



**Office of
Mental Health**

OMH Statewide Town Hall

Tuesday, November 19, 2019

Please Stay Tuned. Meeting will be starting shortly.

If you are experiencing issues hearing the WebEx audio, please visit:

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



**Office of
Mental Health**

OMH Statewide Town Hall

Focusing on Access and Prevention

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

November 19, 2019

Presentation Outline

Opening Remarks

- **Ann Sullivan, M.D.**, OMH Commissioner

Panelist Presentations

- **Jay Carruthers, M.D.**, Director, OMH Suicide Prevention Office
- **Emil Slane**, Deputy Commissioner and Chief Fiscal Officer, OMH Office of Financial Management
- **Moira Tashjian**, Associate Commissioner, OMH Division of Adult Community Care
- **Donna Bradbury, LMHC**, Associate Commissioner, OMH Division of Integrated Community Services for Children and Families
- **Donna Hall, Ph.D.**, Associate Commissioner, OMH Division of Forensic Services

Public Remarks and Testimony

Moderator

- **Ben Rosen**, Planning Director

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 and public remarks. Please select “All Panelists” as the chat recipient.
- In-person participants can present questions, comments, or formal testimony on-site.
- Also accept and encourage submission of additional comments through December 10 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

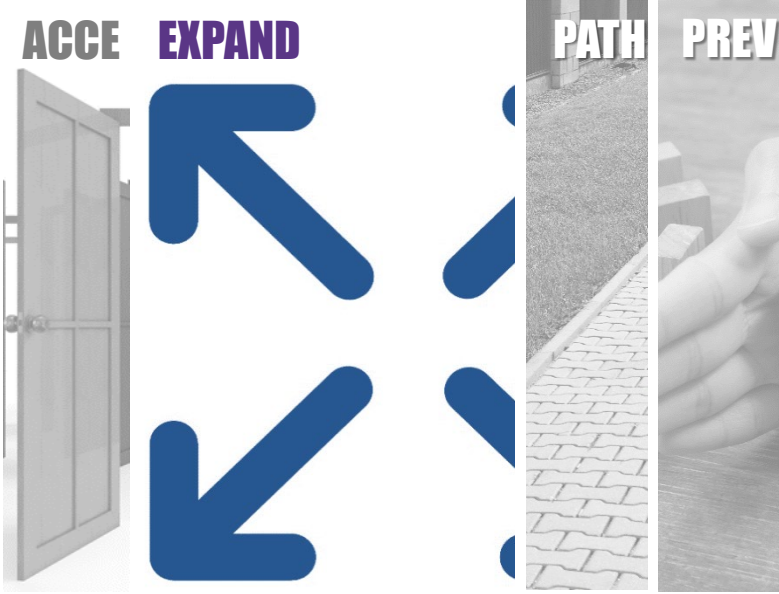
Focusing on Access to Services and Preventive Care



Expanding Access, Building Pathways, Promoting Prevention

- **Improving access** for all New Yorkers through parity reform, new service arrays, and expanded service capacity.
- **Building stronger pathways to recovery** and full community integration for adults and youth living with serious mental illness.
- **Bending the curve on mental illness and disability** by integrating prevention and wellness across the system of care and addressing the social determinants of health.

Expanding Access and Capacity



Office of
Mental Health

Strengthening Behavioral Health Parity

New York State is working to improve access to behavioral health benefits through a multi-year agenda of new programs, budget investments, legislative reforms, and cross-agency collaboration.

New Behavioral Health Ombudsman

- More than 1,200 individuals and families have received hands-on assistance in obtaining their legal rights to treatment and access to care.

2018 Parity Reporting Act

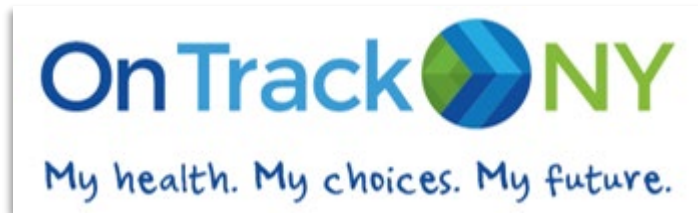
- Requires plans to submit data to the Department of Financial Services to ensure compliance with state and federal parity laws.

Governor Cuomo's 2019-2020 Parity Legislation

- Enhanced New York's parity laws across the board and provided state agencies with new and improved tools to ensure compliance.

Investing in Community-Based Services

\$100 million annual reinvestment associated with State Psychiatric Center and Article 28/31 bed reductions and more than 97,000 new people served, to date. Expanded state and voluntary-operated community services for reducing admissions and readmissions, including: crisis beds, Pathway Home teams, respite programs, HCBS waiver slots, first-episode psychosis teams, and peer-operated services.



Tracking Transformation

Outpatient engagement and housing investments have increased across New York State. OMH is also leveraging new Medicaid managed care opportunities to expand recovery-oriented services and supports.



5% reduction in civil inpatient beds.

7% increase in OMH funded and/or operated housing beds.

15% increase in Medicaid-covered individuals receiving OMH-licensed outpatient services.

Expanding ACT

OMH has expanded the Assertive Community Treatment (ACT) program to 108 teams statewide and added specialized teams for at-risk populations.

- OMH implemented 20 new ACT teams since 2017 with specialization in **homeless** and **shelter populations**.
- Prioritizing outcome data and best practices for specialized ACT teams including **shelter-partnered** and **forensic-focused teams**.
- OMH continues to monitor outcomes including:
 - Decrease in **hospital admissions** and ER visits by almost 50%.
 - Decrease in **homelessness** for individual services by ACT by 33%.
 - Decreases in active **substance abuse, self harm, harm to others, forensic involvement arrests** and **AOT orders**.
- ACT is a key program in the recovery continuum of services being offered by OMH.

Developing OMH Housing

Safe and affordable housing is a cornerstone of recovery for individuals with mental illness.

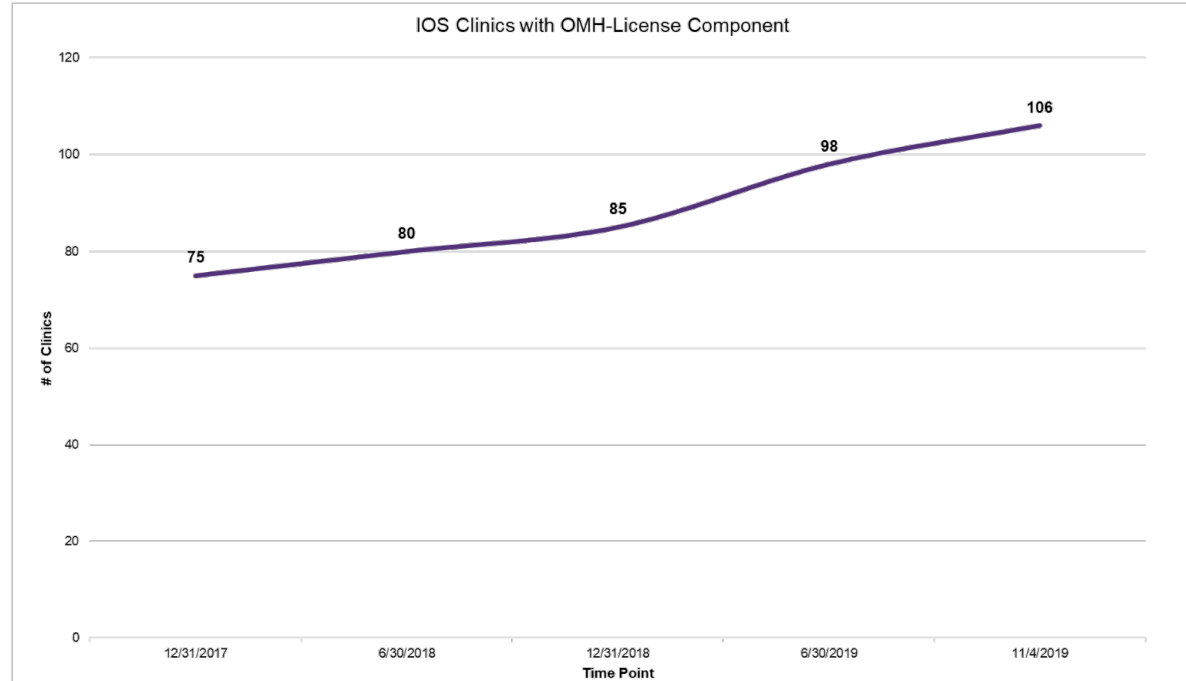
- OMH funds and/or operates more than **45,000** units of housing dedicated to individuals in the public mental health system. Over **2,200** units in the pipeline.
- Committed **886** units of housing for individuals with serious mental illness via Empire State Supported Housing Initiative, with an additional **2,218** conditionally awarded units for individuals with serious mental illness in latest round.
- New York's public mental health system expenditures on residential services and capital programs total nearly \$1 billion each year. OMH continues to expand and invest in new housing to support vulnerable New Yorkers as they work towards recovery.

Integrating Outpatient Services

New York State is improving the integration of mental health care with substance use disorder treatment and primary care at all levels of the health care system.

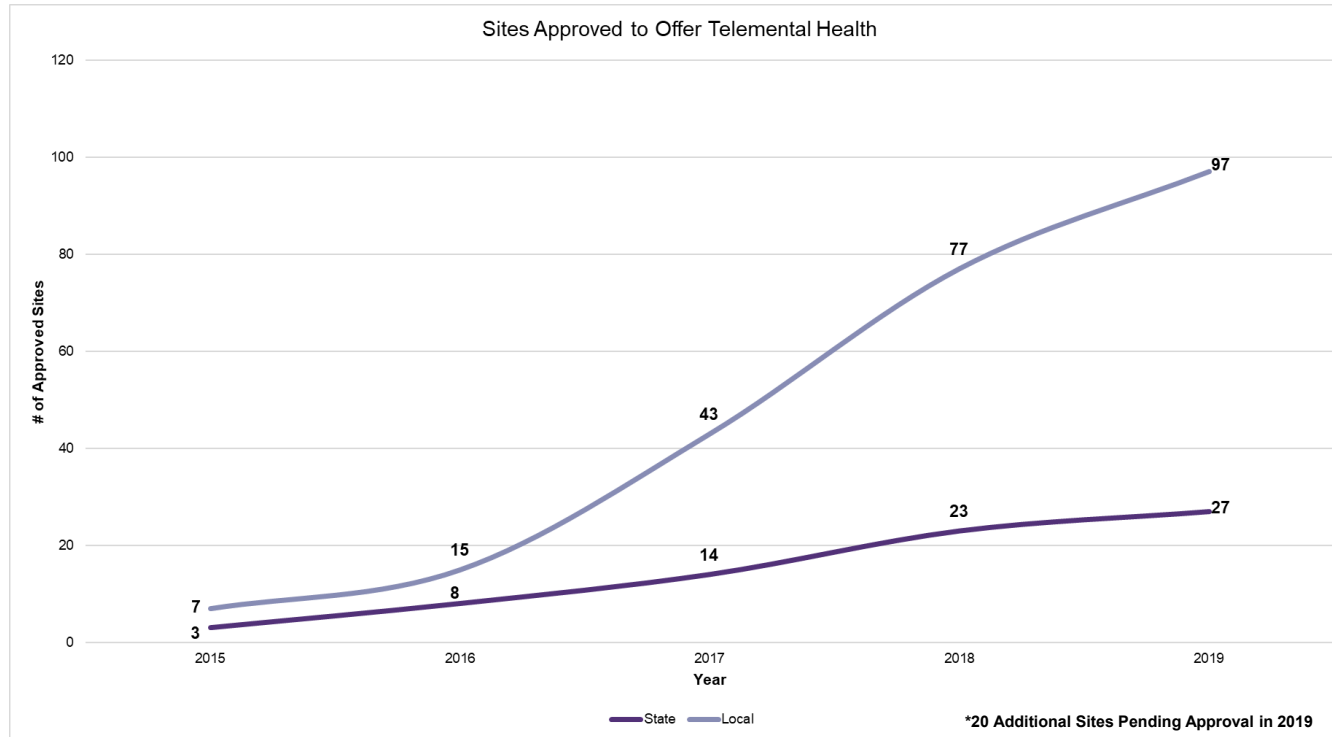
Expanded Integrated Outpatient Clinics

- Better coordination of care
- Improved client outcomes
- Reduced administrative burdens on providers.



