IOCC

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Inter-Office Coordinating Council

NYS Office of Alcoholism and Substance Abuse Services
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2012 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 in 2012 to address the needs of New Yorkers with co-occurring disorders and multiple disabilities. The reports primary focus includes the 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.

In 2012, the IOCC approved seventeen Director of Community Services appointments (permanent and interim) in the following counties: Cayuga, Lewis, Livingston, Montgomery, Ontario, Orange, Putnam, Schoharie, Schuyler, St. Lawrence, Steuben, Tioga, Tompkins, Ulster, Wayne, Wyoming and Yates.

Redesigning the Medicaid Program

The Medicaid Redesign Team (MRT) was tasked to find ways to reduce costs and increase quality and efficiency in the State's Medicaid program. Part of the Behavioral Health reform of the MRT is to phase out uncoordinated fee-for-service behavioral health and replace it with a managed system that will encourage appropriate utilization of services, improve care coordination, and reduce costs. The State has contracted with selected Behavioral Health Organizations (BHOs) charged with improving engagement in treatment following discharge from acute care settings (inpatient mental health, substance use disorder inpatient detoxification and chemical dependence inpatient rehabilitation) and reducing readmissions to such settings. OASAS worked with OMH to implement Phase I of the BHO's beginning in January 2012. The Offices focused on reviewing BHO operations, quarterly reporting and monitoring of provider relations. To track the implementation of this first phase**,** in September of 2012 performance metrics for BHOs were created to emphasize improving rates of timely follow-up treatment post discharge, timely filling of appropriate medication prescriptions post discharge, and reducing rates of readmission. This set of reports contains 35 measures of performance across these domains so that the State can monitor changes in performance on these metrics over time. The BHO Performance Metrics Portal includes reports that track performance measures derived from aggregated Medicaid claims data pertaining to the provision of mental health and substance use disorder services.

For 2013, the Offices will continue to monitor the data from the BHO's. The second BHO phase will involve the enrollment of all Medicaid recipients in a Managed Care program for their behavioral health needs. Currently, the Offices, along with DOH, OCFS and the NYC DOHMH are working to design the various aspects of the system for implementation, currently planned for 2014. The Offices have contracted with the Mercer consultant group for their assistance in designing the system.

OASAS implemented Ambulatory Patient Groups (APGs) as part of the overall State effort to reform Medicaid reimbursement and rationalize behavioral health service delivery in New York State. During 2012 OASAS continued to work with its APG Steering Committee; and, APG Clinical Workgroup to refine the OASAS implementation process. Refinement efforts included releasing a comprehensive web based APG clinical and billing refresher training; developing on-line FAQS; releasing a survey to gauge providers' experiences in implementing APGs and identifying target areas that need additional support; as well as successfully advocating for an upward adjustment to the APG Medicaid reimbursement amount for peer counseling services delivered on-site in an OASAS certified Part 822-4 clinic or Part 822-5 Opioid treatment program.

Individuals receiving mental health or substance use disorder services should have access to such care regardless of a program's primary focus or license. Various efforts have been employed to address this issue including clinic reform, establishment of clinic guidelines for high quality care, as well as efforts to improve the integration of licensure requirements. Additionally, physical and behavioral health problems often occur simultaneously. Individuals with behavioral health disorders frequently suffer from chronic illnesses such as hypertension, diabetes, obesity, and cardiovascular disease. These illnesses can be prevented and are treatable; however barriers to primary care, as well as the difficulty in navigating complex health care systems, present major obstacles. By facilitating the co-location and integration of physical health and behavioral health services, New York State is seeking to reduce preventable hospital utilization among people with mental illness and substance use disorders, and improve their overall health status and quality of life.

People First Waiver

As part of Medicaid Reform, the Office for People With Developmental Disabilities (OPWDD) in consultation with the Department of Health (DOH) has begun the process of seeking significant programmatic and fiscal improvements to the service system through the development of the "People First Waiver." The new system includes:

- A "no wrong door" approach that enables people to access supports and services through multiple points of entry;
- Coordinated care organizations that assist individuals with the coordination of all of their Medicaid and other service needs;
- A quality framework based on personal outcomes and proven health and safety measures;
- An infrastructure that ensures fiscal sustainability while providing more flexible supports and service options to individuals in the least restrictive setting; and
- Expanded capacity to provide appropriate clinical, behavioral, and medical supports to more people in community settings.

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.

