



Office of
Mental Health

OMH Statewide Town Hall

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<https://bit.ly/2Pf6kFw>

November 13, 2018



**Office of
Mental Health**

OMH Statewide Town Hall

Building a Continuum of Integrated Care

**Ann Marie Sullivan, M.D.
Commissioner
New York State Office of Mental Health**

November 13, 2018

Presentation Outline

Opening Remarks

- Ann Sullivan, M.D., OMH Commissioner

Panelist Presentations

- Thomas Smith, M.D., OMH Deputy Chief Medical Officer
- Donna Bradbury, M.A., L.M.H.C., OMH Associate Commissioner
- Moira Tashjian, M.P.A., OMH Associate Commissioner
- Donna Hall, Ph.D., OMH Associate Commissioner

Public Remarks and Testimony

Moderator

- Jeremy Darman, Special Assistant to the Executive Deputy Commissioner



Before We Get Started

❑ How to send questions:

- Online participants can type questions or comments into the “Chat Box” at any point during the presentation.
- In-person participants can present questions, comments, or formal testimony on site.
- Also accept and encourage submission of additional comments through December 4th to transformation@omh.ny.gov.

❑ How to view full screen:

- Go to the top right hand corner of the PowerPoint
- Click the icon showing two arrows



Year in Review



Year in Review

Transform Mental Health Systems to Make Community-based Recovery a Reality

- Over **127,000** HARP-eligible are now enrolled
- **22%** increase in individuals served in Health Home Plus since January 1, 2018
- **3%** reduction in adult State PC readmissions within 30 days of discharge from FY 2016 to FY 2017
- Decreased the number of State PC 5-year+ long stays by **20%** since 2015
- **\$100,593,220** in state-supported reinvestment, nearly **60,000** New Yorkers served by reinvestment services
- **6%** improvement in the employment rate of individuals who are receiving services from the public mental health system from 2015 to 2017

Promote Integrated Care

- **24,256** people served by Certified Community Behavioral Health Clinics in 2017, **11%** reduction in behavioral health inpatient admissions for people served.
- **2,897** children enrolled in Healthy Steps
- **1,511** providers participating in the Collaborative Care Medicaid Program
- **26** Intensive Outpatient Program waivers issued
- **80** approved Integrated Outpatient Services (IOS) clinic sites with an OMH-license



Year in Review

Promote Children's Mental Health and Access to Services, Prevent the Incidence of Disorders, and Expand Early and Preventive Interventions Statewide

- Added maternal depression track to **Project TEACH**
- Continued to expand Systems of Care across New York, now in **15** counties
- Increased the number of school-based clinic sites to **745**

Provide Housing for Individuals with Mental Illness

- **43,385** OMH funded housing units. **2,404** units in pipeline.
- Committed **539 units** of housing for individuals with serious mental illness via Empire State Supported Housing Initiative, with an additional **2,541** conditionally awarded units in latest round.

Improve Safety, Reentry, Recovery, and Connections to Care for Individuals with Serious Mental Illness and Criminal Justice Involvement

- **63%** of individuals with serious mental illness received outpatient services within 60 days of prison discharge during second half of 2017, **62%** received case management services
- Over **780** individuals served by OMH Sustained Engagement Support teams were reconnected to services after disconnection post-discharge from State PC



Year in Review

Developing the Public Mental Health and Health Care Workforce

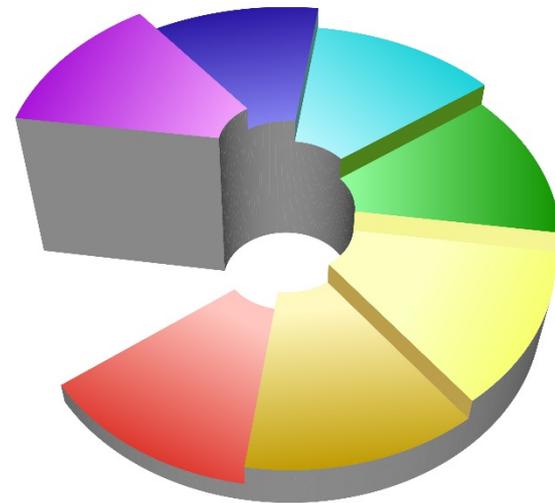
- Expanded the number of sites approved to offer telepsychiatry services by **54%** since January
- **92%** increase in the number of individuals receiving telepsychiatry services from OMH from September 2017 to September 2018
- **1,477** individuals issued OMH peer credentials
- **15** Doctors Across New York awards issued with OMH track

Mental Health Promotion, Awareness, and Stigma Reduction

- **148** peer-operated mental health programs in New York State
- **\$65,000** in anti-stigma grants awarded to 13 non-profit agencies in 2018
- **580** New Yorkers trained in Mental Health First Aid since 2016
- More than **3,500** school professionals trained in suicide prevention in 2017
- New **Mental Health Education Act** in effect as of July 1, 2018



