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Mental Health in New York State: Changes & Challenges for Public Health

May 15, 2014

Featured Speakers

- Kelly Hansen, Executive Director
  NYS Conference of Local Mental Hygiene Directors
- Glenn Liebman, CEO
  Mental Health Association in NYS

Disclosure Statements

The planners and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity.

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- Empire State Public Health Training Center
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Learning Objectives

- Describe the recent transformation within the NYS mental health system.
- Outline at least 2 common barriers to mental health services at the community level.

Learning Objectives

- List at least 2 ways that service integration will impact community-based service providers.
- Identify at least 2 strategies that are successfully addressing community mental health needs.

Alphabet Soup

- MH: Mental Health
- MI: Mental Illness
- SA: Substance Abuse
- BH: Behavioral Health
- MC: Managed Care
- PC: Primary Care

Alphabet Soup

- DCS: Directors of Community Services
- LGU: Local Governmental Unit
- OMH: Office of Mental Health
- OPWDD: Office for People with Developmental Disabilities
- OASAS: Office of Alcoholism & Substance Abuse Services
- DAI: Disability Advocates, Inc.

Alphabet Soup

- MCO: Managed Care Organization
- BHO: Behavioral Health Organization
- MRT: Medicaid Redesign Team
- DSRIP: Delivery System Reform Incentive Payments
- NCQA: National Committee for Quality Assurance
- PCMH: Patient Centered Medical Home

Mental Health Association in New York State, Inc.

- Thirty affiliates in 52 counties
- Provide mental health services
- Provide education & anti-discrimination programs
- Advocate for positive transformation of NYS MH system
History of MH Association Movement

- Oldest, largest non-profit organization addressing MH
- Clifford Beers - Visionary Founder (1909)
- Bell of Hope (Symbol of Recovery)
- Mental Health America

Community Services & Advocacy Reform

- Recovery/peer movement
  - Expansion of peer run organizations
    - Scope of services
    - Influence
  - Individuals defining own goals, treatment, services
  - Stakeholder community recognize importance of peer services

Community Services & Advocacy Reform

- Family Movement
  - Expansion of role of public policy voice
  - Stakeholders recognize importance of families in service delivery

Community Services & Advocacy Reform

- 1993 Reinvestment Act
  - Redirected funding from psychiatric facility & closures to community MH services
  - United MH community
    - Fight for common purpose
    - Ensure greater services
  - Broad role for counties & providers
  - Reconfigured/strengthened roles for peers/families

Community Services & Advocacy Reform

- Continued movement for community services
- Community services/local assistance funds:
  - Housing
  - Peer services
  - Children’s MH
  - Family support
  - Crisis services

Community Services & Advocacy Reform

- Continued movement for community services
  - 2014/2015 budget
    - Reinvestment funding for community support for MH services
  - Community safety net is necessary
    - Transition to managed care for behavioral health
Movement to End Discrimination

- Reforming Insurance Law in New York State
  - Timothy’s Law 2006
  - MH care benefits = physical health care benefits
  - Equal co-pays for MH benefit & physical health benefit
  - Legislation supported by broad-based coalition of community stakeholders

Movement to End Discrimination

- Behavioral health parity is integral part of ACA coverage
- Final federal parity regulations strengthen role of behavioral health care
- Behavioral health benefit must be equal to medical/surgical benefit in health plans

Movement to End Discrimination

- Reforming Adult Homes in NYS
  - Transitioning from adult homes to community housing
  - Stakeholder advocacy
  - DAI lawsuit
  - Federal Dept. of Justice
  - Strong response from Cuomo Administration

Movement to End Discrimination

- Returning veterans
- Parents with psychiatric disabilities
- Youth in transition with psychiatric disabilities
- Medication access for individuals with psychiatric disabilities
- Justice involved individuals

Movement to End Discrimination

- Educating the public about good MH
  - MH first aid
  - MH education in schools
  - MH Tax Check-off Bill for public awareness

