse Services (OASAS), local governmental units (LGUs), and stakeholders are developing a set of recommendations to guide the design of specialty health homes, called behavioral health homes, for the provision of integrated health, mental health, and substance abuse care for people with the most serious behavioral health issues. Since the announcement of notices of conditional awards in September, OMH and DOH have been working with the designated organizations in preparation for their behavioral health organization (BHO) administrative and management duties.²

In this changing, dynamic environment, it is clear that developing a five-year plan is challenging at best, since so much is changing simultaneously. Collaboration and shared understanding become essential to adapt to change and to set the groundwork for others to adapt.

Change and Growth

Creating the circumstances for change requires that we educate stakeholders outside of the mental health system—particularly providers of primary care services—about the unique health and cultural needs of adults, children, and families dealing with mental health challenges, especially those with the most serious and complex behavioral/ physical health conditions. Gathering input from within the public mental health system—from individuals engaged in or previously engaged in services, families, stakeholders, providers, LGUs—is necessary to

Transformation of the mental health delivery system rests on two principles articulated in the 2003 *New Freedom Commission on Mental Health* final report. The first is that services and supports must be more clearly centered on the person and family members engaged in care, rather than oriented toward the “requirements of bureaucracies.” This is no small task in a time when insurance coverage—especially Medicaid—has become how most care is paid for. The second is that services and supports cannot just help with symptoms, but must also enhance abilities to cope successfully with life’s challenges, facilitate recovery, and build resilience.

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ensure that the next five-year Plan is firmly rooted in the principles of recovery and resiliency and incorporates much of the good work under way in the public mental health system.

This Plan, therefore, is a transitional document that bridges to the next five-year planning cycle set to begin with the 2012–2016 Plan. It builds on the successes and transformational changes described in the Plans of the past several years. The themes outlined and brought to life in these Plans—recovery, resiliency, cultural competence, evidence-based practice and transformation—must continue to serve as the basis for change. They incorporate hope and recovery, respect and compassion, and support for health and well-being. Examples of ongoing

initiatives, programs and research efforts essential to quality care include:

- The recognition that good care rests on accessibility; personal and continuous healing relationships; integrated primary and behavioral health care that is focused on the person and family (from the early to older years) and based on scientific evidence; culturally and linguistically appropriate approaches that help people to adapt to health challenges and figure out how to live their lives by calling on their strengths and managing their symptoms.
- Care based on a recovery framework and its elements of hope, respect, personal responsibility, inner directedness, and empowerment. Also, care that is holistic, draws upon strengths, incorporates peer supports, and takes into account the natural ebbs and flow of life.
- For children, youth and families, care anchored in the Child and Adolescent Service System Program (CASSP) values (e.g., child and youth guided, family driven, individualized) and the cross-systems New York State Children’s Plan.
- Initiatives for adults that promote wellness (LifeSPAN), cultural and linguistic competence (e.g., Centers for Excellence for Cultural Competence, development of regional multicultural advisory committees), competitive employment (New York Makes Work Pay, New York Employment Services System), Clinic and Ambulatory Restructuring (more responsive clinic services, incentives for quality care), public-private housing collaborations, recovery-oriented services (Personalized Recovery-Oriented Services, Recovery Centers), and use of integrated care for older adults, co-occurring behavioral disorders, evidence-based practices and trauma-informed care (support for military and families)

- Initiatives for adults involved with criminal justice system that promote an improved mental health crisis response (informed by public-private collaboration), evidence-based wellness self-management for persons in State correctional facilities, and expanded comprehensive care (residential mental health units)
- Initiatives for children and their families that build on a public health approach to care (prevention of mental health problems and early intervention when problems are suspected), family and peer support, social and emotional development (Project LAUNCH), enhancement of the youth voice in strengthening recovery-oriented services (Regional Youth Partners), effective training and education of primary and mental health providers (Project TEACH), interventions for at-risk youth (Promise Zones), and trauma-informed care (Positive Alternatives to Restraint and Seclusion [PARS], trauma training through the Evidence-Based Treatment Dissemination Center)
- Research that helps to alter the course of schizophrenia (care informed by NYS Psychiatric Research Institute’s “Recovery after an Initial Schizophrenia Episode”), understand the prevalence of post-traumatic stress disorder (PTSD) among 9/11 first responders, uncover genetic mutations linked to schizophrenia, reveal differences in the language center of the brains of children with and without autism, and explain the possible role of lysosomes in the development of Alzheimer’s and other neurodegenerative diseases

These are a number of initiatives, programs, and research results that are part of the everyday operations at the State and local levels. Within the input described in Chapter 4, you will read how many stakeholders value these efforts and wish to see them carried forward under Medicaid redesign. Information in Chapter 4, and the appendices accompanying it, is presented largely from the perspective of the OMH Strategic Plan Framework. Created in partnership with stakeholders of the public mental health system and local government units, it serves as the starting place for ensuring accountability, enhancing operations through structural, fiscal, regulatory and other mechanisms, and improving outcomes for children, youth, adults, and families served by the public mental health system. The Framework is always available on the OMH web site under the [Planning Resources](#) section found within the gray box under “Highlights” of the home page.

