

# Meeting the Mental Health Needs of New Yorkers

Columbia Center on Homelessness

Grand Rounds

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# Setting the Context: Patterns of Mental Illness and Care

50% of the  
population: no  
lifetime mental  
illness

50%--some MI  
in lifetime

20-25%  
some MI within any year

10-15%  
mild impairment

5-7%  
moderate  
impairment

5-9% (Kids)  
3-5% (Adults)  
Severe Impairment

Who gets care:

- 25% of all those with MI
- 50% of those with serious MI

Where care is given:

- General Medical Sector
- Mental Health Specialists
- OMH Financed System

GM

MH

O

# Further Context

- ▶ Mental Health Commissions
  - 1978 First Lady Roslyn Carter
  - 2003 Commissioner Michael Hogan
- ▶ But recipients are denied recovery opportunities
  - NCS-R: 25% (1990) → 40% (2001) of people with SMI getting any treatment
  - Schizophrenia PORT Concordance: 25% (1975) → 40% (1997)

# Resources to People with MI have Increased

1972

- 31% receive food stamps
- 33% receive Medicaid
- No SSI
- 7% receive SSDI
- No section 8 housing

1998

- 63% receive food stamps
- 60% receive Medicaid
- 41% receive SSI
- 30% receive SSDI
- 4% have housing voucher

The improvements in resources and benefits came largely from mainstream federal programs. They contributed to increased—if still marginal—well being...AND to complexity and fragmentation.

# New York State 2005 Medicaid Funded Services

- ▶ “Coordinated” Care
  - 29% of adults with SMI used *only* inpatient care
  - 27% of children/adolescents used *only* inpatient care
  - 28% of inpatient discharges were followed by an outpatient visit within 7 days; only 42% visit within 30 days
- ▶ Readmissions
  - 20% @ 30 days
  - 41% @ 180 days
- ▶ Adult OMH PC ALOS
  - ~ 1 year (= \$230,000/per person per year)

# Assessment of OMH Quality, Workforce, Research

- ▶ Assignment
- ▶ 30 programs, organizations visited (aka How I Spent My Summer)
- ▶ Deliverable: *Report and Recommendations*
- ▶ [http://www.omh.state.ny.us/omhweb/News/pr\\_assessment\\_clinical\\_mh.html](http://www.omh.state.ny.us/omhweb/News/pr_assessment_clinical_mh.html)

# The Paradox of NYS

- ▶ Amazing talent and dedication throughout the NYS mental health system of care
- ▶ Phenomenal investment of money and resources
- ▶ People with mental disorders can and do recover
- ▶ But results are far from optimal:
  - We have a care system that lacks accountability, integration and coordination

# The Work Ahead

- ▶ Quality
- ▶ Workforce
- ▶ Research
- ▶ Local Government
- ▶ Today →

# Initiatives: Today's Focus

- ▶ Co-occurring Disorders
  - Health and Mental Health
  - Mental Health and Substance Use Disorders
- ▶ Quality – psychopharmacological practices
- ▶ Mental Health and Violence
- ▶ Research

# OMH

## ▶ 26 Psychiatric Centers (PCs):

- *Inpatient and Outpatient services*

- ▶ Adult Services, C/A Services, Forensic Facilities and Programs, Research Institutes

## ▶ 2500 Community-Based programs licensed, funded and/or regulated by OMH

- Clinic, residence, case management (ACT, ICM, BCM, CM), rehabilitation, PROS, +


# Health and Mental Health

- Provide medical care in mental health settings for people with SPMI and children with SED
- Provide mental health care in primary care for people with high prevalence mood and anxiety disorders
- Promote consumer health and wellness in OMH services
  - ▶ *SPAN: Smoking Cessation, Prevention, Activity and Nutrition*
  - ▶ *BMI, Fasting Blood Sugar (or HbA1c), Total Cholesterol*

# OMH SPAN Poster

It's big news!

## Increase life SPAN!








Physical health is an important part  
of everyone's overall wellness.

Talk to your doctor or health provider  
about learning healthier habits today!

