



Office of Mental Health

ANDREW M. CUOMO
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MARTHA SCHAEFER
Executive Deputy Commissioner

July 28, 2015

John Buyce, CPA, CIA, CGFM
Audit Director
Office of the State Comptroller
Division of State Government Accountability
110 State Street – 11th Floor
Albany, NY 12236-0001

Dear Mr. Buyce:

The Office of Mental Health has reviewed the Office of the State Comptroller's (OSC's) final audit report entitled, "Assertive Community Treatment Program" (2014-S-25). Our comments to the findings and recommendations are enclosed.

The Office of Mental Health appreciates OSC's efforts to recommend improvements in our operations.

Sincerely yours,

Ann Marie T. Sullivan, M.D.
Commissioner

Enclosure

cc: Governor – Andrew M. Cuomo
Comptroller – Thomas P. DiNapoli
Lieutenant Governor – Kathleen C. Hochul
Senate Majority Leader – John J. Flanagan
Senate Minority Leader – Andrea Stewart-Cousins
Assembly Speaker – Carl E. Heastie
Assembly Majority Leader – Joseph Morelle
Assembly Minority Leader – Brian M. Kolb
Chair, Senate Finance Committee – John A. DeFrancisco
Ranking Minority Member of Senate Finance Committee – Liz Krueger
Chair, Assembly Ways and Means Committee – Herman D. Farrell, Jr.
Ranking Minority Member, Assembly Ways and Means Committee – Bob Oaks
Chair, Senate Mental Health & Developmental Disabilities Committee – Robert G. Ort
Chair, Assembly Mental Health Committee – Aileen Gunther
Chair, Assembly Committee on Oversight, Analysis & Investigation – Ellen Jaffee
Director, Division of the Budget – Mary Beth Labate

**OFFICE OF MENTAL HEALTH
RESPONSE TO THE OFFICE OF THE STATE COMPTROLLER
FINAL AUDIT REPORT 2014-S-25
ASSERTIVE COMMUNITY TREATMENT PROGRAM**

Overall OMH Comments

The Office of Mental Health (OMH) has reviewed the findings and recommendations in the Office of the State Comptroller's (OSC's) final audit report, entitled "Assertive Community Treatment Program" (2014-S-25). OMH strongly believes in the Assertive Community Treatment (ACT) approach to providing comprehensive caregiving to individuals with severe and persistent mental illness, and values opportunities to improve our services. Further, OMH places high value on the quality of services provided in ACT and all of its licensed programs, and takes great pride in its long-standing oversight functions for assuring quality – involving investigations of incidents, the tracking and investigating of complaints, as well as re-certification visits. For example, the OMH NYC Field Office (FO) has a full-time staff person assigned solely to oversee the ACT teams in NYC. In addition, for several years, the FO has worked collaboratively with the NYC Department of Health and Mental Hygiene on a supplemental oversight process for ACT.

OMH agrees with the recommendations made by the OSC, and considers the actions to be taken part of the overall and ongoing quality improvement efforts of any oversight function. In fact, prior to the audit OMH had identified some of the same issues and had initiated corrective measures related thereto. Additionally, as stated in the report, OMH immediately addressed many of the other issues identified by OSC during the review and continues to take additional steps to make improvements. These steps will be described later in OMH's responses to OSC's recommendations, but first OMH would like to provide some general comments and clarification to OSC's report.

OSC's audit determined that 82% of the ACT teams were re-certified on time in accordance with OMH established timeframes. As stated in the report, the late re-certifications were caused by staffing shortages in the New York City region that have since been addressed. Currently all of the licensed ACT teams have completed re-certification visits. During the 31-month audit scope period of 4/1/12 to 10/31/14, FO licensing staff conducted 2,916 re-certification surveys including 123 conducted at ACT programs. Additionally, to ensure that deficiencies identified during re-certification visits are implemented in a timely manner, OMH has established a formal follow-up process to hold providers accountable. OMH will also continue its existing practices for ensuring quality such as tracking and investigating all complaints and maintaining full-time staff devoted to overseeing NYC teams.

In their second recommendation, OSC asked OMH "to establish measurements to assess the extent to which overall program goals are achieved." While we understand OSC is requesting that overall ACT program goals be set, OMH already has quality measurements and initiatives in place to assess performance.

