New York State
Behavioral Health Organizations
Summary Report, January 2012 – June 2013

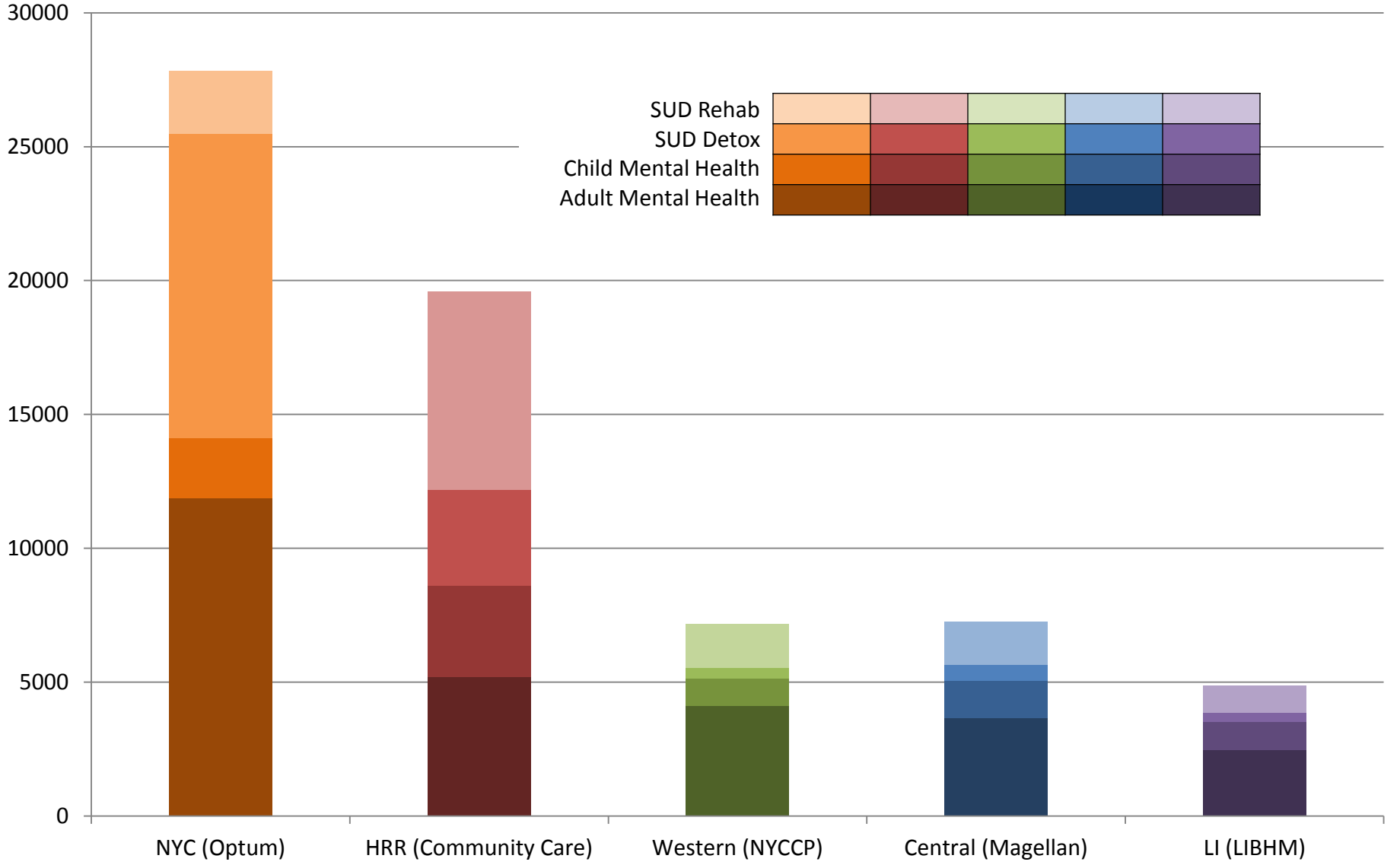
NYS Offices of Mental Health and
Alcoholism and Substance Abuse Services

Phase I BHOs were Administrative Services Organizations

Charge to BHOs: conduct advisory concurrent review of inpatient behavioral health services and facilitate treatment and discharge planning for Medicaid FFS beneficiaries.

- New York City Region:
  OptumHealth
- Hudson River Region:
  Community Care Behavioral Health
- Long Island:
  Long Island Behavioral Health Management (North Shore/Long Island Jewish & ValueOptions)
- Central Region:
  Magellan Behavioral Health
- Western Region:
  New York Care Coordination Program (with Beacon Health Strategies)

66,719 fee-for-service admissions were reported to BHOs between January 2012—June 2013



Data submitted by BHO

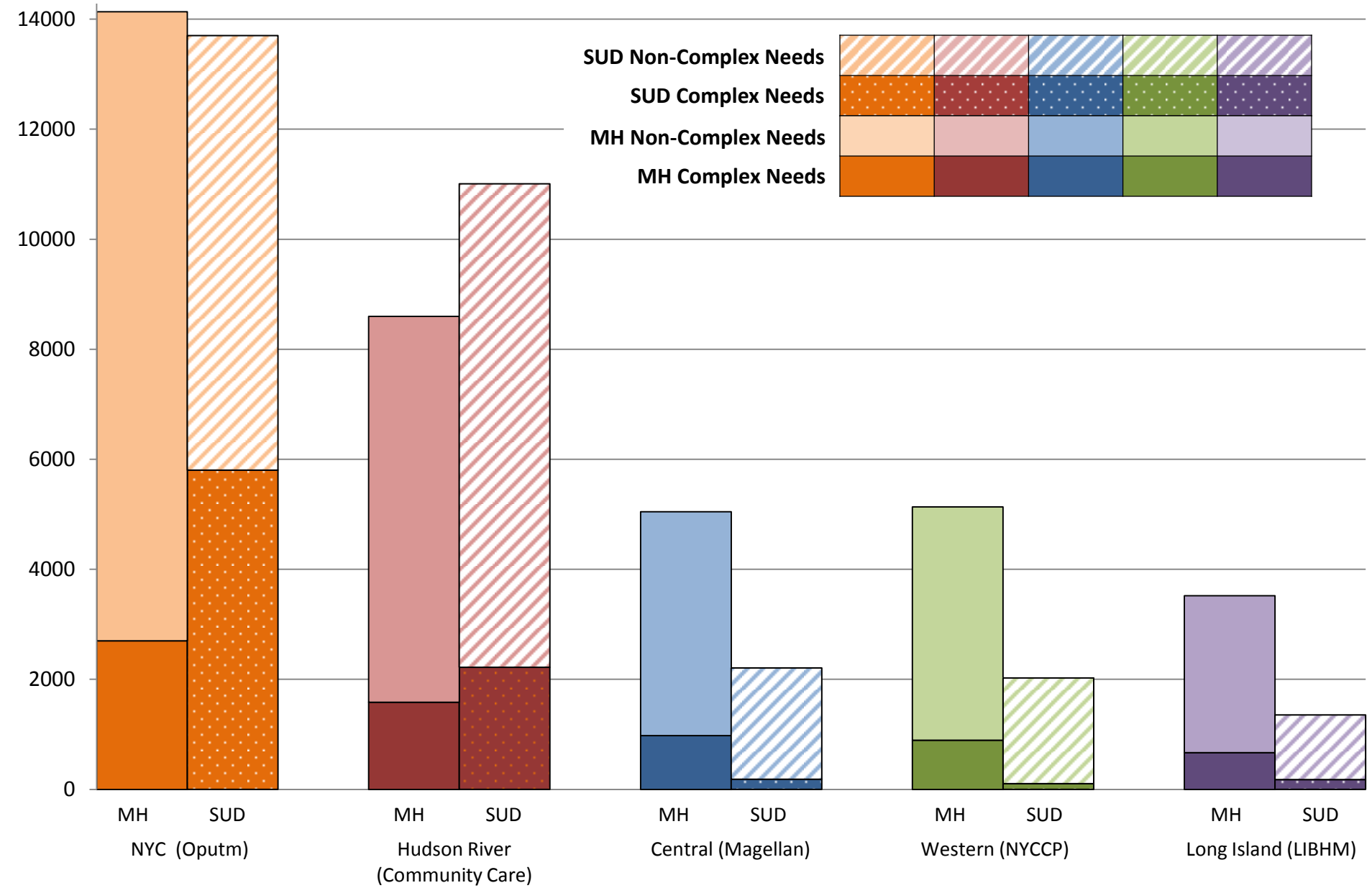
BHO Phase I Admissions

Of the 66,719 FFS admissions reported to BHOs over 18 months, 23% belonged to one or more of the following Complex Needs populations:

