

**Disparity Impact Statement**  
**Chautauqua County Department of Mental Hygiene**  
**CCBHC-IA**  
**H79SM086897**  
**9/30/2022-9/29/2026**

**SECTION 1 – IDENTIFYING BEHAVIORAL HEALTH DISPARITIES**

**Narrative: Services Gap for Complex High Need/High Utilizers**

Primarily rural, Chautauqua County's 2022 population is estimated at 125,196, a reduction of 7.1% since 2010. According to the U.S. Census Bureau, the percent of the population living in poverty in Chautauqua County in 2020 was higher than all but 7 of the State's 62 counties, with 32% of Chautauqua's children living below the federal poverty level (FPL). According to the 2022 County Health Rankings and Roadmaps, Chautauqua County is ranked among the least healthy counties in New York, with only 7 counties ranking lower.

An estimated 19,000 county residents (18.9% of adults) have a serious mental illness (SMI), substance use disorder (SUD), or both. Chautauqua County markedly surpasses regional and state rates for adult behavioral health hospitalizations (88.4 per 10,000 population vs. 52.7 and 60.6, respectively) and youth behavioral health hospitalizations (70 vs. 24.3 and 25.5 respectively) (Chautauqua County Department of Health and Human Services, 2019). Youth and adults are using emergency departments for behavioral health services in record numbers, even though EDs are suboptimal settings for service delivery.

Suicide death rates are over 72% higher in Chautauqua County than in New York State. An estimated 19,000 county residents (18.9% of adults) have a mental illness, substance use disorder (SUD), or both. Youth are using emergency departments for behavioral health services in record numbers, even though EDs are suboptimal settings for service delivery. Preliminary data from the County coroner shows an increase in overdose fatalities from 2020 to 2021, and a greater increase from 2021 to 2022.

The impact of disparities is borne across multiple sectors, including behavioral and physical health, the criminal justice system, workforce development, the social welfare system, and school systems.

In spite of the existing disparities, Chautauqua County has a shrinking capacity to meet the increasing demand for comprehensive behavioral health services.

- The 2020 closure of a healthcare center within Chautauqua County, including its specialty emergency department, inpatient mental health unit and chemical dependency units, significantly reduced access to emergency and inpatient behavioral health services for our citizens, especially in the northern region of the county.
- The County is designated a mental health care Health Professional Shortage Area (HPSA) by the Health Resources and Services Administration (HRSA). The County Health Rankings and Roadmaps reports that in 2021 Chautauqua County had a population to mental health provider ratio of 550:1, comparing unfavorably to an overall New York State ratio of 310:1.

In review of the county, state, and federal data, a small proportion of patients account for a large proportion of healthcare costs and resources.

High utilizers of behavioral health services are generally defined as individuals suffering from mental illness or substance use disorders, whose complex physical, behavioral and social needs are not being served through the current fragmented health care system (The Center for Health Care Service, 2016).

Patients who are high utilizers of health care are a particularly heterogeneous population. High utilizers are more likely to have multiple chronic conditions, mental health diagnoses, and risk factors for poor health including homelessness and history of recreational drug use. In addition many high utilizers have complex health needs, are more likely to be from socially disadvantaged groups, and have limited access to community-based health care and social services.

A 2021 study published in the Journal of Health Care for the Poor and Underserved defined high utilizers were defined as someone who has been admitted to a psychiatric unit three or more times in a year. Evidence suggests that persons with less than 12 years of education, diagnosed with schizophrenia and a co-occurring personality disorder are more likely to be high utilizers of the mental health system.

Persons in Chautauqua County who are high utilizers then face many contributing factors of health disparities including isolation, scarcity of quality services, and lack of education and vocational opportunities. Labeled as frequent flyers, engage in maladaptive behaviors in an attempt to engage, burnout professionals/families, multiple visits in ED, MCT, clinics, law enforcement. It is easy to engage in the “chicken and egg” puzzle, trying to determine whether a mental/substance use disorder leads to particular disparities, or if exposure to particular disparities contribute to a mental/substance use disorder. Rather than limit perspective, we need to broaden our lens, and view from both perspectives.

The Department of Health and Human Services (2013) reports that nationally high utilizers represent five percent of all patients and comprise 50 percent of all costs paid by Medicaid. Quantitative and qualitative data point to the need to address the needs of this subpopulation. Therefore, the Chautauqua County Department of Mental Hygiene will focus Evaluation Team resources on utilizing data resources to identify this specific subpopulation.

