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# IOCC

April 2012

Inter-Office Coordinating Council

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NYS Office of Alcoholism and Substance Abuse Services  
Arlene González-Sánchez, Commissioner,  
IOCC Chair



NYS Office of Mental Health  
Michael F. Hogan, Ph.D., Commissioner



NYS Office for People With Developmental Disabilities  
Courtney Burke, Commissioner

## 2011 Report of Activities

## Background

The Interoffice Coordinating Council (IOCC) is a statutorily created body under Section 5.05(b) of New York State Mental Hygiene Law. This Report is submitted in accordance with Chapter 294 of the Laws of 2007, requiring the IOCC to issue an annual report on its activities to the Governor and the Legislature. A major aim of the IOCC is the elimination of barriers to accessing care and to improving coordination of services for people with disabilities, particularly those served across multiple agencies.

This Report highlights the collaborative efforts by the three state mental hygiene agencies to address the needs of New Yorkers with co-occurring disorders and multiple disabilities undertaken during 2011. The Report also underscores the importance of ongoing efforts to further the integration and alignment of agency structures and functions to improve outcomes for individuals and their families served by the state mental hygiene agencies.

Representatives from the Department of Health (DOH), State Education Department (SED), Office of Children and Family Services (OCFS), and the Developmental Disabilities Planning Council (DDPC) participate as ad hoc members of the IOCC. In 2011, the IOCC held public meetings on March 10 and June 15 and approved ten Community Services Director appointments in the following counties: Albany, Chenango, Cortland, Delaware, Montgomery, Nassau, Saratoga, Suffolk, Tompkins and Ulster. Four additional counties are submitting further information and/or decisions are pending including: Madison, Schoharie, St. Lawrence and Yates.

## New Initiatives

### Redesigning the Medicaid Program

Governor Andrew Cuomo has demonstrated an ongoing commitment to ensuring that the behavioral health population receives the highest quality of care, while achieving greater efficiencies and cost effectiveness. Efforts continue to develop a managed system of integrated care and care coordination that provides quality services. A significant number of individuals served by addiction treatment programs have co-occurring mental health issues. Care coordination is viewed as essential to successfully provide individuals with effective, integrated and cost effective co-occurring services. Failure to integrate substance abuse and mental health treatment can lead to relapse, psychiatric emergencies and costly overuse of hospitalization.

A key component of Governor Cuomo's agenda includes increasing the quality and efficiency of the Medicaid program, while at the same time reducing costs. The Governor established a Medicaid Redesign Team (MRT), comprising key stakeholders, including OASAS Commissioner Arlene González-Sánchez, OMH Commissioner Michael Hogan, OPWDD Commissioner Courtney Burke and DOH Commissioner Dr. Nirav Shah. The MRT has provided a wide range of recommendations to the Governor for improving the system including transitioning Medicaid services from a fee for services system to one that is fully managed. In conjunction with DOH and under the leadership of the Governor's Medicaid Redesign Team, each IOCC agency has worked to insure that vital services are integrated into primary care practice.

As part of the Governor's focus to help ensure that all communities receive access to treatment that is ethnically and linguistically appropriate, a Health Disparities Workgroup was established, co-chaired by Commissioner González-Sánchez and Elizabeth Swain, CEO of Community Health Care Association in NYS. This subcommittee was charged to address health disparities among people with disabilities, including behavioral health disorders and their need for equal access to primary and preventive health care services. The workgroup advised DOH on various issues including establishment of reimbursement rates to support provider efforts to offer culturally competent care. This assistance was designed to address health disparities based on race, ethnicity, gender, age, disability, sexual orientation and gender expression.

An important component of Medicaid Redesign involves the collaboration of OASAS and OMH in contracting with five regional Behavioral Health Organizations (BHOs). The BHOs will play an important role in

transitioning from the existing unmanaged fee for service system to a managed behavioral health services environment. The BHOs will monitor the utilization of inpatient mental health, detoxification and substance abuse rehabilitation services that are currently carved out of mandatory Medicaid managed care. As envisioned, the BHOs will collaborate with OASAS, OMH, Local Governmental Units (LGUs), providers, and consumers to ensure that individuals receive necessary support and care. The BHOs will work with Health Homes as they are implemented to assist individuals suffering from multiple disabilities including substance abuse, mental health issues and physical disabilities.

As part of the initial phase of the BHO initiative, OASAS and OMH met with stakeholders, delineated major functions, and identified an implementation timeframe. The agencies jointly released a request for proposals seeking applications for the provision of Medicaid fee for service administrative and management services in five regions of the state. In September, the agencies announced conditional awards for the NYC, Central, Western, Long Island and Hudson River regions. Implementation of the BHOs is planned in two phases, with the initial phase focused on coordinating behavioral health services and reducing system fragmentation.