Data shows the cumulative number of Integrated Outpatient Services (IOS) clinics holding an OMH-license with any agency sponsor at each time point since program inception in 2013.

Improving Telemental Health



New Telemental Health regulations adopted July 3, 2019

Regulatory Changes

- Title change to Telemental Health,
- Newly eligible practitioners: Licensed Psychologists, LSWs and Article 163 licensed practitioners,
- Expanding hub/distant sites to include home offices and private practices,
- Spoke site follows clients,
- ACT and PROS added as eligible treatment settings (limited to certain titles),

Building Pathways to Recovery

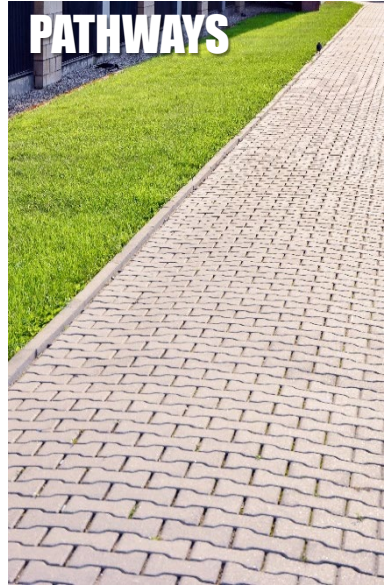
ACCE



EXPA



PATHWAYS



PREV



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New Array of Community-Based Services

New York has developed a comprehensive array of community-based services and supports aimed at helping New Yorkers and their families achieve and maintain lasting recovery.

- Children's Home and Community-Based Services
- Children and Family Treatment and Support Services
- Children's Health Home Care Management
- Adult Behavioral Health Home and Community-Based Services
- Health Home Plus Care Management
- Medicaid Managed Care Performance Opportunity Project
- Peer Service Expansion
- First Episode Psychosis Teams (OnTrackNY)

Children's HCBS, CFTSS, and Health Homes

Research has shown that children experience improved outcomes within their natural support settings. New York State's new Medicaid services are designed to keep children and youth out of hospital and residential settings, enrolled in school, and with their families.

Children's Home and Community-Based Services (HCBS)

- An array of twelve community-based services for Medicaid eligible children and youth, and their families, offering individualized person-centered care.

Children and Family Treatment and Support Services (CFTSS)

- Four community-based services for Medicaid eligible children and youth under the federal Early and Periodic Screening, Diagnosis, and Treatment benefit.

Children's Health Home Care Management

- Prevent HCBS Waiver enrolled children and youth with complex behavioral health and health care needs from entering higher levels of care via care management.



Adult BH HCBS: Person-Centered Services

Individuals who are members of a special Medicaid Managed Care Plan known as a HARP (Health and Recovery Plan) may be eligible to receive Behavioral Health Home and Community-Based Services (BH HCBS). BH HCBS are designed to support individuals in achieving goals using a person-centered approach.

Over the last year, we've doubled the number of individuals who have received at least one service.

OMH and OASAS have implemented several initiatives and programs to support this increase, including:

- Recovery Coordination Agencies for people who want the services but do not want to enroll in HH.
- Funding to support infrastructure at provider agencies (staffing, training, vehicles, computers, etc.).
- Ongoing training and technical assistance for provider agencies.

OMH and OASAS are also working closely with the Department of Health to find long-term solutions to increase access, including:

- Adding a community referral option for people not already HARP eligible based on the existing algorithm.
- Access for individuals with both Medicaid and Medicare (currently excluded from Medicaid Management Care).

Health Home Plus

Anyone living with a serious mental illness, who is eligible for the benefit and requires an intensive level of support, can access Health Home Plus (HH+) services. Care managers serving this population will have the expertise and training to serve high-needs individuals, who experience better outcomes under this benefit.

HH+ Updates

Performance Data

- Available soon for Health Homes (HHs) and Managed Care Organizations and will allow for the identification of high performing Care Management Agencies (CMAs).

Staff Qualifications

- Broadened qualifications to build up HH+ workforce and honor experience. Option to request a waiver of qualifications now available.

Looking Ahead

- HHs and CMAs will strengthen infrastructure to ensure that HH+ eligible members receive HH+ level of care.
- Meaningful training for care managers serving individuals with serious mental illness.
- HH+ Subcommittee: Recommendations for operationalizing HH+ and implementing care manager best practices for serving high-needs individuals with SMI.
- Collaboration with providers to better support high-needs individuals with serious mental illness (e.g. housing).

Medicaid Managed Care Performance Opportunity Project

Problem: OMH implemented a “value-based” approach to care that would allow MMCOs to earn back \$ if they worked to enhance quality of mental health care. Goals identified for project: 1) scale up use of Critical Time Intervention care management model; and 2) increase clozapine utilization for defined population of High Users of mental health inpatient and ER services.

Intervention: Create web-based platform for MMCOs to report new episodes of intensive care management. Episode milestones determine incentive payments to MMCOs.

Interim Impact Analysis: Inpatient utilization rates are lower for POP High Users who received 6 or more care management visits.

Peer Services

OMH recognizes the value of lived experience and peer perspectives, and has been working to increase the utilization of a peer workforce across the public mental health system.

- **401 Peer-Operated Mental Health Programs in New York State**
- **New York leads the nation in individuals pursuing Peer Certification**
 - Over 10,000 New Yorkers registered with the Academy of Peer Services online training and testing platform.
- **2,000 Certified Peer Specialists in New York**
- **Nearly 400 Family Peer Advocate Credentials Issued**
- **Youth Peer Advocate Credentialing Program Launched**
 - OMH is anticipating a significant increase in individuals seeking this credential as Youth Peer Support becomes a Child and Family Treatment and Support Service in 2020.
- **Peers at Work: Impacted Adult Homes**
 - 66 Peer Bridgers deployed to develop mentoring relationships with adult home residents and assist with community integration and transition to supported housing.

OnTrackNY: My Health. My Choices. My future.

Key Service Elements:

- Case management, supported employment/education, psychotherapy, family education and support, pharmacotherapy, and primary care coordination.

Core Service Processes:

- Team based approach, specialized training, community outreach, client and family engagement, mobile outreach and crisis intervention services, shared decision-making.



My health. My choices. My future.

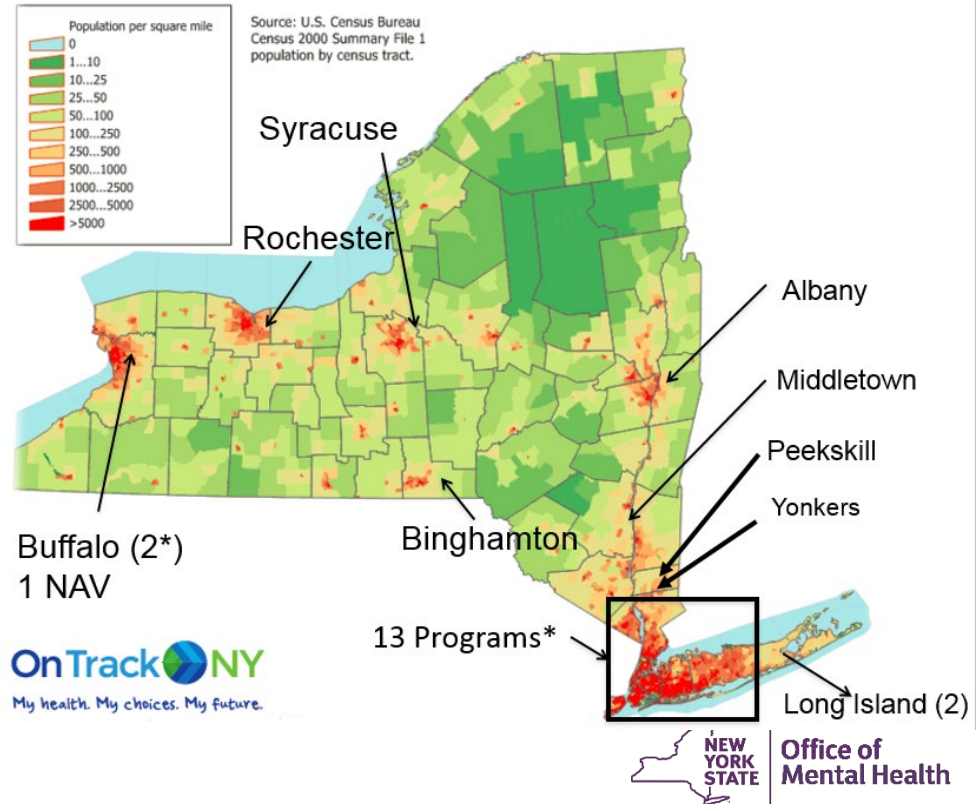
OnTrackNY is an innovative treatment program for adolescents and young adults who recently have had unusual thoughts and behaviors or who have started hearing or seeing things that others don't. OnTrackNY helps people achieve their goals for school, work, and relationships.



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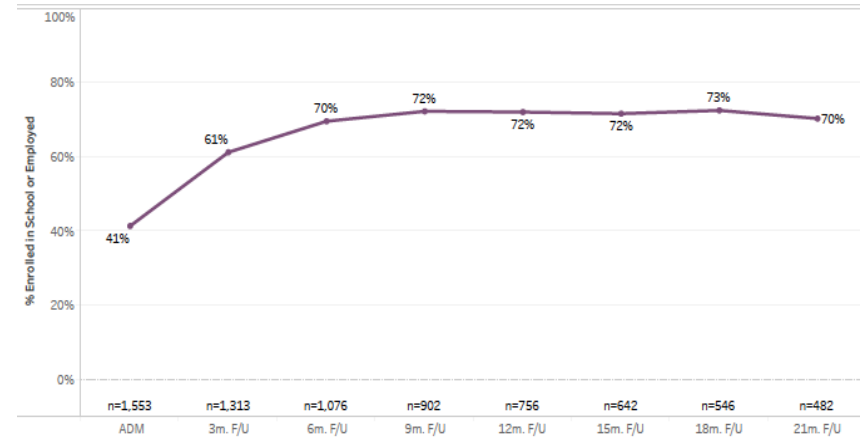
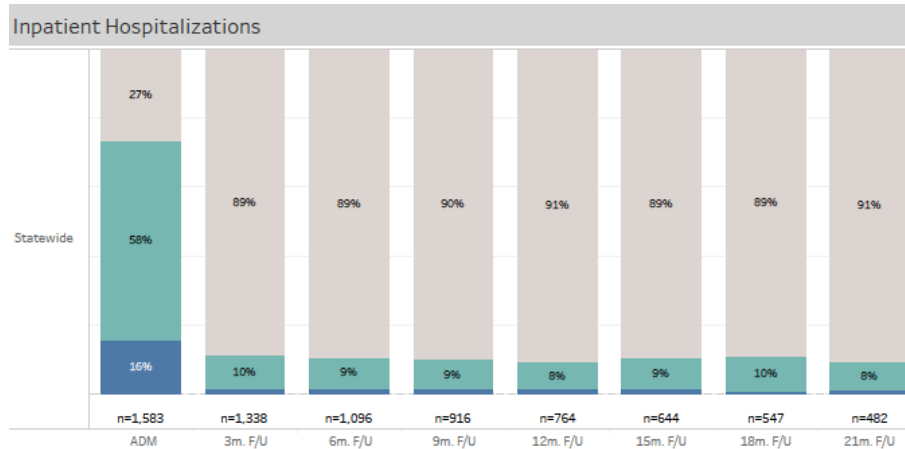
OnTrackNY: Expanding Hope

- Increase of 19 OnTrackNY sites since 2013. 23 sites statewide by 2020.
- Piloting use of telepsychiatry with new Westchester Team via new SAMHSA funding: ProHope. Lessons learned will hopefully allow expansion into more rural areas.
- ProHope will include full time Youth Coordinator.



