



**Office of  
Mental Health**

# **Behavioral Health Services Advisory Council: OMH Update**

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**Commissioner NY State Office of Mental Health**

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# Transforming NYS Mental Health System



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# A Comprehensive Continuum of Care:

- **Prevention.**
- **Expand access for all.**
- **Intensive services for those with challenging mental health issues.**

# Critical Implementation Goals

- Integrated Care: physical health, mental health, substance use, and developmental disabilities.
- Equity and Diversity.
- Services across the lifespan, including at least 25% for youth.
- Community based recovery and full integration into community life; peer services throughout the continuum.

# Executive Budget: Prevention Services

- Increase School-based clinics.
  - Including increasing Medicaid rate and Commercial Insurance coverage at the increased rate.
- Expansion of Healthy Steps.
- New Resources to expand Suicide Prevention programs for high-risk youth.
- Expansion of Individual Placements and Supports (IPS).

# Executive Budget: Community Access

- 26 New Certified Community Behavioral Health Centers (CCBHC) (tripling the capacity from 13 to 39 to expand access).
- Expansion of Article 31 Mental Health Clinics.
- Expansion of Home-based Crisis Intervention for youth.
- 12 New Comprehensive Psychiatric Emergency Programs (CPEPs).
- 42 New Assertive Community Treatment (ACT) teams.
- Expansion of Intensive and Sustained Engagement Team (INSET) program.
- Farmnet – permanent funding.
- Funding for Eating Disorders.

# Executive Budget: Highest-Need Individuals

- Additional 150 State inpatient beds and reopening 850 offline Art. 28 acute beds.
- New Inpatient and ER Discharge Protocols and Responsibilities.
- Capital and Operational resources to develop 3,500 new Housing Units *capital*, 900 transitional step down; 500 Community Residence SROs.
  - 600 licensed apartment treatment; 1,500 supportive housing units.
- 8 Additional Safe Options Supports (SOS) teams.
- 50 new Critical Time Intervention (CTI) teams including Medicaid and insurance coverage.
- Expansion of High-Fidelity Wrap Around Services for children and families.
- Increase Health Home Plus capacity for high need individuals.
- Commercial and Medicaid payment for all crisis services and intensive wrap around services.

# Services for Complex Needs

## Forensic

- Center for Diversion from Incarceration.
- Mobile Access Program (MAP).
- Crisis Intervention Team training expansion.
  - Sequential Intercept Mapping.
- Housing with supports.
- Specialized Forensic Act and CTI teams, and training staff in CCBHCs and clinic expansion.

## Chronically Unsheltered Homeless

- Safe Options Support Teams.
- Specialized Inpatient Services.
- Housing First and Specialized Transitional Housing with supports.
- Long-term social, skills and employment supports.



# Workforce Development

- Continuing two-year \$104 million investment in residential services.
- Continuing Rate increases in ambulatory and inpatient services.
- 2.5% COLA this year; 5.4% COLA last year.
- Expansion of OMH Mental Health Loan Repayment (\$5 million) for mental health professions in addition to the \$9 million for physicians and nurse practitioners already being distributed.
- Qualified Mental Health Associate (QMHA) Credential.
- Expanding workforce training and support for Evidence-Based Practices.
- Development of a recruitment pipeline with SUNY and CUNY including scholarships for recruiting a diverse workforce.

# Community Engagement



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# OMH Goals

Governor Kathy Hochul's State of the State Address and Executive Budget includes historic policies and resources to transform the State's Mental Health System.

## **We have identified specific goals:**

1. Hear the voice of individuals and families, peers, providers, community organizations, individuals and families with lived experience and others who understand a community's needs and challenges;
2. Increase access to mental health services;
3. Address gaps in services and geographic barriers;
4. Identify health disparities and promote equity; and
5. Improve and integrate the mental health continuum of care for all New Yorkers.

