



**Office of  
Mental Health**

# **OMH Statewide Town Hall**

**Thursday, October 28, 2021**

**Please Stay Tuned. Meeting will be starting shortly.**



**Office of  
Mental Health**

# **OMH Statewide Town Hall**

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

**October 28, 2021**

# OMH Presenters and Town Hall Agenda

## Presenters


- **Ann Sullivan, M.D.**, OMH Commissioner
- **Emil Slane**, OMH Chief Fiscal Officer
- **Thomas Smith, M.D.**, OMH Chief Medical Officer
- **Christopher Smith, Ph.D.**, OMH Acting Associate Commissioner
- **Denise Balzer, L.C.S.W.**, OMH Director of Crisis Services

**2:00 p.m. to 3:00 p.m.- Presentations**

**3:00 p.m. to 4:00 p.m.- Public Remarks and Testimony**

# Before We Get Started

## How to send questions or comments:

- Participants wishing to speak must select the “hand raise”  button located on the right side of their screen. Once we reach the public comment period of today’s event, participants with their hands raised will be announced and unmuted as time allows. To maximize stakeholder participation, we ask that all participants limit their spoken comments to three minutes
- Questions and comments will also be taken in the chat box by directing comments “To: All Panelists”
- OMH will also accept submission of additional comments through November 12, 2021, to [transformation@omh.ny.gov](mailto:transformation@omh.ny.gov)

# Accessibility, Event Recording, and Slides

## CLOSED CAPTIONING

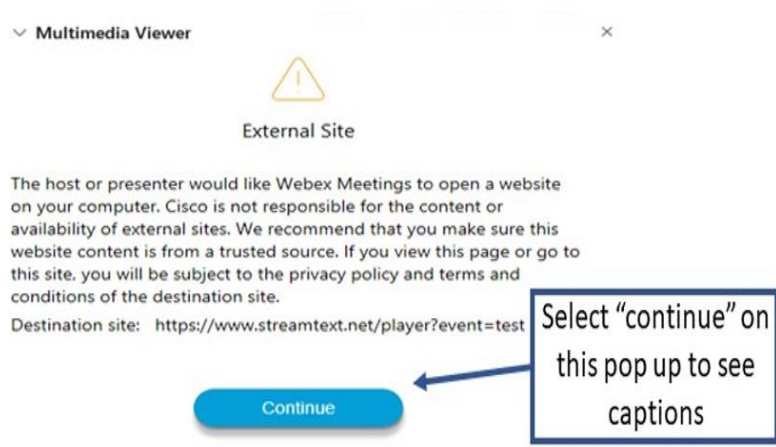
The Multimedia Viewer should be located on the lower right side of your screen. To view captions in the Multimedia Viewer, select “Continue” as illustrated in image. Each participant can customize the font size and color and background color for captions. These adjustments will not be seen by any other participant.

## AMERICAN SIGN LANGUAGE (ASL) INTERPRETERS

OMH welcomes two ASL interpreters to this event, **Cheryl Danto-Scanlan** and **Meagan Thorp**. They will be alternating interpretation responsibilities during the presentation. To lock their videos on your screen, right-click on each of their video thumbnails and select “Move to Stage.”

## EVENT RECORDING, TRANSCRIPTION, AND PRESENTATION SLIDES

The Town Hall recording, transcript, and presentation slides will be provided on the OMH website shortly after the event.



# OMH: Responding to Change and Driving Innovation during the Pandemic Era



Office of  
Mental Health

## CDC Studies of the Impact of COVID19 on Mental Health

- 40% of adults had **at least one** adverse mental health or behavioral health condition
- Symptoms of anxiety disorder or depressive disorder **30%; 3 times** that reported for anxiety and **4 times** that for depression for same time last year
- Started or increased substance use **13%**
- Deaths due to overdoses nationwide **93,331 in 2020**

## United Hospital Fund Study (March-July 2020)

- 4,200 youth lost a primary caretaker in NY State as of July 2020, twice the number in black and Hispanic communities

# Health Care Disparities and the Impact of COVID-19

## New York State – Estimated COVID-19 Related Fatalities by Race/Ethnicity as of August 30, 2021

<u>Race/Ethnicity</u>	<u>NYC</u>	<u>NYS Excluding NYC</u>
• Hispanic	• 34% (29% of population)	• 14% (12% of population)
• Black	• 28% (22% of population)	• 17% (9% of population)
• White	• 27% (32% of population)	• 61% (74% of population)
• Asian	• 7% (14% of population)	• 4% (4% of population)
• Other	• 4% (3% of population)	• 4% (1% of population)