OnTrackNY: Proven Practice

OnTrackNY has been shown to lower inpatient hospitalizations, and increase school and work outcomes.



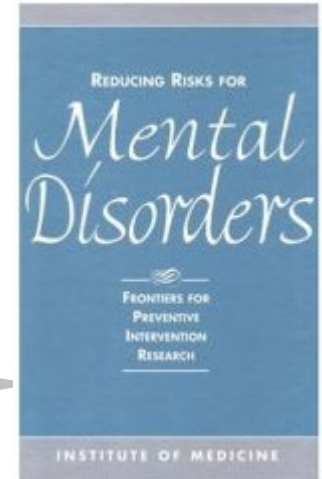
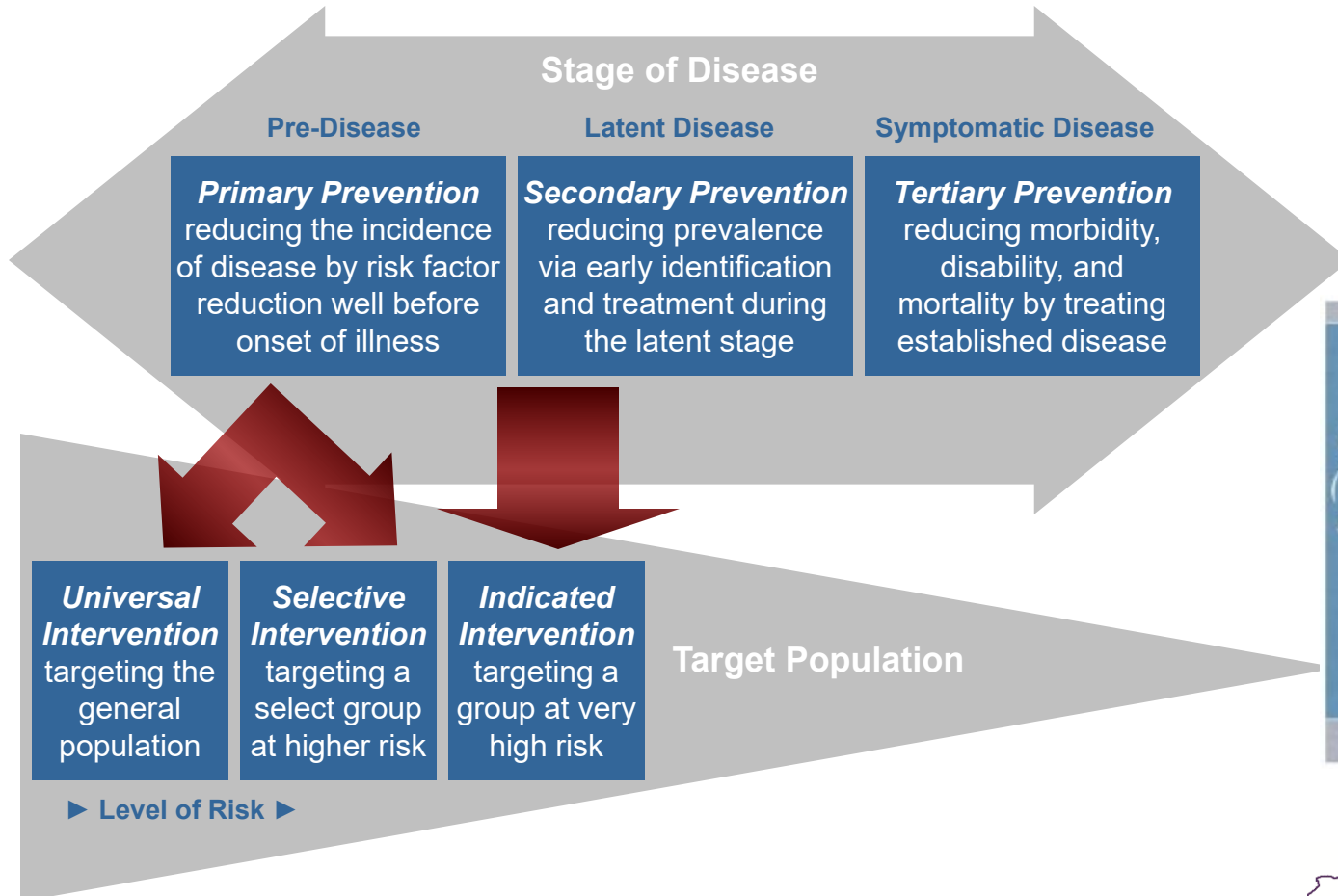
If Select cohort="All Clients", "All Discharged" or "Currently Active", F/Us with small n (<25% of n at ADM) are not shown.

Prevention and Wellness within the Public Mental Health System



NEW
YORK
STATE

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What is the Office of Mental Health Doing Around Prevention to Foster Mental Wellness?

Primary Care Settings

- Healthy Steps
- Project TEACH
- Collaborative/ Integrated Care in Primary care

Educational Settings-

- Parent Corps
- Promise Zones
- School Based Mental Health Clinics
- Mental Health Education in Schools

Behavioral Health Services

- Integrated Care substance use and collaborative care primary care
- First Episode Psychosis Teams

Suicide Prevention

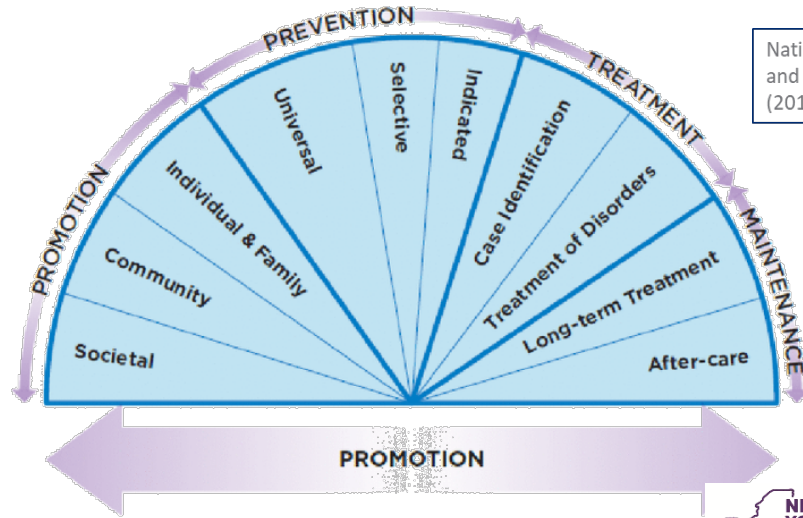
- Zero Suicide
- Suicide safer schools
- Suicide Safer Communities
- Suicide Task Force Special Populations
- Latina Adolescents, Black Youth
- LGBTQ Community, Veterans and Rural Communities

Closing the Mortality Gap

People with serious mental illness die 10-25 years earlier than the general population, due to preventable physical illnesses.

Under OMH's Triple Aim, New York State is enhancing the ability of existing service systems to improve the physical health and wellness of individuals with mental illness.

- Collaborative Care in Primary Care Settings
- Substance Use Disorder Treatment and Physical Health in Article 31 Clinics
- Integrated Outpatient Services
- Smoking Cessation

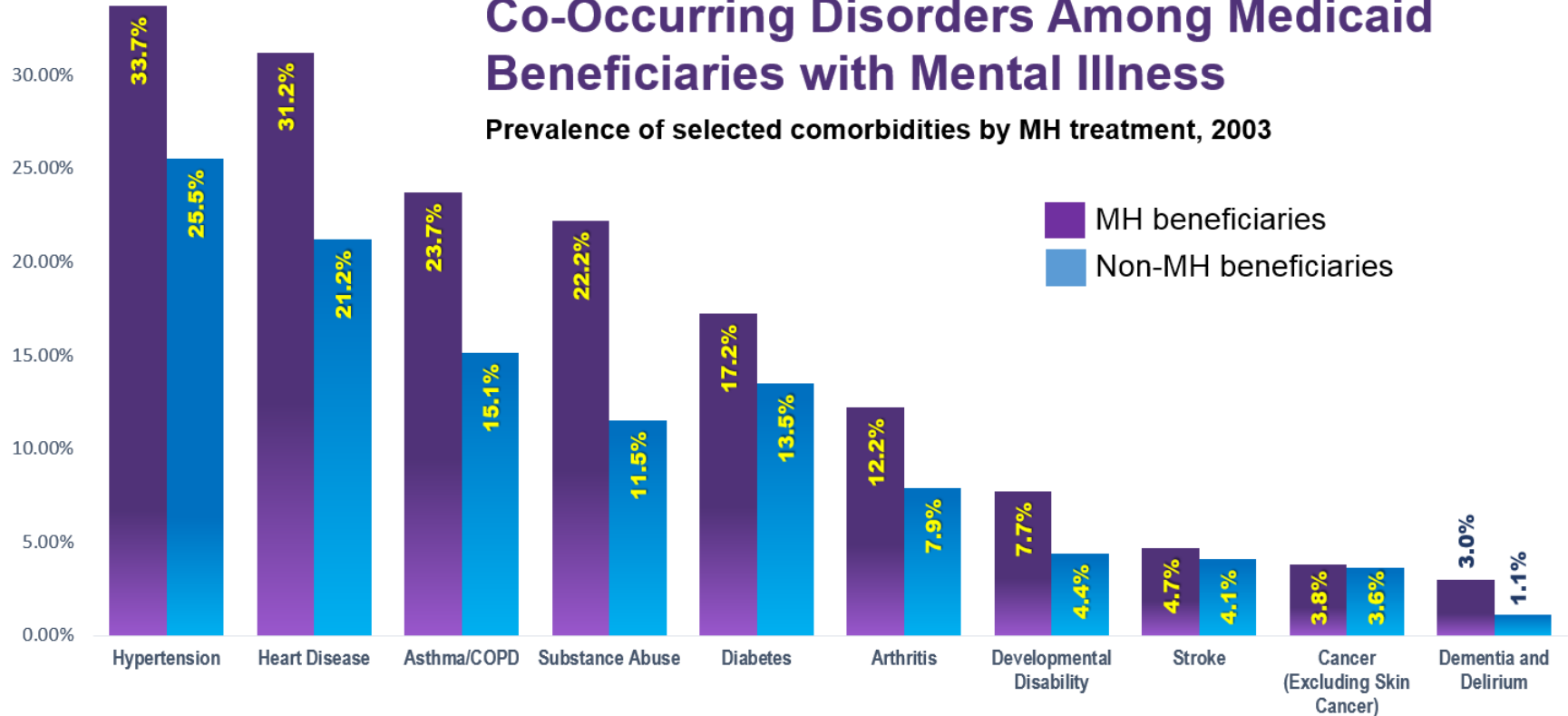


National Research Council
and Institute of Medicine
(2019)