**SPAN**  
An OMH Wellness Initiative

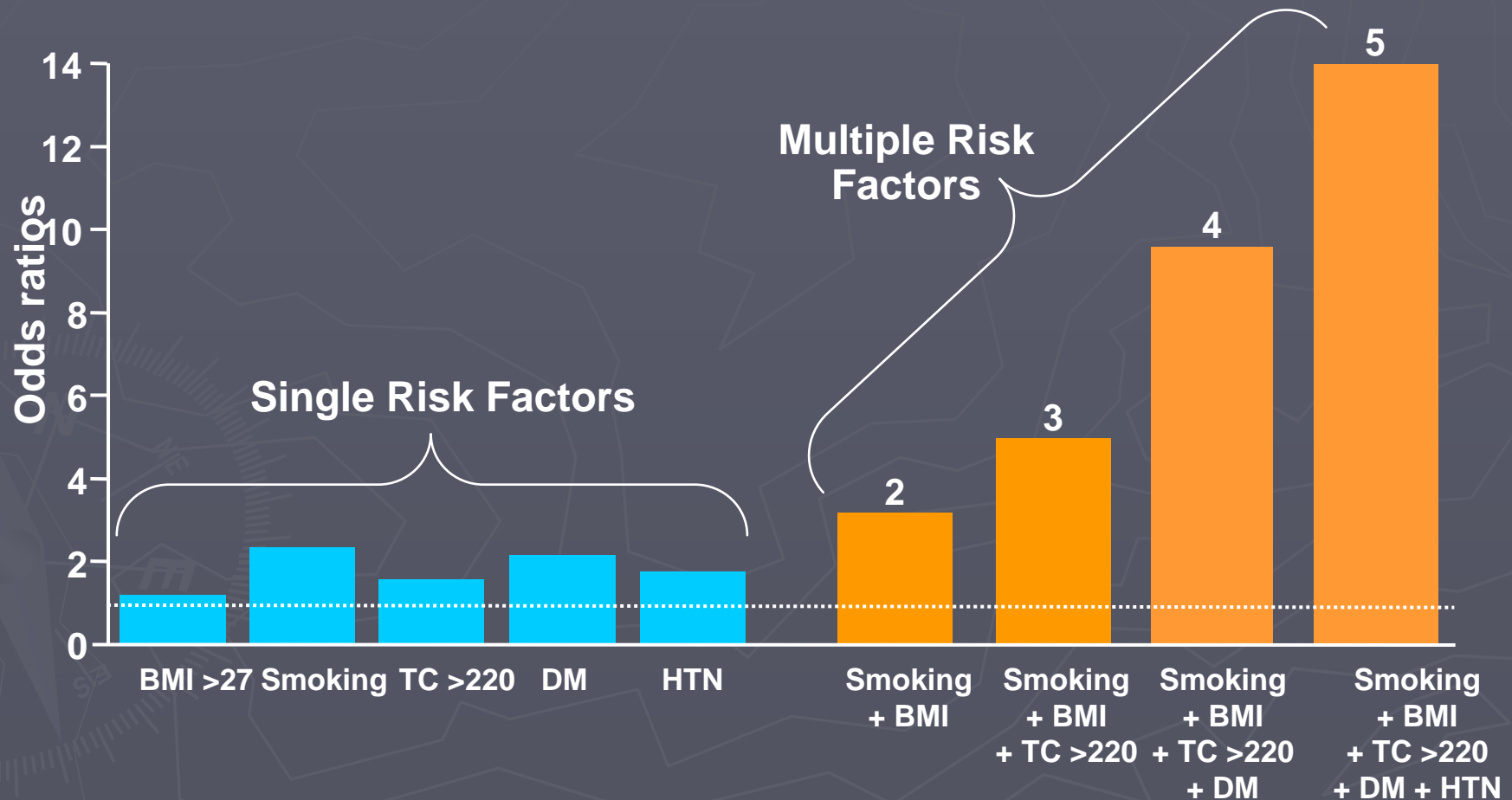
SPAN  
stands for:

- Stop Smoking  

- Practice Prevention  

- Increase Activity  

- Improve Nutrition  


New York State  
Eliot Spitzer, Governor  
Office of Mental Health  
Michael F. Hogan, Ph.D., Commissioner  
Lloyd I. Sederer, M.D., Medical Director  