# Health Care Disparities and the Impact of COVID-19

- Compared to non-Latino whites - racial/ethnic minorities in New York State have disproportionately **higher rates of COVID-19 infection and mortality**
- Racial/ethnic minorities are more likely to experience **increased mental health burden** due to COVID-19 (i.e. trauma, grief)
- OMH is working to ensure that minorities and underserved populations have access to information and resources **to help prevent COVID-19 infection, mortality and the resulting psychological burden**
  - Inclusive Public Messaging
  - Leveraging Community Partnerships, using data and community based interventions
  - Strategies in Behavioral Health Equity Webinar Series and ongoing education
  - Implementing Strategies to Promote COVID-19-Related Mental Health Equity In New York State's Mental Health System
  - Coordinated Disparities Research Workgroup Disparities Data
  - OMH Disparities Dashboard

# Supporting New York during COVID-19

## Reminders When Coping With Grief

- 1 **There is no right or wrong way to grieve.** Some people need to distract themselves with work or hobbies. Others need to take time and space to be alone.
- 2 **There is no universal timeline for grief.** Try not to put expectations on yourself about when you "should" stop grieving.
- 3 **Accept that grief can trigger many emotions.** Acknowledge whatever you are feeling. Grief can appear as sadness, anger, shock, guilt, relief, loneliness and so much more.
- 4 **Take care of yourself physically, so you can take care of yourself emotionally.** Sometimes our basic needs are most neglected as we grieve. Keep nutritious snacks out in plain sight so you don't forget to eat. Prioritize sleep and make sure to move and stretch your body.
- 5 **Practice self-compassion.** Release all expectations on how you think you "SHOULD" feel.
- 6 **The initial grieving period may feel exhausting.** You may even feel distracted and forgetful. Don't set big goals. Help yourself by writing things down or asking others to help.
- 7 **Stay active.** Exercise can help you release emotional energy in a healthy way.
- 8 **Grief can feel isolating.** Reaching out to a support group, friend or family member can help.
- 9 **Plan ahead for upcoming dates that may trigger grief.** Anniversaries, holidays, and birthdays may be particularly challenging. Finding a way to stay supported and mindful on these days can help.
- 10 **Try calming strategies.** Consider deep breathing, prayer, yoga, meditation—whatever may fit for your lifestyle.
- 11 **Reach out to a professional if you are feeling overwhelming depression.** Tele-therapy options can help you process emotions from the comfort of home.



**COVID-19 EMOTIONAL SUPPORT HELPLINE**  
8 AM - 10 PM, 7 days a week

**1-844-863-9314**

**A frontline worker calls because they are feeling stressed due to the pandemic...**

## Our Emotional Support Helpline

Trained crisis counselors provide free and confidential support to help callers understand and manage their emotions during these uncertain times.

Immediate on-line assistance to New Yorkers feeling overwhelmed by the events surrounding COVID-19, the Emotional Support Helpline serves all of New York State from 8am-10pm, every day.

**1-844-863-9314**

Always confidential, anonymous and free

**NYProject**  
**HOPE**  
Coping with COVID

**Here to talk | Here to listen | Here to support**



**Telehealth  
and In-person  
Crisis  
Counseling**



**Office of  
Mental Health**

# Project Hope Services and Contacts

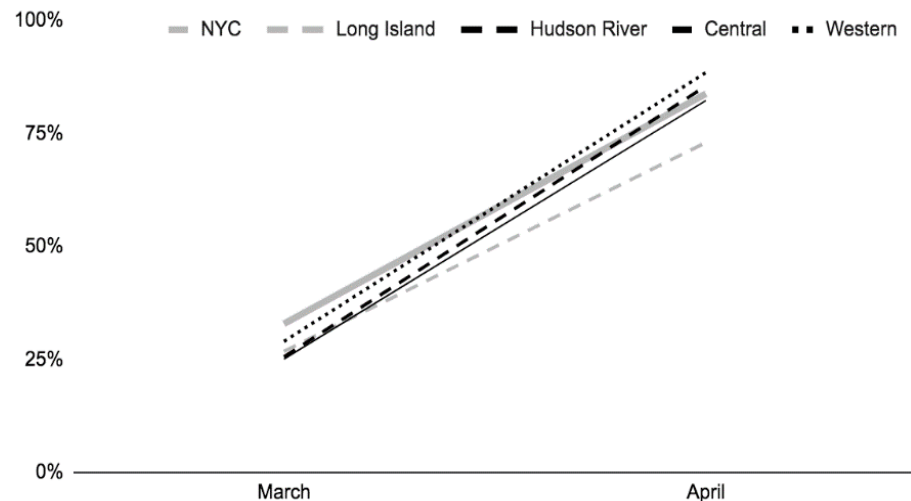
- Emotional Support Helpline
  - Nearly 12,500 encounters lasting 15 minutes or more since capturing data for the FEMA grant
  - Nearly 20,000 calls were received by voluntary workers between March 25 – August 31, 2020
- Community Provider Individual and Group Contacts
  - 165,790 individuals encountered
- 1,041,705 materials distributed
- 149,448 mass media and social networking messages
- Community Provider racial/ethnic reach:
  - 6% Asian, 44% Black, 32% Hispanic, 1% Native American/Alaska Native, 17% White