1. AOT: Individuals with active Assisted Outpatient Treatment orders (involuntary outpatient treatment)
2. Adult MH Readmissions: Adults admitted to a mental health inpatient unit who had a previous mental health admission in the prior 30 days
3. Youth MH Readmissions: Youth admitted to a mental health inpatient unit who had a previous mental health admission in the prior 90 days
4. SUD Readmissions: Individuals (all ages) admitted to a substance use disorder (SUD) inpatient unit who had a previous SUD admission in the prior 90 days
5. Multiple Detox Admissions: High Need Inpatient Detoxification: individuals with ≥3 inpatient detox admissions in the prior 12 months
6. High Need Ineffectively Engaged: ≥3 inpatient/ER visits in prior 12 months OR forensic mental health services in prior 5 years OR expired AOT order in prior 5 years, AND no claims indicating recent community-based services
7. Provider-nominated

Complex Needs and Non-Complex Needs Admissions

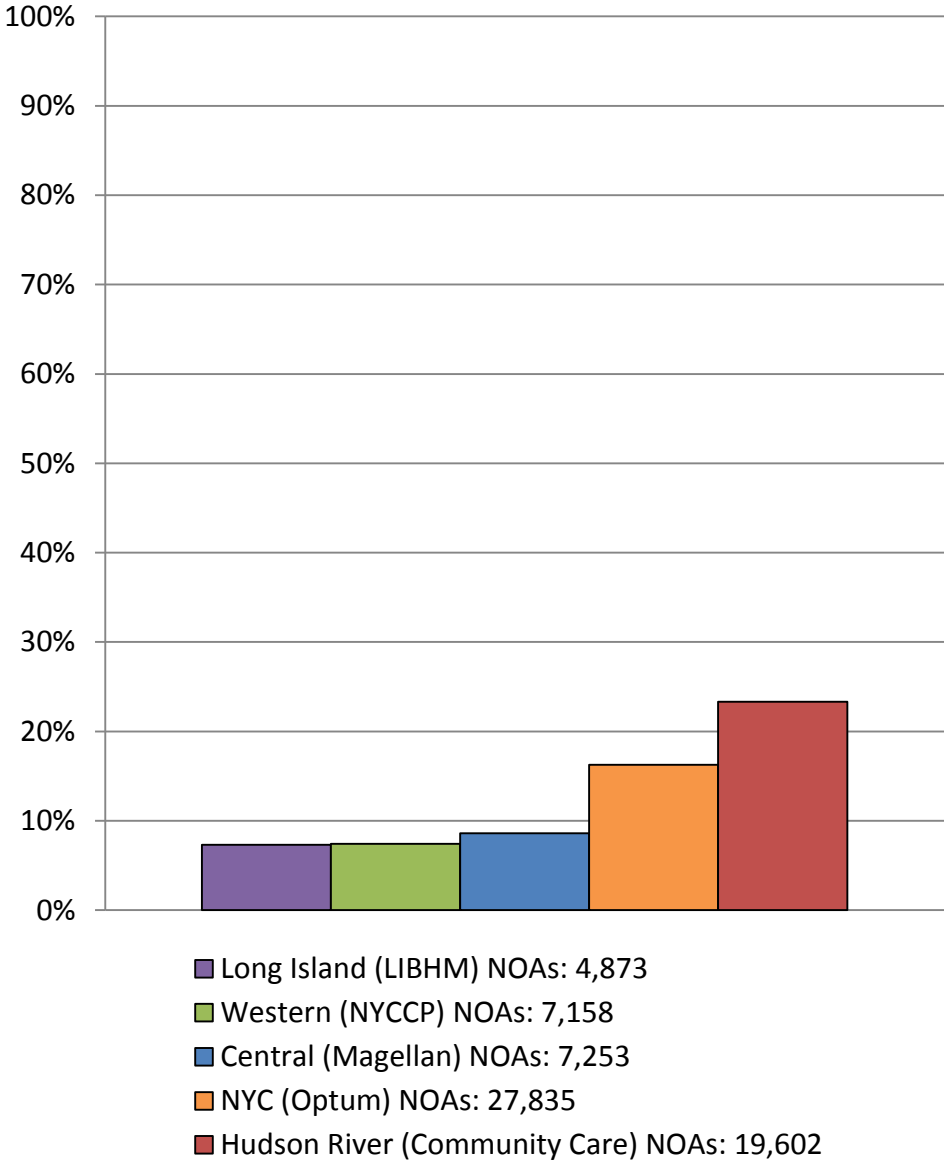
January 2012—June 2013



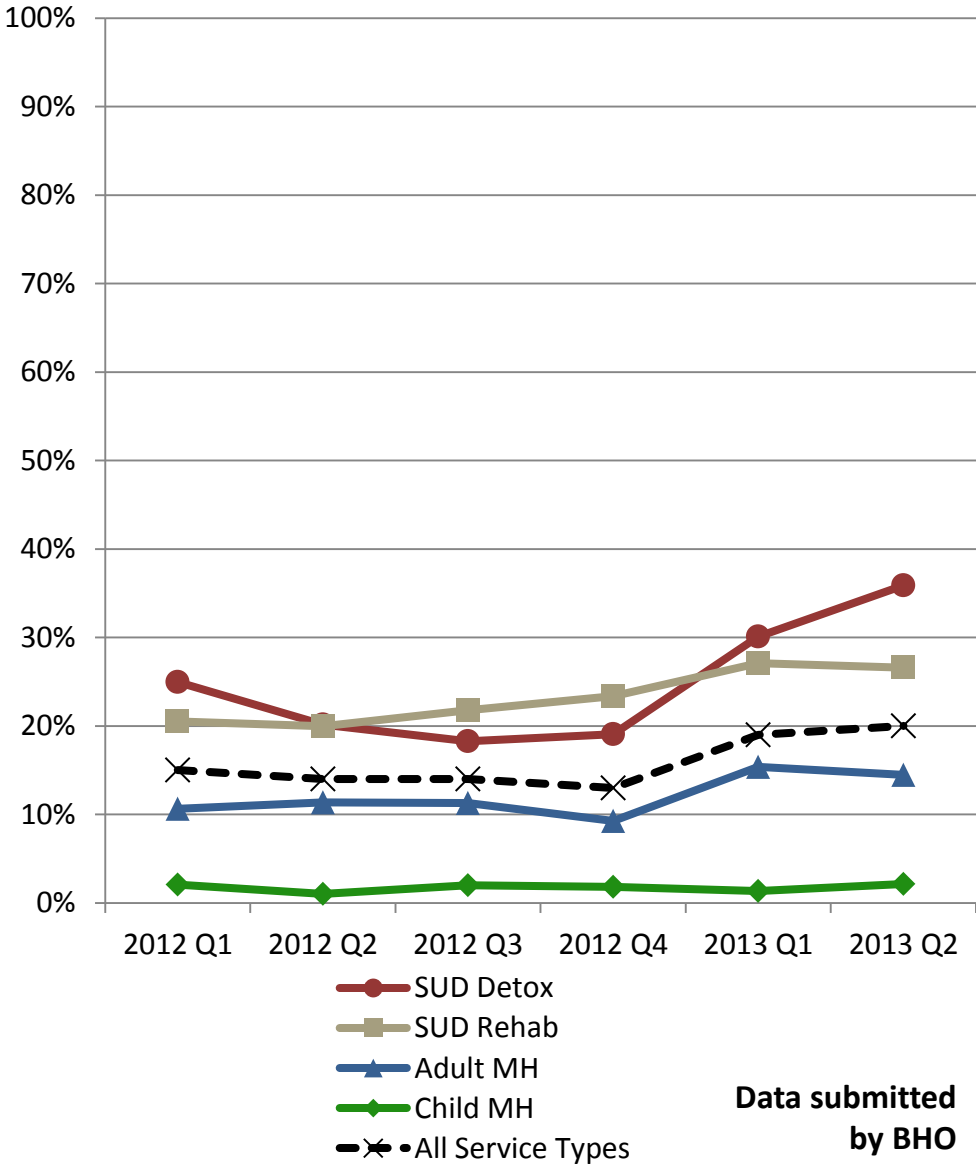
Data submitted by BHO

Rates of admissions of individuals who were homeless (shelter or street)