# OMH 2023 Community Engagement Sessions

- 890+ participants attended four virtual sessions in February & March 2023.
- 752 participants attended 28 in-person sessions in March & April.
- Participants are registering for the in-person sessions remaining in April.
- In-person sessions cover all parts of New York and offer both an evening session and morning session (*Valhalla scheduled for 4/26 & 27*).
  - North Country: Plattsburgh, Watertown.
  - Central & Mohawk Valley: Utica, Gloversville, Syracuse.
  - Western & Finger Lakes: Olean, Buffalo, Rochester.
  - Southern Tier: Corning, Binghamton.
  - Capital District & Mid-Hudson: Albany, Monticello, *Valhalla (Westchester)*.
  - New York City: Manhattan, Brooklyn, Staten Island.
  - Long Island: Melville (Nassau), Hauppauge (Suffolk).

# Approach to Community Engagement Feedback Sessions

- Provide an **opening presentation** on the mental health investments and system reforms in the budget and planned in the coming years.
- **Breakout into groups** to gather feedback on how we can ensure health equity in both access and outcomes of new and existing public health services.
- **Identify creative ideas and examples from local communities** on how to best implement and target the proposed funding, so it reaches the New Yorkers who need it most.
- Gather information about what **success** will look like for each region and community in the State. Identify **challenges** to achieving results along with ideas for overcoming these challenges.
- Notes from the breakout sessions are being analyzed into themes to be used in the implementation planning for these new initiatives. *Analysis of the virtual sessions is complete and analysis of in-person sessions is almost complete.*

# Themes from Virtual Engagement Sessions

- **Ongoing Voice of stakeholders is critical.**
- **Workforce:** Retention, Recruitment.
- **Community:** Service Awareness, Social Determinants, Peer Services, 988, Prevention and Easy Access to Services.
- **School-Aged Children:** Focus on youth and cross-agency collaboration, training, prevention, school based services.
- **Intensive services:** Ensure individuals and families and youth who need intensive community or hospital services have easy access to comprehensive services in the community and in the hospital only when necessary.
- **Housing / Inpatient Feedback:** Needs & Requests, Environment, Access.
- **Diversity and Integrated Services.**
- **Peer Involvement** through out services.
- **Insurance:** Coverage, Billing Challenges.

# Virtual Session Theme: Workforce

## Retention

- Attendees shared that workforce salaries are not sufficient or competitive.
- Compliance for documentation and caseloads impacts workforce.
- Balance is needed amongst new and experienced staff across care teams.
- Opportunity to look at roles of different clinicians to expand workforce.

## Recruitment

- Shortage of peer specialists; raise peer role and salary.
- Attendees suggested beginning recruitment efforts as early as high school.
- Consider expanding workforce with modifying requirements for individuals with credentials from other nations.
- Need for providers who are equipped/trained to serve youth.

# Virtual Session Theme: Community

## Service Awareness

- Common sentiment that community members are often not aware of or do not understand the services available to them; disseminate information about services through local and faith-based organizations.

## Social Determinants of health

- Access to reliable transportation is a need emphasized regardless of geographic region.
- Attendees recommended OMH establish partnerships with communities to foster “translators” both in language and experience; more is needed to help providers interact with families that have diverse backgrounds; social determinants need to be addressed for families and individuals.

## Integrated Care

- Across all agencies: mental health, physical health, substance use and developmental disabilities should be integrated and accessible.

## Peer Services

- There is tremendous value to peer services and it is recommended they are included throughout the continuum of care, including ERs and all new services.

## 988 Hotline

- Many attendees report favorable experiences with 988; some stated it provides a nurturing and caring conversation as well as crisis triage.
- Some attendees asked for better clarification what 988 can and cannot do.



# Virtual Session Theme: School-Age Children

## Cross-Agency Collaboration

- Attendees recommended cross-agency collaboration, such as between OMH and NYS Education Department or NYC Department of Education, to support children who are homeless, suffering trauma at home, or have parents that are justice involved.
- Emphasis on integrated care for mental and physical health, substance use and developmental disabilities.

## Prevention and Access to Services

- Need for resiliency building and preventative services for children.
- Follow-up appointments take weeks or months to schedule; access is critical.

