



# **Mental Health Services under Health Care Reform: Impact on AAPI Communities**

**Presented by: Dr. K. Loan Mai  
AHSSC. May 18, 2012**



# Mental Health Services & Health Care Reform: Impact on AAPI Communities

## Basic Information

### About

The New York Medicaid Redesign Team (MRT) was tasked by Governor Cuomo to find ways to reduce costs and increase quality and efficiency in the Medicaid program.

### Description

New York Medicaid spends more than \$53 billion annually to provide health care to more than 4.7 million people in need. Medicaid is the largest health insurance program in New York State. These costs are supported by state, county and federal taxpayers.

### General Information

We want to hear from you...

Attend and play a part in public hearings.

Attend team meetings.

Provide ideas at: <http://www.health.ny.gov/medicaidredesign>

We have collected over 4,000 ideas through the Medicaid Redesign Website. Once all public feedback has been collected a report will be available at: <http://www.health.ny.gov/medicaidredesign>.

- <http://www.facebook.com/NewYorkMRT?sk=info>



# Mental Health Services & Health Care Reform: Impact on AAPI Communities

## New York City Health Indicators by Race/Ethnicity, 2007-2009

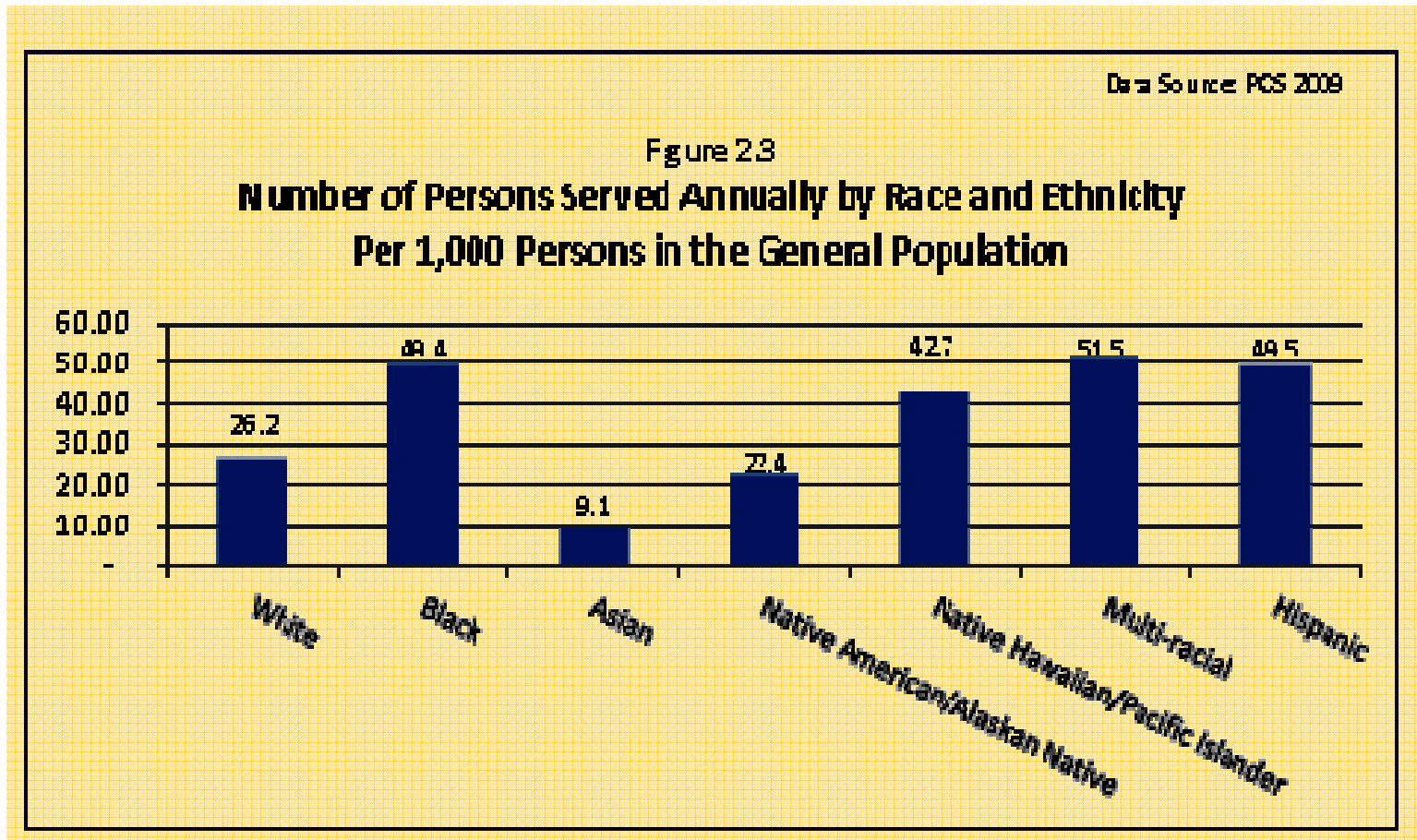
Health Indicator	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
<b>Socio-Demographic Indicators</b>					
Population (2009)	3,018,880	1,992,165	1,037,261	2,315,041	8,391,881
Percent of Population	36.0%	23.7%	12.4%	27.6%	100.0%
Median Annual Household Income in US Dollars (2007-09) *	69,973	40,075	52,894	34,563	50,512
Percent of Families Below Poverty (2007-09) *	7.6%	17.9%	15.7%	24.8%	15.5%
<b>General Health Indicators</b>					
Total Mortality per 100,000, Age-adjusted	571.3	745.3	343.9	523.3	594.9
Percent Premature Deaths (< 75 Years)	31.8%	59.6%	47.2%	59.6%	45.0%
Years of Potential Life Lost per 100,000, Age-adjusted	4,424	8,769	2,466	5,217	5,544
<b>Substance Abuse and Mental Health-Related Indicators</b>					
Drug-related Hospitalizations per 10,000, Age-adjusted	23.1	59.2	3.8	43.5	36.4
Suicide Mortality per 100,000, Age-adjusted	6.9	3.4	4.6	3.9	5.2