Regional, all service types, January 2012—June 2013

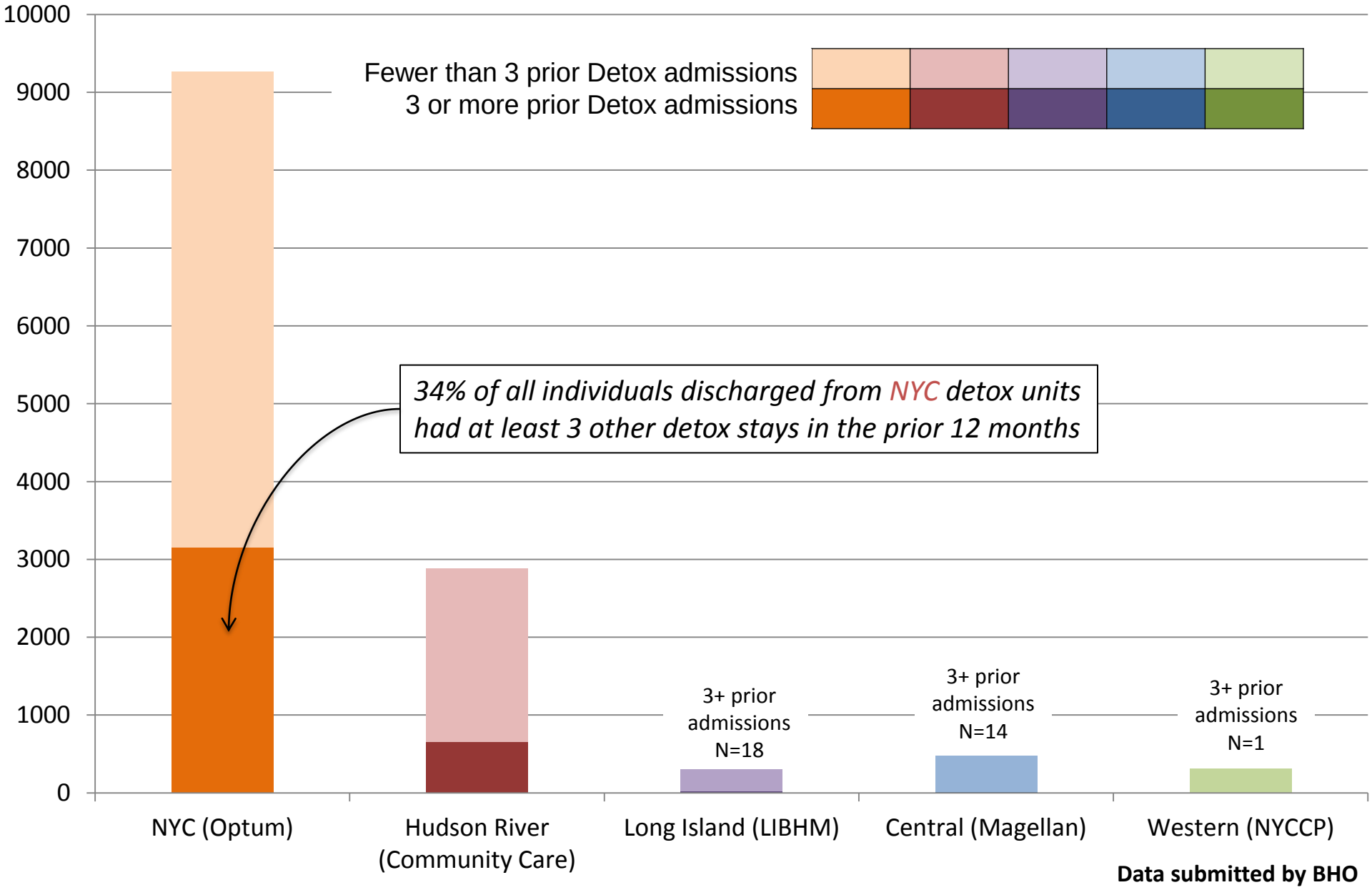


Statewide, by service type



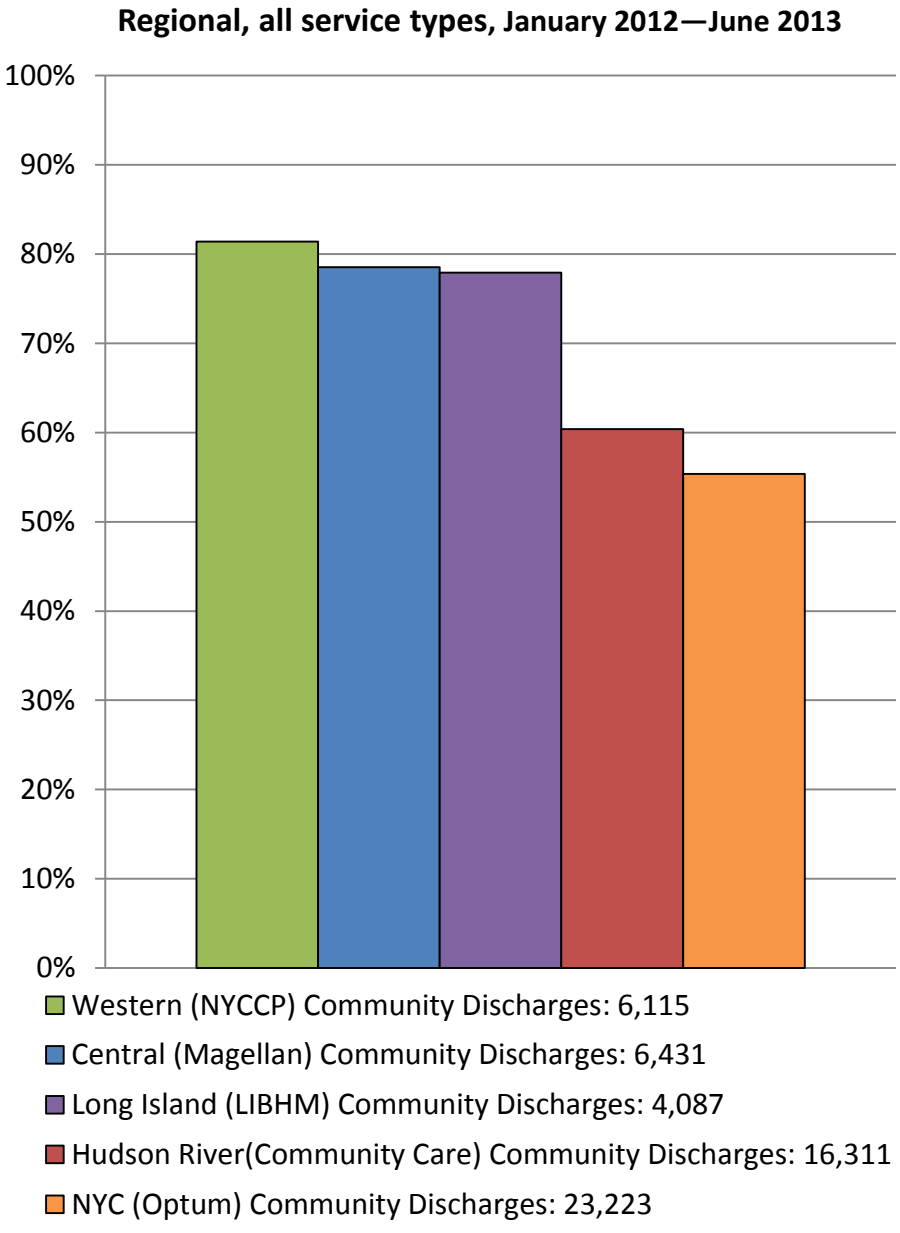