Co-Occurring Disorders Among Medicaid Beneficiaries with Mental Illness

Prevalence of selected comorbidities by MH treatment, 2003

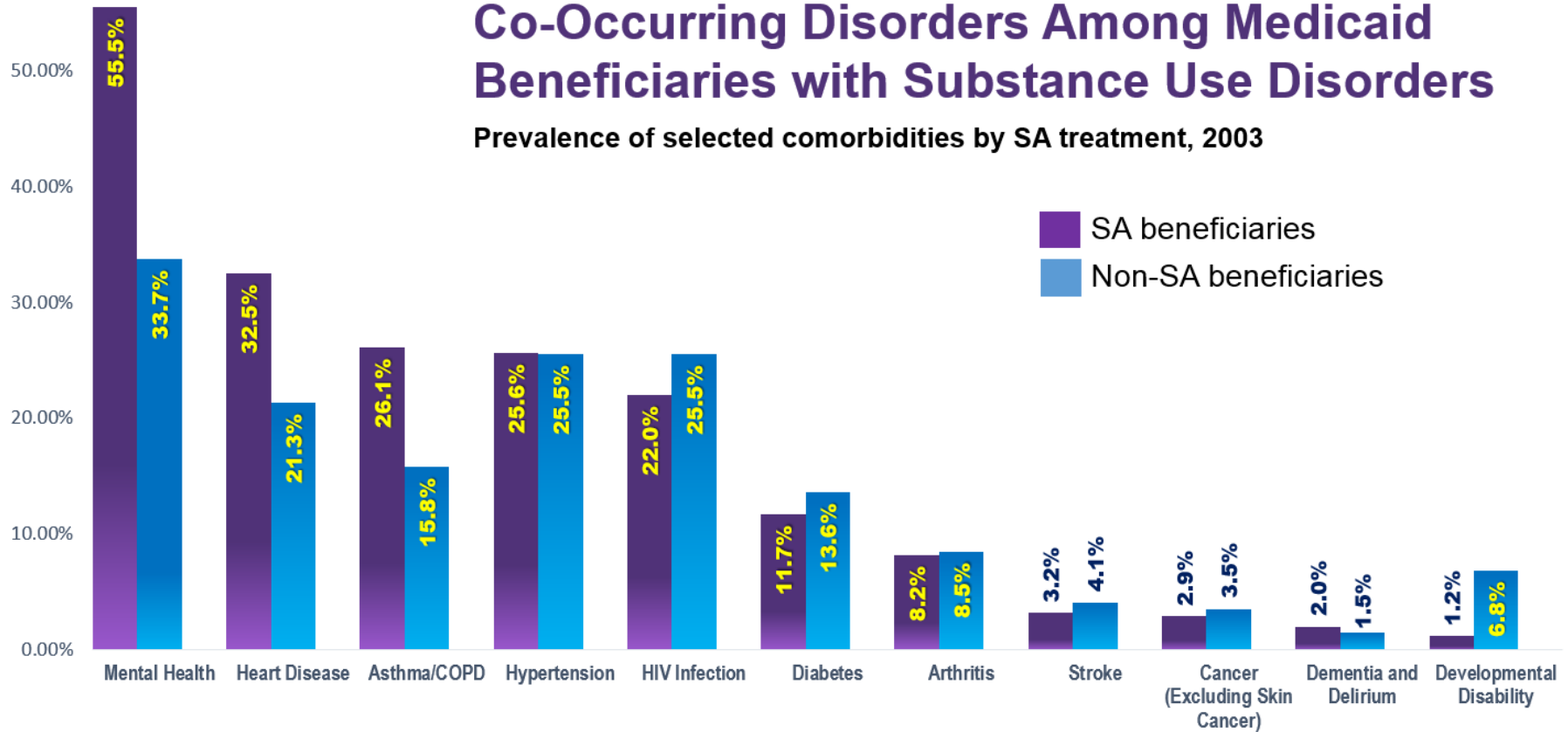


Source: United Hospital Fund, New York Beneficiaries with Mental Health and Substance Use Conditions, 2011



Co-Occurring Disorders Among Medicaid Beneficiaries with Substance Use Disorders

Prevalence of selected comorbidities by SA treatment, 2003



Source: United Hospital Fund, New York Beneficiaries with Mental Health and Substance Use Conditions, 2011



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The TRIPLE AIM and Integrated Care

Potentially Preventable Readmissions (PPRs)

New York State's costs \$814 million (2007)

Patients with MH/SA diagnosis, medical readmission

\$395 Million

Patients with MH/SA diagnosis, MH/SA readmission

\$270 Million

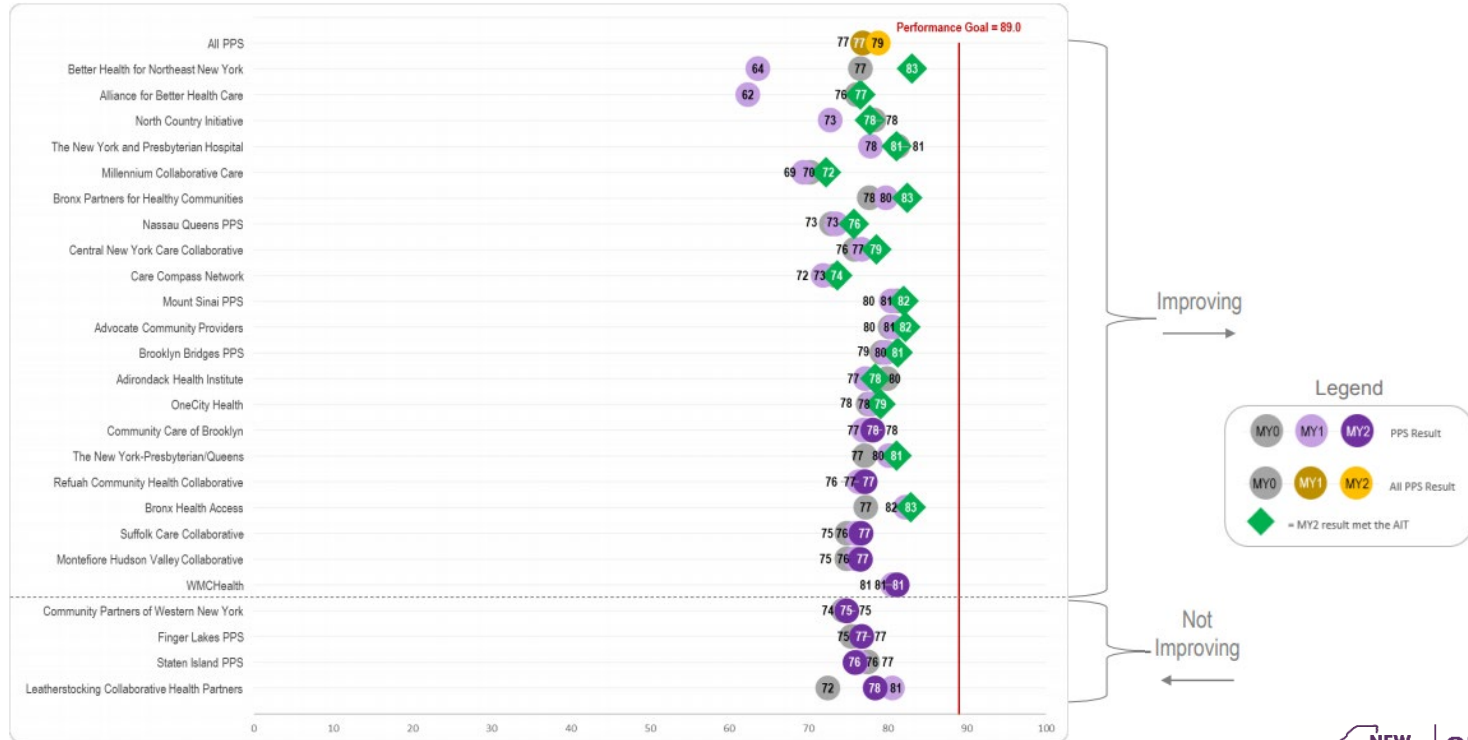
Patients without MH/SA diagnosis, medical readmission

\$149 Million

Collaborative Care: Population Health and Wellness

- Collaborative/integrated care with **adult primary care providers** – who screen for depression and substance use and provide rapid access to treatment (Impact Model), and **school-based** and **pediatric** collaborative care for children and adolescents.
- Collaborative/integrated care in behavioral health with management and monitoring of **chronic disease** – screening and treatment for metabolic syndrome, smoking cessation, and preventive primary care.
- Integrating **substance use** and mental health in behavioral health settings – screening, Medication Assisted Treatment (MAT), and dual licensure, single licensure.

DSRIP: Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication: 16 of 25 PPS Met MY2 AIT



Source: NYSDOH, DSRIP Performance Overview: Progress through Year 2, August 2017

New York State Mental Health Clinics

- Governor's Office asked OMH to enhance capacity for OUD treatment including MAT within public mental health system (i.e., Article 31 clinics).
- Preliminary Medicaid data analysis found an opportunity to enhance services for clients with OUD already within the mental health clinic system.

7% of the Medicaid clients seen in A31 Clinics have OUD – over 21,000 individuals per quarter



A31 Clinics are only identifying half (51.3%) of their clients with an OUD diagnosis identified in other settings



Only 4% of A31 Clinic clients with OUD have filled a lifesaving naloxone prescription to reverse overdose in the past year



Article 31 Clinic Initiative Aim & Overview

Support the enhancement of Article 31 Clinic capacity to identify and treat clients with Opioid Use Disorder.

- Assess current clinic practices across the state to better understand capacity & resource needs.

Every 6 months, clinics will:

- Attend webinars with guidance for clinic leadership, presentations by experts, and sharing innovative strategies clinics are using.
- Complete a self-assessment survey.
- Choose a new best practice to add & implement.

Clinics will be provided:

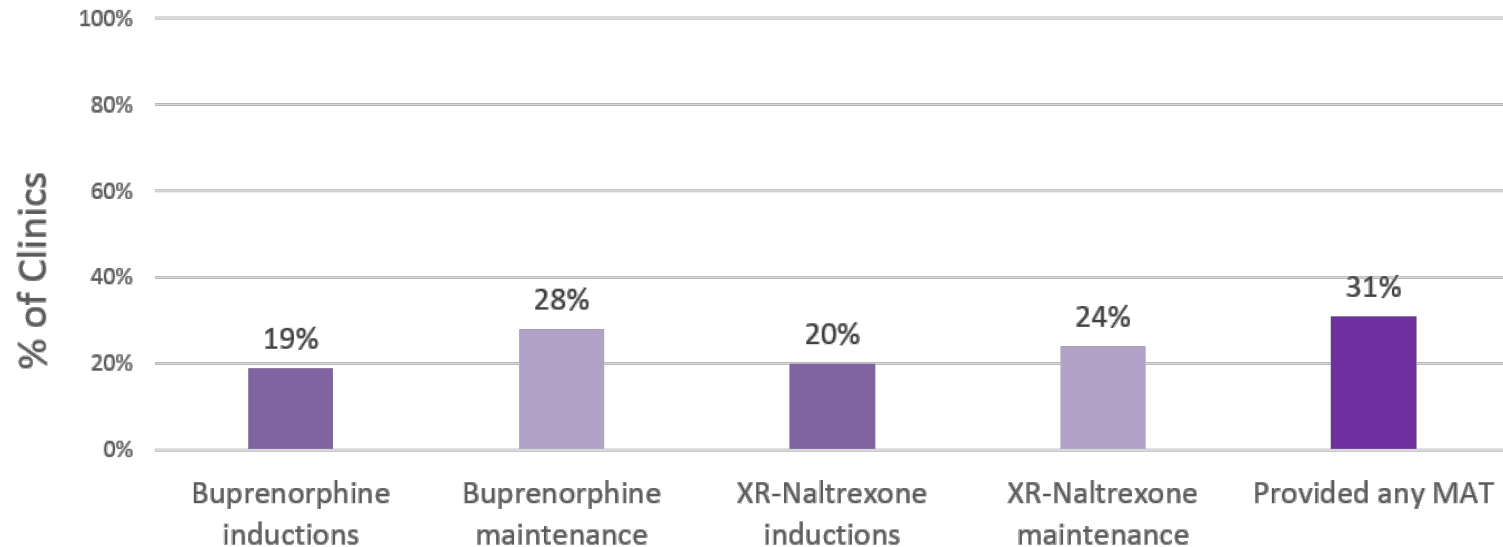
- Resources and supports for each best practice.
- “Office hours” webinars for any questions.

