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Piecing Together the Puzzle: The Implementation of Behavioral Healthcare Reform

ACL Management Symposium

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The Puzzle of Healthcare Reform

Gathering the Pieces

New York's public mental health system is in the midst of comprehensive reform. OMH is supplying the pieces, but it is up to all stakeholders to help complete the picture.

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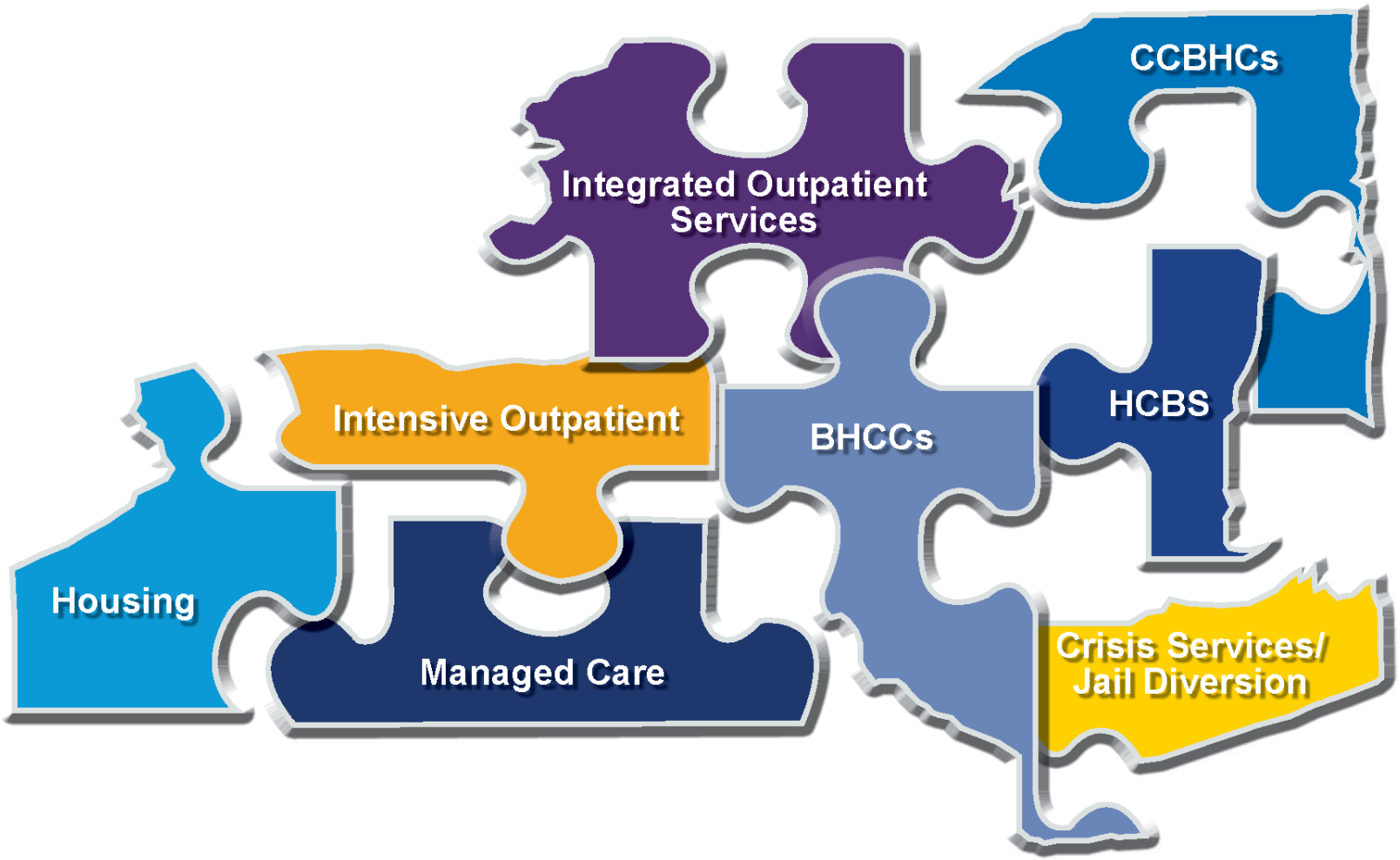
Putting it Together

Housing providers are essential to piecing the puzzle together and helping to find the missing pieces.