Data submitted by BHO

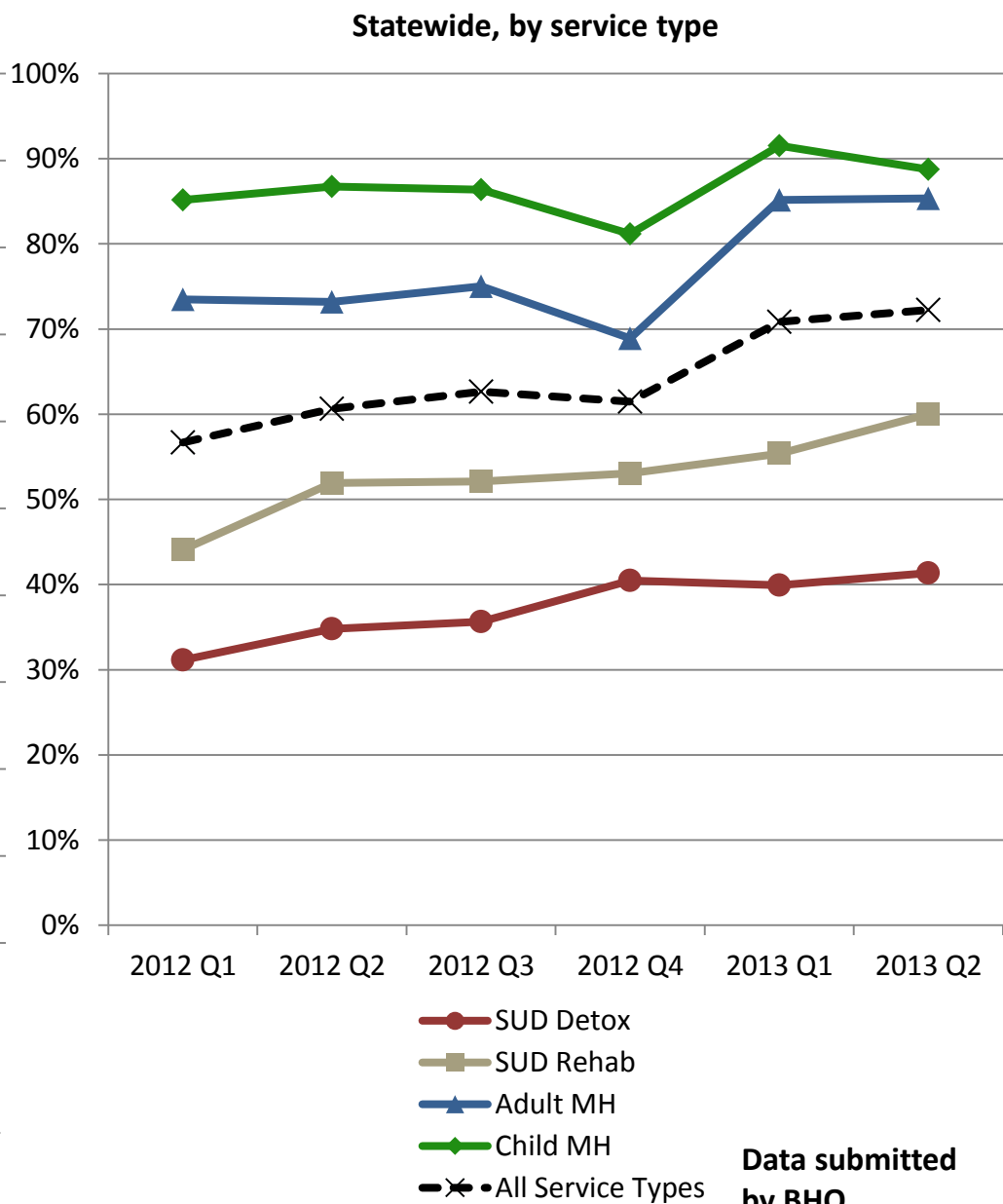
Individuals discharged from detox units who had multiple prior detox admissions, April 2012—June 2013