Five Best Practices for Article 31 Clinics

- 1 Clinics use standardized OUD-specific screen for all clients at intake
- 2 Clinics provide or prescribe Naloxone to clients with OUD
- 3 Clinics refer clients with OUD to a MAT provider
- 4 Clinics have a waived prescriber/s for Buprenorphine (primary & backup coverage)
- 5 Clinics prescribe MAT (Buprenorphine, Naltrexone/Vivitrol)

Medication Assisted Treatment Practices at Baseline

- 11.1% (49 clinics) provide both forms of MAT allowable for Article 31 clinics (Buprenorphine and long-acting Naltrexone), both induction and maintenance.



*Includes all clinics submitting a baseline self-assessment as of 7/23/2019 (440 clinics = 90.55%)

Smoking Reduction and Cessation: Data

- **Smoking continues to be the number one factor driving the 25-year average mortality gap** between individuals living with mental illness and the general population.
- **Tobacco use rates remain much higher in individuals with mental illness** than the general population, in both New York State and nationally.
 - **Individuals living with mental illness have mostly not benefited from public health interventions** that have decreased smoking rates in the general population.
- OMH helped advocate for the **NYS Medicaid policy that provides unlimited, barrier-free access to smoking cessation medications.**
- PCS Data shows a **decline in smoking rates among those living with mental illness in NY state, from 27% in 2013 to 23% in 2017**, but we still have a long way to go to address tobacco treatment for individuals living with mental illness.



Smoking Reduction and Cessation: How?

- **CPI Focus on Integrated Treatment (FIT) created specific tobacco use treatment modules** for both prescribing and non-prescribing clinicians and continues to promote them in both OMH-operated and licensed programs.
- **CPI FIT-led learning collaborative to enhance smoking cessation treatment** in OMH-operated outpatient clinics and residences began year three in April 2019.
- **Toolkit to address smoking in behavioral health housing** settings under development.
- OMH helped advocate for the **NYS Medicaid policy that provides unlimited, barrier-free access to smoking cessation medications.**
- **New York State Behavioral Health Tobacco Summit** at Mt. Sinai School of Medicine: Recognizing Success-Restoring Urgency.

Smoking Reduction and Cessation: What's Next?

- Collectively recognize the urgency of the problem and have full leadership buy-in from all agencies and organizations.
- Provide increased access to available resources and tools for individuals living with mental illness to address tobacco dependence.
- Increase peer involvement to address tobacco use in the population.
- Mental Health prescribers in inpatient psychiatric hospital units and OMH licensed clinics will increase prescribing of NRTs and tobacco dependence medications.
- Work with housing and residential providers to increase services and support clients to quit tobacco use.
- Continue to enact policies for Tobacco Free grounds at Article 31's and OMH licensed residences.

Today's Focus Areas

- **Suicide Prevention: Population Health and Wellness**
- **Parity and Access to Care**
- **Helping At-Risk Populations Realize Recovery**
 - **Crisis Services, Housing, Specialized Services for At-Risk Populations**
- **Children's Behavioral Health Transformation**
- **Criminal Justice Diversion and Access**

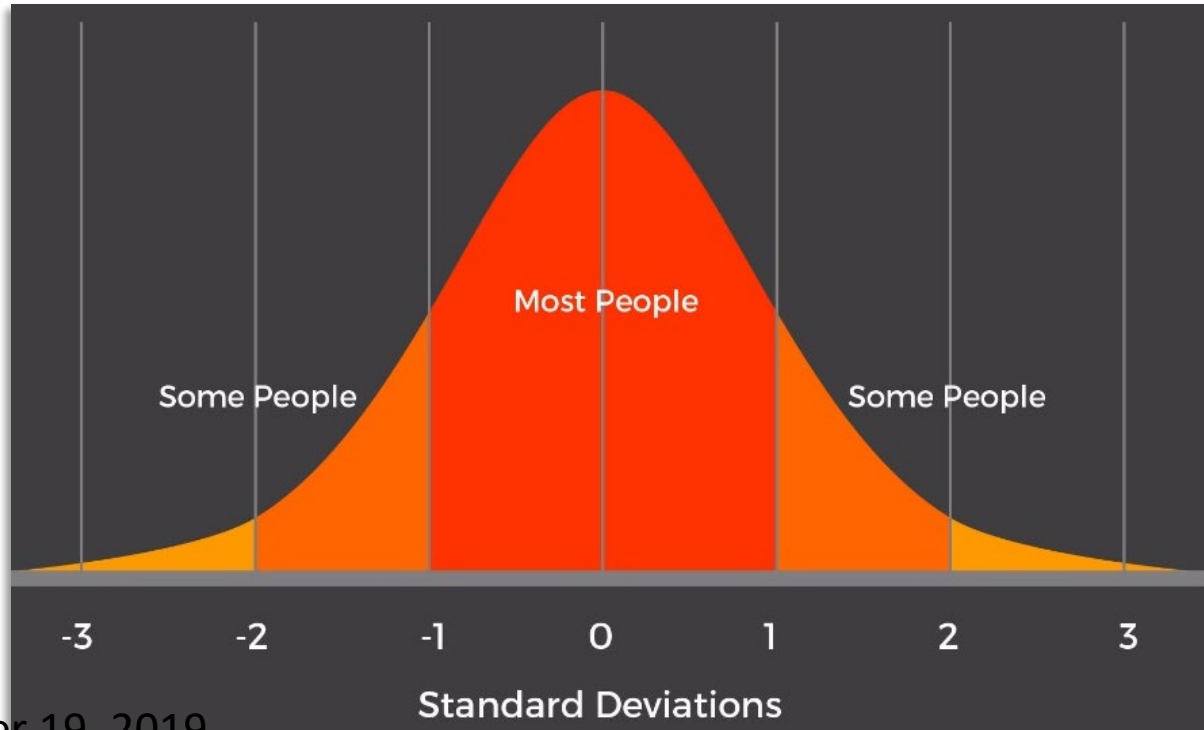
Suicide Prevention Through Population- Based Health and Wellness



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How do we save the most lives?

LOW RISK<-----MODERATE RISK----->HIGH RISK





It is an aspirational goal.

It is a framework that was founded on the belief that suicide deaths for people under care are preventable.

What is Zero Suicide?

It was built upon work done successfully by several health care organizations.

It is a specific set of tools and strategies.

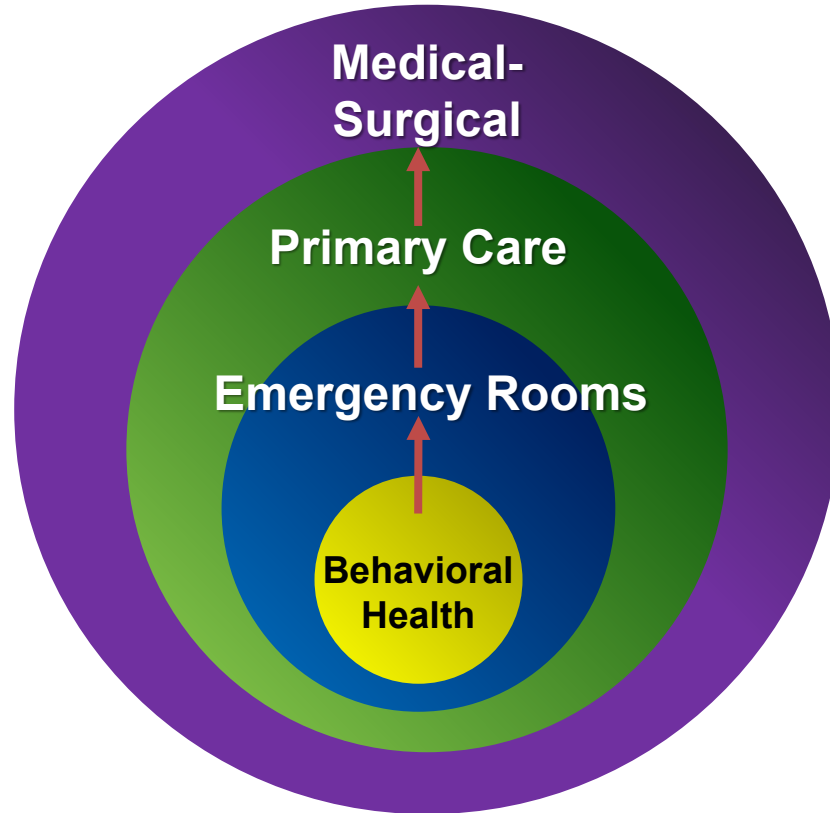
<http://zerosuicide.sprc.org>

November 19, 2019



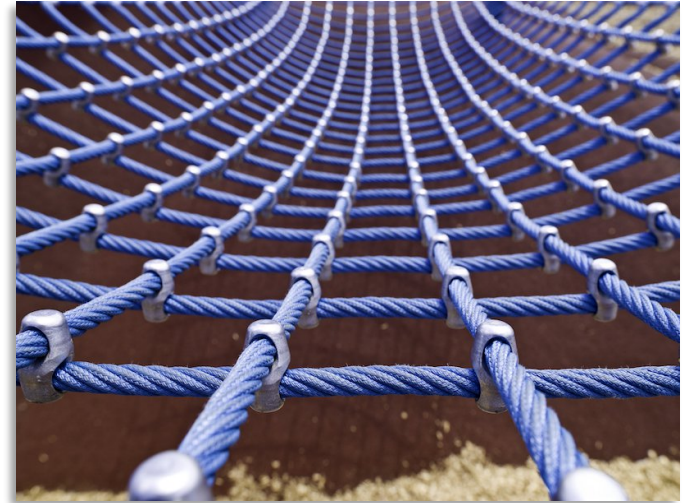
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NYS Zero Suicide Implementation



A Number of Zero Suicide Projects Underway

- PSYCKES CQI Project with 160+ mental health clinics (NIMH)
- Zero Suicide (SAMHSA adult)
 - ASSIP pilot
- Garrett Lee Smith (SAMHSA youth)
- PSYCKES High Risk Quality Collaborative (>80 ERs)
- Collaborative Care Medicaid Program (250 primary care clinics)
- Nearly 8,000 training views in 2018