<http://www.health.ny.gov/statistics/community/minority/county/newyorkcity.htm>



# Mental Health Services & Health Care Reform: Impact on AAPI Communities

[http://www.omh.ny.gov/omhweb/planning/statewide\\_plan/2011\\_to\\_2015/Chapter\\_4.pdf](http://www.omh.ny.gov/omhweb/planning/statewide_plan/2011_to_2015/Chapter_4.pdf)



# Patient Characteristics Survey Reports

**Clients Served by Program by Race/Ethnicity - Survey Week 2011**  
**Region = Statewide. OMH Programs**

<http://bi.omh.ny.gov/pcs/Summary%20Reports?pageval=prog-race&yearval=2011>

	Total Clients	Race/Ethnicity					
		White	Black	Hispanic	Other*	Multi Racial	Unknown
<b>Statewide</b>	<b>178272</b>	<b>81366</b>	<b>42553</b>	<b>41472</b>	<b>7422</b>	<b>3251</b>	<b>2208</b>
<a href="#">Emergency</a>	4191	1701	1124	1006	130	125	105
<a href="#">Inpatient</a>	12282	5563	3827	2069	540	260	23
<a href="#">Outpatient</a>	122082	55580	25269	32229	5254	2433	1317
<a href="#">Residential</a>	29216	13103	9791	4634	669	887	132
<a href="#">Support</a>	40667	19557	10846	6784	1489	1335	656

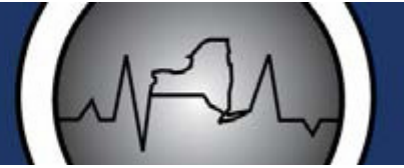
# Asian Americans in New York City: A Decade of Dynamic Change 2000-2010 (2012)

