

# New York City Department of Health and Mental Hygiene Bureau of Mental Health Recommendations

August 2, 2011

**As New York moves toward managing mental health and addiction treatment services and increasing integration of behavioral and physical health care, interim regional behavioral health organizations (BHOs) will be established beginning in Fall 2011 to facilitate the transition to care management and to improve appropriateness and continuity of inpatient care. What suggestions do you have for this interim period?**

- The interim regional BHOs should (to the extent possible) obtain an accurate picture of the regional inpatient behavioral health service utilization and the quality of care coordination for people with behavioral health needs.
- Through its proposed role in data review and communication with hospital discharge planning staff, the BHOs will be in a good position to inform the State and relevant localities about service gaps and unmet needs that may result in readmissions or multiple emergency room visits by some consumers.
- Through its role in facilitating cross-system linkages, the BHOs will likely be able to learn about opportunities for improvement and share information that would be pertinent to developing an effective care coordination strategy for individuals who will be enrolled in managed behavioral healthcare under Phase 2. This information and data should be shared widely among all relevant entities including local counties, providers and the public.

**What should OMH and members of the Behavioral Health Subcommittee of the Medicaid Redesign Team (MRT) take into account as it considers strategies for integrated, managed behavioral (mental health and substance abuse) services, for co-locating behavioral services with physical health care, for integrating peer supports, for guiding the development of health homes, and for other innovative approaches to improving the coordination of physical and behavioral health care?**

- All elements and process within New York's new system of care must be consumer-friendly such that care is easily accessible, flexible, seamless and related to the specific needs of people with serious mental illness.
- Prioritize the adoption of health information technology (HIT) as a lynchpin of integrated care delivery.
  - HIT will foster inter-provider communication and collaboration, and enable accountability for the quality care delivery.

- Integrate peer supports to the fullest extent possible.
  - People receiving behavioral health care should have access to peer specialists at various points in their involvement in the behavioral health system.
  - Peers should play an important role in facilitating service engagement, linkages to social services and promoting/ providing self-management skills.
  - Each health home should have an acceptable ratio of peers to consumers that would enable peers to be involved in an array of activities related to consumer care.
- Integrate mental health and substance abuse treatment.
- OMH should collaborate with the MRT to establish quality operational standards and guidelines for health homes.

**What do you suggest to ensure truly integrated care? That is, what recommendations do you have to bring physical and behavioral health care together to improve the health and quality of life for people engaged in care?**

- Providing people with mental illness in New York City with high-quality, integrated care and facilitating appropriate outcomes requires the following. (These priorities can be advanced by promoting integration in a setting that serves as the point of accountability for an individual’s health care.)
  - More use of basic screening/prevention and successful referral strategies across all care settings
  - More meaningful collaboration between the primary and specialty health care disciplines to help promote most effective care for individuals with mental illnesses
  - Greater emphasis on care management to help individuals identify appropriate providers and take appropriate actions to promote their well-being
  - Better communication of relevant clinical information among all providers involved in an individual’s care
- Cross-train provider staff at all levels in medical and mental health care practices, particularly on mental health screening tools and chronic disease indicators.
  - These indicators should be incorporated into the use of evidence-based practices around health/wellness and mental health treatment.

**What elements would you like to see included or not included as part of managed networks of behavioral care, as well as in health homes?**

- People who receive behavioral health care should have seamless access to physical health services as well as necessary rehabilitative services such as education, employment and housing and social service benefits.

- While these services do not necessarily need to be part of the managed network of the Plan that handles behavioral healthcare, the Plan and/or its provider network should establish strong linkages with such service providers to ensure seamless referrals and service engagement.
- Prioritize the adoption of HIT as an essential component of integrated care delivery.
- Develop standardized care plans that incorporate all physical and behavioral health needs of individuals and will foster a holistic approach to care.
  - Monitor these plans for quality assurance and use them as a tool to foster provider accountability.

**What suggestions would you offer to move New York closer to evidence-based, person-centered, family focused care based on the principles of recovery and resiliency?**

**Systems Level**

- Create guidelines regarding implementation of recovery practices within healthcare reform.
- Provide opportunities for consumer education on healthcare reform and solicit consumer input.
- Include peers at all levels of system, program and policy planning and research.
- Create more peer run services, peer run agencies and include more peers in the provision of services.
- Support individual recovery by providing opportunities for community integration and stability such as home ownership, employment, education, social integration, etc.
- Adopt a change in language that is more recovery oriented when describing consumers and services.
- Support activities that promote prevention such as promoting advanced directives and providing comprehensive crisis services (e.g., peer run alternatives to hospitalization).

**Programming**

- Develop recovery-oriented indicators to measure individual and programmatic outcomes.
- Strengthen recovery-oriented program evaluation based on recovery-oriented outcomes in the areas of employment, community integration, number of healthy days, attainment of desired life goals, obtaining and performing meaningful roles, and etc.
- Hold programs accountable for producing favorable outcomes.
- Ensure all programs are able to provide culturally and linguistically competent services that address wellness, employment, family integration, harm

reduction/substance use, mental health, trauma, economic self-sufficiency, and self-agency.

### **Education/Workforce Development**

- Create certification of New York State Peer Specialist role to maximize peer workforce development.
- Create guidelines for social work schools and licensing entities to follow that require recovery education.
- Include tenets of recovery, integrated care and evidence-based practices such as motivational interviewing within these guidelines.