OASAS implemented Ambulatory Patient Groups (APGs) in July 2011 as part of the effort to reform Medicaid reimbursement and rationalize behavioral health service delivery in New York State. The implementation of APGs is viewed as an integral component of the movement towards a one outpatient system of care. APGs support a range of medically necessary clinical services for patients to promote recovery from chemical dependence. The APG methodology supports integrated substance use, mental health, and physical health services through a common ambulatory Medicaid payment structure. Two new services involving the collaboration of OASAS, OMH, and OPWDD include medication management and complex care coordination. These services permit programs to provide medication-supported recovery and improve coordination of care between disabilities. As designed, programs will be able to choose the appropriate service for a patient and be reimbursed based on the intensity of the resource to deliver that service. The three IOCC agencies and DOH collaborated to ensure consistency between settings while allowing flexibility in the categories and codes to preserve the uniqueness of each. The APG initiative was budget neutral and the methodology will distribute payment to outpatient providers in a manner that supports the appropriate service based on the actual cost/resource to deliver such.

### Tobacco Dependence Treatment

OMH has identified tobacco dependence treatment as a major strategy for wellness and recovery. In collaboration with OASAS and DOH along with a coalition of advocacy and recipient stakeholders, early adopters, trade representatives and research experts, OMH established the New York Performance Partnership for Wellness and Smoking Cessation. The Partnership has created an action plan to reduce prevalence among people with behavioral health disorders in New York State. Almost half of the cigarettes smoked in the United States are smoked by people with serious mental illness and substance use disorders. People in these groups are dying earlier than the general population, often as a result of tobacco use. From statewide data collected from providers by OMH, the NYS Partnership adopted a baseline measure: 30 percent of people with serious mental illness smoke and 50 percent with mental illness and substance abuse disorders smoke. The Action Plan includes the goal to reduce tobacco use in each of these groups by 10 percent by the year 2015. In an effort to increase communication among the partners, a Tobacco Cessation Listserv has been designed, workgroups formed and a learning collaborative established.

### On-Going Initiatives

#### Coordinating Care for Co-Occurring Disorders

During 2011, OMH and OASAS continued to collaborate on improving care to meet the treatment needs of persons with mental health and addiction needs. An estimated 35 percent of those admitted to OASAS certified treatment programs have a diagnosed mental illness, while only 10 percent receive treatment for both addiction and mental illness, and even fewer receive evidence-based integrated treatment. OMH and OASAS have

continued efforts to improve the effectiveness of screening and assessment, creating meaningful standards for quality of care, and eliminated regulatory barriers. This collaboration has strengthened integrated care across the state with services that are more effective for mental illness and addiction. Through a Memorandum of Understanding (MOU), both agencies have emphasized the importance of integrated care for those with co-occurring mental health and substance use disorders. Providing integrated care is viewed as essential for success in resolving the principal diagnosis that made admission necessary. In addition, OASAS and OMH have initiated efforts to integrate substance abuse services and mental health services in primary care settings.

The Focus on Integrated Treatment (FIT) is a collaborative training effort between the Center for Practice Innovations at Columbia Psychiatry, OASAS and OMH. The training is designed to assist practitioners gain a firm foundation in evidenced-based integrated treatment for co-occurring disorders, including screening and assessment, stage wise treatment, as well as motivational interviewing. Additional modules help clinical supervisors develop their supervisory skills and guide agency leaders to help ensure sustainability of integrated treatment.

#### OPWDD People First Waiver

Included in OPWDD's Statewide Comprehensive Plan for 2011-2015 is the outline for a new strategic direction that will be facilitated through the development and implementation of an 1115 Research and Demonstration Waiver called the People First Waiver. All Medicaid services and supports for individuals with developmental disabilities will ultimately be funded and managed through this new waiver agreement between New York State and the Centers for Medicare and Medicaid Services (CMS). For individuals with developmental disabilities and their families, this means that access to services will be easier and that there will be greater opportunities for choice and control over supports. Through redesigning the system, the goal is to serve New Yorkers holistically through provision of long-term supports traditionally funded by OPWDD along with physical health, mental health, substance abuse and other supports across systems. This initiative will expand the capacity of home- and community-based clinical and behavioral supports to enable individuals to transition to the community successfully and receive services in the least restrictive setting.

#### Wellness Self-Management Plus

During 2011, OMH and OASAS continued to collaborate with the Center for Practice Innovations at the New York State Psychiatric Institute, regarding a statewide initiative to promote wellness self management for adults with both mental health and substance use problems. A fifteen-month learning collaborative was completed and plans are currently underway to make the Wellness Self-Management Plus curriculum available to all OASAS and OMH programs across the state.

#### Clinical Records Initiative

Both OASAS and OMH continue to work closely on the New York State Clinical Records Initiative (NYSCRI). This initiative offers a standardized and integrated clinical case records form set designed for select non inpatient programs regulated by OMH and OASAS. The NYSCRI form set was developed over a two-year period through active partnership and collaboration among OMH, OASAS, and a variety of providers from the Long Island area.

When properly implemented by clinicians and supported by a provider's leadership team, NYSCRI affords a number of advantages to providers, including technical assistance; enhanced compliance with state, federal and accreditation requirements; support for medical necessity documentation; improved use of clinician time; and compatibility with either electronic health records formats or with paper version case records.