Developing the Continuum



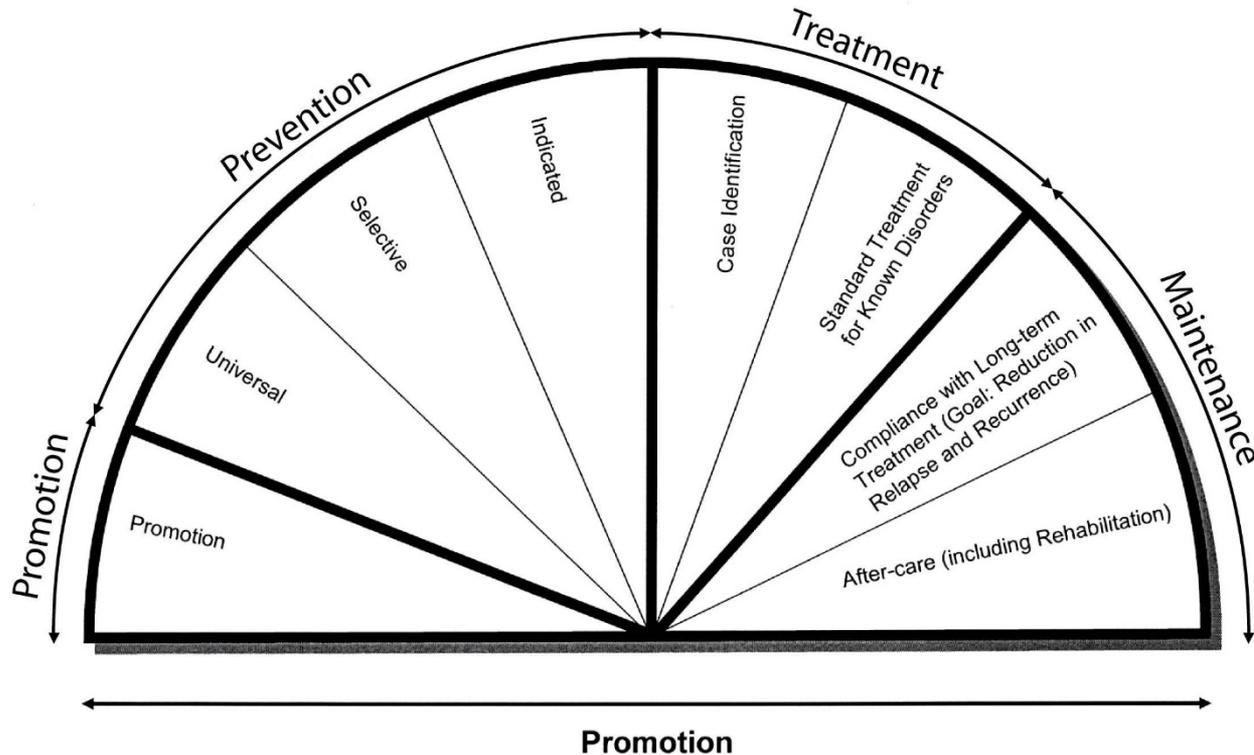
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Gathering the Pieces

New York's public mental health system is in the midst of comprehensive reform. OMH is supplying the pieces, but it is up to all stakeholders to help complete the picture.



Institute of Medicine (IOM) Mental Health Intervention Spectrum



National Research Council
and Institute of Medicine
(2009)



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Areas of Action

- Recovery-oriented program design and financing: Managed care/HARP, HCBS services, care management, value-based payment
- Paving pathways from State inpatient and residential to independent community living, reducing avoidable hospital use
- Geriatric Mental Health
- System and regulatory redesign to strengthen access, increase efficiency, and quality of care
- Public engagement and stigma reduction
- Greater support for workforce recruitment, development and retention



Today's Focus Areas

- **Prevention and Early Intervention**
 - Social Determinants of Mental Health, Healthcare and School Prevention, Early Intervention Programs and Innovation
- **Children's Services**
 - Medicaid Transformation, Systems of Care, Transition Age Youth, Reinvestment HCBS, Residential Redesign, Clinic RFP, Crisis Respite
- **Crisis Continuum**
 - Mobile Crisis, Crisis Residence, Crisis Stabilization, Regulations, RFP
- **Forensic Services**
 - Police Training, Jail and Parole Diversion, Prison In-Reach



Early Intervention and Prevention



**Office of
Mental Health**

Three Prevention Frameworks

- Primary, Secondary, Tertiary Prevention (chronic disease model)
 - The “when”
- Universal, Selective, Indicated Preventive Interventions (IOM)
 - The “who”
- The Social Determinants of Health Framework
 - The “how”



Slide content provided by Michael Compton, M.D., M.P.H. and Ruth Shim, M.D., M.P.H.

The Social Determinants of Health

Health begins where we live, learn, work, and play. Your zip code may be more important to your overall health than your genetic code.

Those factors that impact upon health and well-being: the circumstances into which we are born, grow up, live, work, and age, including the health system.



LIVE



LEARN



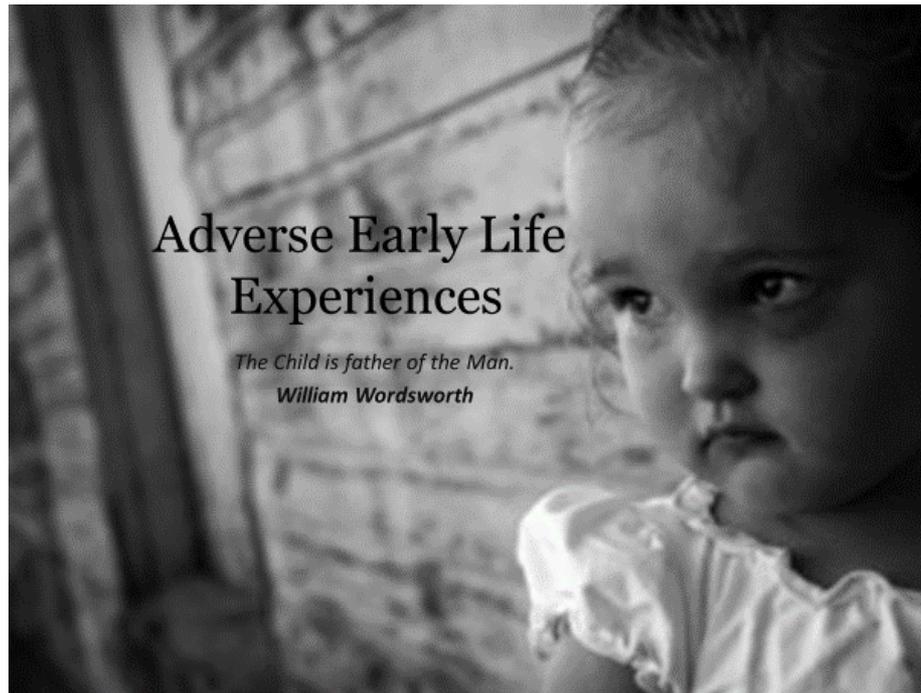
WORK



PLAY

The Adverse Childhood Experiences Study

- Surveyed over 17,000 adults about childhood issues and current health status
- ACEs (occurring in the first 18 years of life): abuse (emotional, physical, or sexual), neglect (emotional or physical), and household dysfunction (mother treated violently, household substance abuse, household mental illness, parental separation or divorce, incarcerated household member)
- Created the ACE Score



Health Problems Associated with ACEs

- Alcohol use disorders
- Depression
- Illicit drug use
- Suicide attempts
- Teen pregnancies
- Smoking
- COPD
- Fetal death
- Ischemic heart disease
- Liver disease
- Hearing voices
- Risk for intimate partner violence
- Multiple sexual partners
- STDs
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Early mortality

