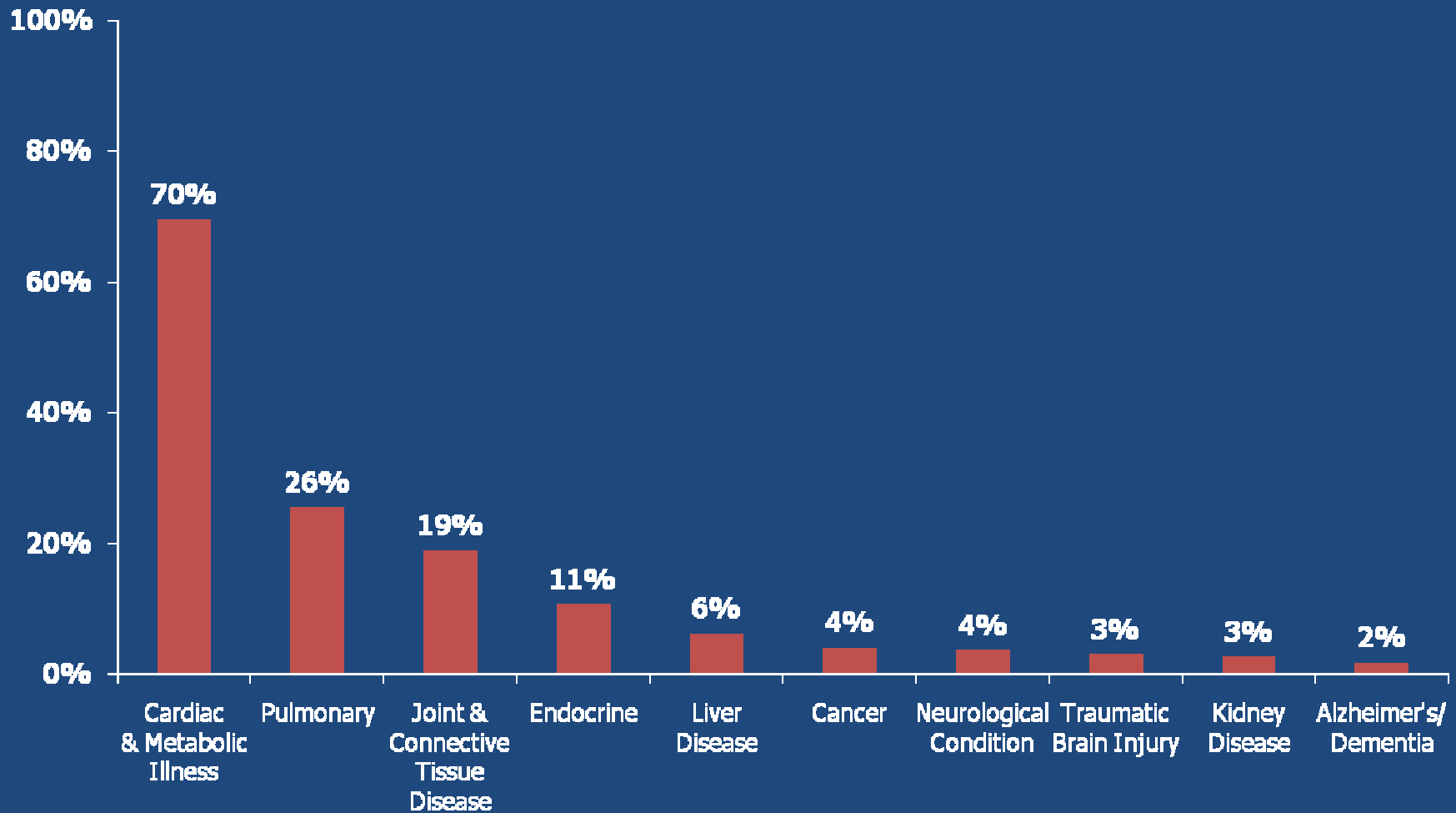


Mental Health
is
Integral
to
Overall Health

Health Issues Related to People with Serious Mental Illness

- People with SMI who receive services in the public mental health sector die on average 25 years earlier than general population.
- Smoke heavily (3 out of 4 nicotine-dependent)
- Eat poorly
- Are sedentary
- Lack preventive and ongoing health care
- 70% have cardiac or metabolic problems
- Some medications lead to weight gain, diabetes, cardiovascular disease.