## Training

- Youth Mental Health First Aid training could be beneficial for teachers.
- Schools that offer youth and family advocates are tremendously successful.

## Prevention and Access to Services

- Expand children's mental health programs, especially for teenagers.
- Insert community programs in schools and/or coordinate services between schools and mental health providers, and include schools in the high-fidelity wraparound process.

# Virtual Session Theme: Coordination

## Readiness

- Opportunity for hospitals to partner with community peer programs to enhance social supports upon discharge.
- Attendees emphasized concerns about youth aging out of the child system and ensuring coordinated services as they mature to adulthood.

## Social Determinants of Health

- Comprehensive services and access for individuals involved in criminal justice system.

## Insurance Coverage

- Providers face pressure from insurance companies (Medicaid, commercial) to limit care/ discharge too quickly from inpatient or outpatient services.

# Virtual Session Theme: Housing

## Needs and Requests

- Need for safe and affordable housing across geographic regions.
- Attendees report some housing providers are too selective with who they admit; high-risk individuals or those with high needs are often not accepted by housing programs; others struggle with the application process for housing.
- Inability to staff supportive housing is a barrier to implementation.
- Opportunity to better support housing needs of individuals with intellectual and developmental disabilities by coordinating between OMH and OPWDD.
- As new housing units are being built, attendees requested that wraparound services be paired with the new housing.
- There is a need for housing for special populations, such as for youth, elderly, and families and those with multiple diagnoses.

# Virtual Session Theme: Inpatient Experience

## Environment

- There was a common sentiment from attendees that inpatient psychiatric environments should be more welcoming or “home-like.”
- Attendees suggested always prioritizing the “least restrictive” environment where the individual can live and function safely.

## Access to Services

- There is a need to have enough open beds in hospitals to support the need of the community.
- Attendees reported that individuals who are not able to access emergency care often become justice-involved.
- There is an additional need for long-term stays, residential respite programs, and sub-acute residential facilities.

# Virtual Session Theme: Insurance

## Coverage & Billing Challenges

- Attendees feel many programs are currently only available to Medicaid beneficiaries; this challenge often impacts young people and dependents more than adults; commercial payers should be engaged to ensure access.
- Providers requested a Medicaid rate increase for outpatient services.
- There are demonstrated barriers in schools related to funding, credentials, and licensure.
- Attendees report that Family Peer Services do not fit well into a Medicaid billing model and this needs to be addressed.