OMH efforts to promote recovery and support transition of ACT consumers, and ensure access to ACT services for those most in need has been ongoing. The ACT Transition Project was a

multi-year project to track and study the impact of clinical best practices on ACT consumer readiness for transition. OMH, in collaboration with The ACT Institute, is now building on what was learned from that project and adapting it to share best practices with ACT teams across the state. During 2013, OMH began efforts to specifically improve the performance and the oversight of the ACT program. The result is a multi-layered approach to assist providers and reviewers to identify core and exemplary practices and processes associated with the delivery of successful ACT services, and to assist and encourage the capacity for program self-evaluation and continuous quality improvement. In particular, OMH's Bureau of Inspection and Certification developed the Standards of Care licensing tool containing "anchor elements" that identify processes and practices within 16 focus areas. The anchor elements, which include standards for service plan reviews, Child and Adult Integrated Reporting System (CAIRS) data compliance and staff training, support the development of program evaluation measurements and performance improvement initiatives.

The ACT Team Profile is another new tool designed to provide ACT teams and OMH with a "point-in-time" snapshot of each team. The profile is comprised of descriptive, process and performance measures organized into substantive domains (i.e., CAIRS compliance, length of stay, engagement in services, hospitalization, medication adherence, substance use and treatment, housing, medical problems, risk behaviors medical problems and transition from ACT). It expands on information that has been available on the ACT Reports portal found on OMH's website, and performance packets previously issued by OMH. The profile includes statewide, regional and team measures for easy comparison, with its primary purpose to allow OMH and ACT teams to describe success, as well as identify potential areas of needed quality improvement.

OMH's Responses to OSC's Recommendations

OSC Recommendation No. 1

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 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 with contract requirements and other regulations and documenting the actions taken.
 - Program recipient's 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 Response to OSC Recommendation No. 1

OMH's Response to OSC's First Bullet – During the latter months of OSC's review, OMH implemented a recertification process which established a hierarchy of OMH monitoring activities based upon a program's performance in key areas. This risk-based system or Targeted Recertification, seeks to more effectively utilize limited OMH and provider staff time for inspections resulting in more timely re-certifications.

Targeted Recertification involves concurrent recertification of all OMH licensed programs under the provider's umbrella of services. This new process allows for easier follow-up of systemic issues, while maximizing licensing staff resources. It also reduces survey time and increases the OMH staff time available to focus on increasing provider performance, reducing risk, providing technical assistance and conducting monitoring visits.

Targeted Recertification includes a formal process by which OMH follows up on a provider's Performance Improvement Plan (PIP) to ensure that recommended improvements are implemented in a timely manner.

OMH's Response to OSC's Second Bullet – OMH, in contract with the ACT Institute, has implemented an ACT Webinar Series focused on the technical instruction provided by CAIRS IT, as well as performance measure and quality improvement, with emphasis on data and outcome measures. The nine part series began on 3/24/15 and will conclude on 8/4/15. The series is being archived for ongoing use. Each of the webinar topics incorporate the mandate for CAIRS data entry and expands the use of this data for teams inclusive of developing Continuous Quality Improvement initiatives. This series is being shared with the FO who interacts directly with ACT teams to facilitate participation.

OMH Response to OSC's Third Bullet – Currently OMH's Central Office (CO) and FO review the data collected from ACT Team training and follow-up with those programs that may have missing or incomplete training rosters. CO is now taking additional steps to establish a formal process that will address OSC's concerns to ensure that team members are receiving the required training.

OMH has implemented SharePoint for the ACT program, which will allow the CO and FO staff to communicate regarding training and monitoring standards. On a regular basis, CO meets with Field Office and State Operations representatives to review training and CAIRS compliance data.

OMH's Response to OSC's Fourth Bullet - A guidance memo will be provided to ACT teams and will include clarification on which signatures are required on treatment plans and the requirement that the plans are completed and approved on time.

OSC Recommendation No. 2

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

OMH Response to OSC Recommendation No. 2

OMH will measure ACT program success utilizing tools such as the ACT Team Profile, CAIRS and Standards of Care. These tools will allow for aggregate measures to assess achievement of both overall ACT program goals as well as those for specialized ACT populations (i.e. Forensic ACT).