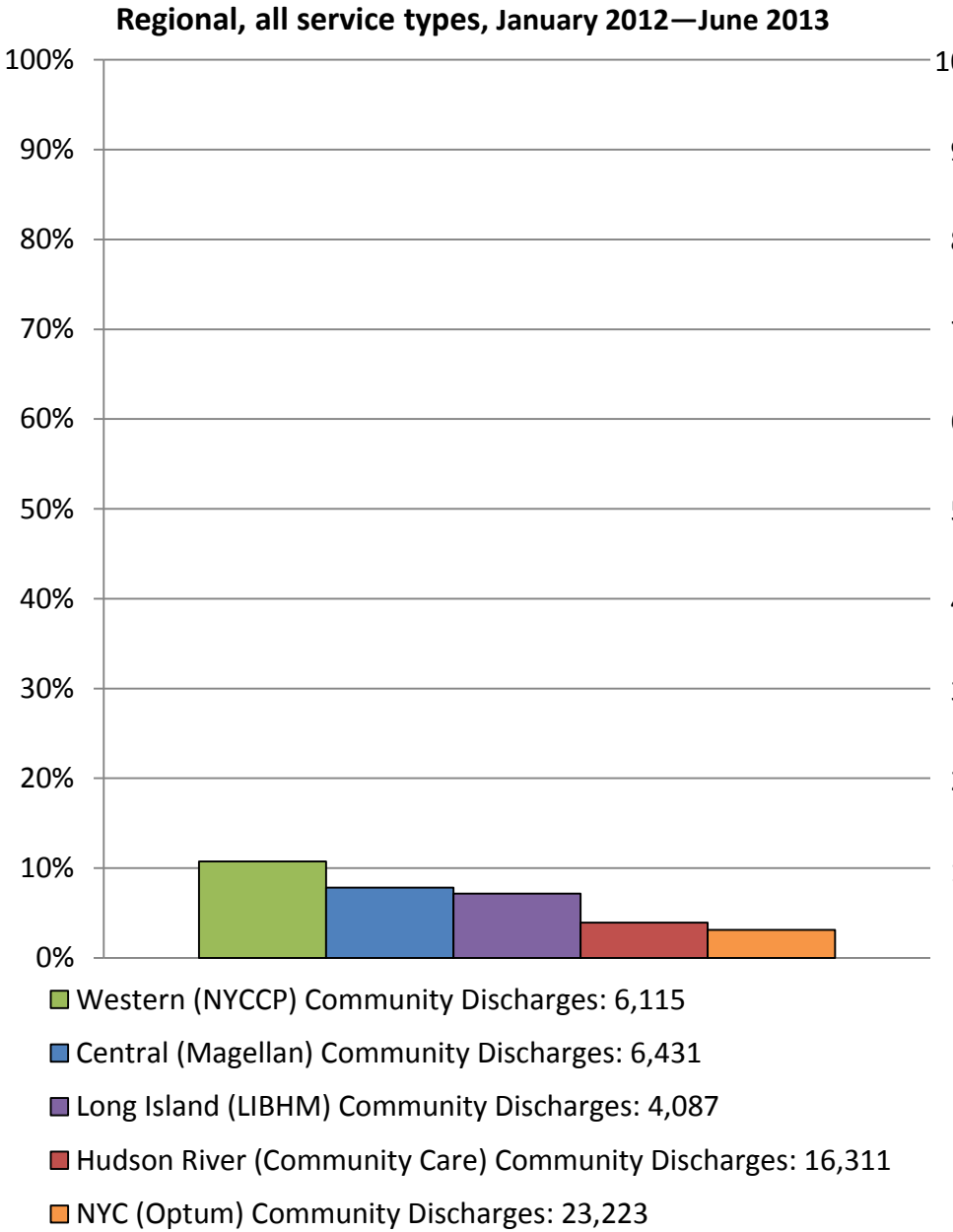
Data submitted by BHO

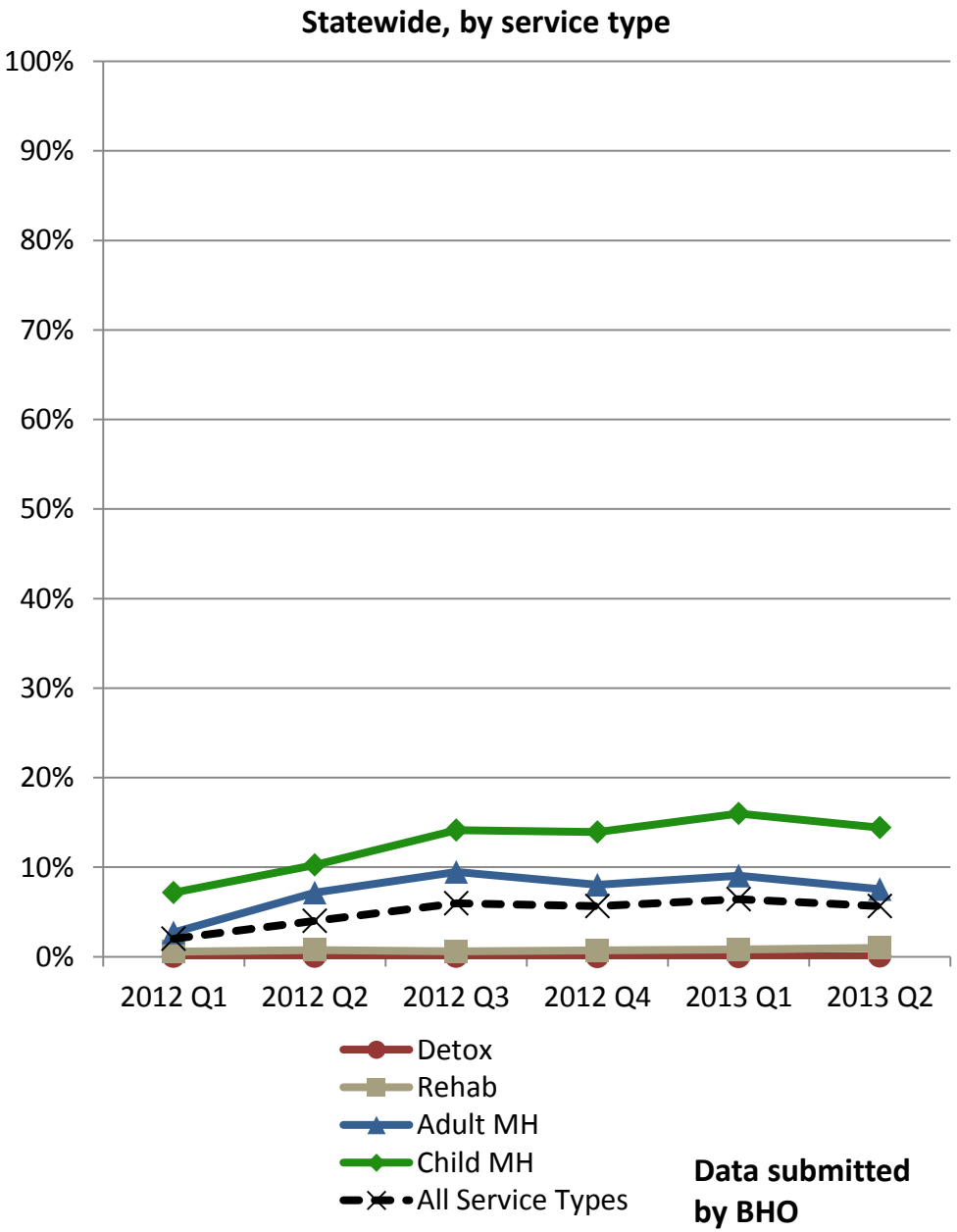
Rates of hospital providers scheduling appointments with outpatient MH providers (for MH discharges) or SUD providers (for SUD discharges) for individuals discharged to the community