For More Information

- www.MHANYS.org
- 518-434-0439

5/14/2014
Local Mental Hygiene Directors

- Directors of Community Services (DCS)
  - Also Commissioner of Mental Health
  - Local Governmental Unit (LGU)
  - Created in 1977 – Article 41 Mental Hygiene Law
  - In response to deinstitutionalization
    - Lack of continuity of care from institution to the community
    - Failure to meet the needs of the seriously mentally ill

DCS & LGU

- Art. 41 established:
  - local cross system oversight
  - services planning
  - quality assurance
  - public education etc.
- Mental illness, substance use disorders & developmental disabilities
- Partner in oversight & financing with OMH/OASAS/OPWDD

DCS & LGU

- Local Services Planning – for decades
- Counties provide direct services
  - 37 counties operate MH clinics
  - 19 counties operate SA clinics
- LGU’s contract for services/supports not covered by Medicaid.
- LGU & the state – responsible for services to the uninsured

Medicaid Spending

- Individuals in Medicaid with MH/SA have higher rates of chronic conditions
- 2010 Medicaid: 400,000 enrollees with MH/SA conditions
- $6.3 billion in Medicaid spending: 1% enrollees = 20% cost

Medicaid Spending

- Hospital & ED admissions & readmissions due to physical health conditions
  - Lung disease/asthma (smoking)
  - Diabetes (obesity, possible metabolic impact of medications)
  - Heart disease

Social Determinants

- Social Determinants of Health
  - Consumers rarely need 1 service
  - Poverty
  - Unstable housing/homelessness
  - Poor physical health
  - Over-representation in CJ system:
    - Local jail
    - Probation/Parole
    - State prison
Care Coordination

“There is no health without mental health”

Integration is Crucial

- Care is fragmented - heavy reliance on hospital care
- People access care in 2 different settings
  - MH/SA treatment settings
  - ED’s, Hospitals, provider for PH
- Payment models fostered separation

Integration on All Fronts

- DOH Prevention Agenda
  - “Improve mental health & prevent substance abuse”
  - 14 Counties included 61 goals re: to MH/SA
  - Health Homes
  - Single Licensure – for Mental Health & Substance Abuse clinics
  - 2014 NCQA PCMH – behavioral health included

Medicaid Redesign (MRT)

- MRT Behavioral Health Workgroup
- Medicaid redesign – behavioral health benefit - managed care
- Integration – MH/SA treatment with each other
- Integrate behavioral health with primary care
- Shift payment - reward quality - not quantity

Managed Care

- Medical services alone are not enough
  - Crisis & rehabilitative services & supports MUST be included
- 1915-i services:
  - Peer services
  - Educational & employment support services
  - Psychosocial rehabilitation & others

Behavioral Health Managed Care

- OMH/OASAS/DOH designed requirements for MCOs to be qualified to manage the full benefit (or contract with BHO)
- Specialty behavioral health services for individuals with serious mental illness via HARP & 1915-i services
- Timeline:
  - NYC – January 2015
  - ROS – June 2015
  - Children – January 2016
Principles of BH Benefit Design

- Person-Centered Care management
- Integration of physical & behavioral health services
- Recovery oriented services
- Patient/consumer choice
- Ensure adequate/comprehensive networks

Principles of BH Benefit Design

- Tie payments to outcomes
- Track physical & BH spending separately
- Reinvest savings to improve services for BH populations
- Address unique needs of children, families, & older adults

Challenges

- MCOs—little experience with the population & links to community
- Concern about financial impact of MA/MC on providers
- Concern for financial viability of providers
- Housing, housing, housing
- Uninsured
- Growing number of jail inmates with MH & addiction issues

Challenges

- OMH downsizing state PCs—Need to ensure community services are in place
- Art. 28 hospitals closing psych & detox units
- Severe shortage of psychiatrists, child psych.
- Rural issues—Transportation costs & distance—Lack of providers
- Complexity of children’s system
- Stigma

Opportunities

- Individuals with SMI & addiction: more access to primary care
- Medicaid reinvestment into community-based behavioral health services
- OMH reinvestment into community-based services
- MRT & OMH: More housing
- DSRIP: Behavioral health is required in projects
- Other states’ successes

For More Information

- www.clmhd.org
- www.thenationalcouncil.org
- www.health.ny.gov
- 518-462-9422
Evaluations

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Thank you!