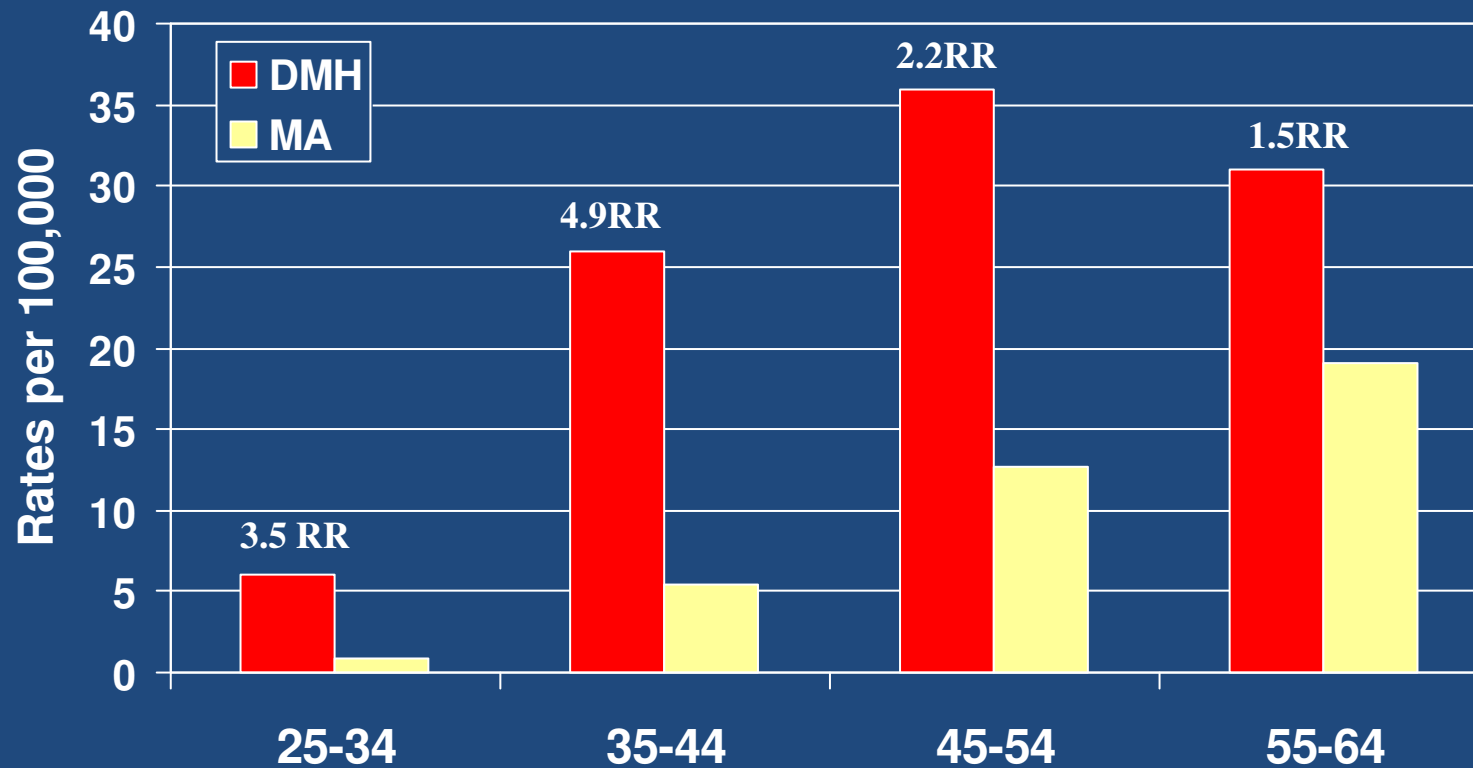
Prevalence of Conditions Among OMH Clients with Medical Co-morbidity



SOURCE: NYS Office of Mental Health Patient Characteristics Survey (PCS) Portal: <http://bi.omh.state.ny.us/pcs/index>

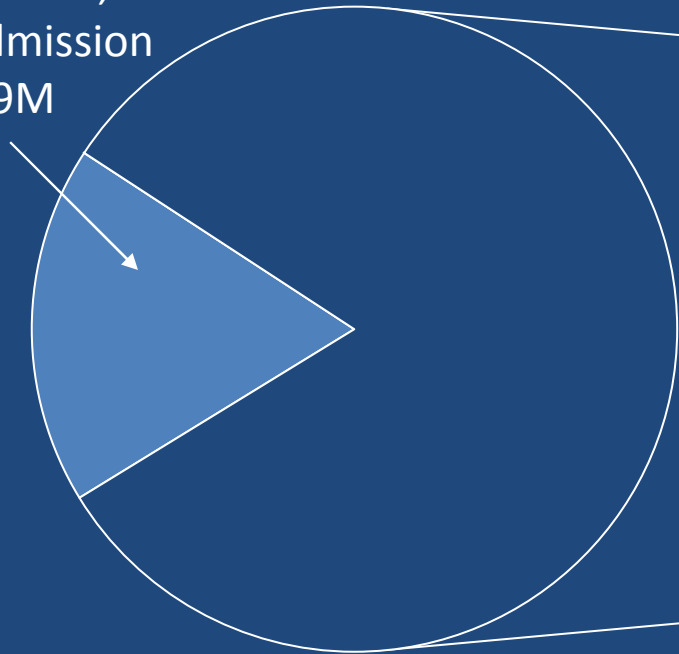
NOTES: Percentages sum to more than 100% because a client can have more than one condition. The number of clients with at least one chronic medical condition is 76,963.