# Rapid Shift to Telehealth

- Statewide, the proportion of Medicaid claims for telehealth services from OMH licensed clinics climbed from less than 3% in February 2020 to 35% in March 2020 to nearly 90% in April 2020
- Still, telehealth presents challenges for providers due to the need for initial investment, training for staff, and technology resources for patients
- Impression so far is that overall access has been improved with telehealth and telephonic
- Slow decline in utilization and is currently reported at 65-70%

Proportion of OMH ambulatory program services billed with a telehealth modifier, by region, 3/1/20-4/30/20



# Telehealth Redesign: Maintain Gains Made during the Pandemic

## Medicaid:

- Expansion of sites of services including home, inclusive of all current billable providers and out of state providers if licensed in NY State
- Coverage of telephonic services for behavioral health
- Expansion of internet availability and low-cost internet
- Verbal consent and documentation of it in chart acceptable
- Initial visit may be telehealth
- Encourage use of group telehealth when appropriate
- Continue to learn what services need to be in person, and for which populations

## Medicare and Commercial:

- Continue to lobby for similar expansion, anticipate inclusion of telephonic

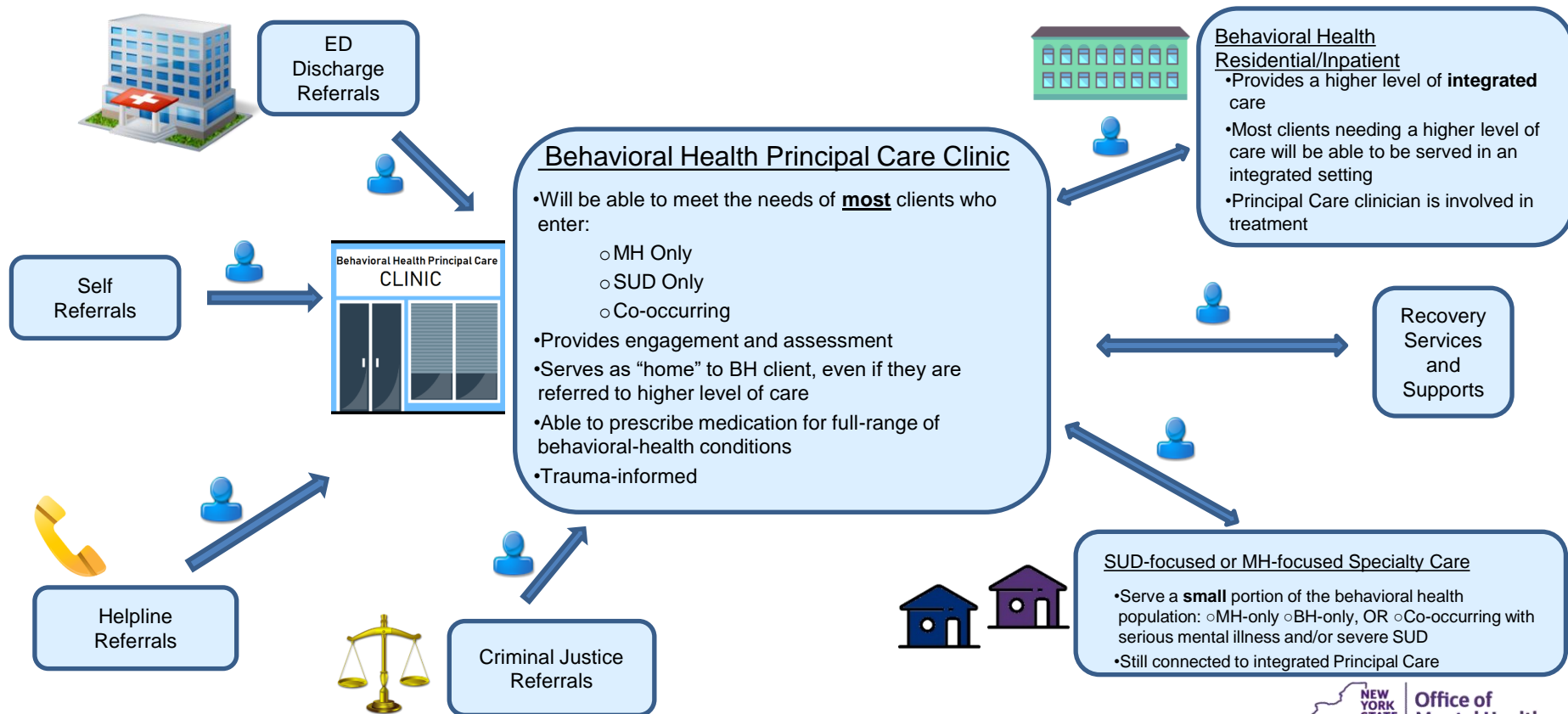


## O-Agency Link-Outreach-Vaccinate (O-LOV)

The New York State Office of Mental Health (**OMH**) and Office of Addiction Services and Supports (**OASAS**) collaborated with the Office for People with Developmental Disabilities (**OPWDD**), the Office of Temporary and Disability Assistance (**OTDA**), and the Office for Children and Families (**OCFS**) to improve access to COVID-19 vaccinations for eligible individuals within their purviews.

- The O-LOV program has administered over **~87k doses** of COVID-19 vaccines since December 2020
- OMH's psychiatric centers have held **more than 400 mobile events** across the state

# Integrated Service System Model

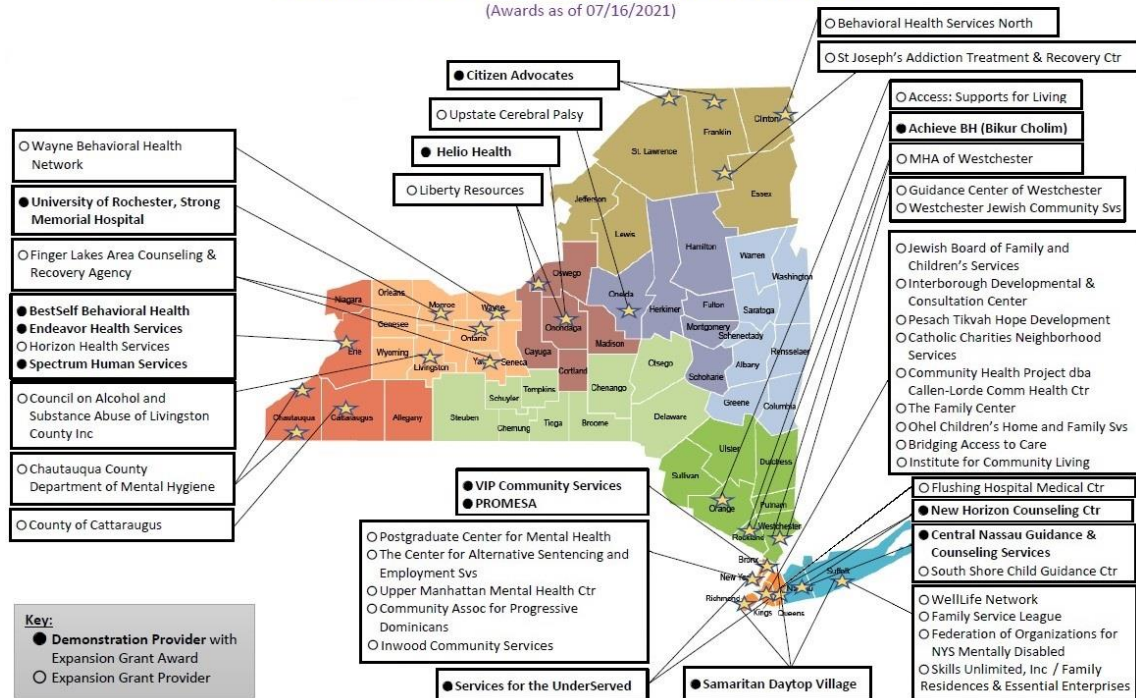


# Certified Community Behavioral Health Clinics (CCBHC)

## SAMHSA CCBHC Expansion Awards

(Awards as of 07/16/2021)

CCBHC's provide an array of services including crisis stabilization and the ambulatory services needed for aftercare.





