Overview of Community Mental Health Services (CMHS)

- Started in 1986 to serve patients with mental health needs and continue the public health mission of VNS.
- Operate 12 distinct programs, including acute services, long-term programs and children and family services.
- Serve more than 15,000 clients each year, offering services in 4 boroughs.
- Employ approximately 350 staffing.

Three key elements characterize our basic approach to care:
- An outreach approach; services are provided at home or in the community.
- Multidisciplinary teams provide services - Social Workers, Psychiatric Nurses, Social Work Assistants and Psychologists.
- All services are clinically oriented and based on a solid understanding of each client’s multi-system needs.

We provide care to underserved populations including:
- Those with acute and chronic mental illnesses.
- Children and adolescents with emotional and psychiatric problems.
- Mentally ill geriatric adults.
- Homeless individuals.
- Individuals with substance abuse disorders.

Our clients frequently suffer from multiple systems problems, including medical illness, substance abuse, poverty, legal and housing problems.

History of FRIENDS and Transition to VNSNY CMHS

- 1996: SAMSHA initially provided funding to develop the Mott Haven, Bronx Project – Families Reaching in Ever New Directions (F.R.I.E.N.D.S.)
- A strong emphasis was placed on developing a system-of-care approach to providing mental health services for Seriously Emotionally Disturbed (SED) children and their families.
- VNS Community Mental Health Services (CMHS) contracted with F.R.I.E.N.D.S., Inc. to provide outreach mental health assessment and crisis intervention services through our Mobile Community Support Team.

2004: VNS CMHS was awarded the entire contract by New York State Office of Mental Health (OMH) for the FRIENDS program and redesigned services
- Initial goal was to strengthen clinical focus.
- More clearly define program goals, treatment plans and termination dates.
- Reduce the numbers of siblings receiving services without formal assessment.
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- Reduce the numbers of siblings receiving services without formal assessment.

CMHS assumed operation of services and redesigned FRIENDS to create a stronger clinical operation.
- Goal was to offer high quality, evidence-based, clinical and cost-effective services.

FRIENDS Client Demographic Data (n=353)

Psychiatric Diagnoses: 48%

- Anxiety/PTSD
- Mood/Bipolar
- Depression due to stress
- ODD
- Other

Wages & Benefits: 41%

- Working
- PA
- PA + SSI
- Wages & Other
- Medicaid/HMO
- Unknown

FRIENDS Client Demographic Data (n=499)

Gender:

- Male: 48%
- Female: 52%

Ethnicity:

- White: 67%
- Black: 25%
- Latino: 7%
- Other: 1%

Custody:

- Parent/Child: 88%
- Other Relative: 6%
- Guardian: 4%
FRIENDS Program Integration
Creating a local "System of Care"

Identifying Need – Purpose of Integration
- High percentage of current shared cases between FRIENDS Crisis & FRIENDS Clinic – some role confusion for providers & families
- Need for more formalized care coordination for families already within care in multiple program components
- Reduction of the need for families to "tell their story" multiple times – one intake as opposed to 2 or 3
- Fluid continuum of care available for families – treatment tailored to their current level of need and regularly re-evaluated
- Ability to offer multi-disciplinary team approach to treatment with shared goals
- Create program efficiencies - combining staff resources and streamlining procedures will increase levels of service and reduce expenses for both programs
- Staff integration promotes common goals and purpose for staff and increased morale
- System will offer a comprehensive array of MH and supportive services in one location to families in the community that is unique to the South Bronx

FRIENDS Program Integration
Philosophy of Care
- To use the least invasive course of treatment, leading to the highest empowerment of parents and children to markedly improve their social, emotional and educational functioning
- To provide the most readily accessible, shortest-term treatment to achieve the family’s goals
- To empower families with the tools to meet the needs of their children independent of care

Traditional Service Delivery – Business as Usual

Program Design Post-Integration

FRIENDS Program Integration – New Service Delivery Overview

Integrated Intake Department
- Clients/referral sources call one phone number to access services
- Initial phone screening conducted to determine overall eligibility for services
- Thorough assessment conducted with child/family to determine immediate clinical need and appropriate level of care
- Psychiatric appointments scheduled once initial assessment is completed – based on acuity and need
- Multidisciplinary triage meetings held weekly to discuss new cases – staff “rotate” through intake
- Psychological testing available at assessment phase if needed to provide services or transition to OMRDD system
- Transition to appropriate level of care once assessment completed – either crisis services or clinic services
- Supportive services recommended through assessment, Family Care Coordinators assigned as appropriate
- Uniform paperwork and staff collaboration eliminates need for multiple intakes

FRIENDS Program Integration – New Service Delivery Overview

Care Coordination
- Family Care Coordinators (FCC) assigned to cases as needed, usually after assessment completed
- Provide educational advocacy, benefits and concrete support assistance, linkage to external services/supports
- Coordinates overall care within the FRIENDS system – helps family/child transition between program components and is primary holder of family information for all staff involved in case

Supportive Services
- All families within FRIENDS system eligible for supportive services at any point throughout care
- After school programming redesigned to offer milieu setting programming combined with therapeutic groups
New York City Medicaid Data – CY 2006
Personal Communication – Dr. Thomas Smith, NY State Office of Mental Health

Utilization Per Episode of Care:
- 25% - attended single visit
- 27% - attended 2 – 5 visits
- 24% - attended 6 – 20 visits
- 24% - attended >20 visits

Length of Time to 2nd visit
(1st visit after intake)
- 11% - w/in 1 week
- 34% - w/in 2 weeks
- 46% - w/in 3 weeks
- 53% - w/in 4 weeks

Summary of NYC 2006 Medicaid Data
Personal Communication – Dr. Thomas Smith, NY State Office of Mental Health
- Less than 25% of clients have more than 20 contacts during an episode.
- Clients with more intensive service use (>20 contacts per episode) account for 70% of all contacts during a year.
- About one-third of the clients return for the second visit within 2 weeks; about one-half within a month.
- In a given year, 96% of the clients only use one clinic.
- In one-quarter of all episodes of care, the person comes to the clinic only once.
- In over half of all episodes, the person came 5 times or less.