First 1,000 Days

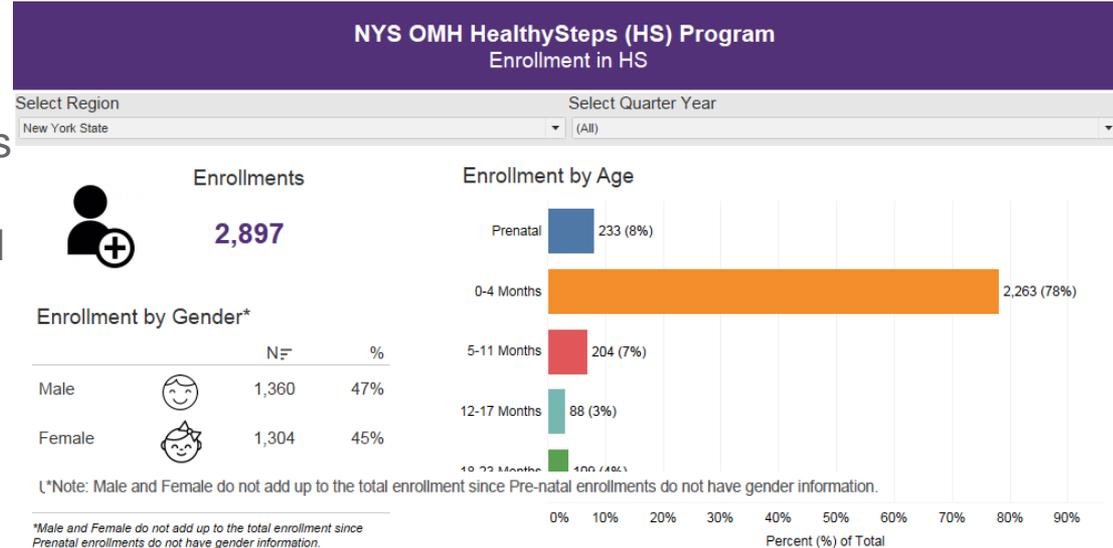
- Recognition of the critical nature of early childhood.
- Large, multidisciplinary stakeholder group crafted proposals
- Ten Point Plan
- Dovetails with Infant and Early Childhood Mental Health work that OMH is leading with technical assistance from Zero to Three
- Goal is to support families to create healthier children



HealthySteps

HealthySteps integrates family and development professionals into pediatric and family medicine practices to help identify, monitor, and address emerging behavioral or developmental health concerns in young children.

- Evidence-based prevention program aimed at prevention through anticipatory guidance, universal screening, promotion of health lifestyles and support of family relationships.
- 17 participating practices, over \$6.5M in 3-year grant funding.



Prevention/Intervention with Maternal Depression

- Reimbursement and elimination of cost barriers for screening and referral
- Strengthening capacity for treatment: IOP in OMH clinics, building pediatric and OB/GYN screening and referral processes
- Consultation and technical assistance through Project TEACH



May 25, 2018

Dear Colleague:

We are writing to provide important information about maternal depression. As many as 1 in 7 women experience some form of depression during pregnancy or within 12 months after giving birth. The good news is maternal depression is highly treatable if identified early. Untreated maternal depression may worsen over time.

While maternal depression can affect any pregnant woman or new mom, regardless of age, income, race, ethnicity or education, some women are at greater risk. Risk factors for maternal depression include poverty, substance use, low social support, family and personal history of depression, and history of domestic violence.

Governor Andrew Cuomo has directed the Department of Financial Services to adopt regulations that will require private insurers to reimburse for maternal depression screening and referral for diagnosis and treatment as appropriate. The New York State (NYS) Medicaid program currently provides reimbursement for these services.¹

As a health care provider, you may be the first to recognize signs of depression. Incorporating an [evidence-based screening tool](#) (NYS licensed clinics generally use the PHQ-9) into prenatal visits, postpartum checkups or routine well-baby visits provides opportunities to discuss and look for signs of depression.

Behavioral and mental health providers, likewise, may recognize signs of maternal depression with their pregnant and/or newly parenting patients. Using an evidence-based screening tool as part of routine care provides opportunities to identify emerging signs of maternal depression, apart from existing behavioral and mental health diagnoses, as well as to monitor for improvement.

Postpartum depression is the most common morbidity associated with childbirth; it is a problem for moms and, untreated, can have a permanent impact on children. Clinical findings demonstrate a distinct connection between maternal depression and an increased level of emotional and functional problems in infants, pre-adolescent, adolescent and adult children. Therefore, it is critical to identify perinatal women with depression early to get them the care they need.

¹ https://www.health.ny.gov/health_care/medicaid/program/update/2016/2016-06.htm#postpartum



More info: <https://on.ny.gov/2JpJ3ez>

Project TEACH

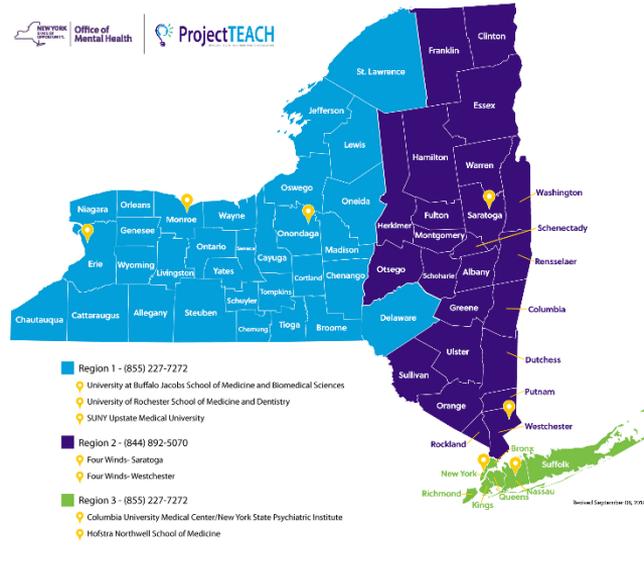
Project TEACH provides rapid consultation, education and training, and referral/ linkage services to pediatric PCPs statewide who provide care for children and adolescents with mental health disorders. New initiatives include collaboration with OnTrackNY and FTNYS, and expanded availability of training for pediatric PCPs.