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Vision into Action: Major efforts in next 3-5 years to transform the MH system

- Recovery-oriented program design and financing: Managed care/HARP, HCBS services, care management, value-based payment
- Paving pathways from State inpatient and residential to independent community living, reducing avoidable hospital use
- Supporting childhood development and early to improve mental wellness, reduce disorders
- System and regulatory redesign to strengthen access, increase efficiency, and quality of care
- Expanding access to and availability of quality housing
- Promoting population health, engaging the public
- Forensic systems reform

Transformation Opportunities: Housing

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Housing Update

Units in the OMH pipeline: 1,574 SP-SRO. 3,326 Adult Home SH. 988 NYC Match. 457 ESSHI.

Third round of Empire State Supportive Housing Initiative (ESSHI) will include funding for at least 1,200 units of housing for homeless individuals and families with disabilities or other life challenges.

- 31% of the 977 ESSHI Round One *committed* units and 34.7% of the 5,453 units *conditionally* awarded in Round Two will serve individuals with SMI.

- Currently there are more than 42,923 OMH-housing units in New York State, including over 1,300 units supported through $15.5 million in Reinvestment funding.
  - In addition, 280 units of supportive housing have been funded through OMH Residential Redesign.

Forensic Housing

Two forensic housing initiatives to support successful transitions to the community which offer participating providers enhanced services funding, dedicated transitional forensic case management or ACT, dedicated mental health parole officers and specialized staff training.

Phase 1- Prison-to-Community Supportive Housing Beds

- For individuals with SMI being released directly from New York State prisons.
  - 100 in NYC catchment area
  - 65 in ROS

Phase 2- Prison-to-State Psychiatric Center-to-Community Supportive Housing Beds

- Serving individuals discharged from a psychiatric center. Individuals from all psychiatric center inpatient or residential programs are eligible.
  - 121 in NYC catchment area
  - 64 in ROS

These beds will complement 269 SH beds from previous initiatives which specifically serve a forensic population, including a 16-unit SP-SRO

Targeted Rate Increases, Budget Highlights

$10 million in rate increases this year and $42 million over last four years.

Supportive Housing Rate Increase:

- $600 for NYC ($17,375); $300 to Long Island ($17,133); $300 for ROS ($8,131-$17,184)

SRO, applicable to homeless and non-homeless CR-SROs and SP-SROs Rate Increase:

- $500 for NYC ($17,275-$17,621); $450 to Long Island/ROS ($14,374-$16,506)

2018-2019 State Budget also includes:

- $50 million capital initiative to develop residential crisis programs. RFP in development.
- $10 million in capital funds to support children's behavioral health services. An enhancement to the $10 million in SFY 17-18. RFP expected in near future to make $20 million available to RTFs and clinics serving children.
- $9.2M of workforce salary enhancements for housing providers.

Housing Challenges

Maximizing ESSHI and capital resources

- Below expected / historical share of supportive housing for individuals with SMI.

Increasing the flow of individuals through OMH transitional housing

- Among 5,473 adult CR beds and 4,569 Apartment Treatment beds, average Length of Stay is 623 days (1.7 years) for community CRs and 804 days (2.2 years) for Apartment Treatment