The Chautauqua County Health Department Needs Assessment also points toward the need to address “outliers” for who treatment as usual is shown to be ineffective.

In addition, Chautauqua County’s Behavioral Health/Law Enforcement Collaborative (comprised of behavioral health service providers and county law enforcement agencies) report the need to be improve outcomes for persons identified as high utilizers.

Several sources are in place which confirm identification of persons within high utilization patterns:

- **SPOA (Single Point of Access)** – was created in each county of New York State as a way to identify, support, and guide children, youth, adults, and families who are at risk of out-of-home placement or struggling to identify appropriate mental health and/or substance abuse services. Chautauqua County’s SPOA is operated through the CCDMH/LGU.
- **IPBH (Integrity Partners for Behavioral Health)** - Chautauqua County Department of Mental Hygiene is an original partner, with priority to improve the behavioral health outcomes for individuals in rural New York State communities. Creating a data warehouse using IPBH data.
- **PSYCKES (Psychiatric Services and Clinical Knowledge Enhancement System)** – HIPAA-compliant web-based application designed to support decision making, care coordination, and quality improvement in New York State. It is comprised of data from submitted Medicaid claims. As an example, PSYCKES developed two reports on high utilization quality indicators regarding ED usage.

- **Specialty Chautauqua County Hospital** - Chautauqua County Department of Mental Hygiene (LGU) has a formal and collaborative relationship with the sole county hospital serving persons with behavioral health disorders. Data from emergency department visits and inpatient psychiatric admissions is shared with the LGU.
- **HEALTHeLINK** – Collaboration among hospitals, physicians, health plans, and other health care providers in the eight counties of western New York State to securely electronically exchange clinical information to improve the quality of care, enhance patient safety and mitigate health care costs.
- **KPI Dashboards** – Integrated with Chautauqua County Department of Mental Hygiene’s EHR (Netsmart myAvatar) to provide customizable data visualization.
- **NOMS (National Outcome Measures)** – Assists the Evaluation Team with benchmarking strategies.
- **SPARS (SAMHSA’s Performance Accountability and Reporting System)** – Assists the Evaluation Team with reports based on IPP and NOMS data.

Rather than simply focusing on a limited definition of high utilizers by focusing only on persons with multiple hospital admissions, or with particular social, ethnic, or economic disparities, we are identifying complex care need persons with a wider more comprehensive net. The National Conference of State Legislatures refer to behavioral health disparities in terms of differences in outcomes and access to services related to mental health and substance use, which are experienced by groups based on their social, ethnic, and economic status.

Persons with behavioral health disorders who are involved with resources caught in our system of being identified as a “high utilizer”, “frequent flyer”, “revolving door”, “borderlines”, “drug seekers”, and “malingerers” experience a unique disparity.

Through this funding, the Chautauqua County Department of Mental Hygiene is committed to identify persons with high utilization of services, requiring complex care plan, in order to promote behavioral health equity.

### Who will be served

There is no standardized definition of “behavioral health high utilizer”, so our County engaged in discussions with key community stakeholders, as well as reviewed literature, in order to determine the subpopulation who will be identified as high utilizers for this initiative.

**SPOA** (Chautauqua County’s Single Point of Access) will incorporate data from the Evaluation Team, as well as SPOA referrals and collaboration with the CCBHC-IA to identify those who will be served. SPOA members represent multiple agencies/service providers within Chautauqua County. In addition to data shared from the Evaluation Team, several key service providers will be included in the SPOA determination. Not all persons involved with these agencies will need targeted high utilizer complex care plans.