Massachusetts Study: Deaths from Heart Disease by Age Group/DMH Enrollees with SMI Compared to Massachusetts Overall 1998-2000

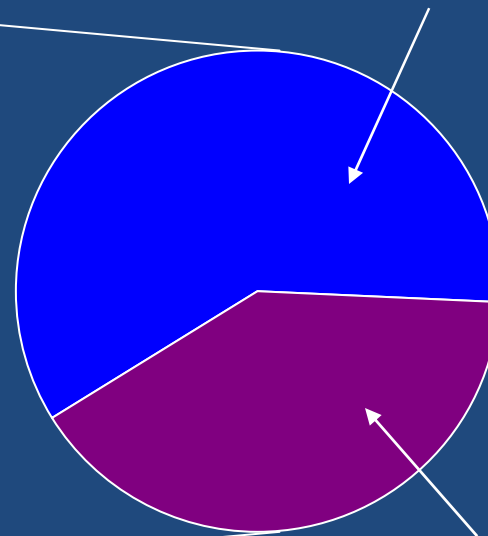


Most Readmissions to Patients with MH/SA Diagnoses with Medical Conditions

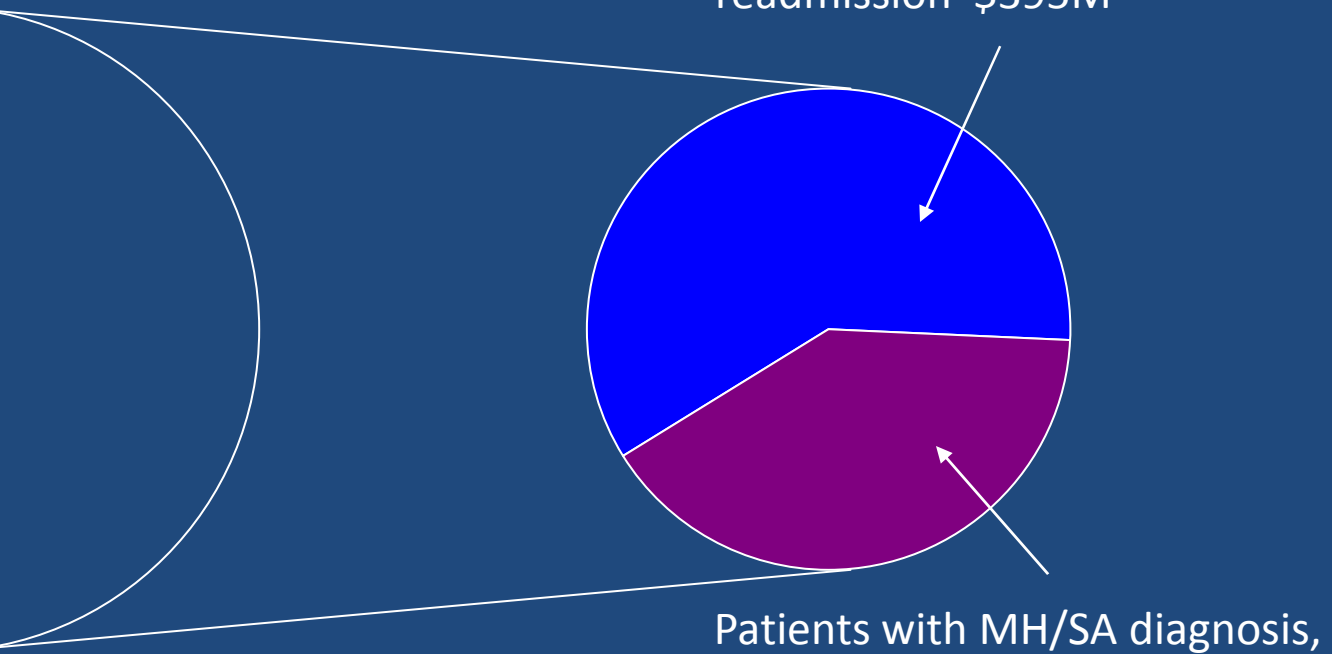
Patients without MH/SA diagnosis, medical readmission \$149M



Patients with MH/SA diagnosis, medical readmission \$395M



Patients with MH/SA diagnosis, MH/SA readmission \$270M



What We Know

- Current mental health system in NYS is siloed, fragmented, not accountable.
- Episodic, point of service treatment is ineffective for chronic mental illness.
- Failure to use specialty care management leads to increased costs and poor outcomes.