**Table 4.11 Impact of Great Recession on Major Race and Ethnic Groups in New York City**

<b>Measures</b>	<b>Asian Alone or in Combination</b>	<b>Black Alone or in Combination</b>	<b>Hispanic</b>	<b>Non-Hispanic White Alone</b>
<b>Unemployment Rates</b>				
2005-2007	6.1%	11.1%	9.9%	5.1%
2008-2010	8.3%	12.8%	11.4%	6.7%
Percentage Point Change	2.2%	1.7%	1.5%	1.6%
<b>Poverty Rate Overall</b>				
2005-2007	17.1%	21.7%	27.8%	11.2%
2008-2010	18.5%	22.2%	27.7%	11.6%
Percentage Point Change	1.4%	0.5%	-0.1%	0.4%
<b>Poverty Rate for Children</b>				
2005-2007	21.2%	30.2%	38.5%	16.0%
2008-2010	22.8%	31.4%	38.2%	16.8%
Percentage Point Change	1.6%	1.2%	-0.3%	0.8%
<a href="http://www.aafederation.org/publications.asp">http://www.aafederation.org/publications.asp</a>				

# Redesigning

## THE MEDICAID PROGRAM



### 2012 Statewide Comprehensive Plan Interim Report

“In the first few months of 2011, the MRT’s work focused on development of a series of reform proposals focused primarily on achieving financial savings in the Medicaid program; these reforms were officially adopted as part of the 2011-12 NYS budget in March. Among the major elements of these reforms most pertinent to OMH and individuals with mental illness were: 1) **commitment to a three-year phase-in of care management for all Medicaid beneficiaries and bringing fee-for-service payment arrangements to an end; 2) preparing for the expansion of patient-centered medical homes and implementation of Health Homes; and, 3) initiating regional Behavioral Health Organizations (BHOs) to bring about an integration of physical and behavioral health care.**” (pg. 3)

## Behavioral Health Organizations (BHO)

Incorporated within the 2011-12 NYS Budget was the authority for OMH and OASAS to contract with regional BHOs. This authority is the first step toward **transitioning from a fee-for-service environment to a care management environment**, following the growing recognition that “unmanaged care” is no longer satisfactory for individuals with mental illness and that mental health care integrated with other physical and substance use services is preferable. **However, little experience with these managed care arrangements involving individuals with the most severe mental health conditions exists.**

This first step, commonly referred to as “BHO Phase I,” resulted in five regional BHOs selected (Western NY, Central NY, Hudson River, Long Island and New York City) to:

- Monitor behavioral health inpatient lengths of stay
- Reduce unnecessary behavioral health inpatient hospital days
- Reduce behavioral health inpatient readmission rates
- Improve rates of engagement in outpatient treatment post discharge
- Improve understanding of the clinical conditions of children diagnosed as having a Serious Emotional Disturbance (SED)
- Profile provider performance





## **Mental Health Services & Health Care Reform: Impact on AAPI Communities**

### **Demographics and usage**

- From the 2010 Census, AAPIs make up **13.9%** of NYC (up from 10.9% in 2000), at an overall increase of 30%.
- In 2009, amongst Asian/Pacific Islanders there were 1992 children/youth, 8750 adults and 917 elderly representing **1%** of children/youth service users, **2%** of adult service users and **2%** of elderly service users.
- In 2009, the modal diagnosis for Asian children/youth was ADHD (**30%**), followed by adjustment disorders (**28%**).

- The modal diagnosis for Asian adults was psychoses (39%) as it was for Blacks. The modal diagnosis for elderly Asian service users was depression and the proportion of elderly Asians with this diagnosis (50%) was higher than the proportion for any other racial/ethnic group.
- While service usage rates for Asian children/youth and adults have increased over time (to 14 weeks), Asian elderly rates have fluctuated with a substantial rate dip in 2009 (to 8 weeks).
- In 2009, Asian children/youth had rates comparable to White children/youth, adults had higher rates than Whites (14 vs. 12) and the elderly had 5 weeks less of service than Whites (8 vs. 13).