 3,056 Pediatric PCPs Enrolled

 13,536 Phone Consultations

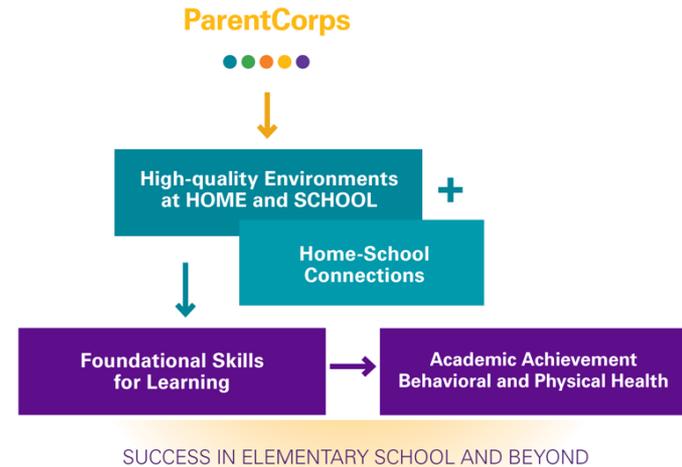
 2,019 In-Person Consultations

 4,772 Linkages & Referrals



ParentCorps and Promise Zones

- ParentCorps supports pre-Kindergarten and Kindergarten teachers, teaches behavior management to parents, and engages parents in the school environment. Outcomes include higher grades, improved mental health, and better physical health.
- Promise Zones combine an external change agent, a school support team, and community-based service providers to achieve positive outcomes in attendance, behavior, classroom performance, family engagement, and access to care.



PROMISE ZONE
FAMILY SCHOOL COMMUNITY



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School-Based Suicide Prevention

CDC's 2015 Youth Risk Behavior Survey found that nearly 16% of New York State high school students reported serious consideration of suicide and nearly 10% reported suicide attempts. OMH is supporting evidence-based programs for students, families and teachers.

Creating Suicide Safety in Schools Workshop: 695 Professionals Trained in 2017

Training that uses a problem-solving approach to build school professionals' confidence and facilitate improved readiness in the event of a suicidal crisis.

Sources of Strength: 36,247 Students Impacted since 2016

Universal public health-oriented suicide prevention program developed to utilize the influence of natural adolescent opinion leaders (Peer Leaders) working in partnership with adults, who provide mentoring and guidance.

Suicide Safety for Teachers: Nearly 9,000 Professionals Trained since 2017

Addresses the suicide awareness needs of teachers and school staff, providing an orientation to suicide prevention.

Lifelines Postvention- After Suicide and Traumatic Death: 199 Professionals Trained in 2017

Prepares school crisis teams, community services, and administrators to support recovery after loss. Focuses on three main principles: grief support, crisis management, and contagion prevention.

To find a training near you, please visit: <https://www.preventsuicideny.org/>



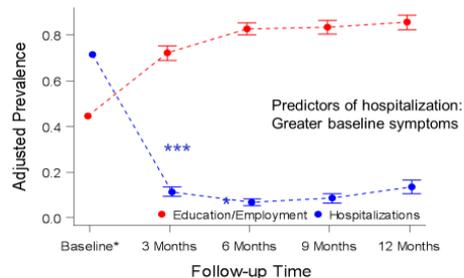
OnTrackNY

OnTrackNY is an innovative treatment program addressing first episode psychosis in adolescents in young adults. 21 sites statewide, current census of 652.

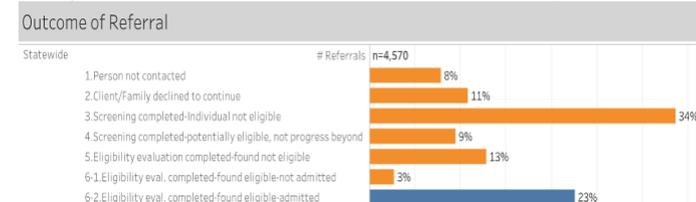
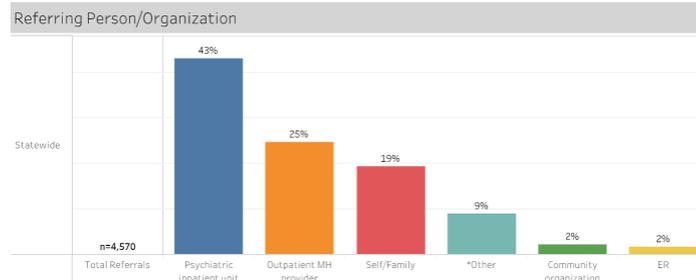
- County role in integrating OnTrackNY with existing community systems of care and referral sources.

OnTrackNY @ Parsons	Albany	9/28/15	1	34
OnTrackNY Southern Tier	Binghamton	2/13/17	2	16
OnTrackNY @ The Institute for Family Health	Bronx	10/3/16	3	44
OnTrackNY @ Montefiore	Bronx	8/29/16	4	36
Kings OnTrackNY	Brooklyn	10/1/13	5	32
OnTrackNY @ Pesach Tikvah	Brooklyn	11/1/17	6	17
OnTrackNY @ SUS	Brooklyn	10/2/17	7	25
OnTrackNY @ BSBH	Buffalo	6/16/15	8	32
OnTrack @ Mercy	Garden City	10/3/16	10	21
Early Treatment Program at Lenox Hill	Manhattan	4/18/16	11	30
OnTrackNY @ Bellevue	Manhattan	8/10/15	12	31
OnTrackNY at The Jewish Board	Manhattan	6/6/15	13	39
Washington Heights	Manhattan	10/1/13	14	47
Access: Supports for Living	Middletown	10/3/16	15	28
Zucker Hillside: Early Treatment Program	Queens	10/1/13	16	55
OnTrackNY @ Elmhurst	Queens	8/29/16	17	49
OnTrackNY Rochester	Rochester	3/21/16	18	35
OnTrackNY @ Staten Island University Hospital	Staten Island	1/9/17	19	29
OnTrack CNY	Syracuse	8/1/15	20	20
OnTrackNY @ MHA	Yonkers	10/1/13	21	32

