New Approaches to Wellness
NYAPRS Annual Conference 2019

Ann Marie T. Sullivan, MD
Commissioner

October 4, 2019

Expanding Peer Services in NY State

Peer-Led Wellness

- **401 Peer-Operated Mental Health Programs in New York State**
- **New York leads the nation in individuals pursuing Peer Certification**
  - New Yorkers comprise 65% of all unique users registered with the Academy of Peer Services online training and testing platform. Over 10,000 New Yorkers.
- **Over 1,700 Certified Peer Specialists in New York**
- **Nearly 400 Family Peer Advocate Credentials Issued**
- **Youth Peer Advocate Credentialing Program Launched**
  - OMH is anticipating a significant increase in individuals seeking this credential as Youth Peer Support becomes a Child and Family Treatment and Support Service in 2020
- **Peers at Work: Impacted Adult Homes**
  - 66 Peer Bridgers from Community Access and Baltic Street deployed to develop mentoring relationships with adult home residents and assist with community integration and transition to supported housing.
- **New OMH Director of Consumer Affairs, Amanda Saake**

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Expanding Peer Opportunities at OMH

OMH recognizes the value of lived experience and welcomes applicants into our workforce. Peer perspectives and experiences bring a unique passion to our mission. OMH is looking to recruit candidates with lived experience who will help us to infuse the peer paradigm in <u>all aspects</u> of our operations.

<u>Application Procedure:</u>

Qualified candidates should forward a resume via e-mail to <u>omhhrm@omh.ny.gov</u> or to Nicole Swankey, NYS Office of Mental Health, Bureau of Central Office Personnel Services, 44 Holland Avenue, Albany, New York 12229.

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 supporting recovery for adults with serious mental illness and children with serious emotional disturbances. Applicants with lived experience are encouraged to apply. The New York State Office of Mental Health is an equal opportunity/affirmative action employer.

You are advised that, should you accept a job offer with the Office of Mental Health, you may be required to be fingerprinted and pay a fingerprint fee.

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OMH's Diversity and Inclusion Efforts: Leaving No-One Behind!

Strategic Plan for Cultural Competence: Driving agency-wide efforts to reduce disparities in access, quality, and treatment outcomes.

- Increasing and standardizing the expectations on community program's efforts to reduce disparities (assessment, use of data, increased clinical attention to the role of culture)

- Improving the usefulness of trainings related to diversity and inclusion

- Implementing targeted strategies to diversify the OMH workforce across the agency, additional focus on creating a work environment that is inclusive and supportive.

- Ensuring diversity in the Certified Peer Specialist candidate pool

- Increasing best practice approaches to language access services in peer/consumer run agencies

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New Approaches to Wellness

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What is OMH doing to foster wellness?

We are working to improve <u>life</u> outcomes for the individuals we serve.

- Wellness Self-Management
- Smoking Reduction and Cessation
- Integrated Care
- Addressing Opioid Use Disorder and K2
- Home and Community Based Services
- OnTrackNY

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Wellness Self-Management

Practicing Innovation: Wellness Self-Management

Wellness Self Management (WSM) is the Center for Practice Innovations'(CPI) curriculum-based practice which integrates three key areas:

- Recovery
- Mental health wellness and relapse prevention
- Living a healthy lifestyle and mental health recovery

Developed in New York State, used in PROS and other settings.

- 57 workbook lessons with a structured lesson format
- Wellness Self-Management Plus (WSM+) version emphasizes mental health and substance use issues throughout the workbook

Given the WSM/WSM+ emphasis on integrated, person-centered, culturally competent recovery-oriented care, CPI is now providing additional staff training and support for implementation.

- Training workshops for practitioners, focusing on skills for leading WSM/WSM+ groups
- Learning collaborative for PROS programs will begin this winter

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Practicing Innovation: WSM-Wellness Self Management Resources

- **Electronic versions of WSM and WSM+ workbooks**

- **Bound, paper copies of WSM and WSM+ workbooks**

- **WSM workbooks translated into Spanish, Chinese, and Korean**

- **WSM+ workbooks translated into Spanish**

- **Practitioners' Quick Guide to implementing WSM**

- **Online training module**

For additional information, please contact:

Paul Margolies, Ph.D. at Paul.Margolies@nyspi.columbia.edu

Wellness Self-Management

Personal Workbook

Hope

Choice

Involvement

Recovery

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Smoking Reduction and Cessation

Smoking Reduction and Cessation

- **Smoking continues to be the number one factor driving the 25-year average mortality gap** between individuals living with mental illness and the general population.

- **Tobacco use rates remain much higher in individuals with mental illness** than the general population, in both New York State and nationally.
  - **Individuals living with mental illness have mostly not benefited from public health interventions** that have decreased smoking rates in the general population.

- OMH helped advocate for the **NYS Medicaid policy that provides unlimited, barrier-free access to smoking cessation medications**.

- PCS Data shows a **decline in smoking rates among those living with mental illness in NY state, from 27% in 2013 to 23% in 2017,** but we still have a long way to go to address tobacco treatment for individuals living with mental illness.

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Smoking Reduction and Cessation: New Challenges

Increase in the usage of e-cigarettes and liquid nicotine among high school students.

- Nearly 40% of 12th grade students and 27% of high school students in New York State are now using e-cigarettes and high school use in 2018 (27.4%) is 160% higher than it was in 2014 (10.5%)
- Over 500 cases of severe pulmonary disease have been linked to use of e-cigarettes.

Last week, New York State implemented a first-in-the-nation ban on flavored e-cigarettes.

Smoking Reduction and Cessation: How?

- **CPI Focus on Integrated Treatment (FIT) created specific tobacco use treatment modules** for both prescribing and non-prescribing clinicians and continues to promote them in both OMH-operated and licensed programs.

- **CPI FIT-led learning collaborative to enhance smoking cessation treatment** in OMH-operated outpatient clinics and residences began year three in April 2019.

- **Toolkit to address smoking in behavioral health housing** settings under development.