Transformational Opportunities: Managed Care

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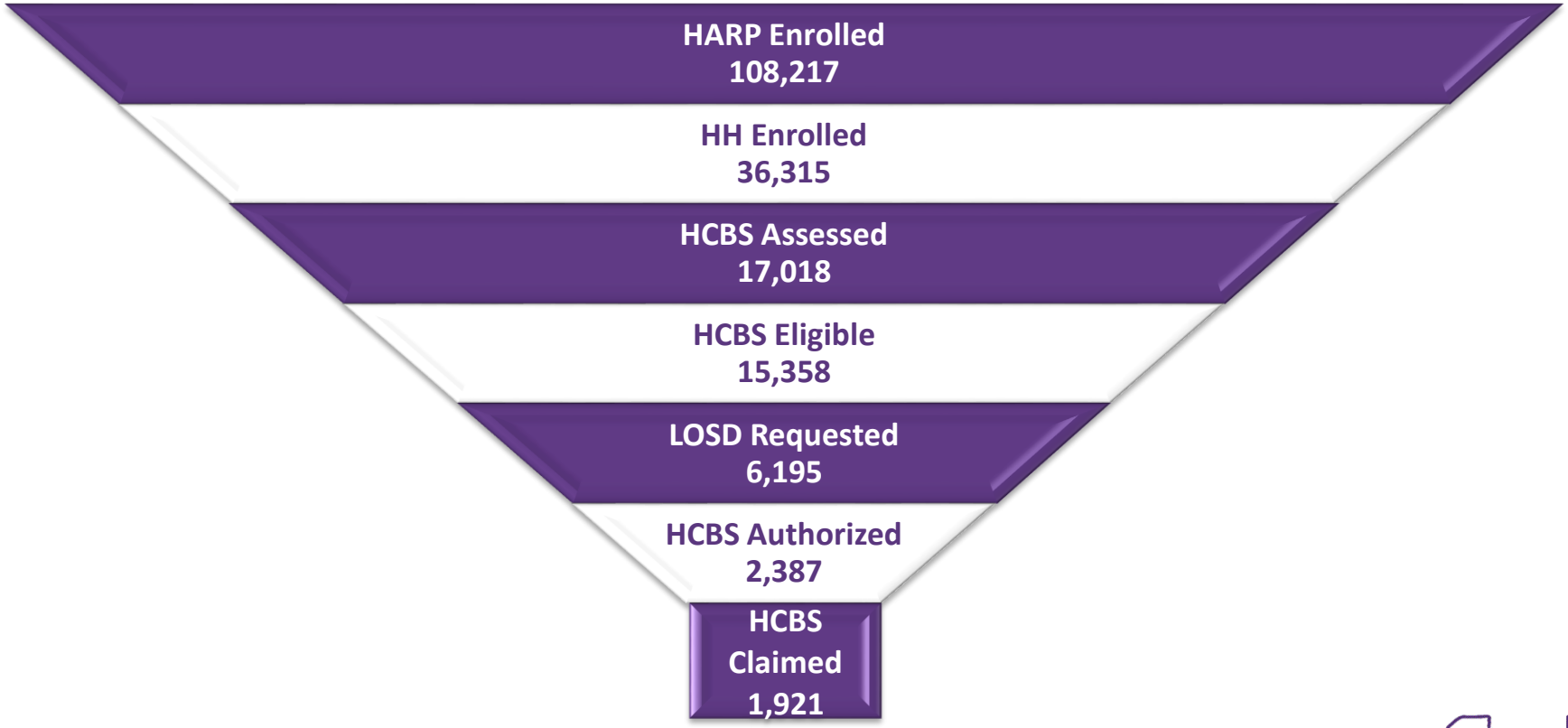
HARP, Health Homes, HCBS: Working to Expand the Pipeline



HCBS Dashboard Data- April 24, 2018

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HARP, Health Homes, HCBS

- Over 108,000 HARP-eligible are now enrolled, with more on way via NY State of Health
- 34% HARP members enrolled in Health Homes
- HARP Health Home enrollees with HCBS assessment increased to 47%
- Approximately 90% of HCBS assessments are HCBS eligible
- $75 million for HCBS Quality/Infrastructure Funds
    - $25M in MCO quality funding to reward MCOs that invest in BH HCBS provider systems.
    - $50M in BH HCBS infrastructure funding to improve capacity, connectivity and service delivery systems.
- As of April 6, CMS has confirmed that individuals who are considered street homeless and/or who are residing in homeless shelters are allowed access to HARP HCBS.
- To streamline HCBS enrollment, NYS has implemented State Designated Entity. Good example of integrating implementation feedback into responsive solutions.

BHCCs and VBP

Behavioral Health Care Collaboratives will help integrate care across the entire spectrum of physical and behavioral health services while helping providers prepare for a VBP business model.

- Identify gaps in the continuum of care, to better connect the patient to the next level of integrated healthcare.
- Ensure ongoing monitoring of care planning, to avoid unnecessary costs and avoidable complications.
- Identify opportunities for performance improvement and cost reduction.
- Improve IT capabilities to more efficiently share data with other providers and partners.
- Develop a quality improvement process for responding when issues are not being addressed or quality indicators are not being met.