Model Adjusted Follow-up Outcomes



N=325



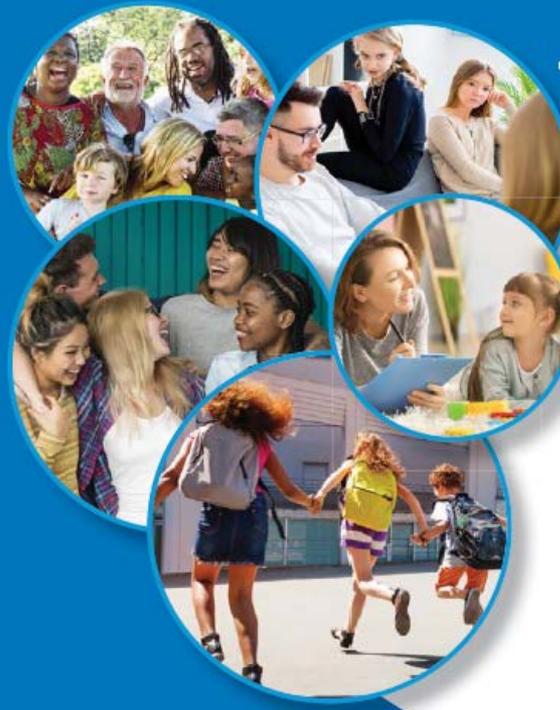
Children's Services



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Get Access to New Children and Family Treatment and Support Services in 2019



Get Access to New Children and Family Treatment and Support Services in 2019

- Available with NYS Children's Medicaid and Medicaid Managed Care
- Mental health and substance use services
- For Children and Youth under age 21 and their families/caregivers
- Provided at home or in the community
- Improve health, well-being and quality of life
- Strengthen families and help them make informed decisions about their care



The right service, at the right time, in the right amount, in the right place

- New York is gearing up to launch a phased implementation of the Children and Family Treatment and Support Services in Fee-for Service and Medicaid Managed Care.
- January 1, 2019, launch date for three of the proposed State Plan Amendment services – Other Licensed Practitioner (OLP), Comprehensive Psychiatric Supports and Treatment (CPST), and Psychosocial Rehabilitation (PSR)*
- Family Peer Support Services, now only accessible in the Home and Community Based Services (HCBS) Waiver, will be available to all children with Medicaid starting July 1, 2019*
- Youth Peer Support and Crisis Intervention Services, also in the HCBS Waiver, will be available to all children with Medicaid starting January 1, 2020*
- New services will meet the unique needs of children and their families by:
 - Identifying mental health needs early
 - Providing support in the home and community
 - Addressing issues and hopefully preventing the need for emergency room visits, hospital stays, or out of home placements

*Pending CMS Approval

Systems of Care

New York's System of Care (ACHIEVE) pilot program integrates evidence-based High Fidelity Wraparound model with Health Homes Serving Children.

- Now expanded to include 15 counties, with additional capacity of 120 families.
- NYS System of Care Conference occurred September 26-27. SAMHSA's TA Network and homegrown experts shared info on best practices related to peer services, care coordination, cross agency planning, Transition Age Youth, and more.
- 34 counties sent cross-agency teams and began work on individualized strategic plans to reinvigorate the Systems of Care framework into their services for children and youth.
- Child serving state agencies are working together with OMH to support county efforts.

Transition Age Youth

OMH, with a view toward better meeting the needs of transition-aged youth ages 16 to 24, recognizes that there are different needs and resources regionally. The plan, currently in beginning stages, will be based on the following:

- Population-The number of individuals receiving services
- Current Resources and Utilization- Devoted to, available for, and currently used by transition-aged youth
- High Utilizers- Transition-aged youths using the most expensive services, identification of patterns to develop services for earlier intervention
- Youth/Young Adult and Family Input – Current recipients are in best position to discuss what is working, what isn't, and what's needed
- Stakeholder Input – Many transition-aged youth have multi-system involvement. Dialogue will be sought regarding their needs of the and how to best meet them

School-Based Behavioral Health

Supporting young New Yorkers with expanded clinics statewide.

	2015	2016	2017	*2018	% Change 2015-2018
New York City	168	212	214	224	33.3%
Rest Of State	359	448	464	520	44.8%
Total	527	660	678	744	41.2%

NYC by Borough	2015	2016	2017	*2018	% Change 2015-2018
Bronx	21	35	36	35	66.7%
Brooklyn	64	83	82	84	31.3%
Manhattan	50	56	58	58	16.0%
Queens	27	32	31	35	29.6%
Staten Island	6	6	7	12	100.0%
Total NYC	168	212	214	224	33.3%

Rest Of State by Region	2015	2016	2017	*2018	% Change 2015-2018
Central	134	158	163	184	37.3%
Hudson River	95	115	120	136	43.2%
Long Island	8	11	11	11	37.5%
Western	122	164	170	189	54.9%
Total ROS	359	448	464	520	44.8%



Mental Health Education in Schools

Effective July 1, 2018, New York State became the first state in the nation to require mental health instruction as part of the K-12 curricula.

Schools must offer a program in health education that includes mental health and the relationship between physical and mental health, which is designed to enhance student understanding, attitudes and behaviors that promote health, well-being and human dignity.

- OMH worked with NYSED and stakeholders to provide recommendations and guidance, issued in July.
- \$1.5 million in this budget to develop a web based school mental health resource and training center.

Children's Crisis Respite Programs

Four reinvestment-supported, state-operated Crisis Respite Programs serving youth from across New York State, with 28 beds. **1,242 new individuals served since program inception.**

The respite programs provide both planned and crisis respite to youth typically for 7-10 days, up to 21 days.

The goals of the programs are to stabilize the crisis situation and to support the family and service providers' efforts to prevent the need for a higher level of care.

Residential Treatment Facility Pilot Program: Reducing Lengths of Stay RFP

OMH issued a Request for Proposals (RFP) for *Residential Treatment Facility (RTF) Pilot Program: Reducing Lengths of Stay* on February 28, 2018. Conditional Award announcements were made on June 8, 2018. **Pilot Programs expected to begin early 2019.**

- The intent of RTF Pilot Program is to provide funding to pilot new or enhanced approaches and/or services within the RTF that are directed to intensifying treatment interventions, community integration and family engagement, which will result in reduced lengths of stay and improved youth/family stability in the community upon discharge from the site-based treatment intervention.
- The RTF Pilot Program: Reducing Lengths in Stay is an opportunity for RTFs to creatively make effective and sustainable practice changes for the future.

