New York State Office of Mental Health

A Progressive Behavioral Health System

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KEEP CALM

AND

TAKE A DEEP BREATH

KeepCalmAndPosters.com

OMH Mission

The Mission of the New York State Office of Mental Health is to promote the mental health of all New Yorkers, with a particular focus on providing hope and recovery for adults with serious mental illness and children with serious emotional disturbances.

OMH Plays a Dual Role

1. Lead authority for the public mental health system. Establishes vision, sets policy, regulates and funds community services.
2. Service provider as a "safety-net" began in the 1840's. Still there with 24 Hospitals and associated outpatient and community services.

State	Population (2010 rounded)	Number of State Psychiatric Hospitals
New York	18 million	24
California	37 million	5
Texas	25 million	8
Michigan	10 million	3
New Jersey	9 million	4

What are the forces of change for behavioral health in New York State?

dccomics.com
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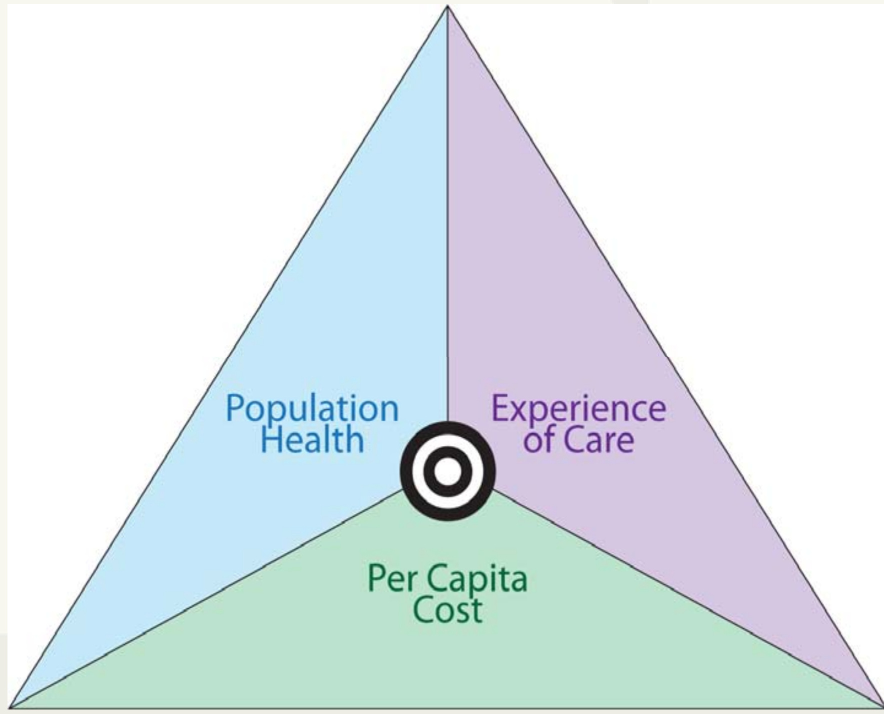
Medicaid Redesign Team

Affordable Care Act

Triple Aim

Parity



Managed Care
Health Reform
1990-2000
Behavioral
Health

All Behavioral Health is Transforming

- Providers are transforming – Adapt to environment or be left behind
- Future all about accountable, collaborative care, responsiveness, outcomes , high return on investment, etc.
- Business models vs. deficit funding

Managed Care Program Design

- All Plans must qualify to manage currently carved out Behavioral Health services
  - Qualification is required to deliver BH services
  - Plans can meet State standards internally or contract with a BHO to meet State standards

Managed Care Program Design

- Plans may also choose to apply to be a Health and Recovery Plan (HARP)
  - Integrated health and behavioral health services and premium
  - Separate special needs product line
  - Participants must meet HARP eligibility criteria
    - Initial eligibility based on historical use
    - Future eligibility based on functional assessment or updated historical use

Managed Care Program Design

- Manages all Medicaid State Plan Services
  - Physical Health, Behavioral Health, Pharmacy and Health Home
- Manages new benefits
  - Home and Community Based 1915(i) waiver like services
    - Not currently in SPA
    - Eligibility based on functional assessment

Managed Care Program Design

- Plans of care must incorporate both in-plan benefits and the full range of non-plan services funded outside Medicaid (e.g., supported housing, peer services, AOT)

- Plans must interface with social service systems to address homelessness, criminal justice, and employment related issues for their members