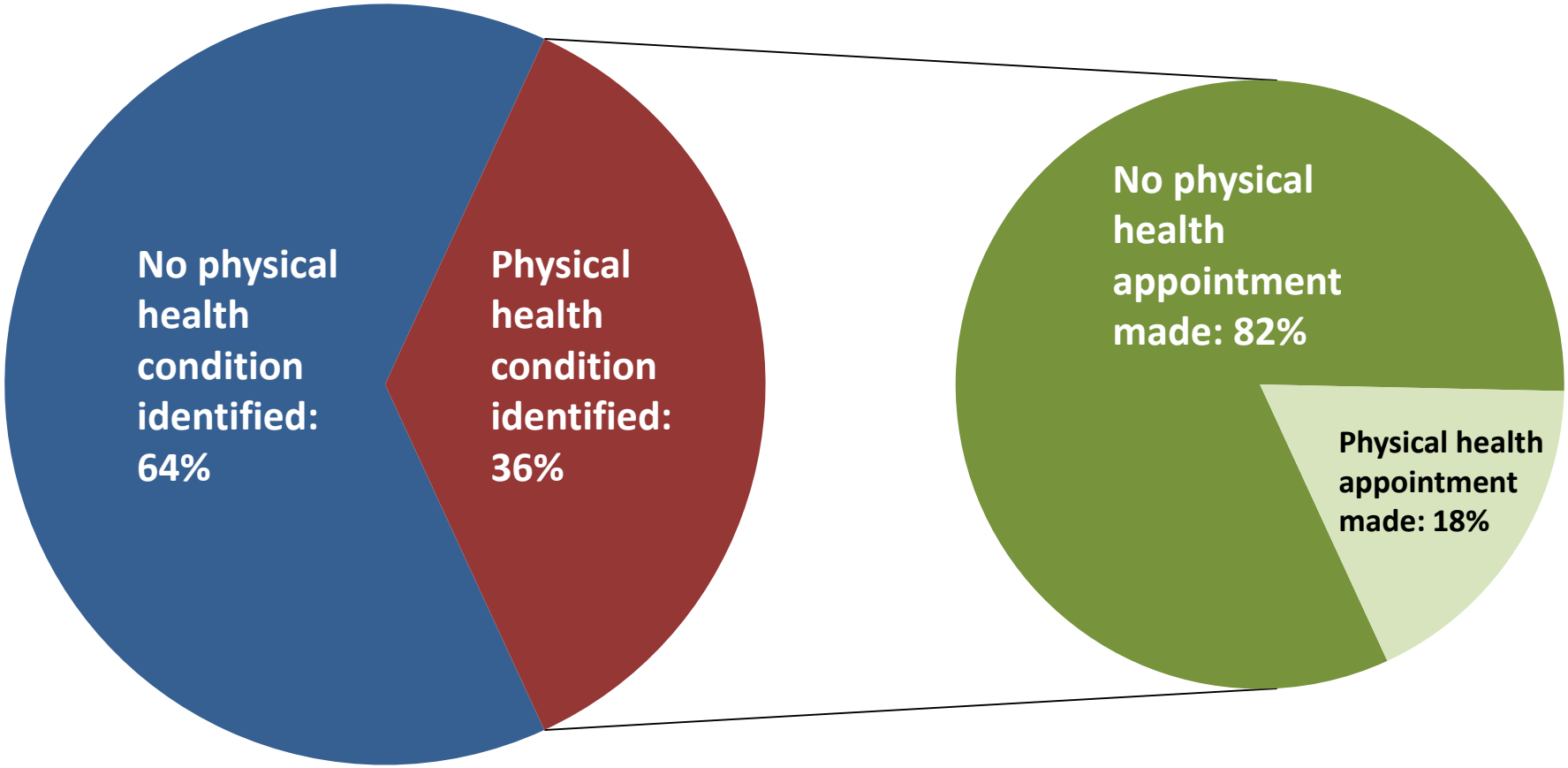


Rates of referrals for case management/housing support services (for individuals discharged to the community)





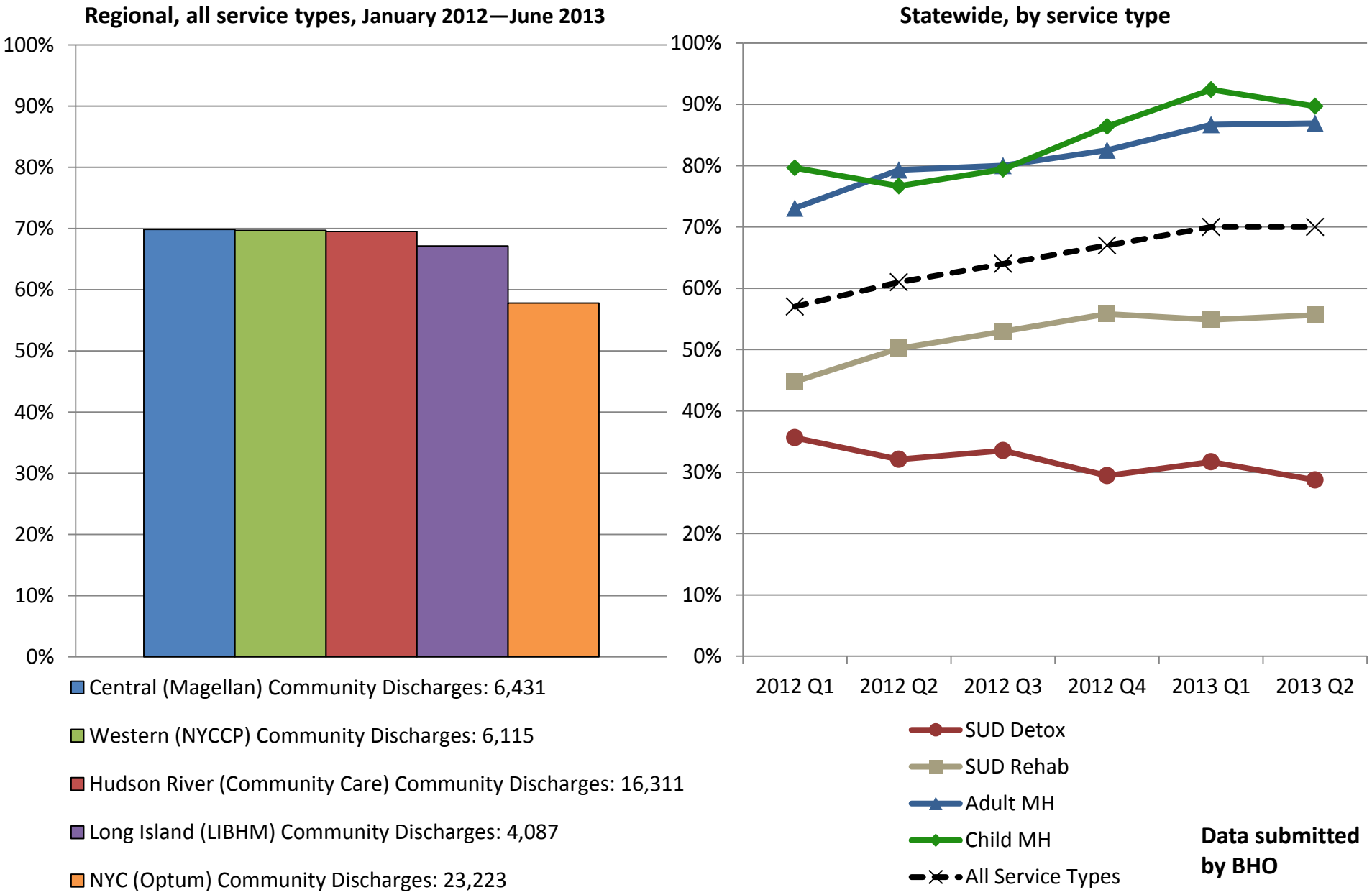
Integrated care: How often did behavioral health inpatient providers identify general medical conditions requiring follow-up, and did they arrange aftercare appointments?



