

### Dissemination

Presentations about the work the WNYCCP have been made at numerous meetings ranging from the American Psychiatric Association to the National Association of County Behavioral Health Directors to the New York Association of Psychiatric Rehabilitation Services. At the request of the New York State Office of Mental Health, the WNYCCP provided state-wide training on person-centered planning in 2005.

### Consultation

Consultation is provided to counties and states engaged in similar efforts to transform their service system to one that is person-centered and recovery focused.

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**WNY CCP**  
Western New York Care Coordination Program



## OUR VISION



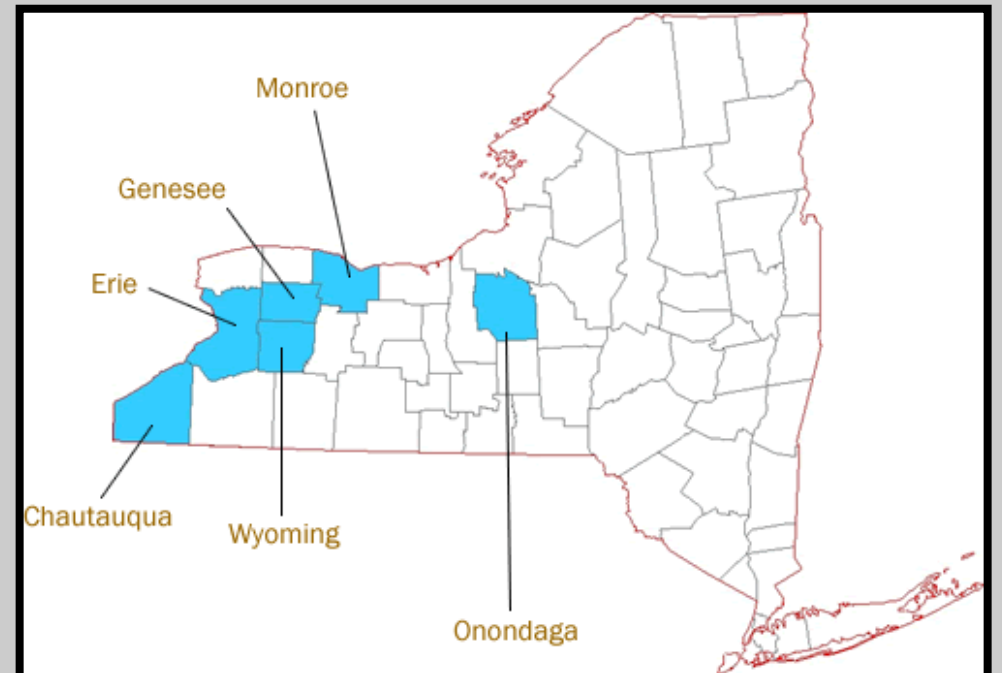
**System transformation  
to person-centered,  
recovery-focused health  
care, which supports  
people in defining and  
achieving a satisfying life.**

### OVERVIEW

The Western New York Care Coordination Program (WNYCCP) is a collaboration among county mental health departments, service providers and consumers in Chautauqua, Erie, Genesee, Monroe, Onondaga and Wyoming counties who share a belief in recovery and a common interest in the conservation of resources for the support of people with serious mental illness and/or chemical dependency.

With the support of New York State, WNYCCP participants have taken a series of steps to support person-centered, recovery-focused approaches to service planning, care coordination and service to adults diagnosed with serious mental illness.

WNYCCP has achieved significant results for participating individuals, marked by improvement in recipient reported quality of life, increases in gainful activity, and fewer emergency room visits, hospitalizations, and arrests. Medicaid costs for enrolled persons are lower than those for comparable groups in similar New York State counties.



## **TRANSFORMATION INITIATIVES**

### **Culture Change**

More than 1,500 practitioners have been trained in person-centered practices and have learned to work with individuals to provide treatment and support services as well as Individual Service Plans (ISPs). The ideal ISP promotes choice and empowerment while simultaneously meeting regulatory requirements for documenting medically necessary services.

### **Care Coordination**

Unlike traditional case management, care coordination begins with the individual's strengths and recovery goals, which are then used to create a personal plan for recovery.

