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STATE OF NEW YORK  
OFFICE OF THE STATE COMPTROLLER

January 11, 2017

Ann Marie T. Sullivan, M.D.  
Commissioner  
Office of Mental Health  
44 Holland Avenue  
Albany, NY 12229

Re: Assertive Community Treatment  
Program  
Report 2016-F-14

Dear Dr. Sullivan:

Pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law, we have followed up on the actions taken by officials of the Office of Mental Health (OMH) to implement the recommendations contained in our prior audit report, *Assertive Community Treatment Program (2014-S-25)*.

**Background, Scope, and Objective**

OMH promotes the mental health and well-being of all New Yorkers. Its mission is to: facilitate recovery for adults receiving treatment for serious mental illness; support children and families in their social and emotional development and in the early identification and treatment of serious emotional disturbances; and improve the capacity of communities across New York to achieve these goals. One way OMH accomplishes its mission is through the Assertive Community Treatment (ACT) program, which provides treatment, rehabilitation, and support services to individuals diagnosed with severe mental illness whose needs have not been well met by more traditional mental health services.

The ACT program's goals are to reduce hospitalizations and emergency room visits. To achieve those goals, ACT teams employ evidence-based practices to provide services. ACT teams include members from various fields (e.g., psychiatry, nursing, and vocational rehabilitation). According to OMH officials, there are currently 83 ACT provider teams licensed by OMH and operating throughout the State to provide services for nearly 5,500 recipients. Based on their respective areas of expertise, ACT provider team members collaborate to deliver integrated services throughout the State. OMH has established certain requirements to ensure effective delivery of those services, detailed as follows:

- ACT provider teams are licensed by OMH and therefore must be recertified through its Targeted Recertification program approximately every three years.
- Staff must complete specific training courses through the ACT Institute (part of the Center for Innovations operated by OMH's New York State Psychiatric Institute). Required courses include Person-Centered Treatment Planning, Motivational Interviewing, Wellness for Transition, and Child and Adult Integrated Reporting System (CAIRS) Reporting.
- ACT provider teams must conduct recipient assessments and develop comprehensive individualized treatment plans at least every six months, including goals and intervention strategies, based on assessment outcomes.
- All treatment plans must be formally approved by clinicians.

In October 2015, ACT treatment became a qualified service under Medicaid Managed Care, and billing for services began in early 2016. In 2014 and 2015, 89 percent of the funding came through the Department of Health for services provided to Medicaid recipients. ACT program teams received over \$74 million and \$77 million in 2014 and 2015, respectively.

The objective of our follow-up was to assess the extent of implementation, as of October 27, 2016, of the two recommendations included in our initial report.

### **Summary Conclusions and Status of Audit Recommendations**

We found that OMH made significant progress addressing the issues identified in our initial audit, and both recommendations have been implemented.

### **Follow-Up Observations**

#### **Recommendation 1**

*Establish controls to effectively oversee the ACT program to ensure provider teams are complying with program requirements and recipients are receiving needed services. Improve monitoring to ensure:*

- *Provider teams are recertified timely.*
- *Program data is complete and accurate, including providing ACT team staff with CAIRS technical instruction and performance measure/quality improvement training.*
- *Program staff complete required training. Procedures should include establishing formal processes to ensure complete, accurate staff rosters are provided to the training vendor and verifying all staff are receiving and have completed the required training timely. Develop specific written procedures for ACT provider teams, outlining their responsibilities to ensure all staff receive timely, required training.*
- *Program recipients' treatment plans are completed on time, with required clinical approvals. Provide guidance to the ACT provider teams clarifying which signatures are required on the plans.*

Status – Implemented

Agency Action – We found OMH took the following actions to address the various components of this recommendation:

***Provider teams are recertified timely.*** To ensure teams are recertified timely, OMH has instituted a new process called Targeted Recertification. In the past, each program would be recertified individually. The new process, which concurrently recertifies all OMH licensed programs under a provider, maximizes efficiency by utilizing limited OMH and provider staff time to examine all programs under the provider’s umbrella of services. A component of the recertification process is a new survey tool, which is intended to increase timely recertifications. We tested the recertification process and found the program has made substantial progress. We confirmed that those teams that were not certified at the time of our original audit have now been recertified. Further, we analyzed the certifications for each of the 83 ACT programs and found only five programs were not recertified. However, at the time of our review, each of the five were in the process of completing their recertification requirements.

