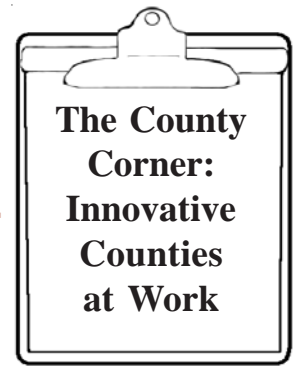


# The Western New York Care Coordination Program



When it comes to delivering health care services, thinking out of the box can have its rewards. The Western New York Care Coordination Program (WNYCCP) is a prime example. This six county consortium has developed an innovated mental health program that dramatically improves patient outcomes, reduces incidents of arrest and hospitalization and helps clients improve their own lives.

WNYCCP is a best practice at work and the NYS Office of Mental Health and the NYS Department of Health want counties to take note. This year's state budget offers incentives for counties who develop pilot projects that improve health care and reduce costs.

## **How it all began**

In July, 1997, the federal Department of Health and Human Services approved New York State's Section 1115 Medicaid demonstration project, titled "The Partnership Plan," which was to enroll 2.4 million eligible New Yorkers in managed care plans. At the time, the Health Care Financing Administration -approved Medicaid waiver was the largest ever granted. An important provision of the waiver was the establishment of "Special Needs Plans" for specific patient populations whose care requires on-going and extensive management. These plans were specifically established to address the needs of people with HIV/AIDS and those with severe mental illness, including seriously and persistently mentally ill adults and seriously emotionally disturbed children.

In response, several counties founded regional consortia (so that they could bid to be a SNP). There was a central state consortium and a western state consortium. Although the state legislature failed to reauthorize the SNP initiative, one consortium continued.

In 2002, the western consortium became the Western Care Coordination Project (WNYCCP).

Staff was hired in July 2002, and the first clients were enrolled.

The WNYCCP runs today as collaboration among Monroe, Erie, Genesee, Wyoming, Chautauqua and Onondaga counties. Coordinated Care Services, Inc. provides project management. The group emphasizes the person-centered focus of the program, noting that the goal is to provide a recovery system of care, which is person-centered, person-driven and recovery focused.

## **The Mission**

WNYCCP is "a collaborative initiative by six county governments, the New York State Office of Mental Health, providers and consumers, to transform community services systems serving people diagnosed with serious mental illness. The goal of the program is to create systems that are responsive to the interests of consumers, ensure access to high quality services, and promote recovery. Service delivery is based upon an individual services plan developed in partnership with consumers and their families."

In its three years of service, the program has helped hundreds of clients and notched considerable results for their participating counties. The preliminary outcome results are noteworthy. According to a survey conducted at the end of 2004, emergency room visits dropped 77 percent for the clients. The average hospital stays are down from an average of 6.6 days per recipient per quarter to an average of 2.7 days per recipient per quarter in 2004. Suicide and self-harm attempts also saw significant reductions. Arrests dropped in half and there was a slight reduction by substance abuse.

# *The Western New York Care Coordination Program*

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“The collaborative structure has been critical to the success we’ve had,” says Project Director Adele Gorges. This collaboration is evident at the project level and is duplicated in almost the same manner at the county level. The Steering Committee makes policy-level decisions about program values, goals, initiatives and objectives. Implementation decisions are made at the county level.

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***“Recovery is...achieving a life worth living as defined by that individual.”***

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While the survey numbers point to the program’s success, the ultimate measure used by the program leaders is client recovery. It is important to realize that there is no standard definition of recovery, according to program officials. Recovery is individually-oriented, with no set definition—achieving a life worth living as defined by that individual.

Some common ingredients that are part of recovery often include addressing housing needs, improving interpersonal relationships, participating in the community and working. The person-centered approach puts a focus on reconnecting people with communities, and that has been a large part of its success.

### **Sally’s Story**

Sally is 36 and has been in the mental health system for her entire adult life. She has a record of being admitted to inpatient clinics, hospitals and emergency rooms. She has been in a residential setting and has a reputation as being “difficult.”

Since enrolling in the Western New York Care Coordination Project, Sally has been working with her care coordinator to develop a plan that focuses on her goals, not just her disabilities.

Together she and her care coordinator have created a comprehensive plan that focuses her on “maintaining mental health” and “compliance.” In partnership with her care coordinator, Sally has achieved tremendous progress. She has been in her apartment for more than ten months and she has made tremendous strides in her care and recovery.

For more information on this innovative county-coordinated program, contact Adele Gorges at [AGorges@ccsi.org](mailto:AGorges@ccsi.org) or at (585) 613-7656. For more information on the program, see [www.carecoordination.org](http://www.carecoordination.org).

\*This article was adapted, in part, from an article first published in the National Association of County Behavioral Health Directors’ newsletter. 🏠

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