At the beginning of the People First Waiver, focused case studies will test the interRAI ID tool and new assessment protocols to determine how the tool can best be used to achieve these goals. Over the next several years, OPWDD will begin to implement the new needs assessment for people entering the service system for the first time and develop a plan for assessing individuals who currently receive services. Reassessment will be phased in over many years and will be carefully implemented to ensure that people's lives are not disrupted and their needs remain supported. Use of the interRAI Assessment Suite will link OPWDD's service system with DOH and a unified data warehouse that supports establishment of "No Wrong Door" access to services. DOH is currently in the beta testing phase of its Uniform Assessment System (UAS) with the interRAI Community Health Assessment (CHA) at its core.

In June 2012, OPWDD began hosting "Innovative Ideas Workshops" intended to provide an opportunity for individuals, family members, staff from voluntary service provider agencies and others to learn about the innovative, collaborative ideas service providers are generating as they prepare for operations under the People First Waiver. The workshops were intended to generate conversation and a broader shared understanding throughout the service system about what is possible, thereby resulting in even more ideas for improving the person-centeredness and effectiveness of the service system.

Behavioral Health Services Advisory Council

In 2012, modifications to the Mental Hygiene Law were enacted including Section 5.06 establishing the Behavioral Health Services Advisory Council (BHSAC), which assumes the responsibilities of the OASAS Advisory Council on Alcoholism and Substance Abuse Services and the OMH Mental Health Services Advisory Council. This new council will advise OASAS and OMH on matters regarding the provision of behavioral health services. The BHSAC will comprise 28 members including consumers of behavioral health services, family members, providers of services, individuals with experience serving veterans with mental health and substance use disorders, State/local governmental agency representatives and members of DOH's Public Health and Health Planning. Council membership is subject to nomination by the Governor and confirmation by the State Senate. In addition to advising the agencies on matters related to behavioral health service delivery, the BHSAC will provide guidance on the financing of behavioral health services, integration of behavioral health services and primary health services to individuals with co-occurring disorders, prevention of behavioral health disorders as well as improving care to people served by the behavioral health system.

Coordination of State and Local Planning

On September 6, 2012, OASAS and OMH held the first-ever joint public hearing on their Statewide comprehensive plans. The public hearing was held via videoconference among seven locations across the State The public hearings were designed to allow counties, providers, stakeholders and service recipients the opportunity to offer input for consideration in the development of the OASAS and OMH Statewide comprehensive plans, ongoing planning initiatives and anticipated integration of future Statewide planning efforts. The joint public hearing represents a significant step in transitioning the addictions and mental health systems towards the delivery of more integrated services for New Yorkers. The Mental Hygiene Law authorizes OASAS and OMH to develop a joint Statewide Comprehensive Plan and the OASAS and OHM Statewide comprehensive plans include a common chapter that highlights collaborative initiatives between the addictions and mental health systems. A common chapter, contained in both agencies plans for 2012-2016 will help enhance coordination and collaboration between the two agencies and these joint efforts represent significant milestones in integrating the OASAS and OMH Statewide planning process.

Integration of the Federal Block Grant Plan

With the pending implementation of health care reform and affordable insurance exchanges, the Substance Abuse and Mental Health Services Administration (SAMHSA) encourages the submission of integrated mental health and substance use disorder Block Grant plans from States. OASAS and OMH are in the process of integrating their respective plans in the future.

Licensing Initiatives

As part of the Medicaid Redesign Team (MRT) Work plan, OASAS and OMH are proceeding with the Deeming Initiative designed to reduce survey activities for providers, while still maintaining proper oversight. In accordance with Mental Hygiene Law, the initiative is currently available to hospitals, and both OMH and OASAS

are focusing early efforts on inpatient services. For OASAS, the currently eligible programs are hospital-based Part 818 Inpatient Rehabilitation and Part 816 Medically Managed Detoxification programs. Both agencies have initiated efforts with The Joint Commission (TJC), which is the most prevalent accreditation agency among our hospitals.

In May 2012, OASAS announced a formalized agreement with TJC which permits eligible providers to avail themselves of a "deemed status" arrangement whereby the TJC survey and accreditation status will be used for OASAS recertification purposes. This message was also provided to the field through the Greater New York Hospital Association (GNYHA) and Healthcare Association of New York State (HANYS). OASAS still retains responsibility for the provider's compliance, and retains authority to conduct "for cause" inspections, validation surveys and any other survey activities as indicated. Both OASAS and TJC are actively marketing this opportunity, with a number of hospitals already showing interest. Sign up is slow but steady, in part due to the fact that the opportunity occurs according to the hospital's TJC accreditation cycle, which is generally a three-year window. OASAS staff is proceeding with additional outreach to eligible hospitals to ensure they are aware of the process to request deemed status. OASAS views this is an opportunity to begin "deeming" on a manageable scale, and will assist in our assessment of opportunities to broaden the scope (e.g., community based services, outpatient services) in the future.