***Program data is complete and accurate, including providing ACT team staff with CAIRS technical instruction and performance measure/quality improvement training.*** OMH is now tracking CAIRS completion and reports an upward trend in complete CAIRS data. We tested a sample of over 2,000 data elements in CAIRS and found 99 percent were complete and accurate. We also found that CAIRS compliance data is now reviewed as part of the standing agenda item on the monthly statewide ACT Conference Call between Central Office and individual Field Offices. Field staff monitor compliance, and then review the information with teams during monthly and quarterly Regional Team Leader meetings. ACT teams receive technical instruction through the ACT Institute’s CAIRS ACT Webinar Series. Further, in March 2015, a CAIRS refresher training program was held statewide.

***Program staff complete required training. Procedures should include establishing formal processes to ensure complete, accurate staff rosters are provided to the training vendor and verifying all staff are receiving and have completed the required training timely. Develop specific written procedures for ACT provider teams, outlining their responsibilities to ensure all staff receive timely, required training.*** Officials report that OMH’s ACT Institute offers mandatory face-to-face ACT training and an email is sent to all ACT staff who have been part of the program for five years, reminding them that they are due for the training. There were 135 training events scheduled in the year ended October 2016 in an effort to accomplish full compliance. As a result, we found the overall ACT team training completion rate increased from 44 percent to 75 percent since our initial audit. In addition, after accounting for ACT staff who still had time to complete the training and those who are not required to take it because they already have advanced degrees, the untrained total drops to only 1 percent of the remaining staff. OMH is also aggressively monitoring training status through a standing agenda item on its monthly statewide and regional ACT Conference Calls, as well as during the quarterly Regional Team Leader meetings, when an overview of staff training compliance data is routinely reviewed.

***Program recipients' treatment plans are completed on time, with required clinical approvals. Provide guidance to the ACT provider teams clarifying which signatures are required on the plans.*** OMH issued an ACT Standards of Care survey tool in June 2015 which effectively addresses required clinical approvals on treatment plans. The tool specifies that every recipient have a comprehensive service plan developed within 30 days of admission with documented involvement of the recipient, physician, and the team leader or designated clinical supervisor involved in the recipient's treatment. Regional managers' audits include reviews of documentation and approvals of recipients' treatment files by case managers to ensure that each recipient has a comprehensive service plan, developed within 30 days of admission, with documented involvement of the recipient, physician, and the team leader or designated clinical supervisor. We tested a sample of 15 cases and found that each treatment plan was completed timely and contained the necessary approval signatures.

### **Recommendation 2**

*Establish measurements to assess the extent to which overall program goals are achieved.*

Status – Implemented

Agency Action – OMH's ACT program goals come directly from the national model, which specifically looks to decrease hospital stays and reduce emergency room visits because of their relatively high cost. These goals are now being measured, as recommended in the initial audit. OMH also now measures other factors as well, such as incidents of abuse/assault, self-harm/suicide, and homelessness. For the past 11 months, OMH has tracked these statistics and compared them to results from the previous quarter. OMH officials indicated that the statistics have not been measured long enough to set hard-and-fast benchmarks, and therefore, officials currently do not believe it is appropriate to set such fixed requirements. Instead, individual team performance statistics are compared within each region and against the State as a whole. OMH officials believe benchmarking to previous performance, and against other teams, provides a more accurate depiction of performance than fixed measures that might not accurately reflect the various environments in question, including material differences among them.

As a result, performance measures that compare team to team and region to region, as well as for the State as a whole, are used to evaluate team performance during monthly meetings with the Central and field offices. During such meetings, an ACT Fact Sheet, which reports a point-in-time outcome measure for all teams in each region throughout the State, is used for comparison purposes. OMH officials indicate this evidence-based outcome model has shown that hospital stays and emergency room visits have been reduced. Further, officials believe that communicating key statistics in a Quarterly Report Card encourages an element of healthy competition among ACT teams and helps generate discussion of achievements and shortfalls.

Contributors to this report were Donald Geary, Todd Seeberger, Kathy Garceau, and Mary McCoy.

We thank OMH management and staff for the courtesies and cooperation extended to our auditors during this process.

Very truly yours,

John F. Buyce, CPA, CIA, CFE, CGFM  
Audit Director

cc: Division of the Budget