- **Specialized Hospital Emergency Department** authorized by NY Mental Health Law to examine and determine whether a patient meets the Emergency Standard for admission to a psychiatric inpatient unit. Review included NYS MHL 9.41/9.45 evaluations ordered within Chautauqua County.
- **Behavioral Health/Law Enforcement Collaborative** was developed in Chautauqua County out of a need for better collaboration among key agencies/services who interface with persons in behavioral health crisis/emergency.
- **Mobile Crisis Services** provided to children and adults in Chautauqua County who are experiencing, or at imminent risk of experiencing, a behavioral health crisis. Goals of services are engagement, symptom reduction, and stabilization. Services are provided through: telephonic triage and response; mobile crisis response; telephonic crisis follow-up; and mobile crisis follow-up.
- **HCBS** (Home and Community Based Services) support children/youth in NYS considered to have high needs which in which intervention to decrease institutional placement and safely return a child from a higher level of care.
- **HHUNY/CHUNY** (Health Homes of Upstate NY) is a service model to ensure effective coordination and management of care, leading to positive health outcomes for the individual, including minimizing preventable emergency department and hospital stays. Chautauqua County Department of Mental Hygiene is designated as the “Lead Health Home” by the New York State Department of Health, for the counties of Chautauqua, Cattaraugus and Allegany.
- **ACT** (Assertive Community Treatment) offers treatment, rehabilitation, and community integration services to individuals diagnosed with serious mental illness (SMI). Currently, Chautauqua County offers adult ACT services.
- **AOT** (Assisted Outpatient Treatment) provides treatment for certain adult persons with mental illness who are determined (through a court order) as unlikely to survive safely in the community without supervision.

<b>Complex treatment needs/ High utilizer</b>	<b>Grant Year 1</b>	<b>Grant Year 2</b>	<b>Grant Year 3</b>	<b>Grant Year 4</b>	<b>Totals</b>
<b>Direct Services: Number to be served</b>	100	250	275	300	925
<b>By Age*</b>					
Under 5	5	12	13	15	45
5-17	15	37	41	45	138
18-21	9	22	24	27	347
21+	75	187	206	225	693
<b>Years of education</b>					
Under 12	11	27	30	33	101
12+	89	222	245	277	833
<b>Address</b>					
Northern Chautauqua County	45	112	124	135	416
Southern Chautauqua County	55	137	151	165	508
<b>Preferred Language</b>					
Spanish	15	38	42	45	140
Non-Spanish	85	212	233	255	785

Data incorporates margins of error due to available census data.

## **SECTION 2 – ADDRESSING DISPARITIES USING THE FUNDING OPPORTUNITY**

### **Social Determinants of Health**

Chautauqua County CCBHC IA grant will specifically address the Social Determinant of Health Domain “Health Care Access and Quality”. By increasing access to comprehensive, high-quality health care services, those identified as behavioral health high utilizers will receive care/treatment that matches their actual needs.

The Chautauqua County CCBHC will address this domain by focusing on emergency department visits and provision of high-quality care by primary and behavioral health professionals.

### **CLAS Standards**

Although the Chautauqua County CCBHC-IA will abide by all CLAS Standards, two standards are identified through this grant opportunity to improve and advance:

*4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.*

*13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.*

Chautauqua County CCBHC-IA will engage in proactive collaboration with the Tapestry System of Care Grant’s cultural competence consultant and core team. Through this collaboration, Chautauqua County Department of Mental Hygiene intends that a shared advisory committee for Cultural Linguistic Competence (CLC) will represent all ethnic groups served, as well as be inclusive of other groups served (e.g., sexual orientation, gender, rural).

Our strategy to ensure cultural competency standards will begin with enhancing training with our CCBHC staff and then to our Designated Collaborating Organizations (DCOs) and other partner organizations.

Adherence to these specific Standards will be the shared responsibility of the CLC committee, by ensuring:

1. Evaluation methods and instruments are culturally sensitive and responsive to consumer needs
2. Individual and/or family involvement in all aspects of the research design, implementation and interpretation of the findings
3. Participating agencies regularly share the findings from evaluation with this committee and consult with individuals and/or families on the utilization of these findings to make informed decisions on the targeting and the culturally-sensitive development of the CCBHC.
4. All instruments and consent forms are available in Spanish and English.
5. Interpreters and/or adapted pictorial instruments are provided as needed for other languages and/or for those who have literacy limitations.

Evaluation will be based on consumer perspectives as well as evidence of the impact of the project on the needs and aspirations of the service recipients. Findings from quarterly analysis with each agency will inform the progress made with cultural competence, including the effectiveness of training programs, and wide-scale adoption of the system of care.