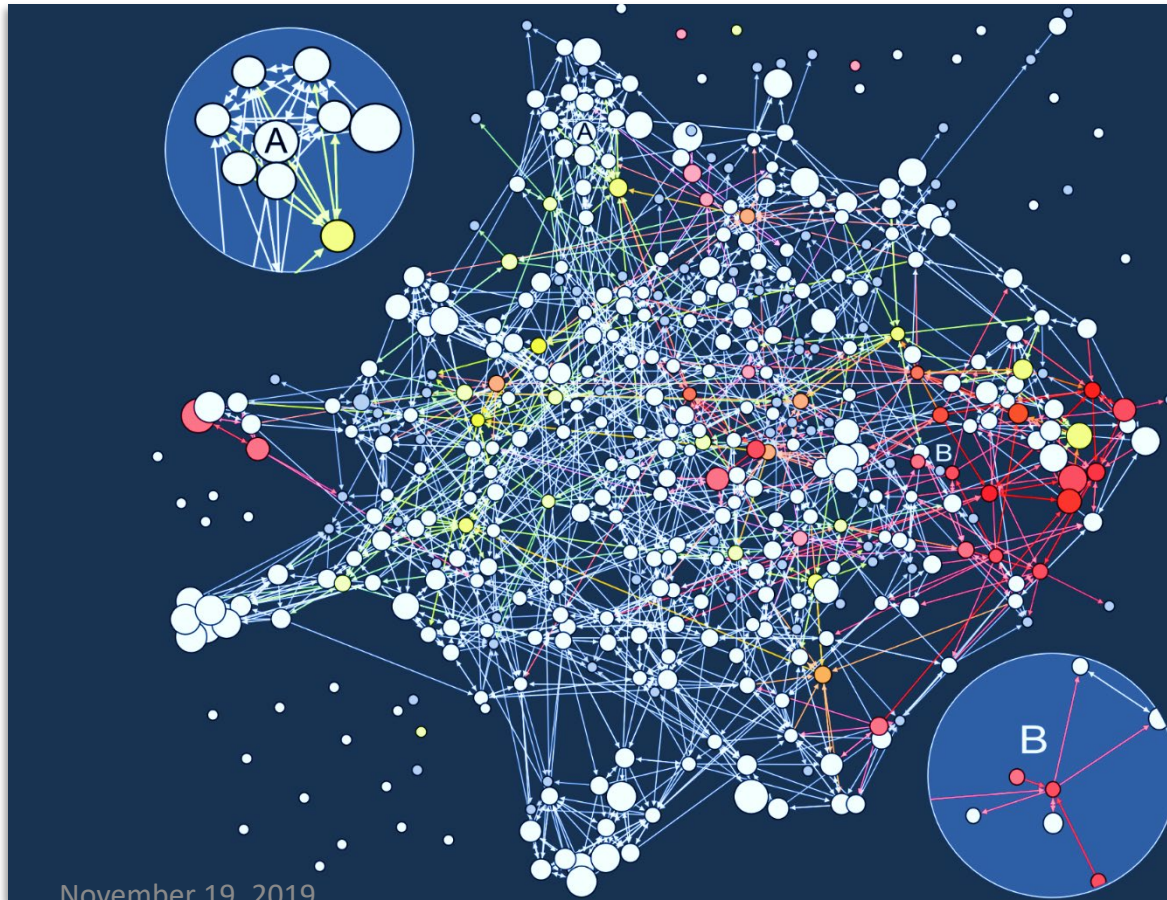
School-based Prevention: Trainings

A host of trainings and TA are available to NY schools from basic to in-depth:

- Suicide Safety for School Staff
- Helping Students At Risk
- Creating Suicide Safety in Schools
- Lifelines Postvention
- Sources of Strength

More than 10,000 school personnel trained in 2018





Illustrative High School Social Network w/ Sources of Strength: Clustering of High Risk Students on Periphery

Slide from Peter
Wyman, PhD.

● Attempt ● Ideation

Node size: local network density

Shading: suicide homophily

SPC NY
Suicide Prevention Center of New York State

A GUIDE FOR SUICIDE PREVENTION IN NEW YORK SCHOOLS

American Foundation for Suicide Prevention

50 years 1968-2018
comulife

COLUMBIA PSYCHIATRY

Families Together

JED
jedfoundation.org

NEW YORK STATE
New York State Psychiatric Institute

NYASP

THE **TREVOR** PROJECT

YOUTH POWER!

Learn more by visiting us online at www.preventsuicideny.org/resource/schoolguide

November 19, 2019

A Model School Policy for NY Schools and the Nation

preventsuicideny.org/resource/schoolguide

Special Populations



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Governor Cuomo's Task Force

- Formed in November 2018; Report released in April 2019
- Focus on bridging gaps in current suicide prevention
- Additional emphasis on at-risk populations
 - **Vets, Latina adolescents, and LGBTQ**
 - **Implementation of recommendations underway – e.g. Latinx focus groups**
- OMH also forming workgroups to make recommendations for rural and black youth populations

Promising New Directions



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Suicide Fatality Review Pilot

Participants:

- Medical Examiner's Office
- County Mental Health
- Hospital reps
- EMS
- Crisis Agencies
- Law Enforcement
- Clergy
- VA



Findings from WA County, Oregon Model

Data-informed, targeted community suicide prevention:

- Training animal shelter staff
- Eliminating eviction as risk factor
- Training hotel staff

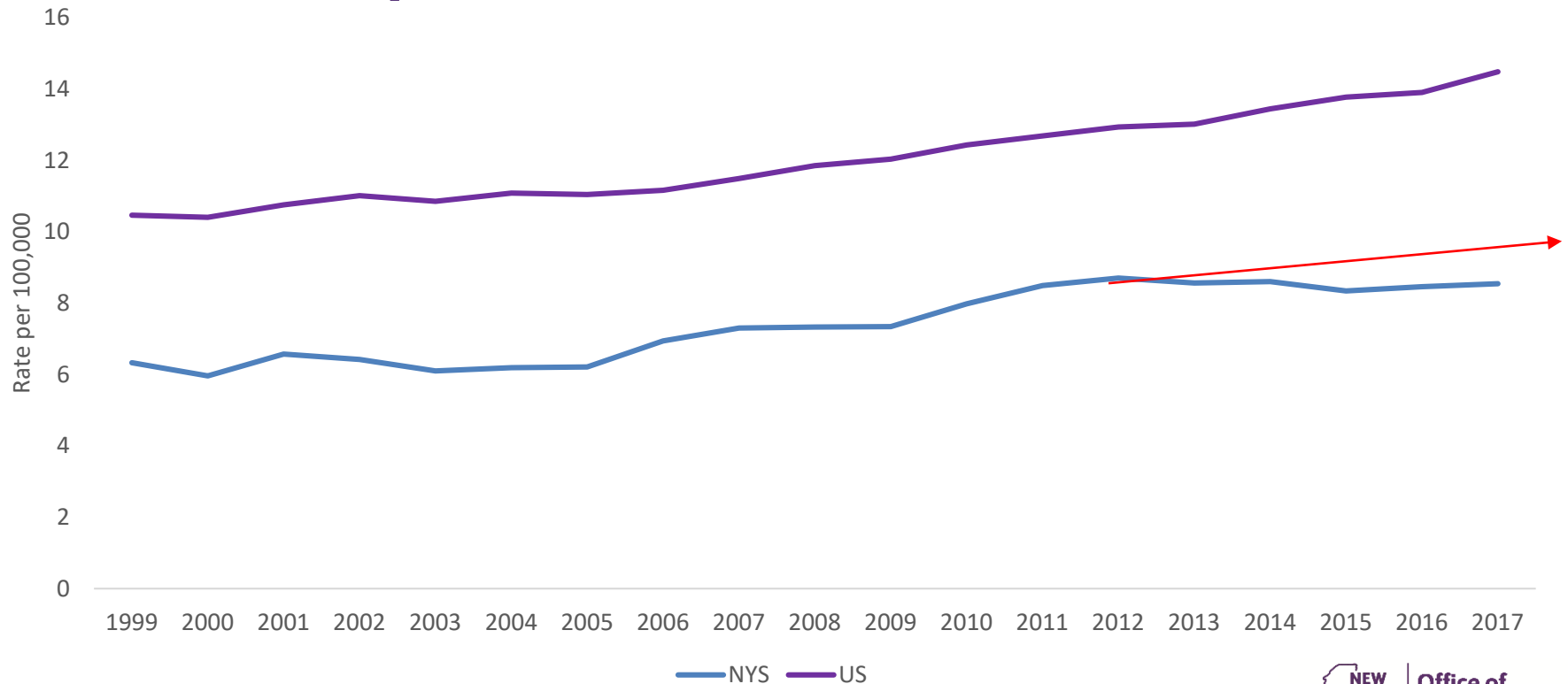
New York pilot began in summer 2019 in four counties

Impact?



**Office of
Mental Health**

Suicide rate per 100,000, NYS and US, 1999-2017



Resources for the Distressed

**FEELING
OVERWHELMED?**
We've got time to listen

Text **"Got5"** to 741741 to start a conversation. We're here to talk 24/7.

NEW YORK STATE | Office of Mental Health | **CRISIS TEXT LINE** | FREE, 24-7, CONFIDENTIAL

November 19, 2019

NATIONAL
SUICIDE
PREVENTION
LIFELINETM
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Acknowledgments: Suicide Prevention is a team endeavor

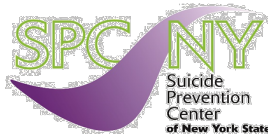
OMH Commissioner Dr. Ann Sullivan, NYS Suicide Prevention Council



Sigrid Pechenik
Alexi Saldamando
Silvia Giliotti
Katie Comber

Suicide Prevention Center of NY:

Brett Harris
Garra Lloyd-Lester
Pat Breux
Cathy Hoehn
Eslyn Hardeen



<https://www.preventsuicideny.org/>

Center for Practice Innovations:

Barbara Stanley
Beth Brodsky
Christa Labouliere



<https://practiceinnovations.org/i-want-to-learn-about/Suicide-Prevention>



Molly Finnerty
Anni Kramer
Prabu Vassan
Emily Leckman-Westin

& Many others.....



Parity and Access in New York State



**Office of
Mental Health**

NYS Behavioral Health Parity Agenda

- **Recent Budget Investments;**
- **Legislative Reforms; and**
- **Parity Work and Testing Underway.**

New Behavioral Health (BH) Ombudsman

- The 2018-19 Budget established the Community Health Access to Addiction and Mental Healthcare Project (CHAMP), which is an ombudsman office to help all New Yorkers access their insurance coverage for mental health and substance use services.
- OASAS and OMH partnered with the Community Service Society, Legal Action Center, and NYS Council for Community Behavioral Healthcare to launch this service on October 1, 2018.
- CHAMP has already served more than 1,200 individuals and families with hands-on assistance in obtaining their legal rights to coverage, helping them to access treatment, and resolving complaints regarding denial of health insurance coverage.

BH Ombudsman Contact Information

Do You Need Help Accessing Addiction or Mental Health Care?

Community Health Access to Addiction and Mental Healthcare Project (CHAMP) can help you:

- **KNOW** your insurance rights
- **FIGHT** insurance denials for mental health and addiction care
- **CHALLENGE** insurance barriers & discrimination
- **GET** the most from your coverage
- **RECEIVE** fair reimbursement
- **LEARN** about options for low-cost care for the uninsured

So you can access treatment for mental health & substance use disorders, including medication.

Call our Helpline (888) 614-5400

Services Are Free & Confidential



New Legislation – 2018 Parity Reporting Act

- The Mental Health and Substance Use Disorder Parity Reporting Act (Chapter 455 of the Laws of 2018) was signed by Governor Cuomo.
- Requires plans to submit data to Department of Financial Services (DFS) to ensure compliance with Federal and State parity laws including:
 - rates of utilization review;
 - prior or concurrent authorization and denials;
 - rates of appeals and adverse determinations upheld or overturned; and
 - percentage of claims paid for in-network and out-of-network.
- DFS posted the submissions on the public website enabling regulators, consumers and health care providers and advocates to identify potential parity violations. https://www.dfs.ny.gov/reports_and_publications/mhsud_reports



New Legislation – Governor’s 2019-20 Parity Bill

The 2019-20 Enacted Budget included passage of an Article VII for Comprehensive Parity Legislation to enhance parity monitoring and enforcement including:

- Codifies Federal parity standards in State law for both MH and SUD;
- Authorizes OMH review and approval of medical necessity criteria used by plans;
- Prohibits prior authorization and concurrent review of inpatient psychiatric services for children and youth for the first 14 days of care;
- Requires DOH to review regarding behavioral health provider networks for parity compliance;
- Requires insurers to provide comparative parity analysis to insureds and prospective insureds;
- Requires MH utilization staff to have subject matter expertise;
- Prohibits insurers from retaliating against providers that report insurance law violations;
- Requires behavioral health co-payments be no greater than primary care office visits.

Parity Workplan and Testing Underway

- The 2019-20 Enacted Budget also included \$2.7M in resource for the Division of Financial Services (DFS) and Department of Health (DOH) to strengthen behavioral health monitoring and enforcement of parity to eliminate barriers and improve access.
- The Office of Mental Health has a contract with Milliman (nationally recognized parity expertise) to assist state agencies in testing the State's health insurance programs to evaluate plan compliance with Mental Health Parity and Equity Additional Act (MHPAEA) and correct any deficiencies.
- The work underway consists of three phases with extensive testing and comparative analysis of plan performance with regard to Quantitative Treatment Limitations (QTLs) and Non-Quantitative Treatment Limitations (NQTLs).