MRT BHO/HARP PHASE 2 TIMELINE

MRT Milestone	Adult (NYC)	Adult (Upstate)	Kids
Finalize BHO/HARP program design	Spring 2013	Spring 2013	
Finalize BHO/HARP/MCO managed care contract requirements	Summer 2013	Summer 2013	
Post procurement on website for at least 30 days (per enacted legislation)	Late Summer 2013	Winter 2014	
Select HARPs and Qualify Plans/BHOs for mainstream benefits	Winter 2013	Summer 2014	
Plans Fully Operational	Spring 2014	Fall 2014	Spring 2015

Children's Behavioral Health Workgroup

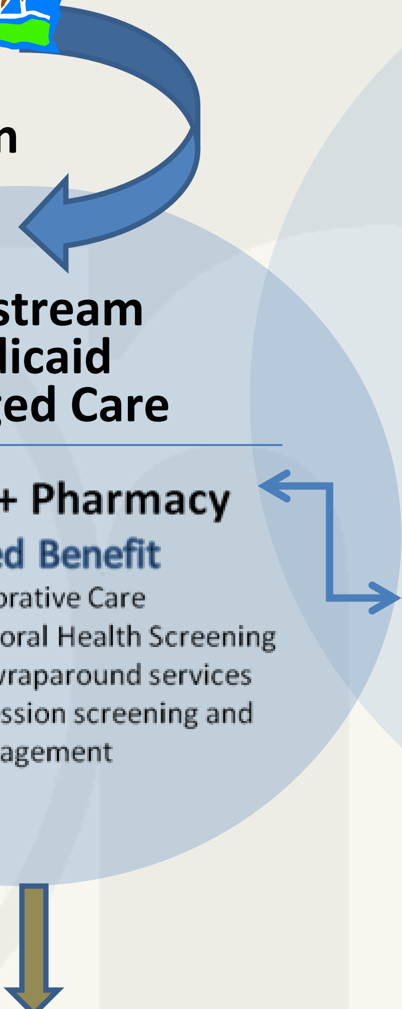
- Shared leadership: OMH, OASAS, OCFS, DOH
- Preliminary model approved by Kids MRT group last November
- Model builds on existing provider network
- Currently incorporating feedback from Kids MRT and stakeholders
- Bridging with Adult Design Workgroup

Children's Specialty Medicaid Managed Care:

All Medicaid Enrolled Children

(Age: 0-20 yrs)

Mainstream Medicaid Managed Care



Qualified Specialty Entity

(BHO or Qualified Mainstream Plan)

All BH Specialty and Foster Care

- Capacity for entire Foster Care benefit (Agency Care)
- Inpatient BH
- Outpatient BH
- Case management/care coordination/health home/OMH & B2H waiver services
  - Crisis avoidance, management & training
  - Family support
  - Skills building for the child & family
  - Respite (planned & crisis)
  - Pre-vocational and employment
- Peer support
- Medication management
- Consultation
- Medicaid BH services billed by LEA's
- Residential treatment facility and CR(OMH/OASAS)

Medical Providers

Care Integration

Children's Specialty Providers and Networks

- Services
- Care coordination/Health Home

Why re-think the mental health system in New York ?

- Our resources are not in the optimal alignment with what we KNOW promotes Early Care Access, RESILENCY and RECOVERY.
- Current model is still the 1840's model…State Operations is heavily reliant on long term inpatient care.

Snapshot of Competing Pressures Relative to State Hospital Size and Role

Maintain or Expand Hospital Care

Public Misperceptions of Mental Illness

Historic Dependency of Localities on State Psychiatric Hospitals

Improved Community Treatment Means Fewer People Need Hospital level care

Olmstead Decision – Most Integrated Setting

Inclusion of Specialty Behavioral Health in Medicaid Managed Care and Affordable Care Act

Reduce and Specialize Hospital Care. Expand Accountable Community Care

State Operated Services

- Adult Psychiatric Centers (15)
  - 2970 Census
  - 134 Community programs (e.g. clinics)
- Children's Psychiatric Centers (4 PC's/6 units)
  - 403 Census
  - 70 Community programs
- Forensic Psychiatric Centers (5)
  - 964 Census
  - 25 Satellite ("outpatient") units in prisons
- Research Facilities (2)