OMH will award up to ten applicants up to \$200,000 beginning in 2019 for a total of three years, contingent upon the availability of funding.

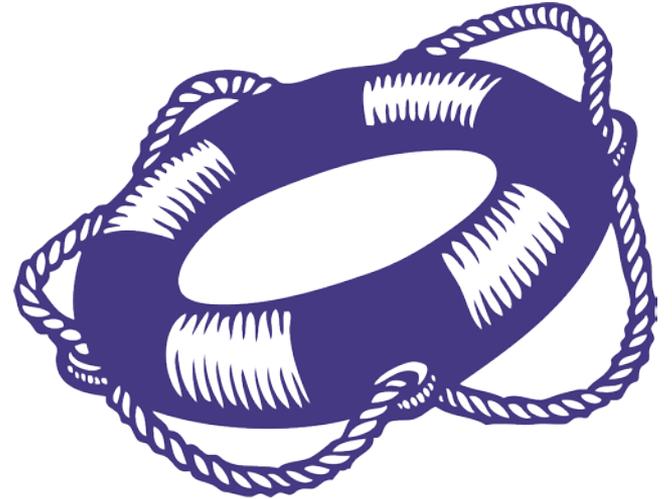
Capital Grant RFP: Preservation, Enhancement or Restructuring of Children's Mental Health Clinics and RTF's

The *Capital Grant for Preservation, Enhancement or Restructuring of Children's Mental Health Clinics and Residential Treatment Facilities (RTFs)* was announced May 2018. Proposals were due October 10, 2018. **Award announcements are expected in November of 2018.**

- This grant program is designed to support capital improvements to Article 31 OMH Licensed Residential Treatment Facilities (RTF's) and child serving outpatient mental health clinics to support capital needs to better meet the emerging needs of the Children's Behavioral Health system.
- The RFP was intended to assist eligible applicants address physical enhancements and modifications in the following areas:
 - Preservation – such as, activities to address physical plant issues and to restore to previously existing conditions in order to “preserve” the safe functionality and/or ongoing viability of the clinic or RTF.
 - Restructuring – such as, activities related to physical layout changes to the building and/or functional repurposing of a portion of the building.
 - Expansion- such as, activities that create additional program space through physical layout changes to the building (including acquisition of a new or alternate location) in order to provide additional services.

OMH will award capital grants of up to \$1.5 million per proposal. There is \$20 million in capital grants available to be awarded.

Crisis Continuum



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Shared Vision for Behavioral Health Crisis Response

- **Recovery-oriented, person-centered, and culturally/linguistically competent behavioral health crisis management**
- **Available to all New Yorkers**
 - Including children, adolescents, and adults
 - Regardless of payment source or ability to pay
- **Local or regional system that integrates existing crisis infrastructure (state, local and Medicaid funded) with newly available resources.**



Crisis Intervention Benefit (1115 Waiver)

Reimbursement under Medicaid Managed Care for Crisis Intervention services provided to an adult or child who is experiencing or is at imminent risk of experiencing a psychiatric and/or substance use crisis.

Services available under this new Crisis Intervention Benefit:

- Mobile Crisis
- Crisis Residence
- Crisis Stabilization



Mobile Crisis Service

The mobile crisis component represents an array of services, each of which can be utilized as clinically indicated and are not required to be delivered sequentially.

- Telephonic triage and response
- Mobile crisis response- 3 hour response time
- Mobile and Telephonic crisis follow up

2019 Implementation



Crisis Residence

Short-term residential support to persons exhibiting symptoms of mental illness who are experiencing a psychiatric crisis.

Regulations now out for comment

- Provide short-term interventions to individuals experiencing crisis, to address the cause of the crisis and to avert or delay the need for acute psychiatric inpatient hospitalization or emergency room admission.
- Appropriate for individuals who are experiencing a period of acute stress that significantly impairs the capacity to cope with normal life circumstances.
- Program provides mental health services that address the psychiatric and behavioral health needs of the individuals.
 - Residential Crisis Support
 - Intensive Crisis Residence
 - Children's Crisis Residence



Crisis Stabilization

OMH is currently performing a statewide examination of crisis stabilization programming currently in operation to determine future courses of action.

Next Steps

- Review of program offerings and findings
- Development of program design via future regulations



Crisis Regulations and Request for Proposals

OMH issued draft regulations on October 24th which outline the three core programs within the Medicaid crisis intervention benefit package.

- Regulations available for review at: <https://on.ny.gov/2PjCHmH>
- Public comment period open until December 24th

RFP will be issued for crisis residence capital needs after regulations are adopted.

- \$50 Million to be awarded statewide
- Covers acquisition, construction, rehabilitation of sites to offer crisis residence benefit outlined in draft regulations