# Children and Youth: Future Directions

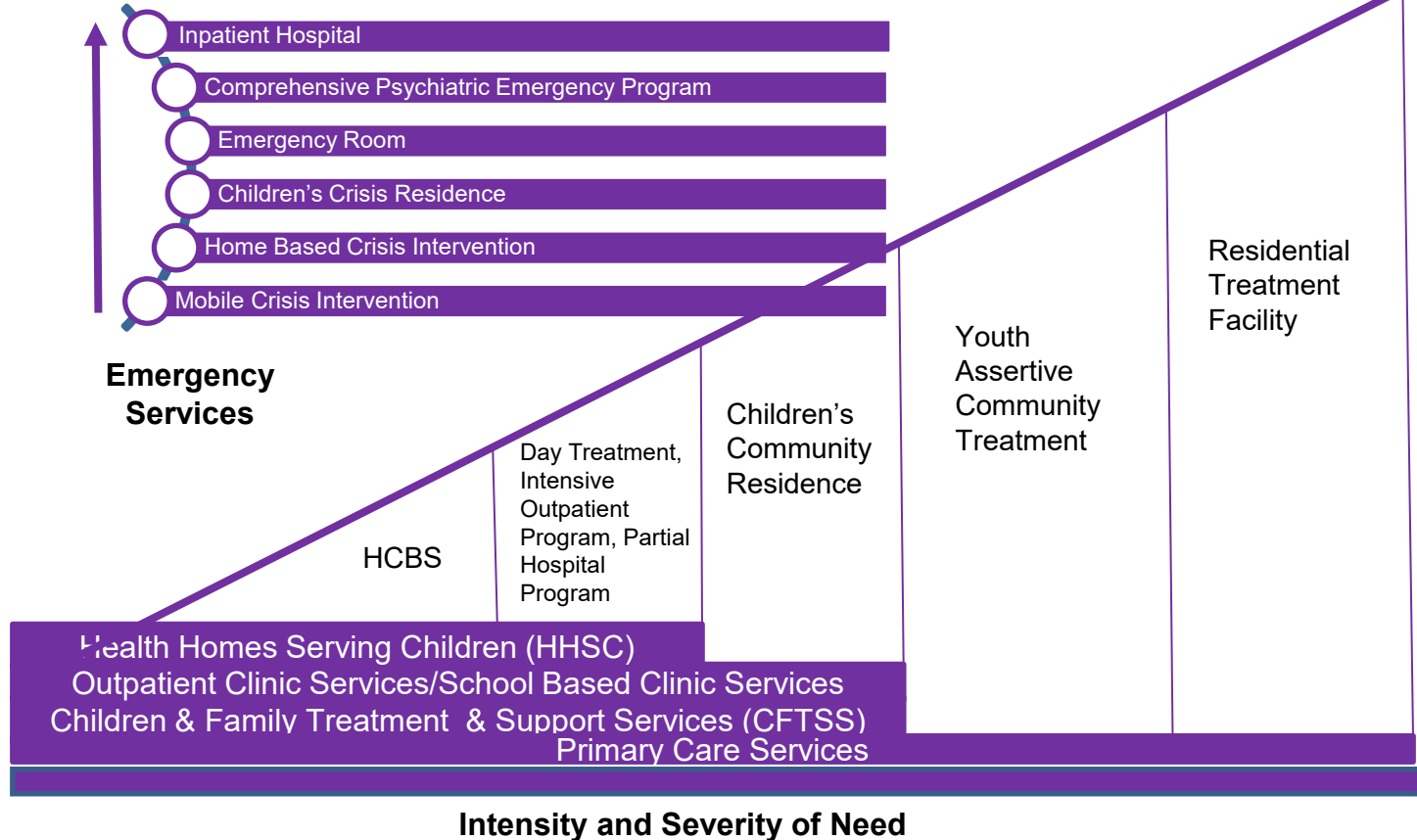


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# Promoting the Mental Well Being of Children and Families Across New York

- Expanding prevention with a particular focus on 0-5, school based interventions and suicide prevention.
- Supporting timely, flexible, individualized and family centered options in community-based care, including primary care and school based services and clinic treatment.
- Building systems infrastructure to support the mental health system for children, youth and families through cross systems collaboration, systems literacy efforts, family and youth peer advocates, data, training, workforce development and service expansion.
- Filling the gaps in intensive community based treatment and integrated care.
- Promoting access for youth and families in need of residential care.
- Ensuring quality and accessibility of inpatient/emergency/crisis services for youth and families in need.

# Investing in high-quality family-based treatment





# Prevention and Early Intervention

## Healthy Steps

- 13 OMH-supported sites with RFA for 57 additional : over 300,000 children served with expansion.

## Trauma- Informed Network

- Training, technical assistance, collaboration, and resources.

## Parent Education

- NYS Parenting Education Partnership training, resources, and events.

## Suicide Prevention

- \$5 million in budget to support community-based efforts for youth of color.
- Sources of Strength in 40 NY public high schools.
- School Crisis Team curriculum for manualized postvention.
- Youth Nomination Support teams pilot.
- Pilot initiatives (school, summer camp) for Black youth informed by Taskforce.
- Over 7,000 school and community staff trained each year in suicide prevention.

## Mental Health First AID

- \$1 million in Youth Mental First Aid statewide infrastructure.
- \$1 million in teen Mental Health First Aid statewide infrastructure.
- MHFA for Higher Education.

# Community-Based Collaborative Care

## Child Health Plus Expansion

- Increased access to 370,000 youth statewide.