New York State Office of Mental Health

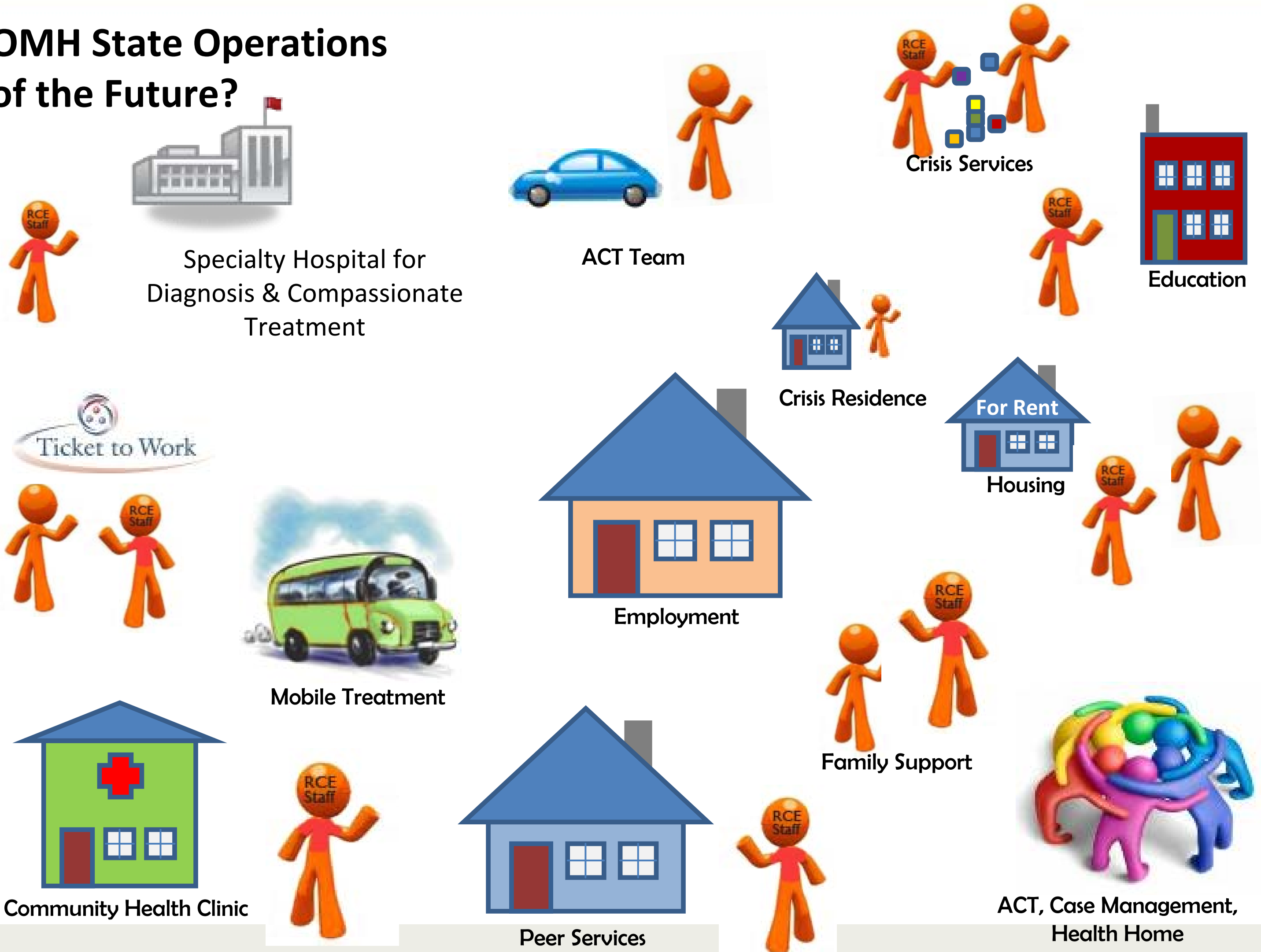
Psychiatric Centers and Research Facilities

- Adult Psychiatric Center
- Adult/Child Psychiatric Center
- Adult Psychiatric Center with SVP
- Children's Psychiatric Center
- Children's Psychiatric Unit
- Forensic Psychiatric Center
- Psychiatric Research Facility

Why is specialty treatment for those with the most serious mental illness not regionalized as it is with all other major diseases?

Home
So, why change?
Regional Centers of Excellence
So, what about RCE?
What does it look like?
Our Current Footprint
Listening Tour
Tour Dates & Sites
Register to Attend
Send Us Your Comments
Contact Us
Updates
Workforce
Publications
Links

OMH State Operations of the Future?



OMH Regional Centers of Excellence

- Long term role for OMH
- A Regional Centers of Excellence model would
  - Be an integrated health network, providing the most advanced diagnostics, treatment, and support services available for adults with serious mental illness or children with serious emotional disturbances and their families
  - Target inpatient to diagnose and treat the most complex forms of mental illness (much smaller capacity than today).
  - A ROBUST network of state-operated community treatment and support services.
- Affiliated with University Programs for Psychiatry, Psychology, Social Work and Nursing.
- Shortening the time from research to practice.
- Offering a pathway to keep those who come to NY for their education to stay in NY to practice.

The past is
like an anchor
holding us back…..

WE have to LET GO of
who WE are to
become

who WE will be