Integrated Licensing

The Integrated Licensing Project recognizes the inefficiencies in the current fractured system of ambulatory care by allowing clinics with an established record of quality to meet the full range of its patients needs. The goals of this project include: (1) providing better care by allowing ambulatory clinics to provide a full range (behavioral and physical health) of services in a single location; (2) reducing administrative burden and promoting a more efficient use of State resources by allowing primary oversight of a provider of integrated services by a single State agency; and (3) establishing a single set of standards under which integrated providers will operate and be monitored. As of the autumn of 2012, twenty eight hospitals began to provide integrated care to adults. Additionally, OMH has been conducting mental health screenings of children in primary care settings to assure this population received the services they may need. Since July 2012 there have been over 7000 such screenings of children.

OASAS, OMH and DOH are working with a sub-group of pilot providers. A key focus of the OASAS pilots includes the use of a single, integrated record for behavioral health (substance use disorder and mental health) services. The agencies have developed an abbreviated certification application; and clinical, billing and administrative standards have been shared with the pilot providers. The first phase of project implementation is in its beginning stages. By the end of this fiscal year, the interagency group will assess the progression and provide recommendations on how to expand beyond the initial participants.

Call Center Consolidation

As part of the State's efforts to improve the quality and cost-effectiveness of State services, agency public information services are being consolidated into centralized call centers capable of using higher quality technologies and improved customer services. One of the proposed four State call centers will focus on addressing New Yorker's health and human services needs and will consolidate the current call center operations of the Office of Children and Family Services, Office of Temporary and Disability Assistance, Office of Mental Health, Office

of Alcoholism and Substance Abuse Services, Office for People With Developmental Disabilities, Divisions of Criminal Justice Services and Human Rights and the Department of Health.

Coordinating Care for Co-Occurring Disorders

During 2012, OMH and OASAS continued to collaborate on improving care to meet the treatment needs of persons with mental health/addiction needs. Quarterly meetings were held with dual recovery coordinators in the 12 counties funded by the Offices. The dual recovery coordinators work on a local level to increase access to integrated treatment, provide training to providers and support programs in developing capability to provide integrated co-occurring treatment. An estimated 45 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. 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.

OASAS and OMH also worked closely with the Focus on Integrated Treatment project to promote 35 existing web-based training modules and develop an adolescent module. Programs certified by OASAS and OMH can access the modules free of charge. The modules address clinical, supervisory and administrative issues in providing integrated services. OASAS and OMH also continued to work with the Center for Excellence in Integrated Care as they survey over 400 Mental Health and SUD clinic programs in all regions of the State. The surveys provided the State with the first assessment of co-occurring disorder capability, and in 2012 follow-up surveys provided evidence that programs that participated in the first survey improved capability scores significantly.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

OASAS was awarded a five year $ 8.3 million Federal grant to support SBIRT efforts. The screening phase was initiated in February 2012 with six STD clinics in New York City and the military population in the Watertown area. A State Policy Steering Committee co-chaired by OASAS and DOH has been established to assist with sustaining SBIRT efforts in a variety of healthcare settings. OMH is an active participant on the committee to sustain SBIRT.

Prevention Policy Academy

In September 2012, NYS was chosen as one of seven States for a SAMHSA sponsored Prevention Policy Academy. The primary intent of the academy is to reduce mental, emotional and behavioral disorders in youth. New York also placed a focus on developing and strengthening the data infrastructure necessary to inform policy decisions across the state. Specific academy goals include enhancing cross agency partnerships to support the development of a Statewide prevention infrastructure informed by prevention science, advancing Statewide prevention policies as well as implementing evidence-based interventions related to policies, programs, and practices. In addition, this year OASAS was included as part of the DOH State Health Improvement Plan (SHIP) development process.

OPWDD Aging Collaboration

OPWDD maintains long standing alliances with the New York State Office For the Aging (NYSOFA), OMH, and other State and voluntary agencies that help encourage future collaboration and improve service delivery and planning for older adults with developmental disabilities and their families. OPWDD continues to work with all of its partners to ensure continuous systems improvements; increased equity of access to needed supports and services; and advancements in identification, prevention, and treatment for individuals with developmental disabilities, as well as outreach and support to their families. OPWDD and NYSOFA are collaborating on communications through NY Connects and OPWDD regional offices to ensure older adults are more easily able to access information about services. OPWDD also participates in the Geriatric Mental Health Council, chaired by OMH and NYSOFA, in an interagency effort to advance geriatric mental health care.

