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New York City Service System Analysis

of services for persons with IDD and Mental Health Needs

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Background

- Request from OPWDD to review current system in NYC
- Two Region wide pilots conducted in Regions 1 and 3
- Presentations in both NYC and LI to discuss the process and review steps of analysis, volunteers solicited to assist with the process.
- Data collection and report
- Recommendations back to OPWDD



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Process

- October 2014: Initial Citywide Meeting
 - December 2014- February 2015: On-Line Community Survey (313)
 - November 2014-February 2015: Focus Groups (9)
 - January-March 2015: Family Interviews (20)
 - March-April 2015: Analysis of Data Collected
 - April 24, 2015: Draft of Report Submitted
 - CETs conducted in each of the five boroughs
 - June 2015 presentation of final report
- In total about 700 New York City citizens participated in this process



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Questions to be Addressed

- How effective is the current community system of care in New York City in addressing the needs of individuals with intellectual/developmental disabilities and mental health needs/challenging behavior? (including resources being used)
- How can the NYSTART program help to enhance NYC's existing service delivery system to improve services and supports to those in need?
- What should the program design of NYCSTART look like?



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Medicaid Claims data findings FY 13-14 (\$114,000,000 annually)

- 23% of individuals within the OPWDD system statewide access emergency room services for psychiatric symptoms annually (most went more than once in a year).
- Nearly 75 million (64%) outpatient
- 42 million dollars or 36% of expenditures per year was on emergency, short-term tertiary acute care services statewide. While only a few were hospitalized, 18% of expenditures overall were spent on inpatient services provided to 1% of the population. (longer stays)
- As Region 4 represents 36%; an estimated \$39 million Medicaid dollars are expended in NYC alone each year for mental health.



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Survey and Focus Group Findings

- Significant differences in the way MH providers, IDD providers and service users view the system
- MH providers often view this as a challenging behavior and management issue; not sure if they are playing an appropriate role.
- IDD providers view this as a problem that requires more restrictive intervention; worry about lack of safety net.
- Families believe that there is no consistent understanding of what to do and who should do it.
- Families, IDD providers and many MH providers want more education and training
- Crisis supports a problem overall; overuse of police and ER as a result
- Families want better access to care that helps



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CET outcomes

- Great partnerships exist and can be further developed
- More time needs to be spent on assessment/ integrated analysis of person, and their system of support in the context of their history: need more integrated approach
- More focus on positive and strength based interventions in the context of understanding and treating clinical vulnerabilities and needs
- More attention needed for primary medical and medication related issues
- More options needed to avoid emergency room and police
- There is a creative and innovative network of providers in some places, it needs to be linked better



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Conclusions

- START model can help to address many of the issues
- Diversity training must be part of START program development and implementation.
- Cross systems networks needed for effective services: 3 A's
- Training across the system and within all disciplines is needed.
- Crisis intervention services must occur early and at various levels including in the home
- Improved caregiver knowledge about specific services, including better communication about how to access existing services across systems is needed.
- Continuous methods to provide and receive feedback should be established that includes data collection and analysis as ways to assure that evidence informed practices are being employed.



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Recommendations

- Emphasis should be placed on the fact that START is a tertiary care crisis intervention behavioral health network of providers with the START team as their center.
- The NYCSTART Program operated by mental health providers with expertise in IDD.
- NYCSTART team implementation of regional support networks will be key, existing relationships will be important to begin the process.
- Development and implementation of the interdisciplinary professional learning community across NYC and linked with other NYSTART programs
- Technological support to foster access to training and consultation opportunities must be accessible to all
- Include family and direct support provider education and mentoring.



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More Recommendations

- NYCSTART programs must work closely and collaboratively with all first responders already established in NYC to insure effective crisis response
- NYCSTART programs should work to establish regional consultation teams to assist with assessment of individuals with more complex needs
- NYCSTART teams should attend established mental health and IDD provider meetings for a minimum of the beginning 18 months of development and operation
- Improve communication and information sharing about existing services especially to families
- Ongoing data collection, surveys and evaluation are key; advisory councils are essential



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Suggestions teams/development plan

- Based on population density and response time
- Will be phased in over a two year period to determine the number of staff needed based on actual numbers
- Must identify the resource center locations as early as possible
- Teams will be trained in both citywide and local forums to insure that there is a citywide network established
- Assessment teams will have a great impact and should be developed early in the process
- Program design/RFP (next slides)



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Tertiary Care Approach to START Model

- Primary: Capacity building; early intervention, communication and collaboration, improved quality services and quality of life; assessment, accountability
- Secondary: Specialty expertise, access to appropriate care, cross systems communication; moderate level of crisis intervention (prevention); accountability
- Tertiary: Acute levels of crisis intervention, expertise, appropriate response, stabilization, intervention; accountability