Crisis Services System

Vision for a coordinated behavioral health crisis response system available to all New Yorkers, regardless of ability to pay. Integrates existing crisis infrastructure with newly available resources in managed care, DSRIP, and VBP.

- Using the 1115 Crisis Intervention Benefit, the impetus for sustaining and expanding crisis services.
- County Mobile Crisis Plans
    - Counties/regions submit plans for review and approval, working with OMH and OASAS.
    - Identify gaps and areas for improvement, possible expansions and linkages to next levels of care.
    - Include DSRIP and PPS crisis projects, such as intensive crisis respite and stabilization projects. CCBHCs involved in crisis planning.
- $50 million to help develop residential crisis programs statewide.
- Critical that housing providers are working with crisis systems.

Transformational Opportunities: Service Expansion

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Reinvestment

- To date, $78M State PC RIV and $19M Article 28 reinvestment issued to State Aid Letter, RFP, and State-operated community service expansion.
- 50,000 new individuals served through 2017.
- Now implemented for multiple years, opportunity to evaluate success and opportunities for reform. Field Offices working to reprogram funds as needed.
- 2018-19 Budget includes additional $11M annualized reinvestment.
- Bed reductions to date approximately 650 since 2014-15 SFY = $71.5M at the statutory RIV formula of $110,000/bed. Current RIV in the community exceeds this amount, honoring “pre-investment” concept.
- While RIV continues, systems planning with existing $ is equally important to reducing IP and ED use, and allowing continuation of RIV.

ACT Expansion

20 new ACT teams implemented in 2017-2018.

- New team locations based on waitlists and need in counties where teams currently exist and in counties without existing teams.
    - **NYC**: 14 new ACT Teams; **LI**: 1 new ACT Team; **Westchester, Warren/Washington, Niagara, Cattaraugus, Fulton/Montgomery**: 1 new ACT Team each.
- 10 of the new NYC ACT Teams have shelter focus. All teams are licensed, working with 27 mental health shelters in NYC, paired with 1-4 shelters based on location and size. DOHMH, DHS, OMH, shelters and providers collaborating to serve high need individuals.
- OMH is looking at outcome data and best practices for specialized ACT teams including shelter-focused and forensic-focused teams.
- Working closely with Center for Practice Innovations, ACT Institute for training, research, consultation.
- In addition to the nearly 600 ACT slots from reinvestment since 2014.

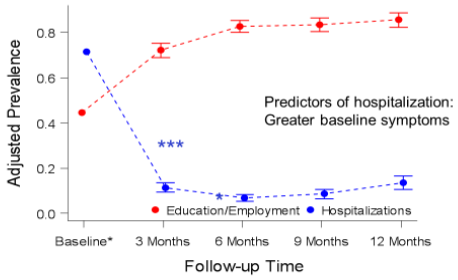
Service Expansion

Health Home Plus (HH+) previously limited to active AOT, CNYPC prison releases, and State PC discharges. Using what worked from TCM model while allowing flexibility such as mixed caseloads, team approach, with experienced care managers, face to face engagement.

- As of May 1, 2018, HH+ will include additional high need individuals with SMI, including: individuals stepping down from ACT; multiple inpatient hospitalizations with no connection to outpatient care; AOT step down; AOT diversion; homeless; other individuals with forensic history/at risk of incarceration, SPOA and MCO Discretion.

OnTrackNY is an innovative treatment program addressing first episode psychosis in adolescents in young adults. 21 sites statewide, current census of 530.

Model Adjusted Follow-up Outcomes



Center for Practice Innovations at Columbia Psychiatry, New York State Psychiatric Institute. Building best practices with you.

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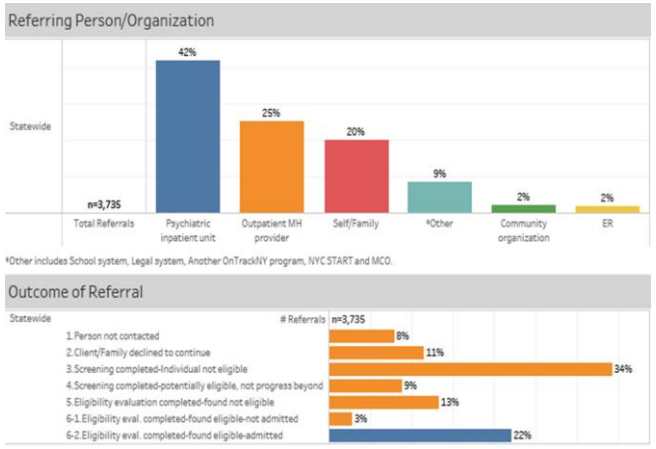