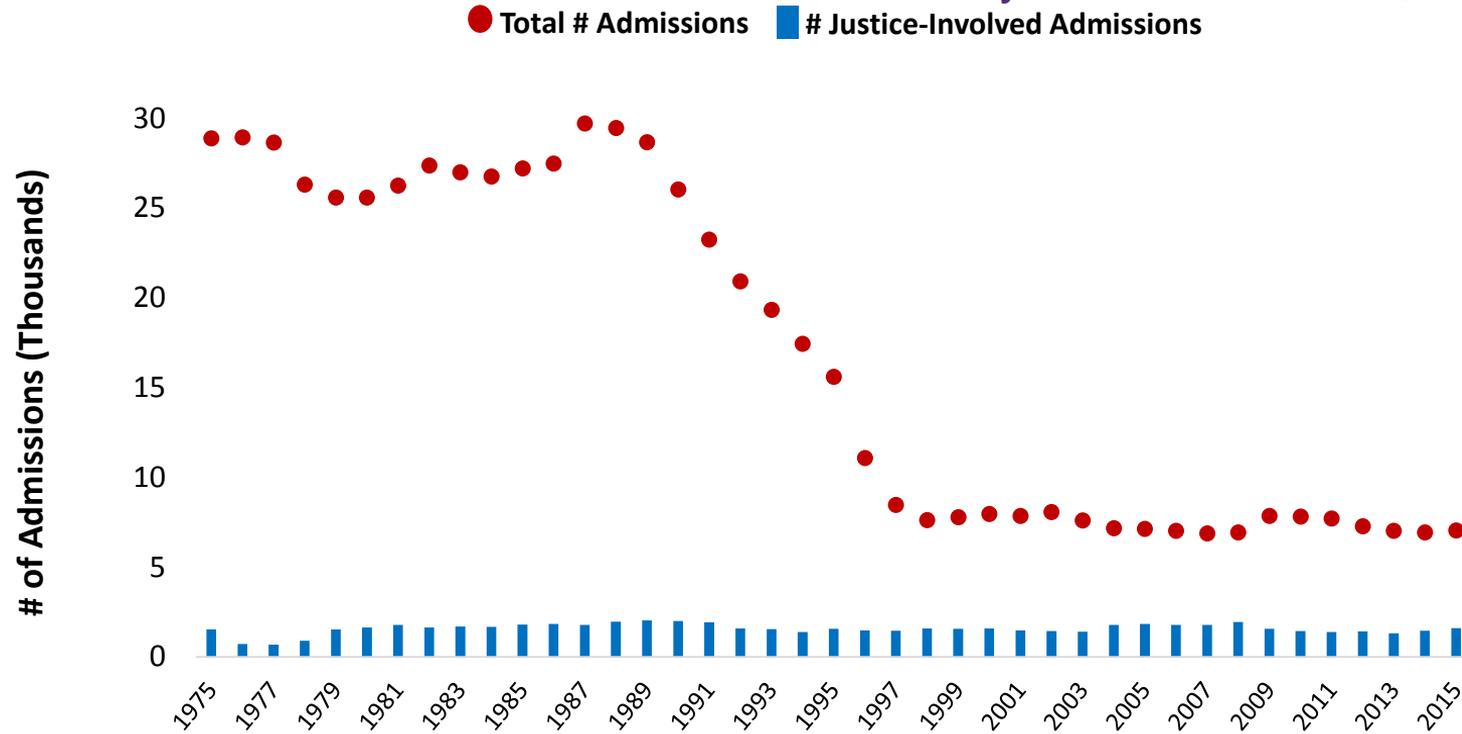


Forensic Services



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Justice-Involved Admissions to State Psychiatric Centers, 1975-2015



Source: NYSOMH, Office of Performance Measurement and Evaluation



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Maximizing Use of Forensic Inpatient Beds

Reduction in Length of Stay

- Restoration to Competency
- Not Responsible by Reason of Mental Disease or Defect

Expansion of Forensic Inpatient Capacity

- New 25-bed 730 restoration unit at Kirby Forensic Psychiatric Center in Manhattan opened on October 11, 2018

Expansion of capacity for pre-sentence jail population

- Expanded CL 508 admissions to Mid-Hudson Forensic Psychiatric Center as of November 1, 2018



Reducing Incarceration of Mentally III

- \$2.6 million in local funding
- **Sequential Intercept Model**
 - 5 key points of intercept
 - Collaboration between the criminal justice and behavioral health systems
- **SAMSHA funding of jail diversion initiatives**
 - Pre-arraignment and post-arraignment interventions
 - Evidence-based mental health services
 - The largest 6 counties outside NYC and parole diversion within NYC

Models

- Crisis stabilization in lieu of arrest
- Supervised pre-trial release with treatment and care coordination
- Enhanced case management of parolees at risk of violation
- Augmentation of police mental health training



Law Enforcement Training

In 2017-2018 budget, 8 counties in Western New York received support for Crisis Intervention Training

- 130 individuals trained; since 2014, 559 individuals have been trained

2018-2019 budget increased funding from \$400,000 to \$925,000

- OMH will be working with Senate as they designate jurisdictions for new trainings
- New funding for mobile app/tablets enabling law enforcement to directly connect with clinicians in responding to individuals with SMI

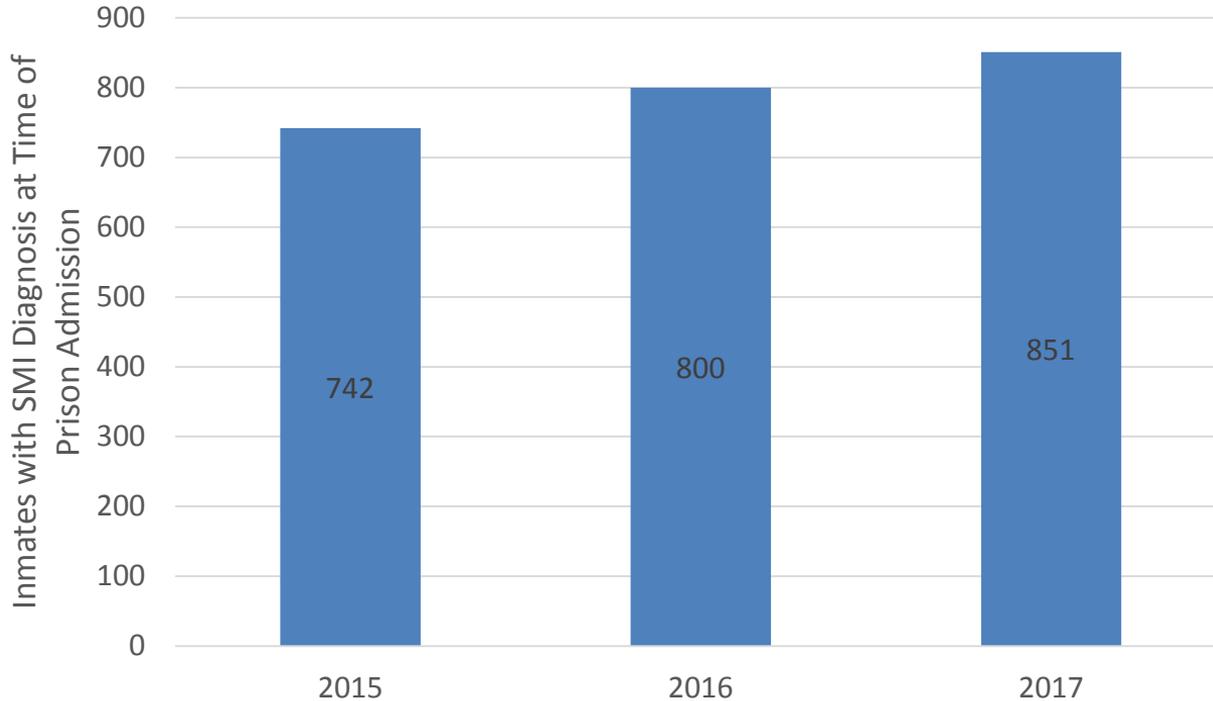
Nathan Kline Institute is completing a two-phase evaluation of CIT