Individuals frequently report a greater sense of ownership of their plan, make meaningful choices, and are more motivated to achieve their recovery goals. Resources and natural supports (outside the mental health system) are explored, based on the plan, to help individuals reach their recovery goals in a more flexible and efficient fashion.

### **Integration of Physical and Mental Health Services**

The integration of various services throughout the health care system is one way in which the WNY Care Coordination Program is striving to improve the lives of those with serious mental illness. Several pilot programs have been developed relating to the integration of physical and mental health services.

## **Finance Reform**

From its inception, a key goal of the WNY Care Coordination Program has been reform of the system for financing behavioral health services in order to facilitate better outcomes for individuals with serious mental illness.

Initiatives include availability of flexible funding, a demonstration Pay for Performance plan, and a partnership with Beacon Health Strategies, LLC to bring managed care technology and expertise to person-centered care coordination for individuals with complex physical and behavioral health issues.

## **OUTCOMES**

### **Medicaid Claims Data Analysis**

*2006 Comparable County Data –  
Mental Health Services*

Updated data comparing ICM/SCM/Blended/ACT recipients in the six WNYCCP counties to six comparable counties shows costs are lower by 93% for inpatient, 26% for outpatient, and 25% for community support.

### **Periodic Reporting Form Analysis as of September 2007**

Analysis of data from the quarterly Periodic Reporting Form shows continuing positive changes in the lives of individuals enrolled in the Western New York Care Coordination Program – gainful activity up 56% (including a 68% increase in competitive employment), arrests down 11%, physical harm to others down 51%, self harm down 56%, emergency room visits down 43%, inpatient down 44%.

## **Enrollee Satisfaction Survey 2007**

Year to year increases in enrollees reporting that services resulted in a better quality of life corresponds with increases in enrollees reporting that services were person-centered – and the timelines correspond with training for person-centered practices.

### **Review of Individual Service Plans for Hallmarks of Person-Centeredness**

Each year 10% of the Individual Service Plans developed by enrollees with their Care Coordinators are reviewed against the Hallmarks of Person-Centered Planning. The 2008 survey of ISP's shows continued improvement in plans which reflect the hallmarks of person-centered, recovery focused practices, and supports the effectiveness of the training.

## **GOVERNANCE**

The WNY Care Coordination Program is directed by a Steering Committee, which makes decisions at the policy level regarding the Program's values, goals, objectives, and initiatives. Implementation decisions are made at the county level. The Steering Committee is composed of fourteen voting members -- the six county directors of mental health, four providers, and four peer and family members -- and two non-voting members from the New York State Office of Mental Health.

## **STEERING COMMITTEE VOTING MEMBERS**

- ❖ Richard D'Amato, Peer Advocate, Housing Options Made Easy
- ❖ Patricia Brinkman, MBA, MSW, Director of Community Services, Chautauqua County Mental Health
- ❖ Carole Hayes Collier, Director of Community Based Peer Initiatives, Transitional Living Services
- ❖ Deborah Donahue, Executive Director Onondaga Case Management Services
- ❖ Phillip R. Endress, LCSW, ACSW, Commissioner, Erie County Mental Health Department
- ❖ Carl Hatch, Vice President, Catholic Family Center
- ❖ Howard Hitzel, Psy.D, President, Lake Shore Behavioral Health
- ❖ Robert C. Long, MPA, Co-Chair, WNYCCP Steering Committee, Commissioner, Onondaga County Department of Mental Health
- ❖ Jack McIntyre, MD, Clinical Professor of Psychiatry, University of Rochester
- ❖ Peter Notaro, Chautauqua County Mental Health Association
- ❖ Kathleen Plum, PhD, RN, Co-Chair, WNYCCP Steering Committee, Director, Office of Mental Health, Monroe County Department of Human Services
- ❖ Ellery Reaves, MPA, Director, Genesee County Mental Health Department
- ❖ Stephen Snell, LCSW, Director, Wyoming County Department of Mental Health
- ❖ Sharon Ward, Co-Chair, WNYCCP Peer and Family Advisory Group