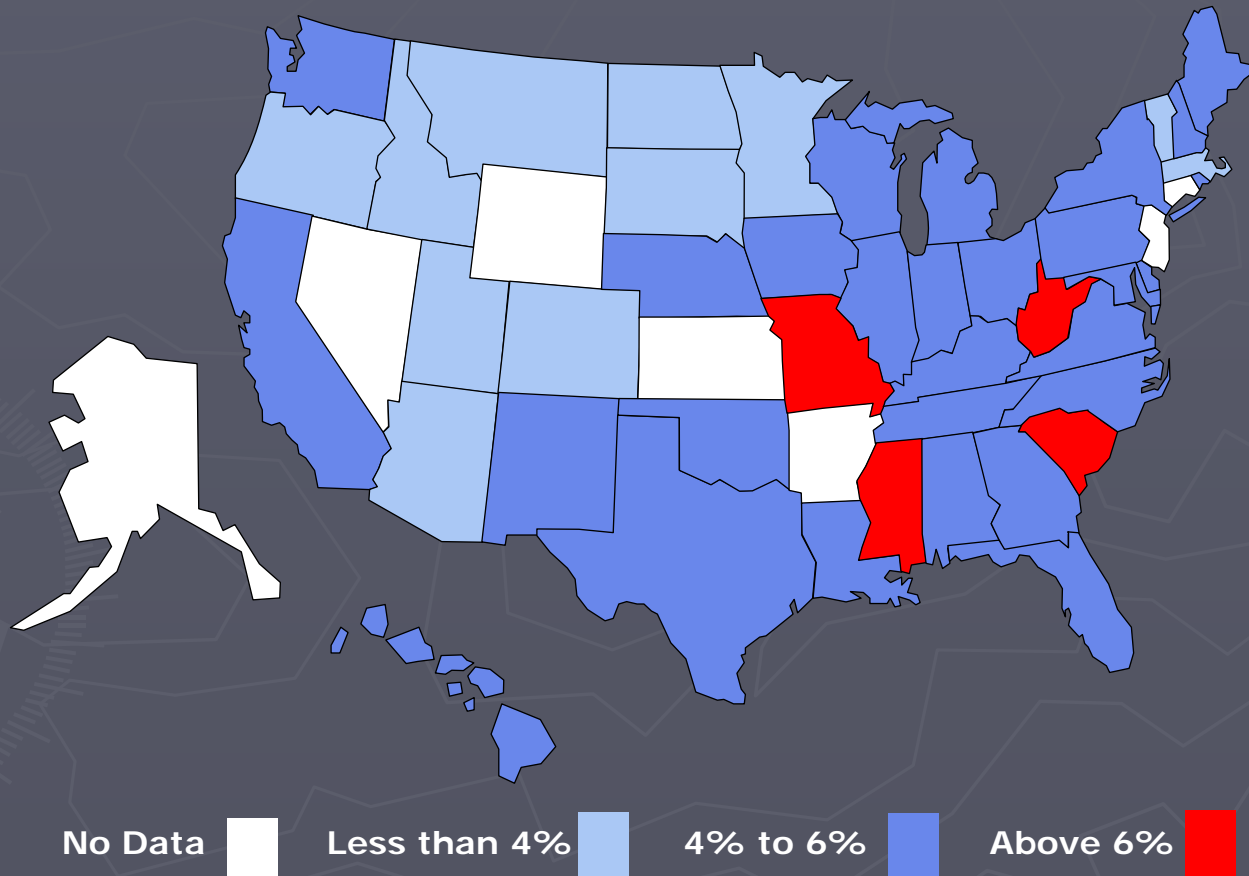
# Co-Occurring Disorders: Health and Mental Health Cardiovascular Risk Factors