- **New York State Behavioral Health Tobacco Summit** at Mt. Sinai School of Medicine: Recognizing Success-Restoring Urgency.
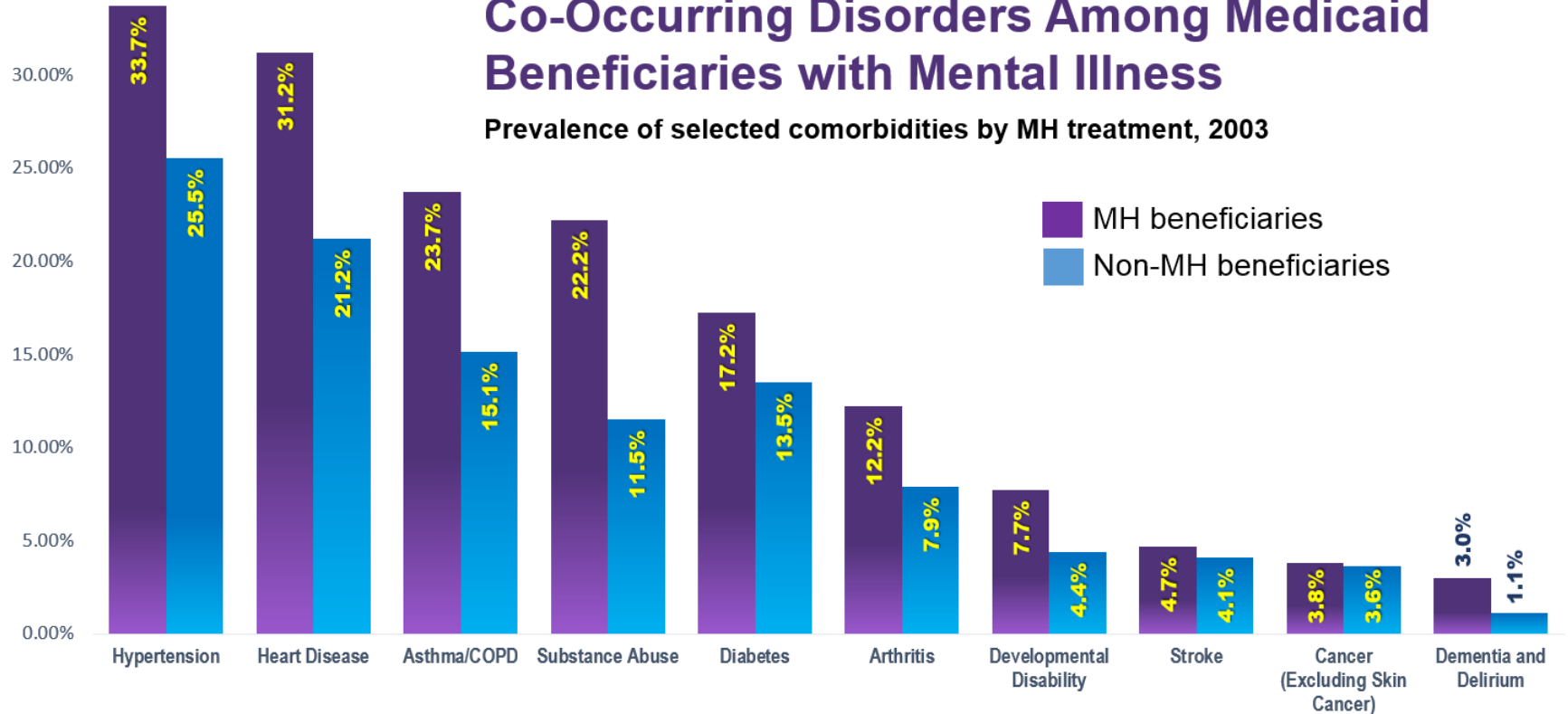
Smoking Reduction and Cessation: What's Next?

- **Need to collectively recognize the urgency of the problem and have full leadership buy-in from all agencies and organizations**

- **Need to provide increased access to available resources and tools for individuals living with mental illness to address tobacco dependence**

- **Increase peer involvement to address tobacco use in the population**

- **Mental Health prescribers in inpatient psychiatric hospital units and OMH licensed clinics will increase prescribing of NRTs and tobacco dependence medications**

- **Work with housing and residential providers to increase services and support clients to quit tobacco use**

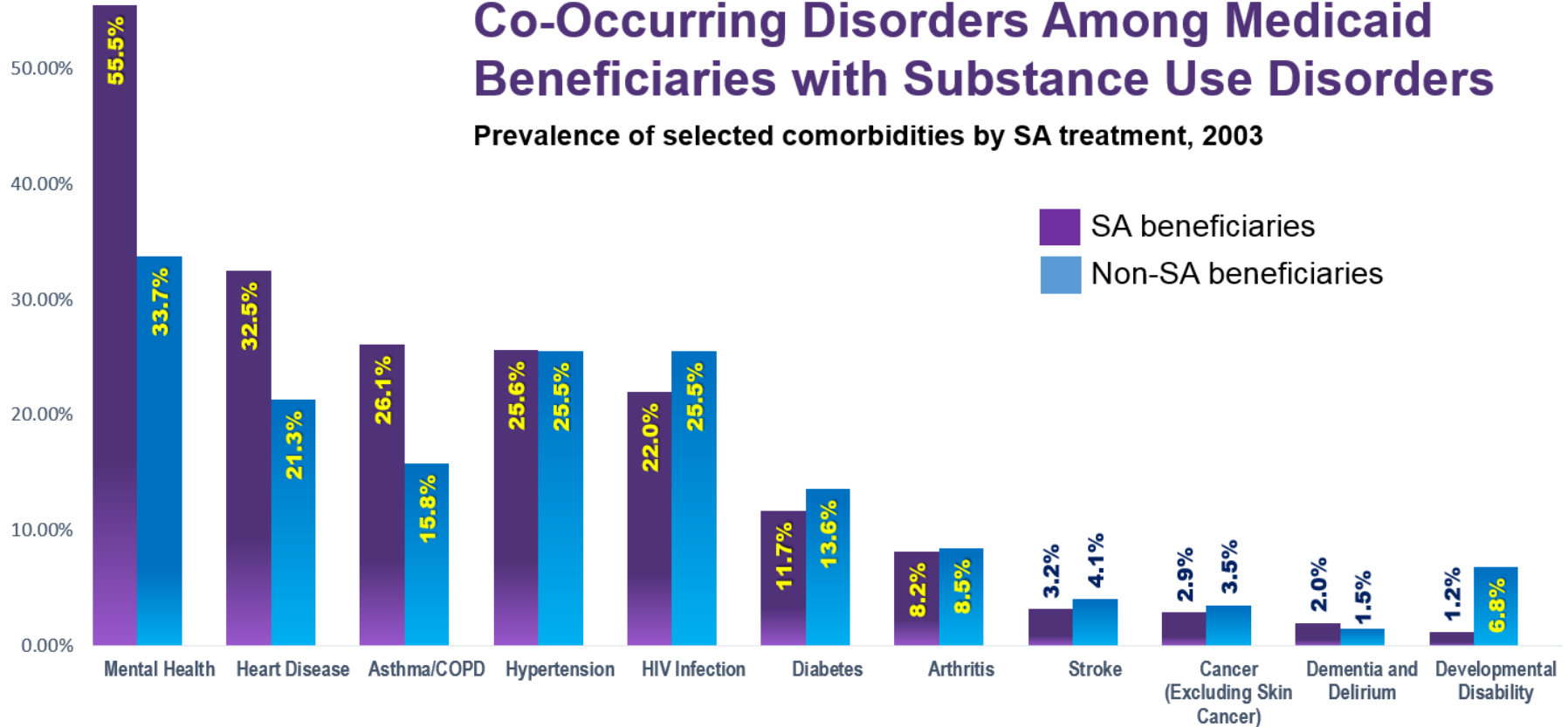- **Continue to enact policies for Tobacco Free grounds at Article 31's and OMH licensed residences**