Parity Testing Basics

- The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law to prevent group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits.
- Defines two specific types of limitations: “**Quantitative Treatment Limitations (QTLs)**” and “**Non-Quantitative Treatment Limitations (NQTLs)**,” which are applied to each of the six categories of services (e.g., inpatient in-network & out-of-network, outpatient in-network & out-of-network, emergency and prescriptions).
- **Quantitative Treatment Limitations (QTLs)** are numerical, such as deductibles, co-payments, and treatment limitations (e.g., # of visits or days of coverage). **Standard is no more restrictive than the predominant financial requirements or treatment limitations that apply to substantially all medical/surgical benefits.**

Parity Testing Basics, cont.

- **Non-Quantitative Treatment Limitations (NQTLs)** include but are not limited to network adequacy, reimbursement, medical management, step therapy and pre-authorization. **Standard is any such limitation applied to MH/SUD benefits must be comparable to and no more stringently applied in operation, any processes, strategies, and evidentiary standards or other factors when compared to medical surgical benefits.**
- The final Federal regulation eliminated an exception that allowed for different NQTLs “to the extent that recognized clinically appropriate standards of care may permit a difference.”

Latest Parity Work Underway

- DOH posted initial MHPAEA Report April 18, 2019 which includes schedule for NQTL testing page 24, workbooks are being submitted and detailed reviews of data submissions and comparative analysis underway.

https://www.health.ny.gov/health_care/managed_care/reports/docs/2019-04-18_rpt.pdf

- OMH issued the 'Guiding Principles' for the Review and Approval of Medical Necessity Criteria to provide detail on the scope and intent of the review process.

https://www.omh.ny.gov/omhweb/bho/omh_mnc_guiding_principles.pdf

Helping At-Risk Populations Realize Recovery



**Office of
Mental Health**

At-Risk Populations?

Everyone served by the public mental health system can be “at-risk” at one time or another. However, we know that certain populations are more likely to have increased difficulties finding services, staying engaged, and realizing recovery.

- Individuals in crisis
- Transition Age Youth
- Individuals transitioning from institutional settings to the community
- Individuals who are homeless or have housing insecurity
- Individuals with co-occurring substance use disorders and/or developmental disabilities

It is the charge and drive of OMH develop programs, services, and supports to ensure that all New Yorkers have the opportunity to find recovery and live rewarding lives.

Crisis Expansion Update

Mobile Crisis Programs

- Identification of county or regional crisis response providers with goal of 24/7/365 response and less than 3 hour response time.
- Reimbursement for state-approved providers by Medicaid Managed Care Crisis Intervention benefit has been implemented.
- Continual collaboration with local county directors for the coordination of efficient and effective immediate behavioral health services.

Residential Crisis Programs

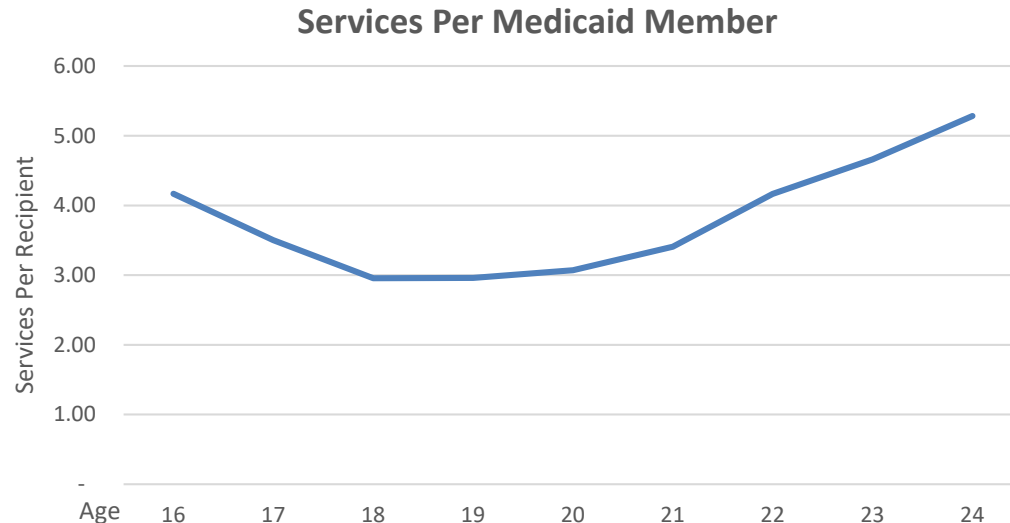
- Crisis Residential Regulation (589) update includes Residential Crisis Support, Intensive Crisis Residence for Adults and Children's Crisis Residence.
 - Next steps: Licensure of existing crisis respite programs, implementation of crisis residential portion of Medicaid Managed Care Crisis Intervention benefit, \$50M RFP for the acquisition, renovation and rehabilitation of crisis residences

Crisis Stabilization Programs

- Individualized programs based on needs of community as determined by PPS initiatives and community stakeholders.
 - 23 hour models include: freestanding Crisis Stabilization Centers, Behavioral Health Urgent Care Centers, expanded clinic models
 - Peer-run living room models

Transition-Age Youth

This chart confirms what we have known/suspected that young people ages 17 and 20, tend to use fewer behavioral health services per person, while their Medicaid services in general remain steady or go up. Behavioral health service usage increases again after age 21, but in the interim many young people lose important time developmentally to achieve their adult potential.



Based on FY2018 Medicaid data

The goal is to keep those who need behavioral health services engaged to avoid the need for more intense services later.

Health Home Plus/Critical Time Intervention

- A successful transition, for individuals with a Serious Mental Illness, into the community often demands navigating a complex health system.
- Individuals who have high needs and additional challenges are often not effectively connected to ambulatory care system and struggle in preparation for community living.
- It is key that appropriate wrap around services be available at discharge to enable individuals to remain in the community, be discharged more rapidly and prevent readmissions to inpatient care.
- **Health Home Plus** should be accessed for all discharges from acute care.
- Incentives for Managed Care Plans to utilize **Critical Time Intervention** model built into last year's Budget.

One Example of Intensive Comprehensive Discharge Services

- Pathway Home (PH), an innovative care transitions program funded by the New York State Office of Mental Health. PH uses the evidenced-based Critical Time Intervention (CTI) model, providing intense services beginning shortly before hospital discharge to build trust and continues with the individual into the community for six to nine months after hospital discharge.

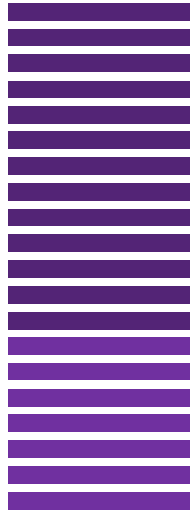
Critical Time Intervention: Pathway Home

Population targeted to date include individuals who transitioning from:

- Long Stay State Hospital
- Article 28 hospital
- Homeless
- Adult Homes
- Substance Use – Detox with managed care

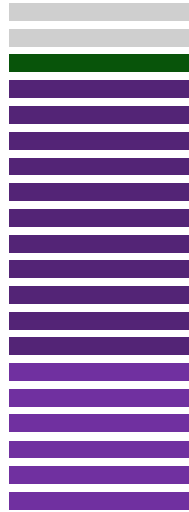
Pathway Home: Outcomes

100%



Attendance at a BH Appointment

88%



Attendance at Physical Health Appointment

73%



Health Home Enrollment

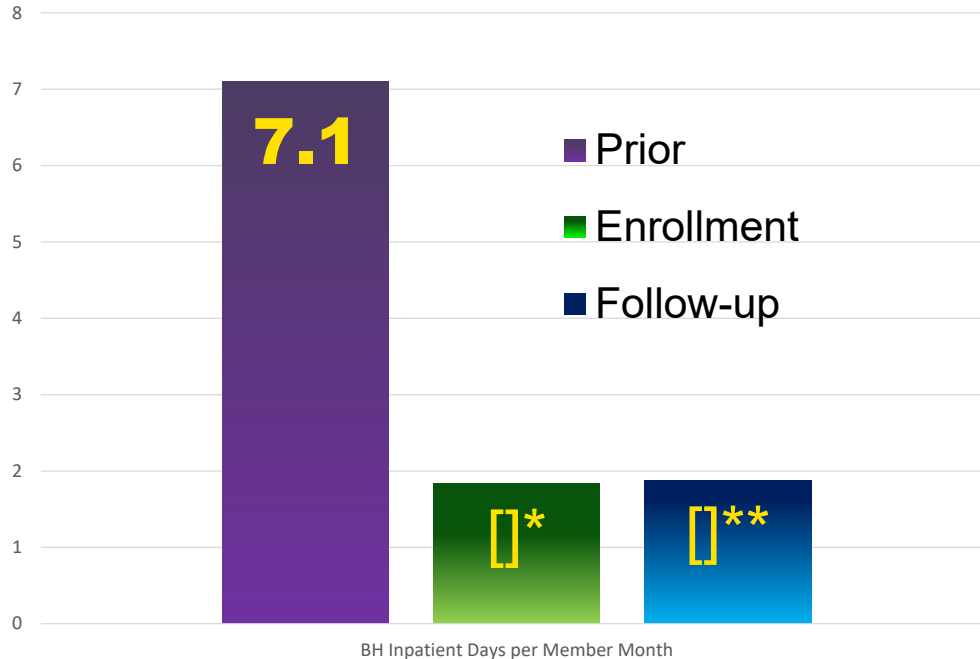
Metrics Demonstrate Connection To Care And Reduction In Costs During The Intervention [Based On 153 Members Who Graduated From PH In 2017]*

* Petit JR, Graham M, Granek B. Pathway Home: An Innovative Care Transition Program From Hospital to Home. Psych Services 69:942–943 2018

Pathway Home: Outcomes

Behavioral Health Inpatient Days for Successful Graduates of Pathway Home:

12 Months Prior, During & After Enrollment



***Significant decrease** in average number of inpatient days per person-months during enrollment, from 7.1 to 1.84 ($p < .00001$).

This effect was **sustained after discharge, with an average number of inpatient days of 1.88 per person-months during follow-up ($p < .0001$).

Housing First!

All New Yorkers deserve safe and affordable housing. OMH has steadily increased the availability of housing and funds or operates over 45,000 units across New York State.

- Providing person-centered supports and skill development to aid individuals in achieving the highest level of independence possible.
- Aiding in developing a community support system and accessing community resources.
- Reducing institutionalization and homelessness.

Types of OMH Housing			
Type	Licensed	Scattered or Congregate/Single Site	Number of Units Operating
Community Residence (CR)	Yes	Congregate/ Single	5,313
CR-SRO	Yes	Congregate/ Single	3,384
Apartment Treatment	Yes	Scattered	4,650
Supportive Housing	No	Scattered	20,041
Mixed-Use Supportive Housing (SP-SRO)	No	Single	8,624
Family Care	Yes	Scattered	2,413
TOTAL			44,425
*CR figure Includes State-Operated CRs			
**Total figure does not include Children's beds or State-Operated RCCA beds			
*** Units as of October 2019			

Empire State Supportive Housing Initiative (ESSHI)

- Currently ending Year 3 of the 5-year Housing Plan to develop 6,000 units of supportive housing at enhanced subsidies.
- Released two simultaneous Statewide RFPs to award 500 scattered-site units for individuals with SMI (including 250 for individuals being released from prison). There have been 340 units awarded to date.
- Approximately 30% of the 3,100 ESSHI units committed to date will serve individuals with a mental illness.
- OMH anticipates development to be completed of 704 units by end of 2020.
- Approximately 445 beds will open this year, end of 2019.