The Future

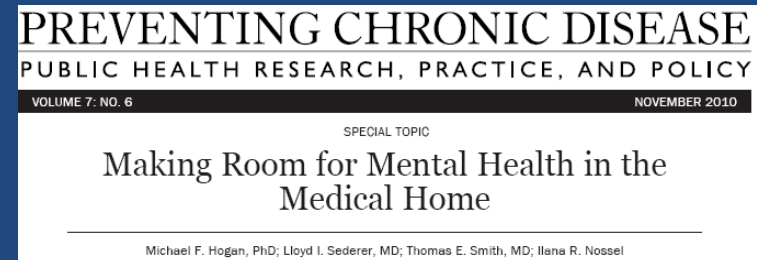
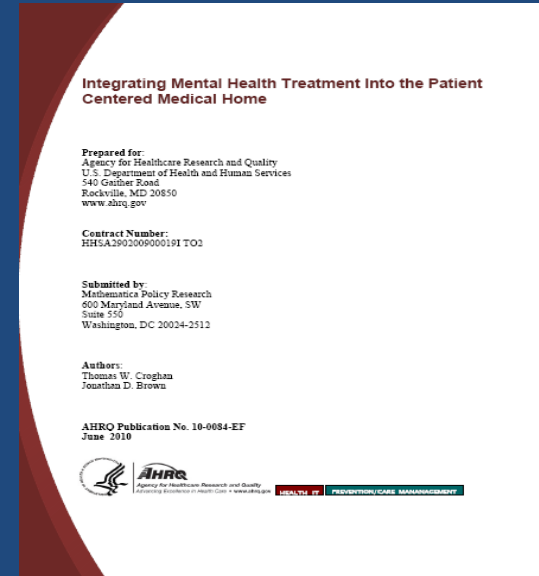
- Integrate basic mental health care into primary care.
- Integrate basic physical health into specialty mental health settings. Coordinate care for complex health conditions.

Challenges and Opportunities

- Most people with mental illness are seen in general medical settings (primary care, general acute care, etc) *not specialty mental health clinics*

- More than 50% of mental health visits occur in general medical settings
- Most psychiatric drugs are prescribed by other-than-psychiatrist MD's
- Depression is strongly linked with other chronic illnesses – diabetes, CAD, CA, asthma; Individuals with MDD make 2x PCP visits
- Adequate treatment for depression is provided for about 25% of cases

- Provide basic mental health care in all ambulatory health settings.
- Collaborative care:
 - MH professional *available on the floor*
 - Screening, treatment protocols
 - Model well known but insufficiently used



Challenges and Opportunities

- **Many people with serious mental illness have co-morbid medical conditions**
- **Managing these via referral works poorly**
- **Basic medical care should be but is usually not provided in specialty MH settings**
- Basic primary care must be provided or co-located in high volume behavioral health clinical settings
 - All adult and child OMH clinics monitoring health indicators quarterly (e.g. BP, BMI and smoking status in adults)
 - OMH Wellness Self-Management now operating in 12 Art 31's and starting in OASAS clinics
- Opportunities to deliver basic health services in MH clinics under clinic restructuring