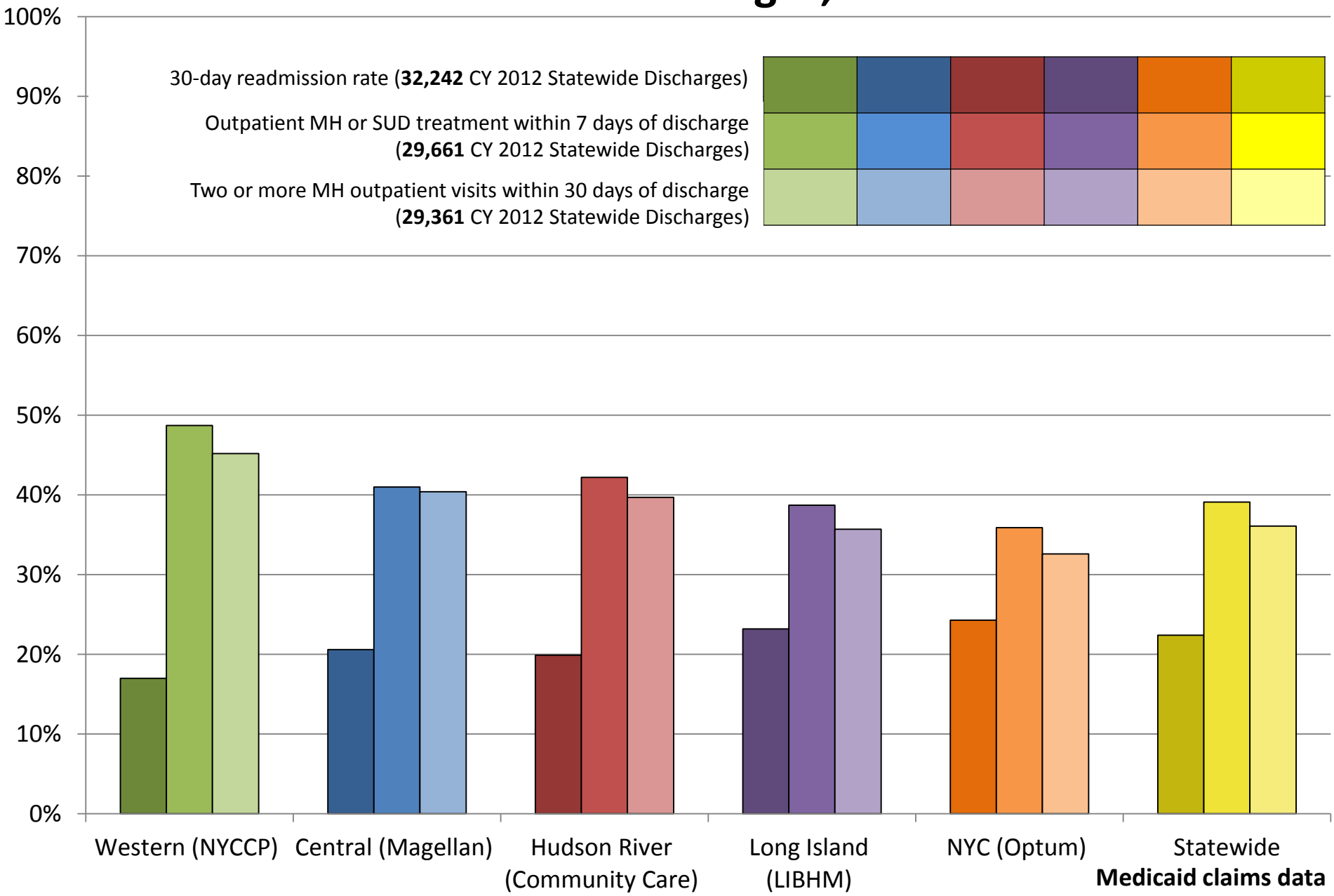
Based upon 56,167 behavioral health community discharges (all service types), January 2012—June 2013

Data submitted by BHO

Rates of inpatient providers sending case summaries to aftercare providers (for individuals discharged to the community)

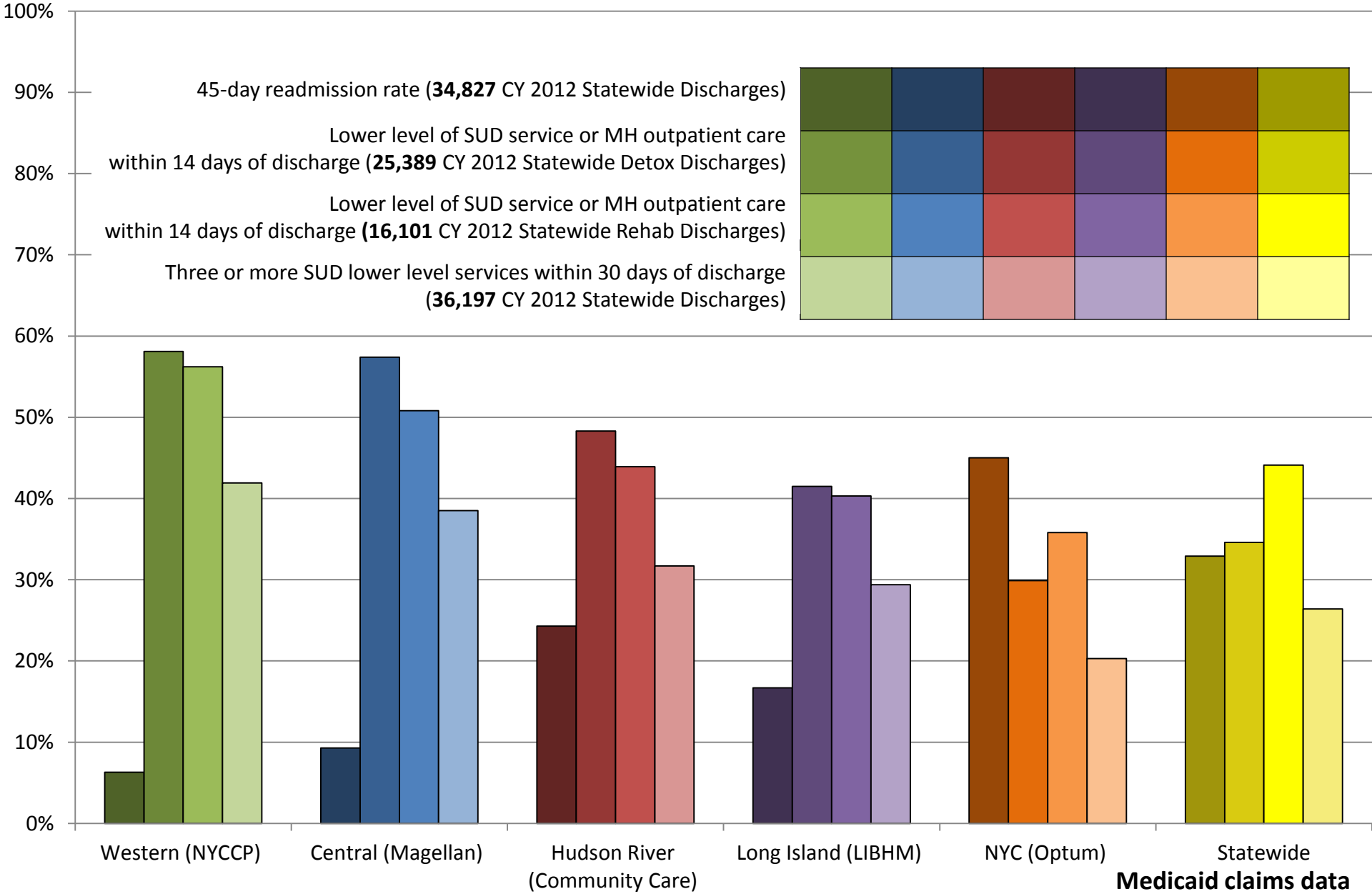


Post-discharge outcomes for Adult Mental Health fee for service discharges, 2012 YTD