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Integrated Care

Co-Occurring Disorders Among Medicaid Beneficiaries with Mental Illness

Prevalence of selected comorbidities by MH treatment, 2003

- MH beneficiaries
- Non-MH beneficiaries

Condition	MH beneficiaries	Non-MH beneficiaries
Hypertension	33.7%	25.5%
Heart Disease	31.2%	21.2%
Asthma/COPD	23.7%	15.1%
Substance Abuse	22.2%	11.5%
Diabetes	17.2%	13.5%
Arthritis	12.2%	7.9%
Developmental Disability	7.7%	4.4%
Stroke	4.7%	4.1%
Cancer (Excluding Skin Cancer)	3.8%	3.6%
Dementia and Delirium	3.0%	1.1%

Source: *United Hospital Fund, New York Beneficiaries with Mental Health and Substance Use Conditions, 2011*

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Co-Occurring Disorders Among Medicaid Beneficiaries with Substance Use Disorders

Prevalence of selected comorbidities by SA treatment, 2003

Legend: SA beneficiaries (purple), Non-SA beneficiaries (blue)

Category	SA beneficiaries	Non-SA beneficiaries
Mental Health	55.5%	33.7%
Heart Disease	32.5%	21.3%
Asthma/COPD	26.1%	15.8%
Hypertension	25.6%	25.5%
HIV Infection	22.0%	25.5%
Diabetes	11.7%	13.6%
Arthritis	8.2%	8.5%
Stroke	3.2%	4.1%
Cancer (Excluding Skin Cancer)	2.9%	3.5%
Dementia and Delirium	2.0%	1.5%
Developmental Disability	1.2%	6.8%

Source: United Hospital Fund, New York Beneficiaries with Mental Health and Substance Use Conditions, 2011

The **TRIPLE AIM** and Integrated Care

Potentially Preventable Readmissions (PPRs)

New York State's costs $814 million (2007)

Patients with MH/SA diagnosis, medical readmission

$395 Million

Patients with MH/SA diagnosis, MH/SA readmission

$270 Million

Patients without MH/SA diagnosis, medical readmission

$149 Million

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Collaborative Care: Population Health and Wellness

- Collaborative/integrated care with **adult primary care providers** – who screen for depression and substance use and provide rapid access to treatment (Impact Model), and **school-based** and **pediatric** collaborative care for children and adolescents.

- Collaborative/integrated care in behavioral health with management and monitoring of **chronic disease** – screening and treatment for metabolic syndrome, smoking cessation, and preventive primary care.

- Integrating **substance use** and mental health in behavioral health settings – screening, Medication Assisted Treatment (MAT), and dual licensure, single licensure