Program Name	Location	Program Start Date	Current Census
OnTrackNY @ Parsons	Albany	9/28/2015	28
OnTrackNY Southern Tier	Binghamton	2/13/2017	11
OnTrackNY @ IFH	Bronx	10/3/2016	38
OnTrackNY @ Montefiore	Bronx	8/29/2016	36
Kings OnTrackNY	Brooklyn	10/1/2013	38
OnTrackNY @ Pesach Tikvah	Brooklyn	11/1/2017	4
OnTrackNY @ SUS	Brooklyn	10/2/2017	19
OnTrackNY @ BBH	Buffalo	6/16/2015	24
OnTrackNY Suffolk	Farmingville	8/1/2015	18
OnTrack @ Mercy	Garden City	10/3/2016	21
ETP @ Lenox Hill	Manhattan	4/18/2016	28
OnTrackNY @ Bellevue	Manhattan	8/10/2015	22
OnTrackNY @ JBFCS	Manhattan	6/6/2015	39
Wash Hts Commty Service	Manhattan	10/1/2013	51
Access: Supports for Living	Middletown	10/3/2016	24
ETP @ Zucker	Queens	10/1/2013	51
OnTrackNY @ Elmhurst	Queens	8/29/2016	41
OnTrackNY Rochester	Rochester	3/21/2016	30
OnTrackNY @ SIUH	Staten Island	1/9/2017	22
OnTrack CNY	Syracuse	8/1/2015	24
OnTrackNY @ MHA	Yonkers	10/1/2013	36

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Transformational Opportunities: Preventive Interventions and Clinical EBPs

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MBP, IOP, IOS, Collaborative Care

Medicaid Best Practices (MBP) Project 2018: Crisis Transition Interventions and Clozapine for High-Need Individuals with SMI- Increase new clozapine starts by 300-400 within one year, make Critical Time Intervention services available to hospitalized individuals, and decrease inpatient bed days. Will engage MCOs and adapt approaches used in prior PSYCKES Learning Collaboratives. Project begins October 2018.

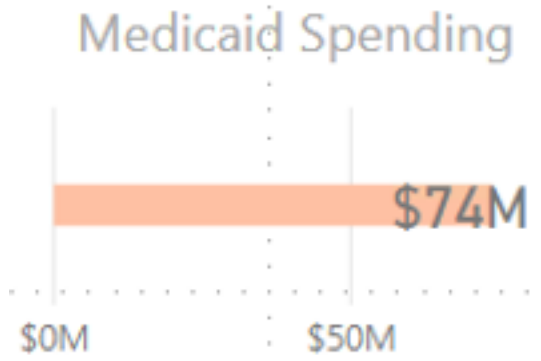
Intensive Outpatient Program (IOP)- Creating an alternative to inpatient hospitalization or shorten a hospital stay and reduce readmissions by intensive outpatient treatment as a transition to more independent living.

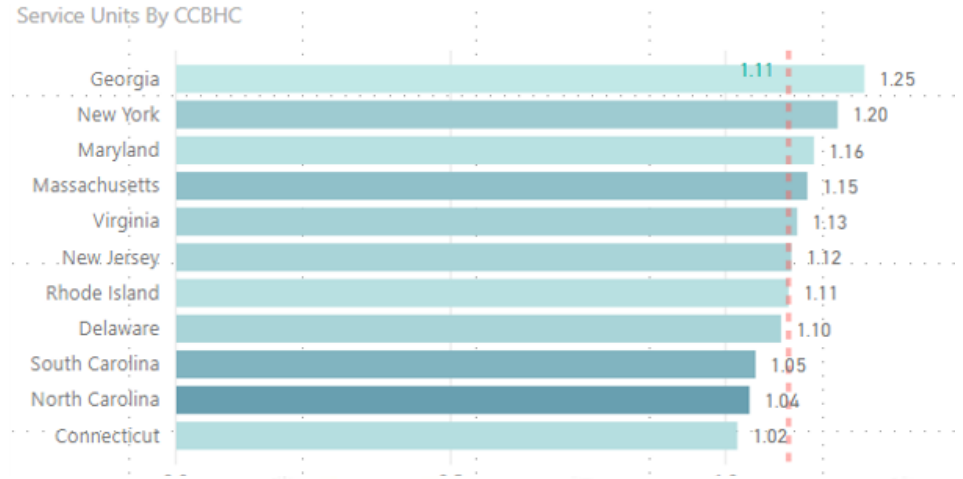
Integrated Outpatient Services Licensure (IOS)- Improve the quality of care provided to consumers with multiple needs by improving the overall coordination and accessibility of care, while reducing the administrative burden on providers.