Medicaid claims data

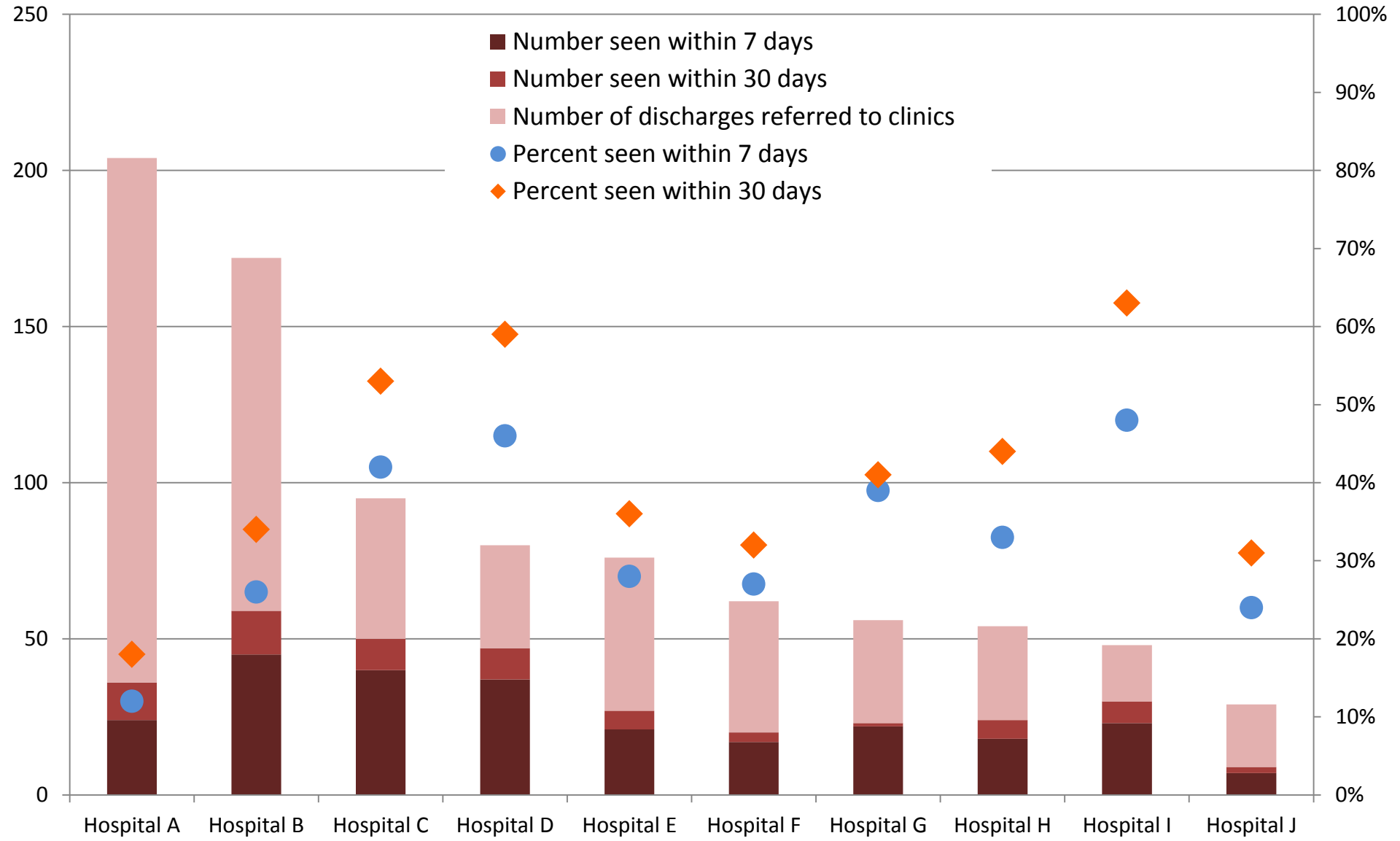
Post-discharge outcomes for SUD fee for service discharges, 2012 YTD



Medicaid claims data

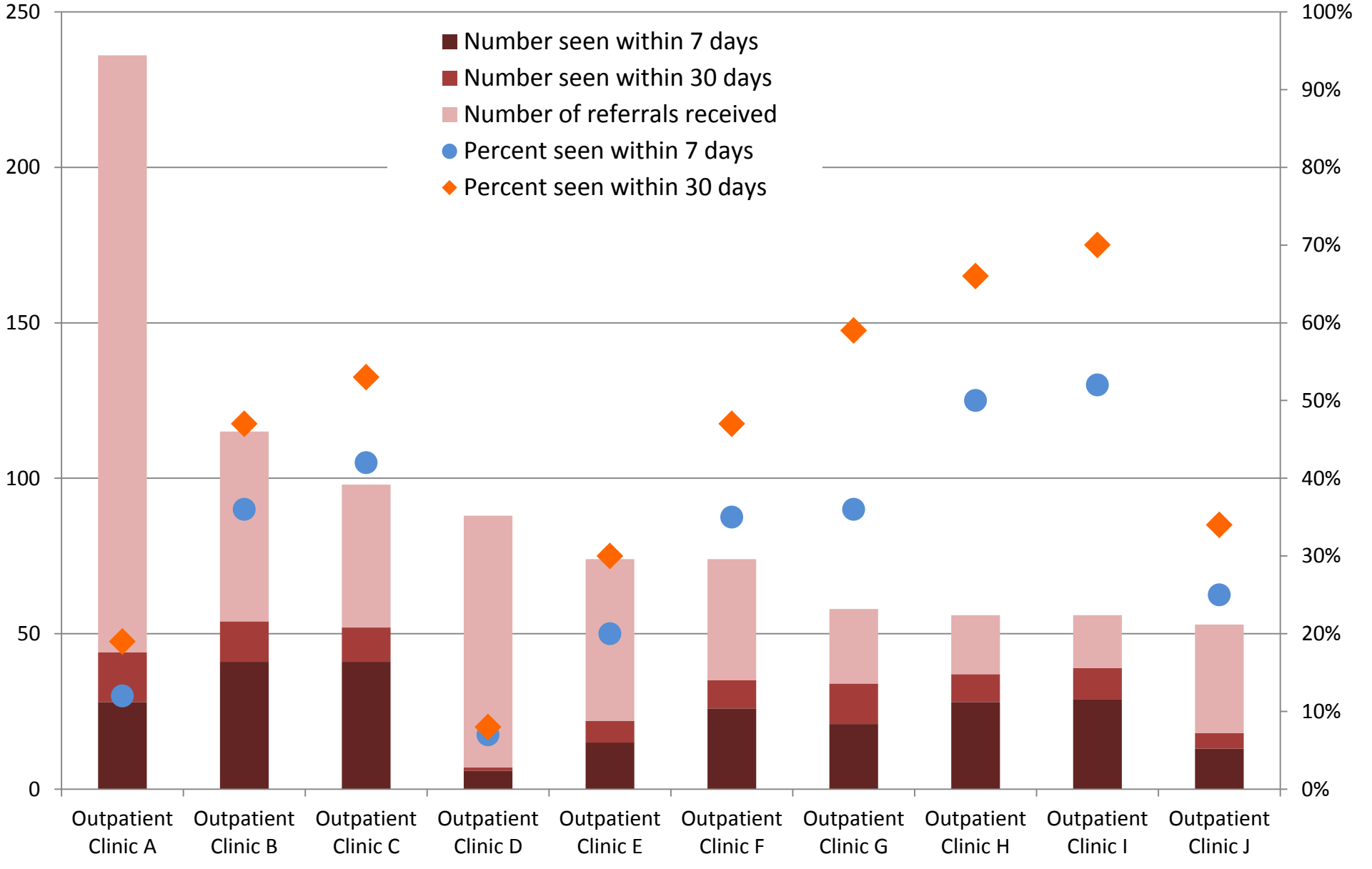
How do hospitals compare in rates of connection with outpatient services for adults discharged from their inpatient mental health units?

(CY 2012 Medicaid claims data for NYC hospitals that made the most referrals)



How do outpatient clinics compare in rates of connection to outpatient services for adults discharged from inpatient mental health units?

(CY 2012 Medicaid claims data for NYC clinics that received the most referrals)



BHO Phase I Summary

1. The FFS population includes many individuals with multiple treatment and care coordination needs.
2. Rates of hospital providers communicating with outpatient providers, scheduling aftercare appointments, and sending discharge summaries to aftercare providers are highly variable.
3. Many admitted individuals have physical health conditions requiring follow-up, but rates of scheduled aftercare appointments with a physical health provider for these individuals are low.
4. This population has high rates of inpatient readmission and low rates of continuity and engagement in post-discharge outpatient services.
5. Some of the highest volume providers have low rates of individuals successfully transitioning to outpatient services.