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DSRIP: Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication: 16 of 25 PPS Met MY2 AIT
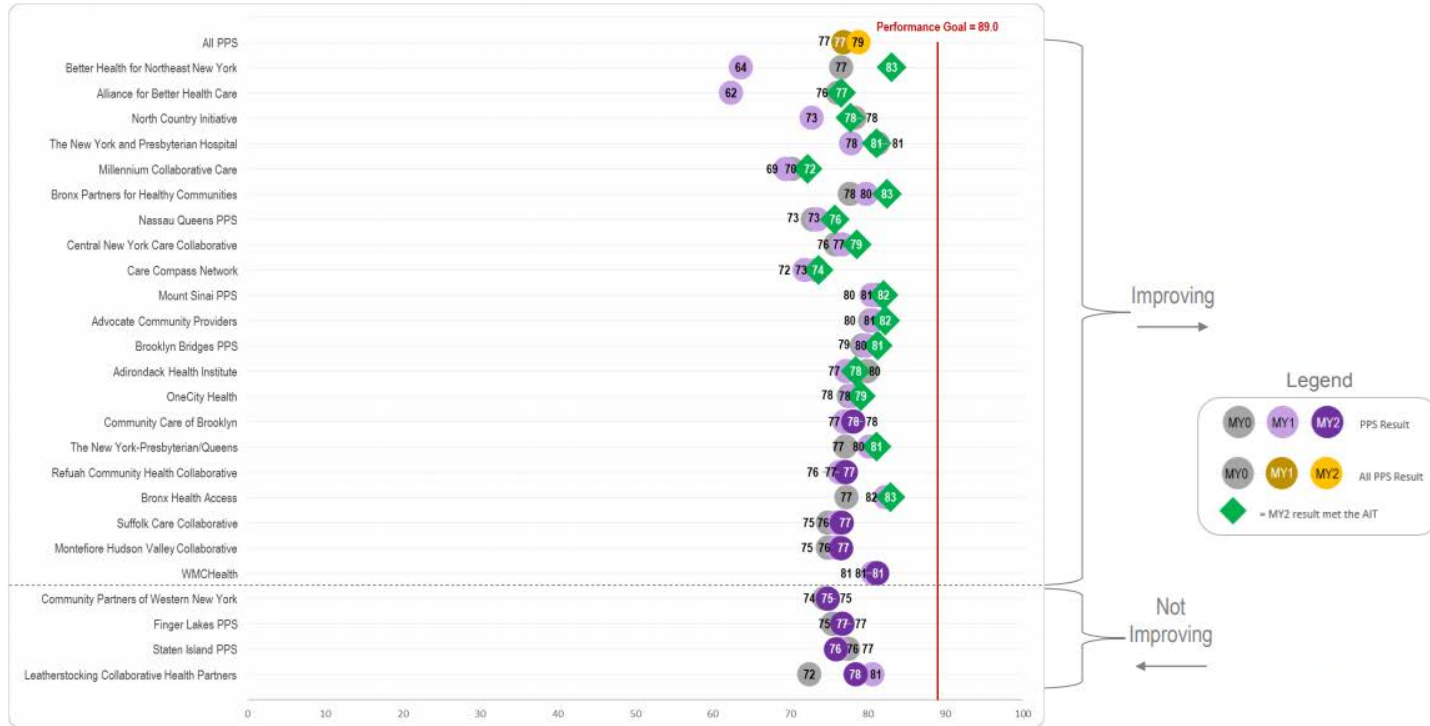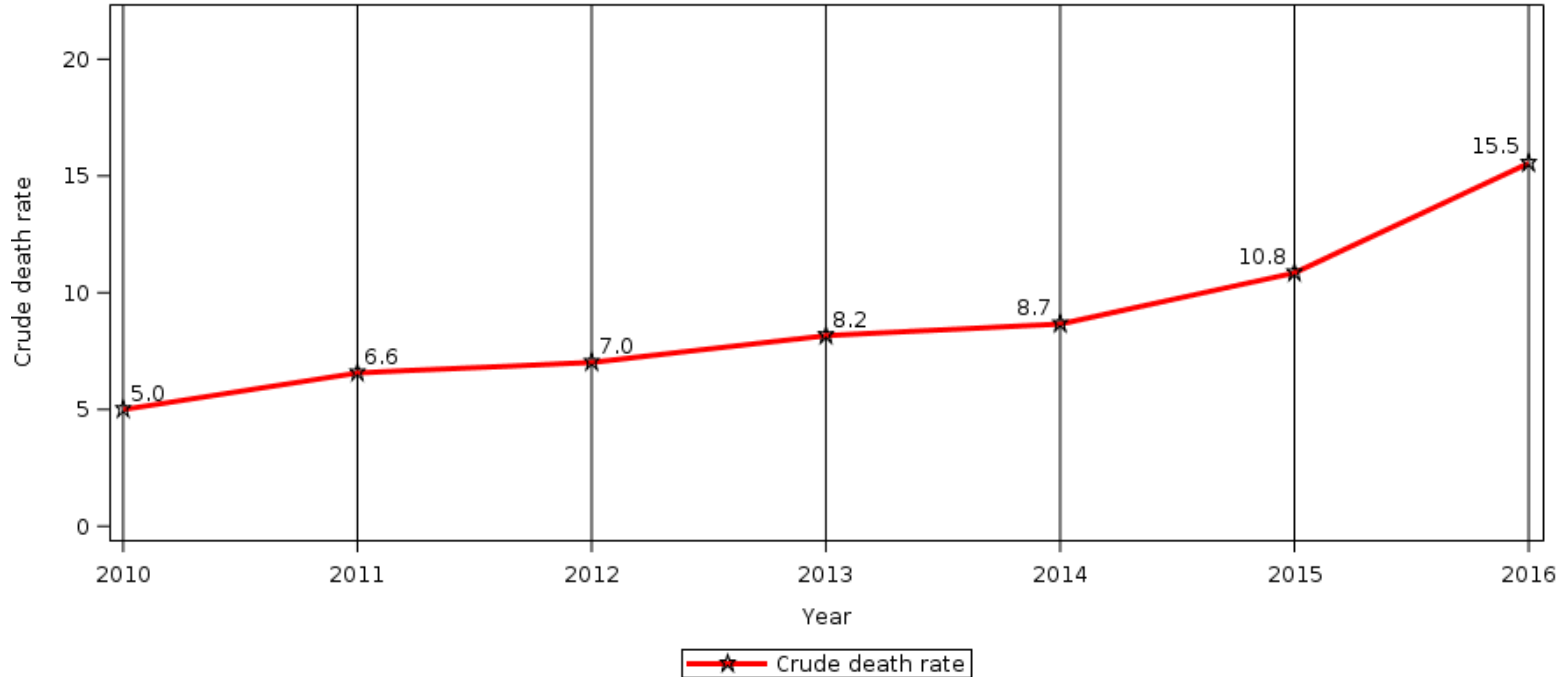
Addressing Opioid Use Disorder and K2

Initiative Background: NYS Opioid Overdose Deaths

Rate per 100,000 population

New York State Opioid Deaths by County

- 2016 overdose death rates involving any opioid, rate per 100,000 population

- Although rate is low relative to other states, numbers of individuals dying is higher due to large population

Quartile (Q) Distribution

- < 15.4 : Q1 - Q2
- 15.4 - < 21.2 : Q3
- 21.2+ : Q4

Data Source: Vital Statistics Data as of May 2018

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New York State Mental Health Clinics

- Governor's Office asked OMH to enhance capacity for OUD treatment including MAT within public mental health system (i.e., Article 31 clinics)
- Preliminary Medicaid data analysis found an opportunity to enhance services for clients with OUD already within the mental health clinic system

| 7% of the Medicaid clients seen in A31 Clinics have OUD – over 21,000 individuals per quarter | → | A31 Clinics are only identifying half (51.3%) of their clients with an OUD diagnosis identified in other settings | → | Only 4% of A31 Clinic clients with OUD have filled a lifesaving naloxone prescription to reverse overdoes in the past year |

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Article 31 Clinic Initiative Aim & Overview

- Support the enhancement of A31 Clinic capacity to identify and treat clients with Opioid Use Disorder
    - Assess current clinic practices across the state to better understand capacity & resource needs
- Every 6 months, clinics will:
    - Attend webinars with guidance for clinic leadership, presentations by experts, and sharing innovative strategies clinics are using
    - Complete a self-assessment survey
    - Choose a new best practice to add & implement
- Clinics will be provided:
    - Resources and supports for each best practice
    - "Office hours" webinars for any questions

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Five Best Practices for Article 31 Clinics

1	Clinics use standardized OUD-specific screen for all clients at intake
2	Clinics provide or prescribe Naloxone to clients with OUD
3	Clinics refer clients with OUD to a MAT provider
4	Clinics have a waivered prescriber/s for Buprenorphine (primary & backup coverage)
5	Clinics prescribe MAT (Buprenorphine, Naltrexone/Vivitrol)

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Opioid Use Disorder Best Practices at Baseline