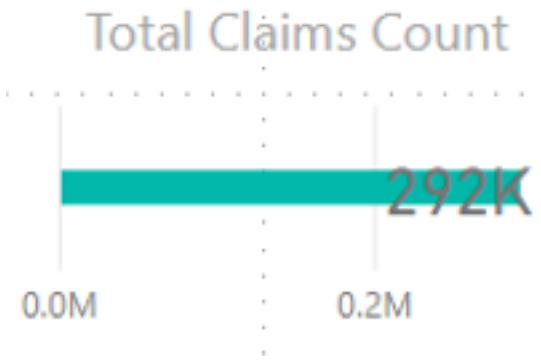
Collaborative Care- Beginning in 2013, NYS DOH's Medical Home Grant Program established Collaborative Care programs in academic medical centers. In 2015, OMH launched the Medicaid Collaborative Care Program. More than 100 sites participating, over 2,000 patients enrolled each quarter. VBP for better outcomes and lower costs.

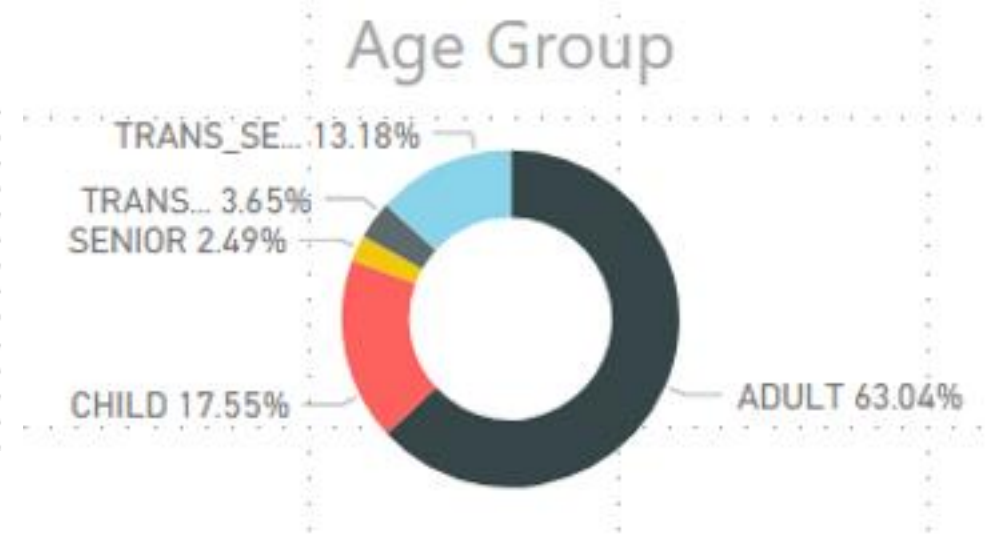
CCBHCs

New York was one of eight states selected for CCBHC demonstration projects. Program began July 2017 with 13 providers. **OMH's focus is continuous quality improvement.**









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Transition Age Youth

OMH, with a view toward better meeting the needs of transition-aged youth ages 16 to 24, recognizes that there are different needs and resources regionally. The plan, currently in beginning stages, will be based on the following:

- Population-The number of individuals receiving services
- Current Resources and Utilization- Devoted to, available for and currently used by transition-aged youth.
- High Utilizers- Transition-aged youths using the most expensive services, identification of patterns to develop services for earlier intervention.
- Youth/Young Adult and Family Input – Current recipients are in best position to discuss what is working, what isn't, and what's needed.
- Stakeholder Input – Many transition-aged youth have multi-system involvement. Dialog will be sought regarding their needs of the and how to best meet them.