#### OMH and OCFS Collaboration

The agencies continued collaborative efforts to address the chronic need for community-based mental health alternatives in Brooklyn for children and their families, and the lack of intensive residential treatment in New York City for court involved youth with mental health problems. Implementation of a plan will occur over a

three-year period.

### Fetal Alcohol Spectrum Disorders

As part of the OASAS effort to promote SBIRT (Screening, Brief Intervention & Referral to Treatment), a new webpage and curriculum for health care professionals was developed in 2011, which includes information on FASD and screening pregnant women for alcohol use. An Interagency FASD Workgroup co-chaired by OCFS and the Council on Children and Families (CCF), has been established to advance interagency collaboration and coordination. In 2011 a new “FASD Basics” brochure suitable for families, oriented towards waiting rooms of health care and human services agencies, was developed in English and Spanish and is being expanded to other languages.

### OPWDD Aging Collaboration

In New York State, the over 65 population is anticipated to grow by 60 percent between 2000 and 2030. By the year 2015, people aged 60 and over will make up 25 percent of the population in 52 of New York's 62 counties. At the same time, approximately 3,500 people over the age of 60 with developmental disabilities are receiving services from OPWDD in their homes and in the community. In an effort to reach families and caregivers living with aging individuals with developmental disabilities, OPWDD has partnered with the New York State Office for the Aging (NYSOFA) to create Aging in Community, a program designed to share successful strategies for remaining at home in a safe and healthy environment.

### Interagency Task Force on Autism

Responding to the increasing incidence of Autism and Autism Spectrum Disorders (ASDs), OPWDD established a comprehensive platform to improve treatment and services for people with ASDs. The platform is designed to address ASDs on multiple fronts including increasing research; improving family and individual supports; coordinating service delivery from multiple service systems as well as uniting public, private and nonprofit interests. An Interagency Task Force on Autism was charged with examining New York's service systems' ability to meet the needs of individuals with ASD and their families with appropriate and coordinated services. In addition to OPWDD, the Task Force includes leaders from DOH, SED, OMH, OCFS, OASAS, Council on Children and Families (CCF), Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD) and the Developmental Disabilities Planning Council (DDPC). The State Insurance Department serves as an ex-officio member.

### Most Integrated Setting Coordinating Council

The Most Integrated Setting Coordinating Council (MISCC) is a statutorily created council that is developing and implementing a plan to ensure that all people with disabilities receive services and supports appropriate to their needs in the most integrated setting. OPWDD chairs the MISCC, which comprises ten state agencies and nine appointed individuals representing people with disabilities, families, advocates, and service providers. This collaboration provides opportunities to address cross-system issues including improving mobility, employment opportunities and access to housing and community services for persons with disabilities. For the past several years the MISCC has identified housing, transportation and employment as top priorities for its plan. OPWDD, OMH and OASAS participate on the Housing, Employment, and Transportation committees. The plan covers the period of 2010-2012 and identifies goals in the areas of housing, employment, transportation, and long-term care.

### Coordinating State and Local Planning

The IOCC's Mental Hygiene Planning Committee represents a partnership among OASAS, OMH, OPWDD, and the Conference of Local Mental Hygiene Directors (CLMHD). The Committee's primary objective includes developing an efficient, integrated, uniform local planning process that helps to identify and quantify current and emerging needs, support local management and coordination, foster the continued development of person-centered services, and ultimately inform state policy and budget decisions. State Mental Hygiene Law requires that OASAS, OMH and OPWDD guide and facilitate an annual local services planning process. It also requires

each LGU to conduct a participatory local planning process that results in the development and submission of a local services plan to each mental hygiene agency. The plans not only identify local long-range goals and objectives that are consistent with statewide goals and objectives, they also inform each agency's statewide comprehensive planning process. These requirements provide a strong basis for a state and local partnership in the planning of mental hygiene services.

### Workforce Training and Development

The availability of a competent and qualified workforce continues to be a significant issue for the mental hygiene service systems, particularly given demographic trends which point to an aging workforce. As a central theme for promoting workforce growth and development, OASAS continues to embrace the concept of making the addictions field a "profession of choice." The agency has moved forward with a multi-faceted program to strengthen the recruitment and retention of addictions professionals and support employee-centered work environments.

In July 2011, OPWDD announced the formation of the Developmental Disabilities Talent and Development Consortium, a group tasked with the development and implementation of new standards for direct support professionals statewide. The first project of the consortium will be to deliver a report on core competencies required to modernize the state's model of service for individuals with developmental disabilities. The consortium will also develop a training and development plan to support direct support professionals in mastering the competencies, as well as forecast talent development trends in the field of developmental disabilities.

### **Moving Forward**

The strong partnership among the three Mental Hygiene commissioners has made the IOCC a valuable forum for enhancing interagency and cross-systems collaboration at both the state and local levels. By improving coordination, streamlining access and redesigning services, IOCC member agencies are enhancing care and supports for individuals and families throughout New York State. During 2012, the IOCC will continue fostering collaboration among its state and local partners so that New Yorkers with multiple disabilities receive integrated and coordinated services and supports.