## Collaborative Care

- 80 Family medicine practices and 48 pediatric primary care for anxiety and depression for children above 12.
- 35 pilot practices for ADHD.

## Project TEACH

- Rapid access to consultation from c/y psychiatrists, specialty consultation including 0-5, problematic sexual behaviors, non medication SU intervention, LGBTQ+, ASD/IDD.
- Over 25k consultations to over 5k providers.
- Access to training and education.
- Access to referral and linkage.

## Project TEACH Maternal Mental Health

- Rapid access to consultation from reproductive psychiatrists.
- Referral and linkage.
- Web resources for assessment and treatment.

# Building Systems Infrastructure

## Youth and Family Network Infrastructure

- \$1M Youth Peer Infrastructure funding to support youth advocacy, provider integration of youth voice, Youth Advisory Board, youth peer workforce and pipeline.
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## Diversity, Equity, Inclusion

- National CLAS Standards in all procurement.
- Vital Signs Dashboard.
- Multicultural Advisory Committee.
- Workforce initiatives (undergraduate and graduate) for unrestricted support to individuals pursuing mental health careers.

## Cross-Systems Infrastructure

- SAMHSA System of Care grant (High Fidelity Wraparound Pilot).
- Action planning grants to counties.
- Regional funds (RiTAT).

# Building Systems Infrastructure

## Cross-System Capacity Building

- TTI award for Project ECHO to integrate DD/MH care into crisis system (OPWDD)
- DDPC award for Home Based Crisis Intervention teams for DD/MH care (OPWDD)
- \$250k Care Pathway pilot to add DD/MH pathway to 8 inpatient/residential settings
- \$250k SPIRITID-ASD pilot to enhance modified CBT competency for DD/MH care in outpatient settings
- Neurobehavioral unit for youth at SUNY Upstate (11 beds, 2024) (OPWDD)
- DD/MH Residential Treatment Facilities at OLV (OPWDD) and SCO
- Certified Community Behavioral Health Clinic expansion (OASAS)
- Crisis Stabilization Centers (OASAS)
- Tribal nations school based mental health (NYSED)
- Project AWARE (NYSED)
- Runaway/missing youth mental health training (OCFS)
- Residential Treatment Facilities for justice-involved youth (Upstate and Downstate) (OCFS)
- Project TEACH specialty consultation DD/MH, problematic sexual behaviors
- Cross-systems pilot project on interim assessment and stabilization (OCFS, OPWDD, DOH, SED to be added)
- HealthySteps (DOH)

# Building Systems Infrastructure

## Training and Technical Assistance

- CTAC - No cost training for providers and learning collaboratives Evidence Based Treatment Dissemination Center – no-cost Managing and Adapting Practice training (and awards to support attendance).
- Center for Workforce Excellence for EBPs.

## Workforce Pipeline

- Social Worker Evidence-Based Practice project expansion to C/Y track and MHC track.
- Pipeline incentive for alumni of EBP project.
- \$4M SUNY/CUNY workforce initiative for multilingual students and students of color.
- Peer Technical Assistance Center.
- High school workforce efforts targeting tMHFA participants.

## Mental Health Systems Literacy/Awareness

- Systems literacy campaign.
- Children's Single Point of Access and streamlined access.
- What's Great in our State.

# Community-Based Care

## Mental Health Education in Schools

- Mental Health Resource and TA Center (NYSED)

## SHAPE

- Web-based platform targeting assessment and resources to schools

## Restorative Practices

- Direct training for schools

## Project AWARE

- Training, referral services for 3 school districts totaling 2,000 individuals (NYSED)

## High-Needs School District grants

- 26 school districts with awards totaling 10M per year for 5 years (NYSED) focusing on universal prevention approaches and mental health services

## Promise Zones

- 4 Promise Zones as multi-focal strategy for school culture

## Trauma Supports

- \$6M to support trauma curricula for schools

# Community Mental Health Services Array

## **MH Outpatient Treatment and Rehabilitation Services**

- Clinic to the Rehab option allowing peer services and off-site services.
- Clinic expansions for fast track access using ARPA funds.
- Over 1000 school based clinics and associated start-up.
- \$8M one time enhancement of SBMHC.
- Enhancement of school based clinic rate (Art 31 and 28 satellites).