## SECTION 3 – QUALITY IMPROVEMENT PLAN TO REDUCE DISPARITIES

### Intended Outcomes and Expected Impact

1. Reduce by 25% the proportion of emergency department behavioral health visits in which the wait time to see an emergency department behavioral health clinician exceeds the recommended timeframe.
  - a. CCDMH/LGU to collaborate with hospital leadership to establish/clarify recommended wait times for persons identified as high utilizers.
  - b. Collaborate with Specialty Chautauqua County Hospital to consider utilization of EBR: Improving Patient Flow and Reducing Emergency Department Crowding: A Guide for Hospitals
  - c. Structure Peer utilization in the ED.
  - d. Join Specialty Chautauqua County Hospital in recruitment events to address staffing issues in the ED.
  - e. Triage pre-identified high utilizer patients.
  - f. Work with SPOA/Specialty Chautauqua County Hospital to develop shared complex care plans. Ensure ED staff trained to implement plans.
  - g. Purposely utilize MIT (Children/Youth Mobile Integration Team), MTT (Adult Mobile Transition Team) as part of transition plan to community.

**Impact:** Longer emergency department wait times are linked to delays in care, behavioral dysregulation, acceptance of treatment recommendations, and patients leaving the hospital before receiving care. This then leads to resurgence of unsafe behaviors, disengagement from community services, and increased symptomology.

2. Increase by 10% the capacity of primary care and behavioral health workforce to deliver high-quality, timely, and accessible patient-centered care.
  - a. Evaluate the Sequential Intercept Model (SIM) divert persons from county jail to mental health and substance use services.
  - b. Evaluation Team to work with CCDMH leadership to establish EBT currently used with persons identified as high utilizers.
  - c. CCDMH leadership to coordinate additional trainings, specific to EBT for persons identified as high utilizers (ie: MI, DBT).
  - d. CCDMH/LGU to work with community behavioral health providers to agree on established protocols for those identified as high utilizers (ie: walk-in appts, same-day appts for ED/Hospital discharges, enhanced discharge planning).
  - e. Evaluate technology for effective method to provide alerts to SPOA and client’s providers when an identified person is hospitalized or evaluated in the emergency department.
  - f. Evaluate and develop template for “complex care plans”.
  - g. Work with community colleges and local universities, in collaboration with Chautauqua County Director of Human Resources, to improve recruitment of the workforce by offering field placements, internships, and rotations at Chautauqua County’s CBHC.

**Impact:** Increased engagement with providers will lead to decreased ED visits and crisis behaviors.

### Client/Peer/Stakeholder Involvement

In addition to the Peers on the Mobile Crisis Team and Mobile Transition Team, Chautauqua County’s CCBHC now has a Peer in each Clinic. In addition, the CCBHC will collaborate with the contracted FPSS. NY Office of Mental Health recently introduce Clinic regulations supporting peers. These new regulations, allowing for billing of Peer services will be incorporated into the policies and procedures. Training on the service components of Peers was initiated. Peers will be supported to participate in state Peer conferences, and receive supervision/mentoring.

Chautauqua County Department of Mental Hygiene/LGU will conduct quarterly provider/agency meetings to review data and seek input.

The Evaluation Team will co-facilitate client interviews to provide feedback on interventions.

### Projected Timeline

**Grant Year 1 (9/30/2022-9/29/2023)** – work with Evaluation Team to establish structure; focus on establishing role of SPOA; collect benchmark data; establish goals/objectives engagement with community behavioral health service providers

**Grant Year 2, Quarter 1 (9/30/2023- 12/31/2023)** – synthesize work from Grant Year 1; establish training needs; initiate complex care plans with SPOA identified persons

**Grant Year 2, Quarters 2-4 (1/1/2024-9/29/2024)** – continue complex care plans; communication with service providers, peers, clients to seek feedback on process; update interventions

**Grant Year 3 (9/30/2024-9/29/2025)** - monitor and evaluate processes in place; update interventions as needed; evaluate effectiveness of plans

**Grant Year 4 (9/30/2025-9/29/2026)** – evaluate improvements in behavioral health equity for identified subpopulation; evaluate sustainability (ie: use of Evaluation Team post grant funding); evaluator, fiscal supervisor, and project director will analyze grant funding outcomes to demonstrate cost effectiveness and cost savings for the CCBHC-IA program

**On-going** – maintain complex care plans for those identified as high utilizers; continue data sharing through CCDMH LGU

### **Measuring Process, Progress, Outcomes and Sustainability**

The Evaluation Team of the CCBHC-IA will oversee the process for measuring the process, progress, and outcomes.

The Evaluator will run monthly reports and present at bi-weekly staff meetings to the integrated care team to provide updates and progress on these activities. As part of the quality improvement process, a presentation summarizing the quality improvement initiative will be delivered to behavioral health service providers twice yearly.

In addition, summaries will be provided in the required programmatic progress reports to the GPO per the NoA.