Summary VNSNY FRIENDS Data

<table>
<thead>
<tr>
<th># of Clients Served</th>
<th>Sept. '08 – Feb. '09</th>
<th>Sept. '09 – Feb. '10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis</td>
<td>136</td>
<td>119</td>
</tr>
<tr>
<td>Clinic</td>
<td>132</td>
<td>207</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLINIC</th>
<th>Sept. '08 – Feb. '09</th>
<th>Sept. '09 – Feb. '10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Visits Scheduled</td>
<td>1,458 (n=132)</td>
<td>1,550 (n=177)</td>
</tr>
<tr>
<td>Visits Completed</td>
<td>1,044 (n=132)</td>
<td>1,060 (n=166)</td>
</tr>
<tr>
<td>No-Shows/Cancellations</td>
<td>414</td>
<td>490</td>
</tr>
</tbody>
</table>

Summary VNSNY FRIENDS Data
Utilization Per Episoides of Care

<table>
<thead>
<tr>
<th>CLINIC</th>
<th>Sept. '08 – Feb. '09</th>
<th>Sept. '09 – Feb. '10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Visits</td>
<td>1,034 (n=113)</td>
<td>1,060 (n=166)</td>
</tr>
<tr>
<td>Attended 1 Visit</td>
<td>18%</td>
<td>31%</td>
</tr>
<tr>
<td>Attended 2 – 5 Visits</td>
<td>31%</td>
<td>23%</td>
</tr>
<tr>
<td>Attended 6 – 20 Visits</td>
<td>40%</td>
<td>44%</td>
</tr>
<tr>
<td>Attended &gt;20 Visits</td>
<td>12%</td>
<td>2%</td>
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Summary VNSNY FRIENDS Data
Timeframes for Admission

<table>
<thead>
<tr>
<th>CLINIC</th>
<th>Sept. '08 – Feb. '09</th>
<th>Sept. '09 – Feb. '10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average # of Days</td>
<td>24 (n=132)</td>
<td>49 (n=138)</td>
</tr>
<tr>
<td>Median # of Days</td>
<td>18</td>
<td>48</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CRISIS</th>
<th>Sept. '08 – Feb. '09</th>
<th>Sept. '09 – Feb. '10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average # of Days</td>
<td>11 (n=132)</td>
<td>11 (n=135)</td>
</tr>
<tr>
<td>Median # of Days</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td># of Cases with 0 Days</td>
<td>21</td>
<td>11</td>
</tr>
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</table>

Summary VNSNY FRIENDS Data
Timeframes for Transition to Ongoing Treatment

<table>
<thead>
<tr>
<th>CLINIC</th>
<th>Sept. '08 – Feb. '09</th>
<th>Sept. '09 – Feb. '10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average # of Days</td>
<td>11 (n=96)</td>
<td>17 (n=85)</td>
</tr>
<tr>
<td>Median # of Days</td>
<td>9</td>
<td>11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CRISIS</th>
<th>Sept. '08 – Feb. '09</th>
<th>Sept. '09 – Feb. '10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average # of Days</td>
<td>35 (n=96)</td>
<td>20 (n=86)</td>
</tr>
<tr>
<td>Median # of Days</td>
<td>33</td>
<td>20</td>
</tr>
</tbody>
</table>
Summary VNSNY FRIENDS Data
Access to Care
Admission/Intake to 1st Appointment

<table>
<thead>
<tr>
<th>CLINIC</th>
<th>W/in 1 Week</th>
<th>W/in 2 Weeks</th>
<th>W/in 3 Weeks</th>
<th>W/in 4 Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>'08</td>
<td>39%</td>
<td>78%</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>'09</td>
<td>33%</td>
<td>62%</td>
<td>69%</td>
<td>83%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CRISIS</th>
<th>W/in 1 Week</th>
<th>W/in 2 Weeks</th>
<th>W/in 3 Weeks</th>
<th>W/in 4 Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>'08</td>
<td>5%</td>
<td>24%</td>
<td>32%</td>
<td>43%</td>
</tr>
<tr>
<td>'09</td>
<td>27%</td>
<td>39%</td>
<td>52%</td>
<td>67%</td>
</tr>
</tbody>
</table>

Summary of FRIENDS Data / Discussion Points

Pre Integration:
- Care was fragmented, not oriented toward specific need and acuity level of clients
- Families experienced several intakes
- Crisis cases had long timeframes between admission and 1st visit
- Clinic was in start-up phase with increasing numbers of clients and staff

Post Integration:
- Crisis cases are moving from intake to 1st visit on average 15 days sooner
- Access to care has increased – volume higher in '09 - '10
- Families need only to work with 1 intake person regardless of presenting problem – their care within our system is coordinated

Data suggests that new cases are more appropriately assigned to a level of care
- At 6 months into the integration of programming, it is too early to understand the full impact on client engagement and access to care
- Data analysis has illuminated areas within the intake process that need further attention
  - No-show rates for first visits and beyond remain high
  - Clients not moving from intake to 1st visit more noticeably post-integration
  - Shifting not increasing at the same rate as client volume, leading to full caseloads
- Percent of clients attending >20 visits cannot yet be determined
- Need to focus on discharges to ensure adequate capacity to enroll new clients into the system

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