- Clinics were asked to complete a self-assessment of current use of OUD Best Practices via Survey Monkey (n = 485)
- Preliminary analysis to examine baseline OUD clinical practices
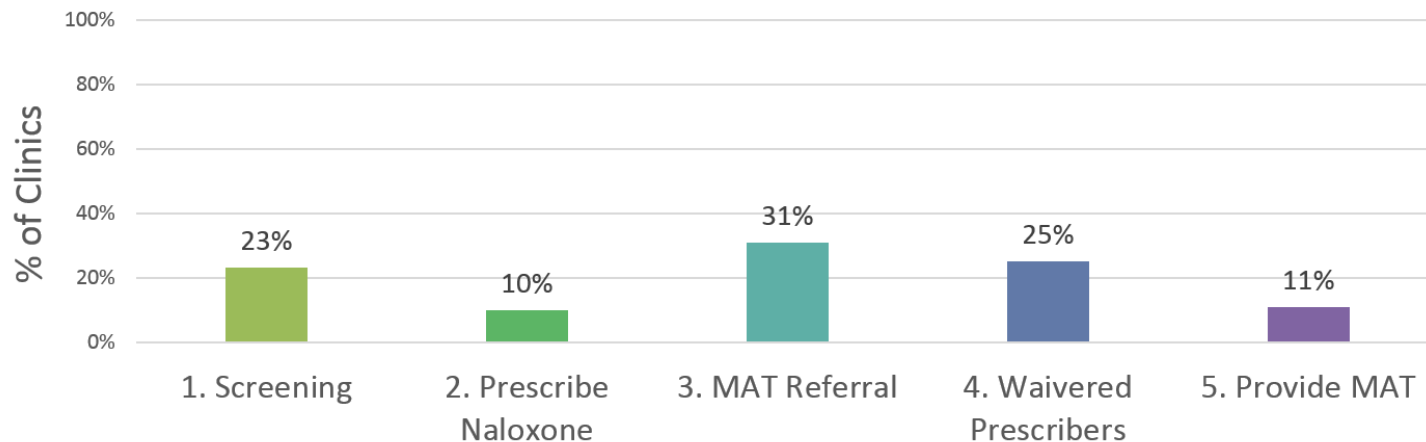
*Includes all clinics submitting a baseline self-assessment as of 7/23/2019 (440 clinics = 90.55%)

Medication Assisted Treatment Practices at Baseline

- 11.1% (49 clinics) provide both forms of MAT allowable for Article 31 clinics (Buprenorphine and long-acting Naltrexone), both induction and maintenance
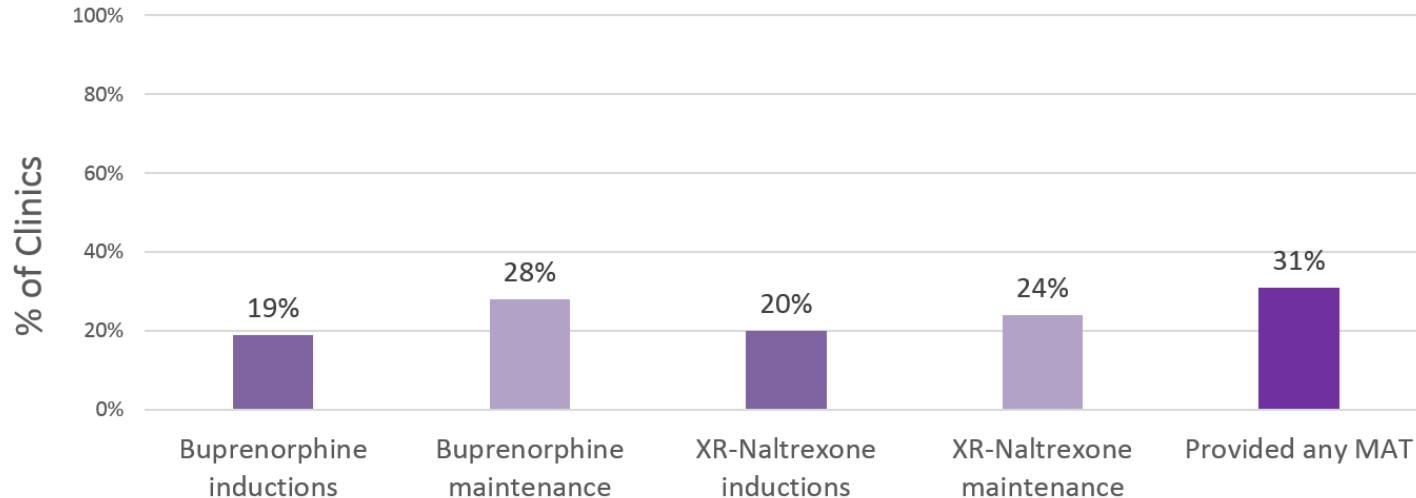
*Includes all clinics submitting a baseline self-assessment as of 7/23/2019 (440 clinics = 90.55%)

K2-Synthetic Cannabinoids

K2 and other synthetic cannabinoids are much more toxic than natural cannabis and pose a particular risk for individuals living with mental illness.

- Synthetic cannabinoids are a family of synthetic drugs that powerfully activate the THC receptors in the brain.
- Effects of intoxication can include agitation, aggression, psychosis, confusion, delirium and a multitude of medical complications.
- No standard production or formula. Often mixed with toxic agents which can contribute to side effects. Intoxication can last from hours to weeks.
- Epidemic peaked in 2014-2015. It was primarily controlled by efforts to eliminate distribution in corner stores.
- At the height of the epidemic, multiple patients living in OMH-operated residences were being admitted to emergency rooms due to medical or behavioral complications of synthetic cannabinoids/K2, each day.

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K2-Synthetic Cannabinoids: Mitigation Planning

OMH and state agency partners developed a multifaceted approach to combat K2.

- Post-ER debriefing, counseling, and centralized reporting
- Increased programming on evenings and weekends to promote engagement
- Increased lighting and safety staff presence on state campuses
- Ongoing education for staff and service recipients
- Family engagement
- Collaborative work and community meetings with local law enforcement and emergency responders
- Forming a committee with representatives from each State Psychiatric Center to share successes and work together to address difficulties. Will partner with OASAS, DOH, NYC DOHMH, DHS, hospitals and other partners to access expertise and coordinate care.

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Home and Community Based Services

Adult BH HCBS: Person-Centered Services

Individuals who are members of a special Medicaid Managed Care Plan known as a HARP (Health and Recovery Plan) may be eligible to receive BH HCBS.

BH HCBS are designed to support you in achieving goals using a person-centered approach. You can even receive support from a peer with lived experience.