## The Framingham Study

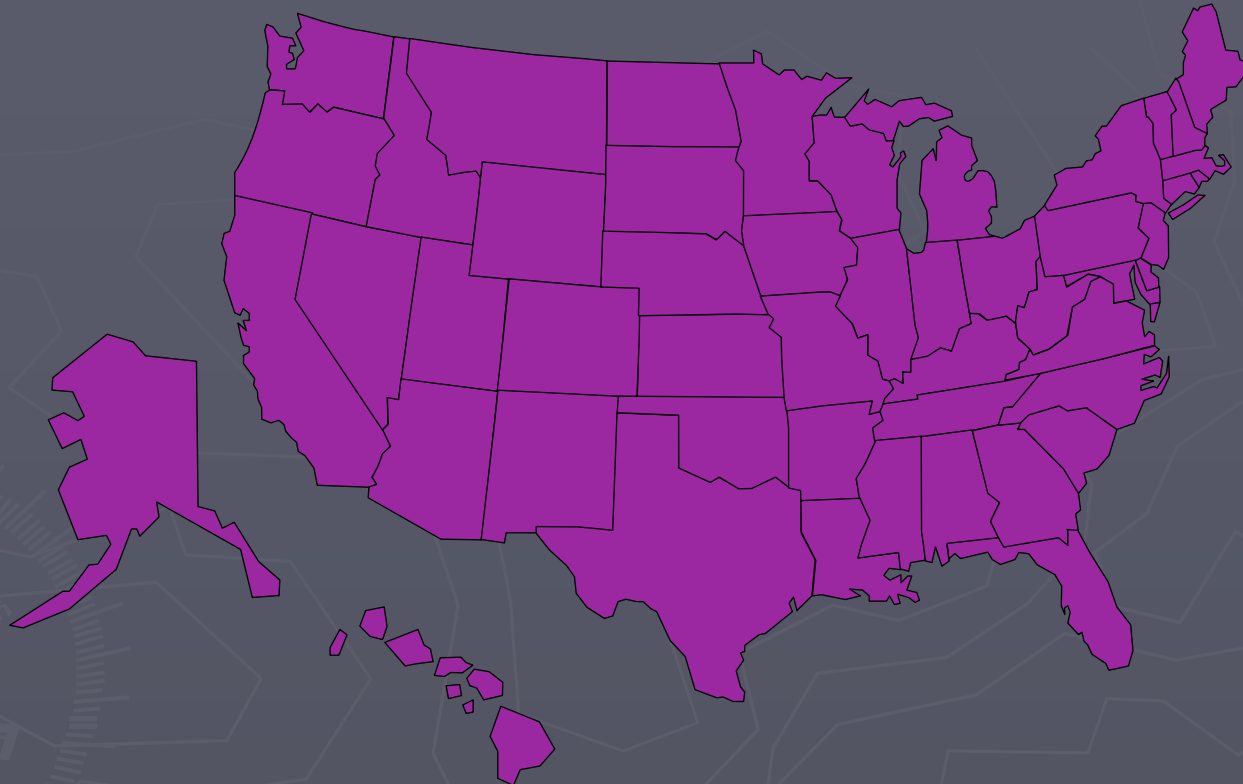


BMI = body mass index; TC = total cholesterol; DM = diabetes mellitus; HTN = hypertension.