Helping At-Risk Populations find Recovery through Housing

- OMH provides housing specifically designed to aid some of the most at-risk populations with mental illness, including:
 - 651 units for individuals with a forensic history.
 - 561 units for individuals with a co-occurring substance use disorder.
 - 160 units for individuals with a dually diagnosed developmental disability.
 - 183 units for geriatric individuals.
- OMH funds several Pathway Home teams, which utilize a critical time intervention model of care to engage clients intensively as they stabilize in housing and integrate back into their communities following a hospitalization.

Children's Behavioral Health Transformation



Office of
Mental Health

Changes to NYS Medicaid for Children



NEW
YORK
STATE

Office of
Mental Health

Vision: New York State Medicaid for Children

Children's Medicaid and Medicaid Managed Care

- Early identification and intervention of children/youth health needs
- Family-driven and youth-guided care planning and care management
- Avoiding the need for more restrictive services by building support at home and in the community
- Focus on resilience and recovery from young children to young adults

Children's Medicaid Services

- More services available to more children with Medicaid
- Services can be provided in the home and community
- More services available to children from birth to age 21 (including children under 5 and for young adults 18 to 21)
- More service coverage under Medicaid Managed Care





New Children and Family Treatment and Support Services (CFTSS)

What are Children & Family Treatment and Support Services (CFTSS)?

- Mental health and/or substance abuse services in NYS Medicaid.
- For children ages birth to 21.
- Available to eligible children/youth enrolled in Medicaid.
- Services can be provided at home, in the community, or wherever children/youth and their families feel comfortable.

Children & Family Treatment and Support Services (CFTSS)

- **Other Licensed Practitioner (OLP)** –individual, group, or family therapy at home or in the community for a children/youth who have mental health or substance use needs.
- **Community Psychiatric Supports and Treatment (CPST)** – support at home and in the community to help improve relationships with family, friends and others
- **Psychosocial Rehabilitation (PSR)** – help with relearning skills to help support the child/youth in their home, school and community. Children and youth must have a mental health or substance use diagnosis to receive this service.
- **Family Peer Support Services (FPSS)** (*CFTSS Beginning July 1, 2019*) - supports families and caregivers to help address the mental health or substance use needs of their child. Provided by an individual with their own lived experience.

Children and Family Treatment and Support Services

Available as of January 1, 2019

- Other Licensed Practitioner
- Community Psychiatric Supports and Treatment
- Psychosocial Rehabilitation

Expanded on July 1, 2019

- Family Peer Support Services

Expanding on January 1, 2020

- Youth Peer Support and Training
- Crisis Intervention

Note: Children/Youth who are enrolled in the new Children's Waiver can get all of these services right now.

The Children's Waiver: Home and Community Based Services (HCBS)



**Office of
Mental Health**

The NYS Children's Waiver

OMH
SED
HCBS
1915 (c)
Waiver

DOH
Care at Home
I/II (CAH I/II)
1915(c) Waivers

OPWDD
Care at Home
(CAH)
1915(c) Waiver

OCFS
Bridges to
Health (B2H)
1915(c)
Waivers for
SED, DD, and
Medically Fragile
Children

The Children's Waiver

- New York State combined six waiver programs into one waiver.
- Children and youth who were enrolled in those waivers now have access to more services.
- These services are called **Children's Home and Community Based Services (HCBS)** under what is now called the **Children's Waiver**.

What are Children's Home and Community Based Services (HCBS)?

- Services that help keep children and youth with complex health and/or mental health needs out of hospitals and residential settings.
- Help children/youth who are in a hospital or residential setting transfer back safely to their homes and communities.
- Support children/youth and their families as they work toward goals and achievements to be successful at home, in school, and in their community.
- Offer individual, flexible services that are strength and skill-based to meet the health, mental health, and/or developmental needs of each child/youth.

Children's Home and Community Based Services

- Community Habilitation
- Day Habilitation
- Caregiver/Family Support and Services
- Community Self Advocacy Training and Support
- Prevocational Services
- Supported Employment
- Respite Services
(Planned & Crisis Respite)
- Palliative Care – Expressive Therapy
- Palliative Care – Massage Therapy
- Palliative Care – Pain and Symptom Management
- Palliative Care – Bereavement Counseling
- Environmental Modifications
- Vehicle Modifications
- Adaptive and Assistive Equipment
- Non-Medical Transportation
- Youth Peer Support and Training*
(until January 2020)
- Crisis Intervention*
(until January 2020)

**These services are available as HCBS until they become CFTS Services on dates above*

Find out more information on these services in the Children's HCBS Brochure

The Children's Waiver and Care Management

- Children and youth who are enrolled in the Children's Waiver and are getting Home and Community Based Services (HCBS) need to have care management.
- Health Homes can provide complete care management services for children and youth getting Home and Community Based Services (HCBS).
- If a child/youth and their family do not want Health Home care management, they can get HCBS care management from the **Children and Youth Evaluation Service (C-YES)**.

The Children's Waiver and Care Management

Health Home is a care management service intended to help children and youth with complex health and behavioral health needs from entering a higher level of care. This service can help support children/youth and their families by:

- Coordinating all of your child's services and providers.
- Finding needed services for your child.
- Finding out if your child is eligible for Children's HCBS.

Health Home care managers work with children/youth and their families to conduct an assessment and create a **Plan of Care** that outlines their goals, needs, and services.

The Children's Waiver and Care Management

Children and youth with Medicaid may be eligible for Health Home care management if:

- They have two or more ongoing health conditions
- They have a single qualifying chronic health condition
- They are enrolled in the Children's Waiver and get Home and Community Based Services (HCBS)

Children and youth with Medicaid can get Health Home care management by:

- Getting a referral from their current healthcare provider
- Getting a referral from their community provider
- Getting a referral from their Medicaid Managed Care Plan
- Calling your local Children's Health Home to refer your child/youth directly.



Criminal Justice Diversion and Access to Care



**Office of
Mental Health**

2019 FY OMH Funds Seven Diversion Demonstration Projects

Development or Expansion of Drop off/Stabilization Center (Integral part of effective CIT)

- **Monroe County**
- **Suffolk County**

Expansion of Assessments, Referrals to and Services in Mental Health Court

- **Nassau County**

Expansion of Alternatives to Incarceration for defendants with SMI

- **Westchester**
- **NYC/Parole**

Pretrial release and supervision of mentally ill defendants

- **Erie**
- **Onondaga**

Examples of Demonstration Projects

Westchester County

- People USA Crisis Stabilization Team is charged with providing both pre-booking diversion and post arraignment diversion for people with mental health concerns in the community. A large focus of the initiative has been on connecting people with services upon contact with law enforcement so that they don't move further into the justice system. Team members have been embedded into some of the local police departments.
 - 220 individuals served.
 - 66% were referred for Pre-Booking Diversion.
 - 33% were referred for Post Arraignment Diversion.

Suffolk County

- Built upon the county's Stabilization Center project (FSL-DASH) to add a court diversion component, embedding Crisis Stabilization Center services into a defendant's pre-trial release plan. Services include psychiatric evaluations, needs assessment, linkages to services in the community and follow-up with court.
 - 267 defendants evaluated, stabilized and linked with services.
 - Also, expansion of CIT training.

OMH Center for Diversion from Incarceration

Oversight of
Diversion
Funding and
Projects

Statewide
Mapping of
Models of
Diversion for
Persons
with SMI

Evaluation
of the
Impact of
Bail Reform



OMH Center for Diversion from Incarceration



Oversight

- Process evaluation of demo projects.
- Outcome evaluation of treatment engagement.

Documentation

- White paper on components of effective diversion.
- Statewide survey on diversion models.
- Results to inform future funding initiatives.

Evaluation

- Developing baseline data on pre-trial incarceration of persons with SMI in urban centers outside NYC.
- Measuring change in pre-trial incarceration and impediments to diversion.

Bail Reform Legislation (eff. date 1/1/20)

Bail reform includes the following:

- Limitation on the use of custodial arrest and pre-arraignment detention, and replacement with desk appearance tickets (DATs), for most misdemeanors and Class E felonies;
- Limitation on the use of post-arraignment, pre-trial incarceration on all misdemeanors and most non-violent felonies.

When pre-trial incarceration (“remand”) will be authorized:

Remand will be allowed if charged with any of the following:

- Violent felony offense (VFO), with limited exclusion
- felony order of protection violation
- felony sex offense
- A few other rare offenses

Maximizing the Benefits of Bail Reform

- **Preparing for “Day 1” discharges from jail**
- **Identifying needs and connecting to services at arraignment**
- **Supporting clients during adjudication process**

Modeling the Effect of Bail Reform – Example in Two Sites



Identifying High-Needs Population

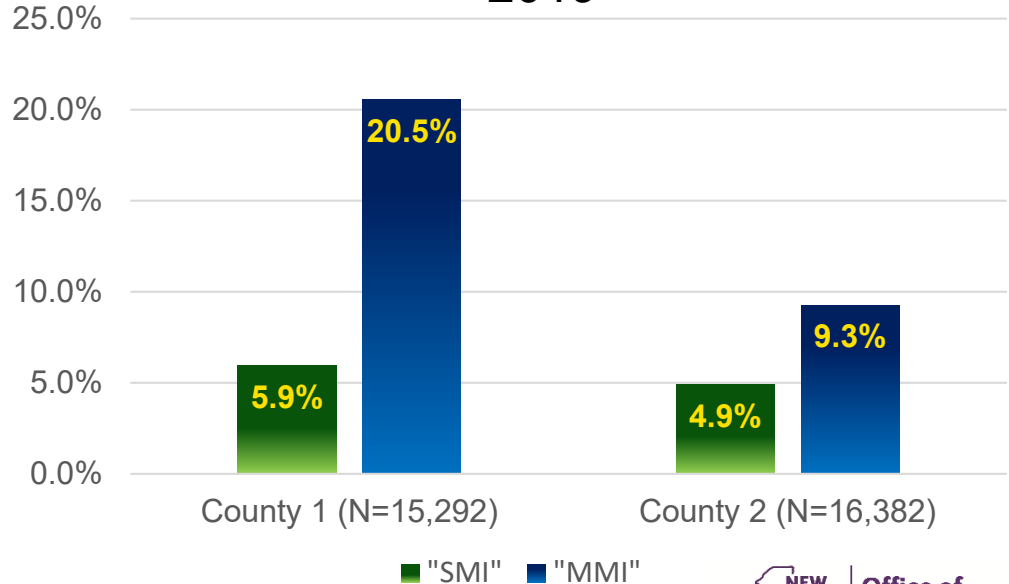
“SMI” defined as any one of the following in 24 months prior to arrest:

- Psychiatric inpatient stay or ACT service.
- 2 or more psychiatric ER visits.
- Service with schizophrenia spectrum diagnosis.

“MMI” defined as any service with following diagnoses in 24 months:

- Major depressive
- Bi-polar.
- Schizophrenia.

% Jail Admissions in 2018 and YTD 2019



Preliminary Findings

- Prevalence of Persons Entering Jail with an major mental illness in prior two years ranged from 10-20% across two sites.
- Few persons admitted to jail were charged with violations (e.g., disorderly conduct, loitering, etc.), regardless of mental health history.
- Persons with treated for a major mental illness admitted to jail were slightly less likely to be charged with a felony offenses.
- 40-50% of persons admitted to jail would have been issued a DAT under bail reform.
- Majority of those entering jail today would not be pre-trial incarcerated under bail reform, though the prevalence of probation and parole violations can alter that finding.

Discussion, Comments and Questions



Office of
Mental Health

Questions? Comments?

How to send questions:

- Online participants can type questions or comments into the “Chat Box” at any point during the presentation and public remarks. Please select “All Panelists” as the chat recipient.
- In-person participants can present questions, comments, or formal testimony on-site.
- Also accept and encourage submission of additional comments through December 10 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

Thank You!

**Questions, comments and remarks
accepted through December 10.**

transformation@omh.ny.gov