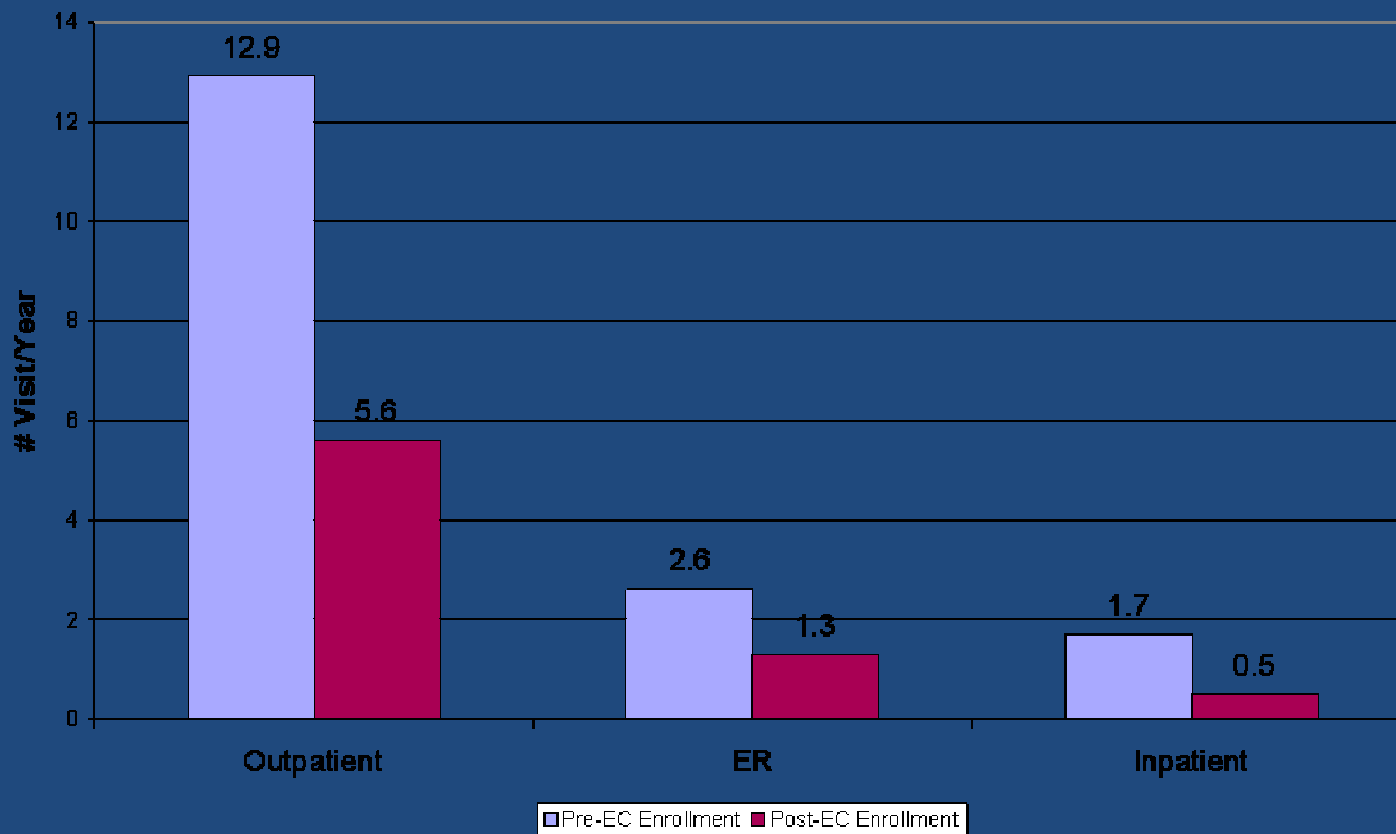
Challenges: Care Coordination

- Co-morbidity of mental health and substance use and other medical problems is high... especially among people with chronic medical illness
- Co-morbid mental health problems lead to poor health outcomes:
 - Depression (especially) strongly linked with other chronic illnesses – diabetes, CAD, CA, asthma
 - Individuals with major depression make 2x as many visits to PCP's
 - Depressed patients:
 - 2x risk of developing CAD & stroke
 - 4x more likely to die within 6 months of MI
 - 3x more likely to be non-compliant with treatment
 - Who have diabetes have 4x health expenditures
- Specialty Care Management improves care and reduces costs

Example: Specialty Care Management Improves Utilization

Average number of visits/year for service users shows significant decline between pre- and post-enrollment into specialty care mgt.

Average Number of Provider Visit/Year: Pre- and Post - EC Enrollment
[2003-2005]



PROS

A Platform for Integrated Care

- Integrated mental health treatment, rehabilitation and support
- Team approach
- Clinical Component – Potential for health billing codes
- IR – Intensive specialty care
 - Relapse prevention, critical time intervention
 - Evidenced based practices

PROS

- A single case record
- Potential – gives a provider good foundation to position for the future
- Missing
 - Extensive mobile services
 - Skill development in the community
 - After hours crisis
 - Comprehensive accountability

Future Direction Case Management

- Will be part of ambulatory restructuring
- Mobile
- Relationship based and plan driven
- Work closely with clinics and other treatment settings (one plan) but retain broad skill set of case managers and whole person focus
- Sensitive to crisis resolutions but focus on recovery
- Provide coaching in life skills (Resilience)
- Close coordination with physical health