# Mental Health Services & Health Care Reform: Impact on AAPI Communities



**Unmet Needs Assessment Report** (660kb) The overall goal of this report is to identify unmet needs in New York State (NYS) populations at high risk of needing mental health services. This report focuses on disparities for several high-risk groups: racial and ethnic minorities, children, rural populations, and gay, lesbian, bisexual and transgender (LGBT) individuals. The report was produced by The Centers of Excellence for Cultural Competence (CECC) at the Nathan Kline Institute and the New York State Psychiatric Institute.

<http://www.omh.ny.gov/omhweb/statistics/index.htm>

# Mental Health Services & Health Care Reform: Impact on AAPI Communities

Redesigning  
THE MEDICAID PROGRAM



NEW YORK STATE DEPARTMENT OF HEALTH

## Medicaid Redesign Team (MRT)

Health Disparities Work Group

FINAL RECOMMENDATIONS



# **Mental Health Services & Health Care Reform: Impact on AAPI Communities**

## **Summary Listing of Recommendations:**

- 1) Data Collection/Metrics to Measure Disparities**
- 2) Improve Language Access to Address Disparities**
- 3) Promote Language Accessible Prescriptions**
- 4) Promote Population Health Through Medicaid Coverage of Primary and Secondary Community-Based Chronic Disease Preventive Services**
- 5) Streamline and Improve Access to Emergency Medicaid**
- 6) Address Disparities in Treatment at Teaching Facilities**

**[http://www.health.ny.gov/health\\_care/medicaid/redesign/health\\_disparities\\_workgroup.htm](http://www.health.ny.gov/health_care/medicaid/redesign/health_disparities_workgroup.htm)**



## **Mental Health Services & Health Care Reform: Impact on AAPI Communities**

- 7) Address Disparities Through Targeted Training for NYS' Health Care Workforce**
- 8) Enhance Services to Promote Maternal and Child Health**
- 9) Enhance Services for Youth in Transition with Psychiatric Disabilities**
- 10) Promote Effective Use of Charity Funds**
- 11) Promote Hepatitis C Care and Treatment Through Service Integration**
- 12) Promote Full Access to Medicaid Mental Health Medications**
- 13) Medicaid Coverage of Water Fluoridation**
- 14) Medicaid Coverage of Syringe Access and Harm Reduction Activities**

**[http://www.health.ny.gov/health\\_care/medicaid/redesign/health\\_disparities\\_workgroup.htm](http://www.health.ny.gov/health_care/medicaid/redesign/health_disparities_workgroup.htm)**



# Mental Health Services & Health Care Reform: Impact on AAPI Communities

## *Resources on Health Disparities*

- *National Healthcare Disparities Report, 2010.*  
<http://www.ahrq.gov/qual/qdrdr10.htm>
- Agency for Healthcare Research and Quality:  
<http://statesnapshots.ahrq.gov/snaps10/dashboard.jsp?menuId=4&state=NY&level=0>
- *Assuring Health Equity for Minority Persons with Disabilities*  
<http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/ACMHHealthDisparitiesReport.pdf>
- American Public Health Association. *Evaluating the Economic Causes and Consequences of Racial and Ethnic Health Disparities, November 2008.*  
[http://www.apha.org/NR/rdonlyres/EF3D92F8-4758-4E49-85A1-D6EB8AD8CA89/0/Econ2\\_Disparities\\_Final.pdf](http://www.apha.org/NR/rdonlyres/EF3D92F8-4758-4E49-85A1-D6EB8AD8CA89/0/Econ2_Disparities_Final.pdf)
- Department of Health and Human Services (HHS). *Improving Data Collection to Reduce Health Disparities, June 2011.*  
[http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS\\_Plan\\_complete.pdf](http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf)



## Mental Health Services & Health Care Reform: Impact on AAPI Communities

- [http://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health\\_reform.htm](http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health_reform.htm)
- [www.healthcarereform.ny.gov/research\\_and.../roadmap\\_for\\_nys.pdf](http://www.healthcarereform.ny.gov/research_and.../roadmap_for_nys.pdf)
- <http://www.cdc.gov/omhd/Populations/AsianAm/AsianAm.htm>