Olmstead

In November, Governor Cuomo signed Executive Order 84 establishing an Olmstead Plan Development and Implementation Cabinet to provide guidance and advice to the Governor. The Cabinet, composed of state agencies providing services to people with disabilities, is charged with making recommendations to the Governor concerning the development, implementation and coordination of an Olmstead Plan. Recommendations must include but are not limited to:

1) identification of the essential requirements of compliance with Olmstead and the Americans with Disabilities Act;
2) assessment procedures to identify people with disabilities who could benefit from services in a more integrated setting and the development of a coordinated assessment process for individuals of all ages with disabilities in need of services;
3) measurable progress goals for achieving integrated residential living, including transition goals from segregated to residential housing, and employment opportunities for people with disabilities;
4) measurable goals for providing supports and accommodations necessary for successful community living;
5) statutory and regulatory changes to implement the Plan;
6) a coordination strategy for the work of State agencies and authorities to implement the Plan, including specific and reasonable timeframes for implementation;
7) actions to promote community understanding of and support for integrated residential living for people with disabilities;
8) other appropriate measures to achieve and implement a comprehensive and unified Plan; and
9) how best to maximize available resources in support of the Plan.

In developing recommendations for the development of the Olmstead Plan, the Cabinet must consult with the Most Integrated Setting Coordinating Council and seek the guidance and expertise of stakeholders, including, but not limited to, organizations that advocate on behalf of people with disabilities, providers of services to people with disabilities, associations concerned with housing and employment for people with disabilities, academic institutions and local governments, as well as solicit input from the public.

Workforce Training and Development

In order to improve the co-occurring competencies of Substance Use Disorder and Mental Health Practitioners, OASAS and OMH jointly developed an *Integrated Mental Health and Addiction Treatment Training Certificate* in conjunction with the developers of this curriculum, Center for Practice Innovations (CPI). Practitioners completing all 38 of the basic, intermediate and advanced competency Focus on Integrated Treatment (FIT) modules online will receive this Training Certificate which has recently been expanded to include tobacco educational modules specifically oriented to individuals receiving behavioral health services.

In 2012 OASAS and the NY State Education Department (Adult Career and Continuing Education Services-Vocational Rehabilitation) worked collaboratively to outline goals and implementation steps as part of its ongoing interagency relationship. In addition to making a joint presentation at recent Association of Vocational Rehabilitation in Alcoholism and Substance Abuse/National Rehabilitation Association (AVRASA/NRA) annual conference, the agencies are working together on a Statewide education and training webinar for the treatment field and designing applicable cross training sessions between treatment providers.

OASAS along with a subgroup of OASAS providers and Talent Management stakeholders, has developed an Addiction Counselor Scopes of Practice. The career ladder would require that all Credentialed Alcoholism and Substance Abuse Counselors (CASAC) performing clinical supervision duties have a degree and complete required Clinical Supervision training. It would also include a Master Level Counselor, requiring a Masters degree. OASAS plans to convene regional forums to obtain feedback from providers and stakeholders to develop an implementation plan for the Scopes of Practice, in order to identify and decrease potential obstacles, as well as increase adoption of the new guidelines.

OASAS is working collaboratively with the Governor's Office of Employee Relations (GOER) to launch the use of the Statewide Learning Management System (SLMS) in 2013 for Substance Use Disorder (SUD) prevention, treatment and recovery practitioners external to OASAS. The SLMS will automate the training processes and provide a lifetime learning record for all SUD professionals. In addition, the State and employers will be able to verify the training records of individuals providing care as a means to improve outcomes and protect recipients of services.

OASAS released a Request for Qualifications to identify entities that will be deemed eligible to certify Peer Advocates to provide and be reimbursed for Peer services in OASAS outpatient settings. Certification will require education, experience and supervision specific to peer services to ensure competent and ethical practices. This is a new form of reimbursable services in the OASAS continuum of services and is based on emerging national models that are recommending the implementation of more peer based interventions.

Helping people with developmental disabilities live richer lives is OPWDD's mission and the PROMOTE (Positive Relationships Offer More Opportunities To Everyone) training initiative provides direct support professionals with the tools they need to accomplish that mission. PROMOTE encompasses the best practices developed over the past decade, along with up-to-date teaching strategies and technologies designed to effectively engage learners. The PROMOTE initiative teaches direct support professionals how to promote a richer, fuller life for people with developmental disabilities; create a positive culture where team members work together effectively; support people who may be under stress or who are otherwise vulnerable and safely respond should a behavioral crisis occur. PROMOTE is based on the premise that people with developmental disabilities will live richer, fuller lives when relationship-based supports are provided, thus reducing the likelihood of challenging or dangerous behaviors that can result in injury, as well as damage to self-confidence and relationships.