We all have areas that we want to work on in our lives. BH HCBS are an array of services that may be good fit if you have had trouble with…

- Making and keeping friends
- Finishing school
- Living a healthier lifestyle
- Finding a volunteer position
- Living on your own
- Building healthy relationships with your family
- Finding and keeping a job

People are engaged in BH HCBS and working on important recovery goals in every corner of the state at this moment.

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Adult BH HCBS: What do services look like?

BH HCBS provides targeted rehabilitation and support in your home and community. All of the services are individualized to meet your needs and preferences.

|	
Focused Skill Building to Support Recovery Goals. • Community Psychiatric Support & Treatment • Psychosocial Rehabilitation • Habilitation	**Information and Support for your Family of Choice.** **Peer-Delivered Services.** • Family Support & Training • Empowerment Services – Peer Support
Support in Educational and Work Environments. • Education Support Services • Pre-vocational Services • Transitional Employment • Intensive Supported Employment • Ongoing Supported Employment	**Support in Times of Crisis.** • Short-Term Crisis Respite • Intensive Crisis Respite

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BH HCBS Dashboard Data (08/27/19)

HARP Enrolled
140,179

Health Home Enrolled
38,084

BH HCBS Assessed (incl. those assessed by an RCA)
33,757

Found Eligible
32,819

LOSD Requested
12,531

Author. Requested
5,004*

Unique Recipients
5,454

This is 2x the number of HARP members who had received a service one year ago!
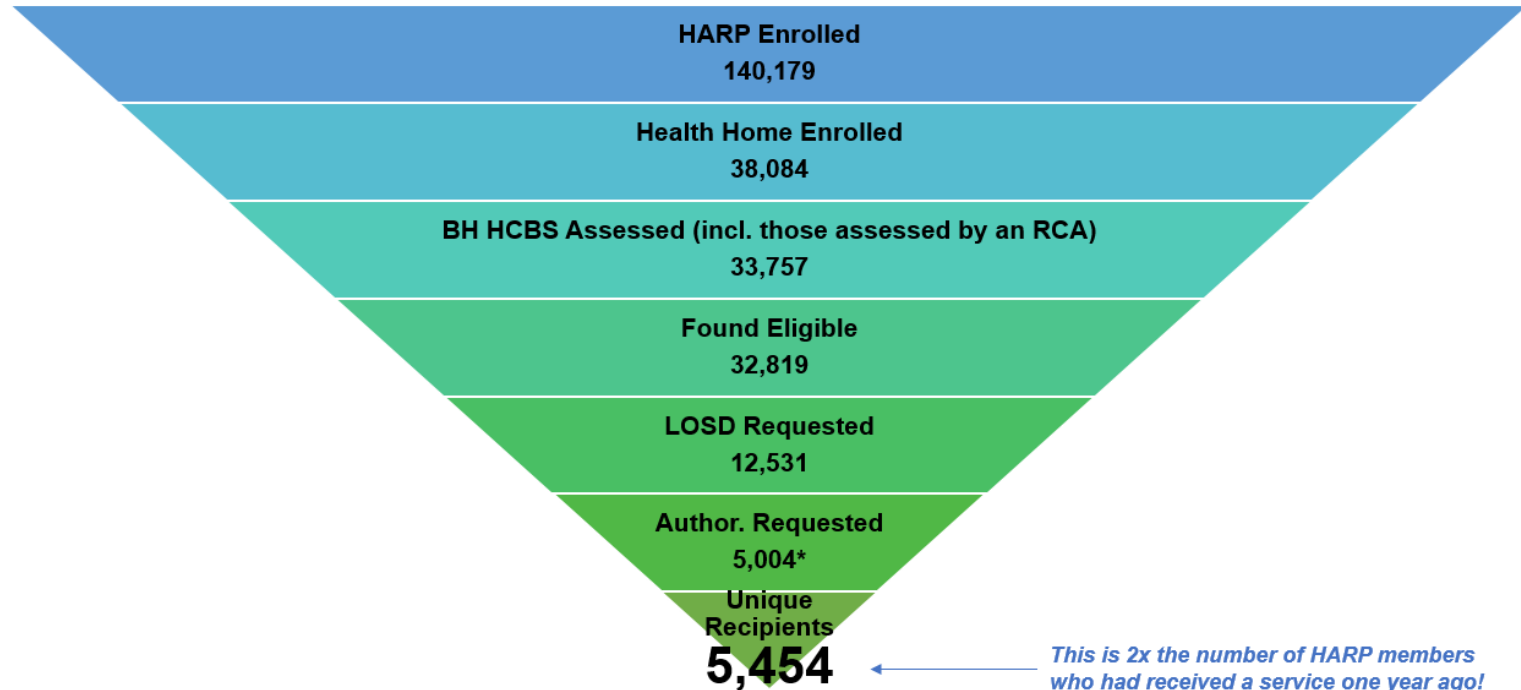
*Unique claims are higher than Auth requested because Crisis services do not require an authorization request