Primary Functions of OMH

As the State mental health authority, OMH has two main strategic directions: assuring access to services of the highest quality for children with serious emotional disturbance and their families and adults with serious mental illness; and promoting the mental health of all New Yorkers through a public health approach. The State public mental health system each year serves approximately 695,000 individuals.

To effectively meet its responsibilities, OMH organizes daily operations along four functional administrative lines:

- **Regulating, certifying and overseeing New York’s public mental health system**
OMH regulates and licenses all mental health facilities and programs in the State, with the exception of private practices and federal facilities. The agency oversees 57 LGUs, and the LGU that encompasses New York City in its entirety.

Within the five regions of the State, more than 2,500 mental health programs are operated by local governments and private agencies. The services offered by these programs include inpatient, outpatient, emergency, residential, and community support. While certain policy, funding, regulatory, and management functions are centrally administered, actual program administration takes place on the local government level.

- **Providing State-operated inpatient and outpatient mental health services**
OMH is a major provider of intermediate and long-term inpatient as well as outpatient treatment services. It operates 25 psychiatric centers, including six serving children with serious emotional disturbance and 16 serving adults with serious mental illnesses, and three serving adults with mental illness who have contact with the criminal justice system. State-operated outpatient services are designed to serve children and adults who use State-operated inpatient services. Additionally, OMH provides mental health services in 25 sites around the State to inmates incarcerated in Department of Corrections and Community Supervision facilities. OMH also operates three secure treatment programs for the care and treatment of sex offenders requiring civil management and oversees community-based treatment of sex offenders determined to be in need of strict and intensive supervision and treatment in the community.

- **Conducting mental health research to advance prevention, treatment, and recovery**

Scientific research conducted by OMH is critical in identifying treatment and clinical practices that are effective in improving outcomes of services and integrating these practices into the public mental health and general medical care systems.

Researchers from the Nathan S. Kline Institute (NKI) in Orangeburg and the NYS Psychiatric Institute (PI) in New York City conduct clinical trials to develop and evaluate new treatments and services and basic research to better understand behavioral, molecular, biochemical, neurological, neurobiological and genetic mechanisms underlying mental illness. These researchers participate in consortia, clinical trials, and other scientific collaborations that are leading to the development of new medications, technological methods, and clinical therapeutic approaches to treating schizophrenia, bipolar disorder, depression, anxiety disorder, and Alzheimer’s disease, and other psychiatric disorders. OMH research and evaluation staff members also examine service outcomes, conduct data-driven analyses of pressing mental health issues, and develop sound recommendations and approaches for improving service quality and access.

- **Promoting mental health through public education**

OMH promotes mental health through education and advocacy for all New Yorkers. Mental health promotion activities are targeted toward expanding public awareness and knowledge of mental health, particularly for persons at risk for, or living with, mental health problems. Specifically, mental health promotion focuses on enhancing individual resiliency, making communities stronger, and diminishing structural barriers that impede access to housing and gainful employment. Through OMH, many New Yorkers are being educated and given information on the nature and impact of mental health and mental illness, effective treatments and services, preventive and coping strategies, and how to get help when needed.

This Year's Statewide Comprehensive Plan

Because of the enormous change we are experiencing in health care, we are using this year's annual planning process to take stock of where we are and to lay a foundation for a new five-year plan in 2012. Accordingly, the next two chapters provide an overview of the imperative for change and Medicaid redesign in NYS. They are followed by a snapshot of the current public mental health system and data resources to inform planning and decision making. The last chapter summarizes an abundance of input from the LGUs, better known as our counties, and stakeholders of the public mental health system. This information is proving valuable as the Medicaid Redesign Team and its subcommittees continue to guide planning for care management opportunities for New York's Medicaid beneficiaries and other citizens.

¹ Luo F, Florence CS, Quispe-Agnoli M et al. (2011). Impact of business cycles on US suicide rates, 1928-2007. *American Journal of Public Health, 101*(6), 1139-46.

² More information and detail about Medicaid redesign, health homes, and behavioral health homes appears in Chapter 3.