OMH has expanded reinvestment supported housing bed criteria to include discharges from RTFs as a priority admission criterion, need to ease and stabilize transition during this key life stage.

Solving the Puzzle: Seeing the Big Picture

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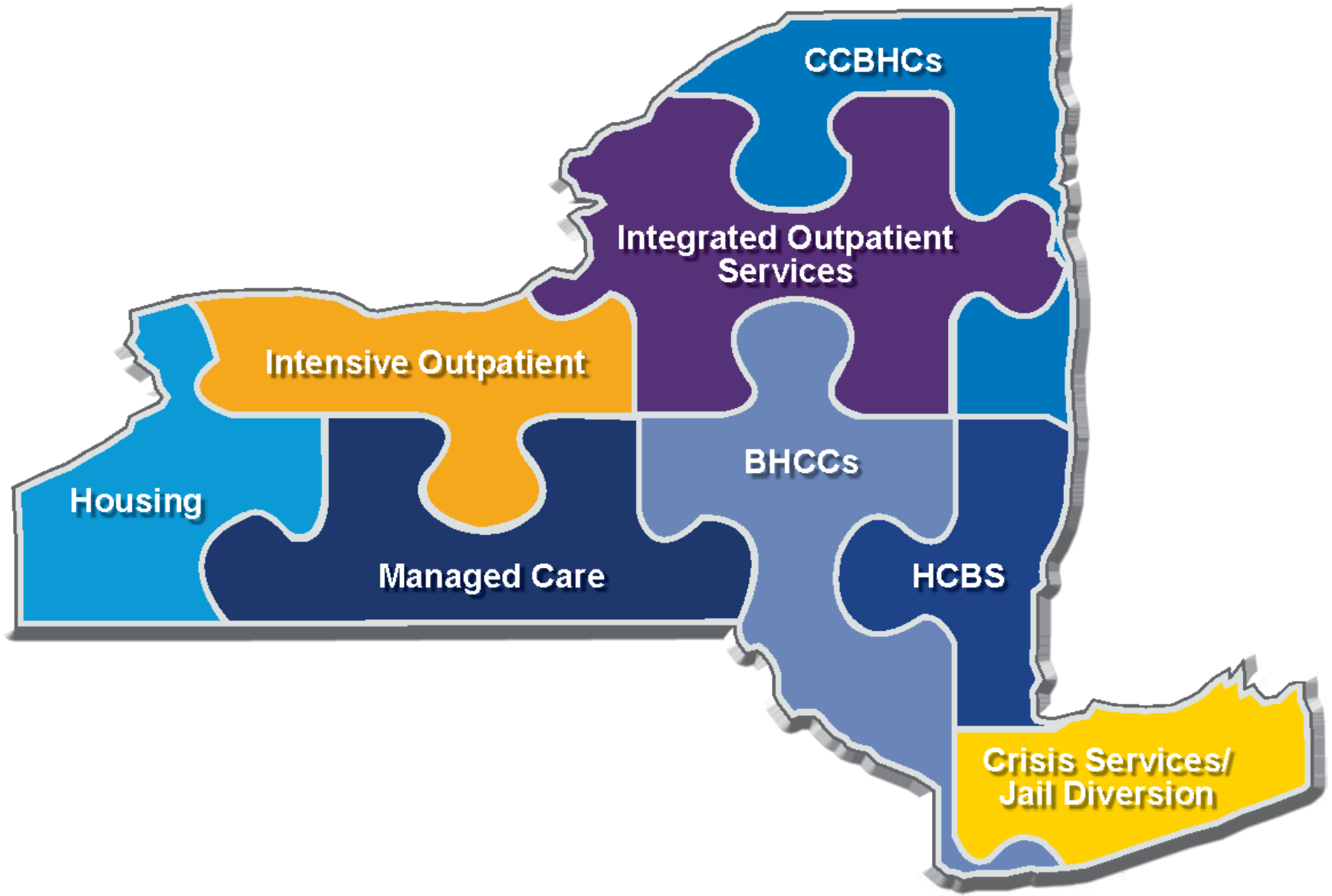

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