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Adult Competitive Employment Rate for Individuals Living with SMI
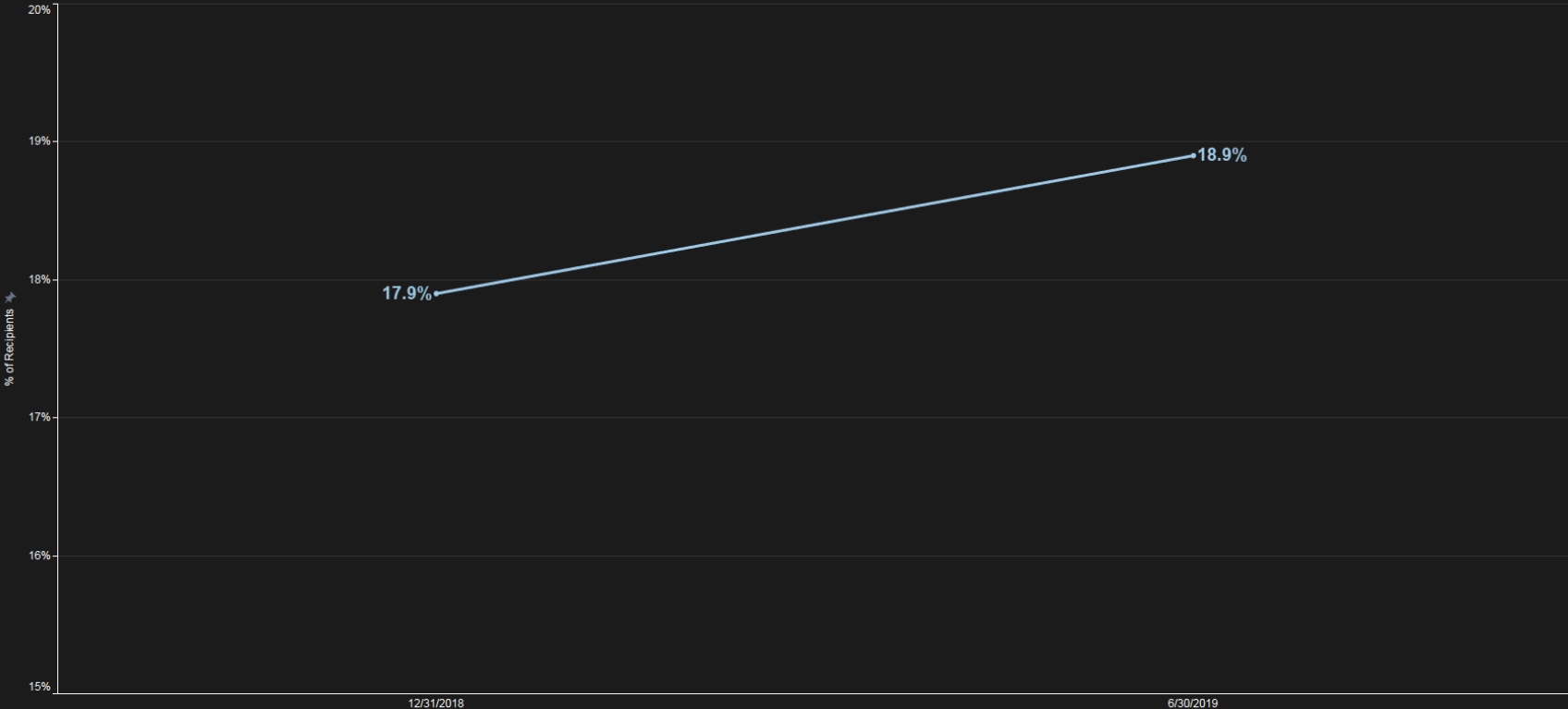
Data shows the percentage of state-operated clinic service recipients aged 18-65 living with serious mental illness (SMI) who are competitively employed.

Adult BH HCBS: Moving Forward

- **BH HCBS is a new way of providing highly individualized, flexible, and mobile services. We have high demand for services such as Peer Support, Psychosocial Rehabilitation, and Education Support.**

- **HARP members are finding that these services are effective in helping them to make real, sustainable progress toward recovery goals. This includes finding and maintaining stable housing, re-engaging in family relationships, increasing their engagement with medical and clinical providers, and taking control of their recovery.**

- **There have been many challenges rooted in how the services are accessed, primarily in the number of steps involved to access the service and the time it can take to go from the eligibility assessment to the HCBS intake.**

- **OMH is committed to continuing to address barriers, working alongside advocates and agencies to ensure that HARP members who need these services are able to access them.**

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Adult BH HCBS: Increasing Access

Over the last year, we've doubled the number of individuals who have received at least one service.

OMH and OASAS have implemented several initiatives and programs to support this increase, including:

- Recovery Coordination Agencies for people who want the services but do not want to enroll in HH
- Funding to support infrastructure at provider agencies (staffing, training, vehicles, computers, etc.)
- Ongoing training and technical assistance for provider agencies

OMH and OASAS are also working closely with the Department of Health to find long-term solutions to increase access, including:

- Adding a community referral option for people not already HARP eligible based on the existing algorithm
- Access for individuals with both Medicaid and Medicare (currently excluded from Medicaid Management Care)

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OnTrackNY

OnTrackNY: My Health. My Choices. My future.

- **Key Service Elements:**
  - Case management, supported employment/education, psychotherapy, family education and support, pharmacotherapy, and primary care coordination.

- **Core Service Processes:**
  - Team based approach, specialized training, community outreach, client and family engagement, mobile outreach and crisis intervention services, shared decision-making.
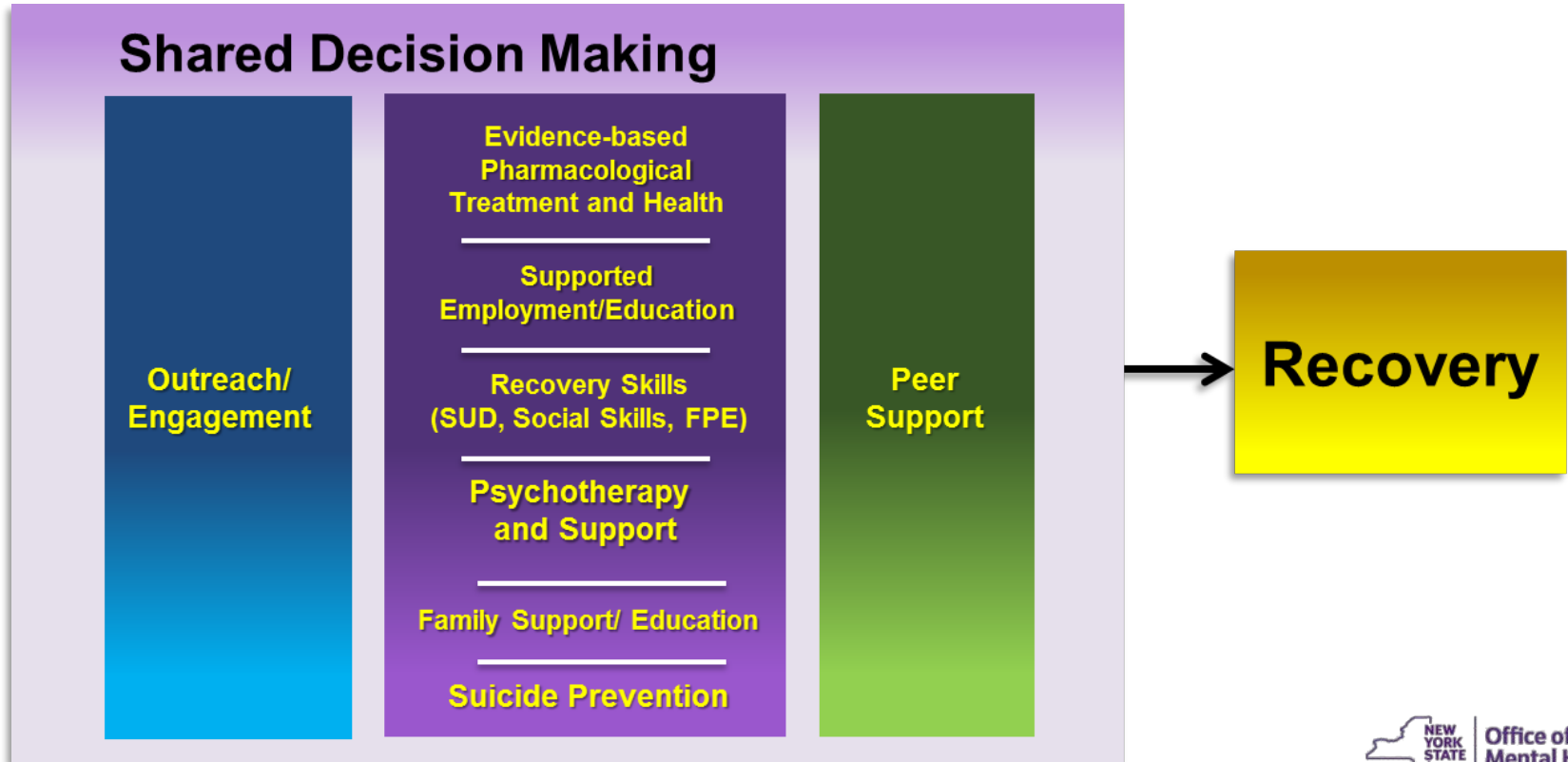
On Track◉NY