- Phase 1: Assessment of attitudes and perceptions amongst those trained
- Phase 2: Assessment of county-specific crisis response process and outcomes

OMH and DCJS are offering free Fundamental Crisis Intervention Skills for Law Enforcement Training for mental health professionals and law enforcement to become certified to instruct the mental health module of the basic police recruit curriculum



Prison Admissions of Inmates with Serious Mental Illness



Enhancing Prison-Based Programming and Transition from Prison to Community

Enhanced Rehabilitation Programming

- **Enhanced Intermediate Care Program:** OMH operates specialized treatment programs at Elmira, Fishkill and Green Haven Correctional Facilities for men with serious mental illness and histories of violence, within 18 to 36 months of their release
- **Discharge Intermediate Care Program:** OMH operates specialized re-entry programs at Sing Sing and Auburn Correctional Facilities for men with serious mental illness and histories of violence, within 12 to 18 months of their release

Prison In-Reach and Transition Services

- **Community Orientation and Re-Entry Program:** OMH operates a prison in-reach program providing intensive discharge planning services to men with serious mental illness leaving Sing Sing Correctional Facility, within 90 days of their release
- **Safe Transition and Empowerment Program:** OMH funds a prison in-reach and transitional Intensive Case Management program for women with serious mental illness leaving Bedford Hills Correctional Facility, within 90 days of their release

Parole Violation Diversion Initiative



Enhancing Prison-Based Programming and Transition from Prison to Community

Housing

- **Forensic Supported Housing:** OMH currently funds supported housing beds for individuals discharged from prison and supported housing beds serving individuals discharged from civil PCs after a direct admission from prison
- **Parole Support and Treatment Program:** OMH funds a supported housing program which is linked directly to a specialized Intensive Case Management Program, serving individuals with serious mental illness who are released from prison under DOCCS Community Supervision (parole)

Case Management and Treatment

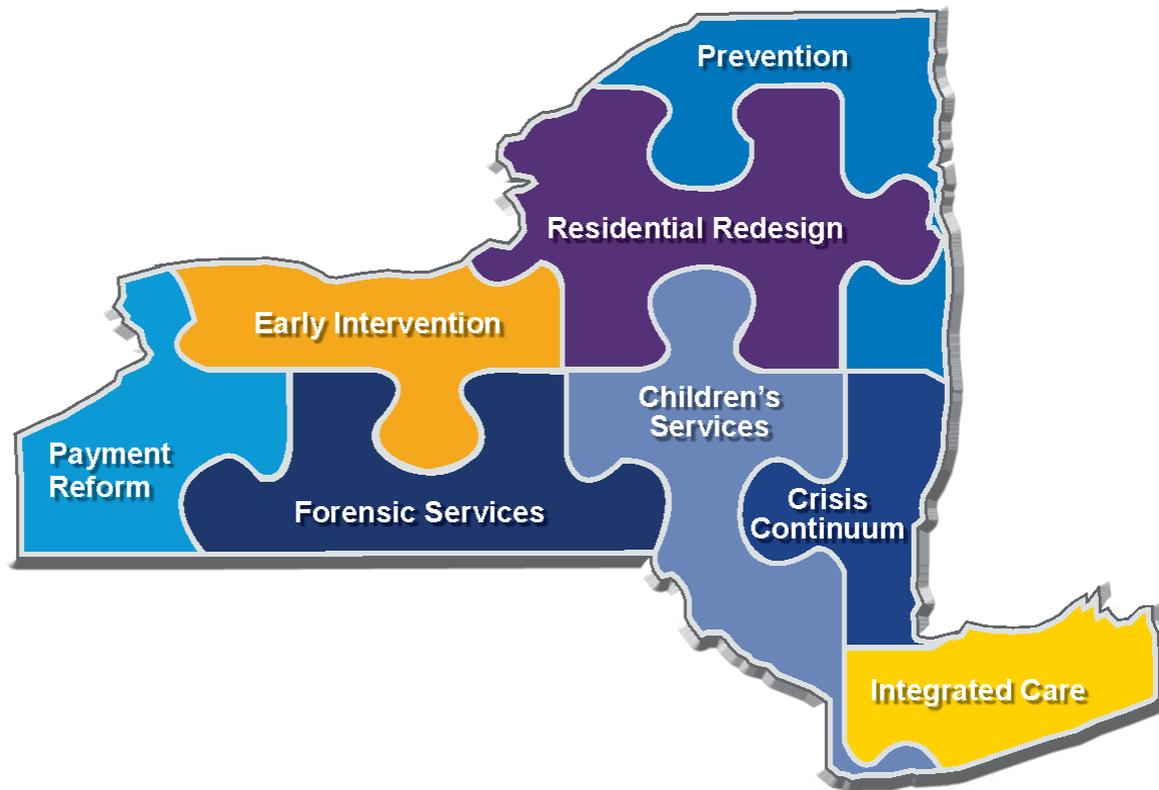
- **Forensic Case Management Teams:** OMH provides transitional case management for individuals with serious mental illness leaving prison. In addition, OMH funds a case management team for individuals leaving prison and returning to the New York City shelter system
- **Statewide Forensic Assertive Community Treatment (FACT):** OMH funds FACT teams across New York State. FACT provides coordinated behavioral health and social support services to justice-involved individuals, including individuals with serious mental illness released from prison, using an adapted Assertive Community Treatment model



Behavioral Health Transformation: Seeing the Big Picture



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Discussion, Comments and Questions



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Questions, Comments?

To send a question or comment:

In the chat panel on the right side of the WebEx screen:

- Select “Send to: All Panelists” on the dropdown menu
 - Enter your question or comment
 - Press the send button

Questions may be answered alongside similar questions or related themes.



Thank You!

Questions, comments and remarks
accepted through December 4th.

transformation@omh.ny.gov



Office of
Mental Health