## **CCBHC (OASAS)**

- 13 demo sites with lifespan access, crisis 24/7 support, no refusal, integrated care.
- 26 additional sites to be added.
- Medicaid SPA.

## **Children and Family Treatment Supports and Services**

- 74 licensed agencies to provide licensed treatment and rehabilitation services.
- 33 designated agencies to provide peer support and rehabilitation services.
- Regional TA and training calls held with CFTSS providers.
- 25% permanent rate enhancement for CFTSS (DOH, OASAS, OCFS, OPWDD).
- EBP rates in CFTSS.
- Design/maturation of CFTSS.

# Intensive Community-Based Care

## Intensive Outpatient Programs

- Start-up support for 11 new programs and 1 expansion.
- Provider workgroup on exploring new models, including school district based.

## Children's Day Treatment

- School-based mental health intensive treatment in community and state operated settings.
- Modernization of Children's Day Treatment (NYSED).

## Partial Hospital Programs

- 2 new PHPs and 1 expansion.
- New PHP, with specialized tracks, to be studied.

## Youth ACT

- New model with 6-8 multidisciplinary team members serving 26-48 youth.
- 19 funded teams, 1 team in procurement (12 teams enrolling).
- 108 youth enrolled.
- Youth ACT Technical Assistance Center.
- Youth ACT evaluation.



# Intensive Community-Based Care

## High-Fidelity Wraparound

- Evidence based care management intervention including peer supports.
- Pilot supports 19 care management agencies.
- 549 youth have been through High-Fidelity Wraparound.
- Evaluation shows high satisfaction, ability to remain at home for majority.
- HFW Wraparound Institute (DOH).

## Home and Community Based Services for youth with SED

- 25% permanent rate increase (State Partners).

## First-Episode Psychosis

- 25 OnTrack teams throughout NYS, 3 new.
- Medicaid SPA.

# Emergency/Crisis

## **Crisis Stabilization Centers (Joint license with OASAS)**

- 12 intensive CSCs and 12 supportive CSC with 23 hours.
- All will have separate areas for c/y.

## **Children's Crisis Residence**

- 63 beds with 116 new beds in development.

## **988/Mobile Crisis (EVERYONE)**

- July 2022 launch of 988.
- Enhancement of mobile crisis with billing assistance (50k per team).
- SAMHSA award for training to support LGBTQ youth.
- Aim of 2 hour response time and lifespan response across state.

## **CPEP**

- 12 new CPEPs.

# Emergency/Crisis

## Home-Based Crisis Intervention

- 27 teams serving families for 4-6 weeks.
- \$2M equity funding for existing teams.
- \$6M expansion funding for existing teams.
- 11 new traditional teams in uncovered catchment.
- 2 new DD/MH teams (DDPC, OPWDD).
- Guidance including widening of referral source, increase in age range.

## Critical Time Intervention Teams:

- Focused on youth in Emergency Rooms and leaving hospitals for successful transition to home.

## Transitional/ Crisis Beds

- Focused on short stay after ER presentation or to prevent hospitalization/long term residential.

# Residential/Inpatient Treatment

## Children's Community Residence

- 34 CCRs with average enhancement of 30% in FY 21.
- Pilot 14-21 program with independent living supports (ACS).

## Residential Treatment Facilities (Inpatient Care)

- 274 RTF beds.
- 26M investment including clinical/direct care rate increase, addition of staff including permanency specialist, additional therapist, additional transition coordination, intake specialist.
- New rate methodology incentivizing shorter LOS and ensuring access to youth with additional needs.

## Inpatient

- Neurobehavioral unit ( SUNY Upstate).
- Exploring specialty unit for youth with high assaultive/aggressive behavior.
- Returning offline bed capacity.
- Exploring new c/y capacity in needed areas.



# Questions?