# Diabetes and Gestational Diabetes Trends: US Adults, BRFSS 1990



# Diabetes and Gestational Diabetes Trends: US Adults, Estimate for 2010



No Data



Less than 4%



4% to 6%



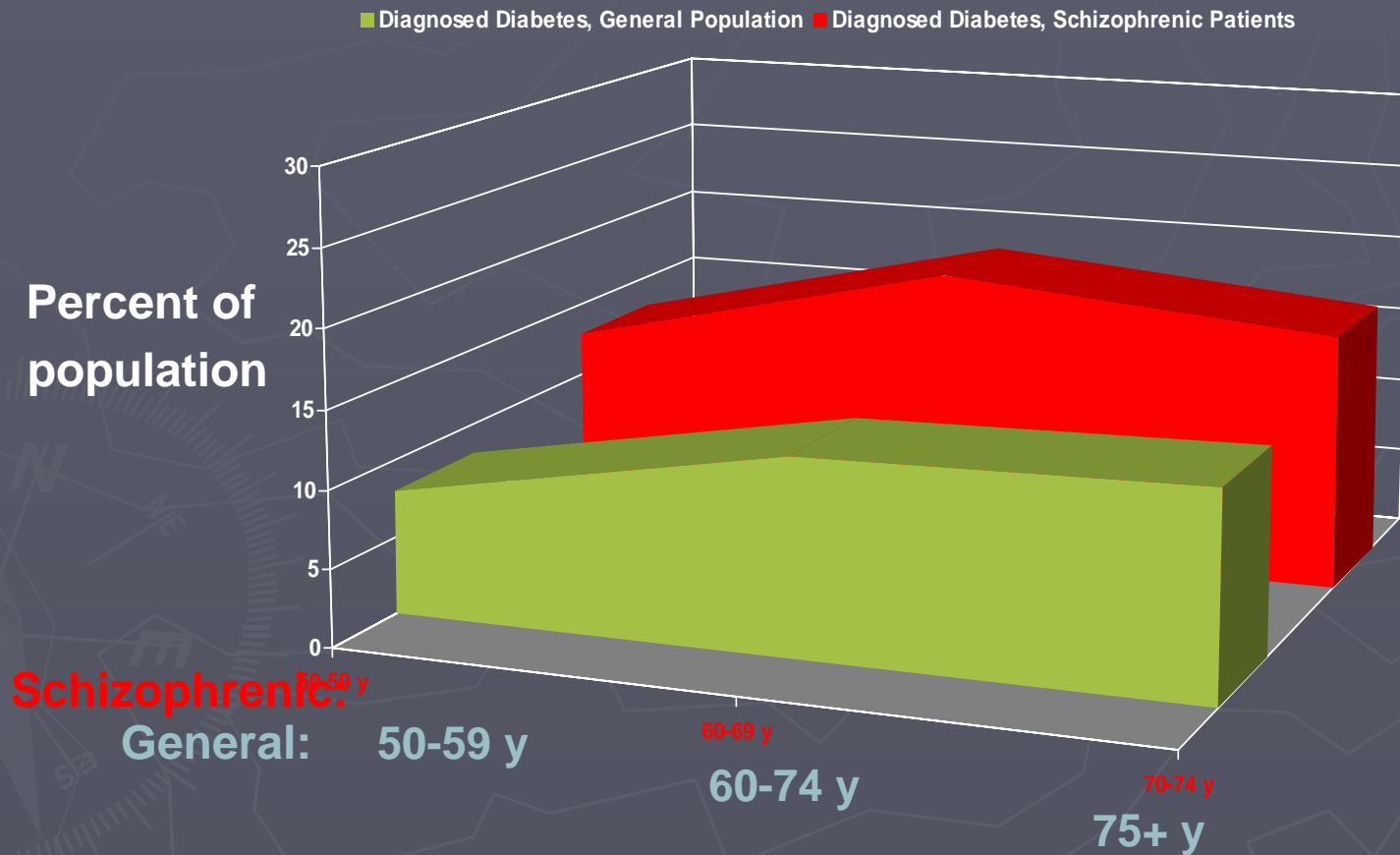
Above 6%



Above 10%



# Prevalence of Diagnosed Diabetes in General Population Versus Schizophrenic Population



Harris et al. *Diabetes Care*. 1998; 21:518.

Mukherjee et al. *Compr Psychiatry*. 1996; 37(1):68-73.



# Smoking

- ▶ ~ 70-80% of people with serious and persistent mental illness smoke
- ▶ > 50% of people with MI smoke and consume ~40% of cigarettes in USA

# Co-Occurring Disorders: MH and ASA

- ▶ OMH-OASAS Task Force on Co-Occurring Disorders
- ▶ Clinical, Regulatory and Fiscal Goals for this year
  - Screening and Assessment
  - EBPs
  - Training
  - Reduce regulatory burden and increase flexibility of service provision to allow better integrated care

# Quality

## ▶ OMH and DOH: Quality Improvement

- Psychotropic polypharmacy
- Prescribing of antipsychotic medications with moderate to high risk of metabolic side effects, in people with cardiometabolic risk factors

# Mental Health and Violence

- ▶ Governor's Panel on Mental Health and Violence
  - Joint City – State MH-CJ Panel

# Research

## ► Goals

- Enhance public and governmental awareness of the work of the OMH research institutes
- Further engage PI and NKI as academic partners to improve the public mental health

## ► OMH

- Services research, program performance, quality improvement,
- Practice to science (OMH network of facility based clinical research)

# Conclusions

## ► All this will take is-----

- Leadership and will
- Engagement of all key constituents
- Focus
- Intelligence
- A commitment to those we serve