My health. My choices. My future.

OnTrackNY is an innovative treatment program for adolescents and young adults who recently have had unusual thoughts and behaviors or who have started hearing or seeing things that others don't. OnTrackNY helps people achieve their goals for school, work, and relationships.

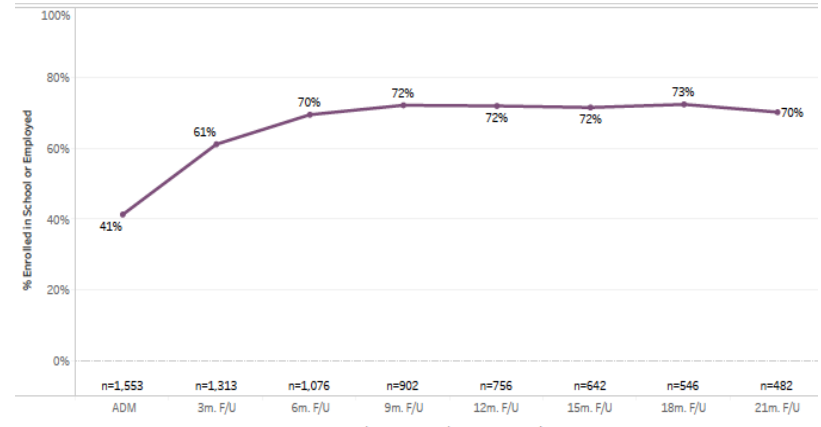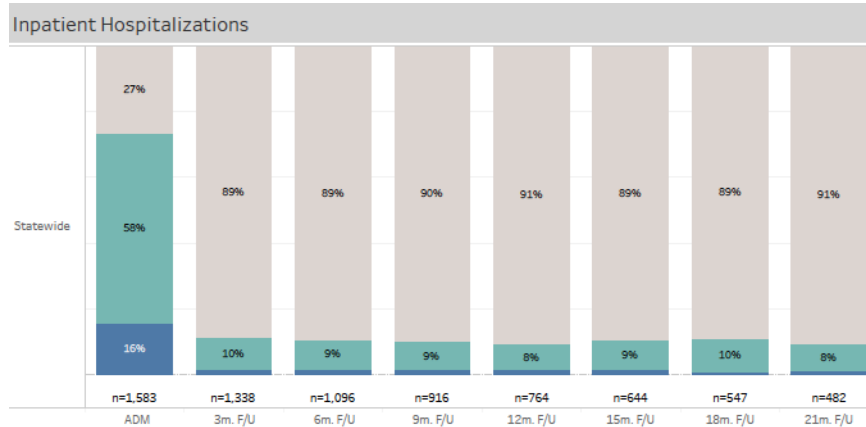NEW YORK STATE | Office of Mental Health

OnTrackNY: Team Intervention

OnTrackNY: Expanding Hope

- Increase of 19 OnTrackNY sites since 2013. 23 sites statewide by 2020.

- Piloting use of telepsychiatry with new Westchester Team via new SAMHSA funding: ProHope. Lessons learned will hopefully allow expansion into more rural areas.

  - Illana Nossel- Principal Investigator
  - Chacku Mathai- Project Director

- ProHope will include full time Youth Coordinator.
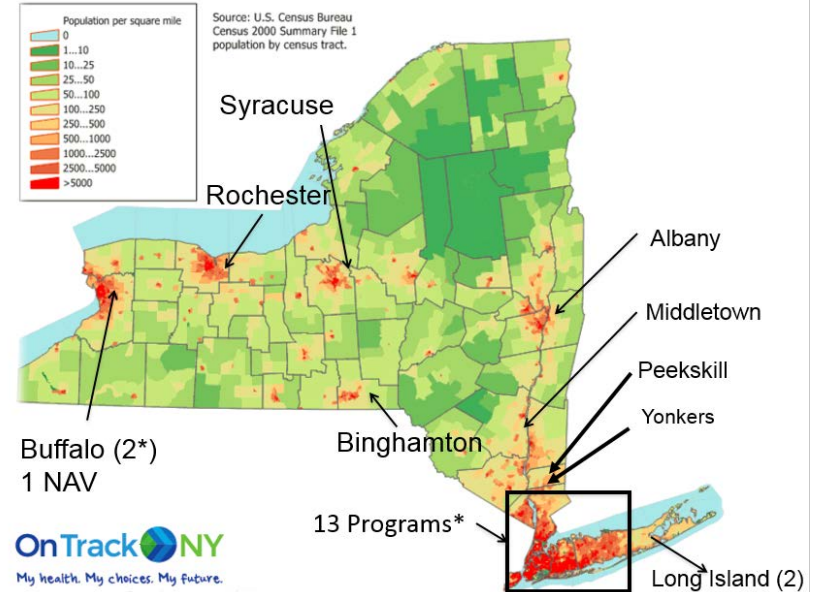
OnTrackNY: Proven Practice

OnTrackNY shown to lower inpatient hospitalizations, increase school and work outcomes.

Thank you!