# Comprehensive Crisis Response System for Children, Adolescents and Adults

## Services

- **988-Single Point of Access**
- Mobile Crisis Services
- Crisis Residences
- Crisis Stabilization Center – BH Urgent Care
- Comprehensive Psychiatric Emergency Programs/Emergency Rooms
- Community treatment and community services

## Coordination

- **Workforce**
- Follow up services
- **Integration and expansion of peers in service delivery**
- “Care traffic control’ capability
- **Cultural competence and racial equity**
- Access to services
- Collaboration with law enforcement

# OMH Office of Prevention and Health Initiatives

**This newly created office within OMH** promotes an intentional focus on prevention activities by identifying and implementing evidence-based and data-informed preventive practice, defining OMH's prevention agenda, providing a forum for integrating prevention activities within OMH, and coordinating prevention efforts with other state agencies. **This office will provide OMH with an infrastructure for the development of policy, training, and research to further OMH's work in the field of prevention.**

## Focus Areas:

- **Children and Family**
  - Trauma Informed Care
  - Evidence-based interventions in:
    - Primary Care Settings
    - Educational Settings
- **Social Determinants and Health Equity**

## Proposed New Initiatives:

- **Addressing Food Insecurity**
- **Targeted Violence Prevention**
- **Parenting Instruction**
- **Mindfulness in Schools**
- **Training for Mental Health Consultation in Early Childhood Settings**



# Strengthening the Behavioral Health Workforce

In 2021, two federal laws were enacted in response to the COVID-19 pandemic, the Coronavirus Response and Relief Supplemental Appropriations Act and the American Rescue Plan Act, providing supplemental funding to mental health services through time-limited expansions of the Community Mental Health Services Block Grant and Federal Medical Assistance Percentage (FMAP) share of funds for Medicaid programs

- OMH has dedicated over \$37 million to workforce initiatives with this funding. Eligible providers will receive an allocation (CMHS Block Grant) or temporary enhanced rates (FMAP) dedicated to workforce recruitment and retention initiatives. Eligible providers will be notified in October 2021 of their awards and spending guidelines, with three recommended areas of investment
  - **Recruitment & Retention Initiative:** Hiring/signing bonuses, Longevity payments, Shift differential and hazard pay, Retirement Contributions, Relocation Incentives, Bonuses for Vaccination
  - **Educational Expenses:** Tuition, Exam & Application Fees, Registration and Training Fees
  - **Career Development & Support:** Creation and/or Promotion of internships, fellowships, career development programs

# Developing the Mental Health Workforce Pipeline

**OMH is seeking to develop the career pipeline necessary to recruit and retain a robust and resilient mental health workforce.**

- **Expand Existing Institutional Collaborations:** Schools of Social Work Deans' Consortium Project for Evidence-based practice in Mental Health. This program offers 2nd year Master's in Social Work (MSW) students training and education in recovery oriented, evidence-based practices for adults diagnosed with Serious Mental Illness (SMI). Participating students receive a certificate of completion and a small financial incentive award. Majority of MSW programs in New York are already participating, and OMH aims to recruit all remaining programs in 2022-23 academic year, as well as add a new child and adolescent track
- **New Institutional Collaborations:** Partnership with SUNY, CUNY, and BOCES to develop and build upon existing and new human services and mental health programs that train and encourage students to pursue careers in this field and empower the existing workforce to stay and pursue new roles within the field. Discussions with SUNY Orange Community College already underway and plans for system-wide collaboration with SUNY. OMH is also seeking to develop a new program, akin to the existing MSW program, designed to prepare Licensed Mental Health Counselors for careers in the public mental health system
- **Establishing a Community Mental Health Worker Title:** Enabling paraprofessionals to provide basic community-based mental health services. The aim for this initiative is to enable these workers to provide services including non-clinical and non-case management outreach, engagement, support, and referrals to specific services that may be provided across a variety of mental health programs
- **Additional Workforce Priorities to Develop Pipeline:** Expand diversity, equity and cultural competency across the mental health workforce; expand the peer workforce across mental health service settings; and provide additional trainings aimed at assisting providers address the needs of underserved and emerging populations in need of care



# Today's Presentations

- **OMH and the COVID-19 Pandemic- Dr. Thomas Smith**
- **OMH Fiscal Update and Federal Funding Opportunities- Emil Slane**
- **Developing New York's Crisis Services Continuum- Christopher Smith and Denise Balzer**
- **Prevention and Intervention Across the Lifespan- Dr. Ann Sullivan**



# COVID-19 and the Public Mental Health System



Office of  
Mental Health

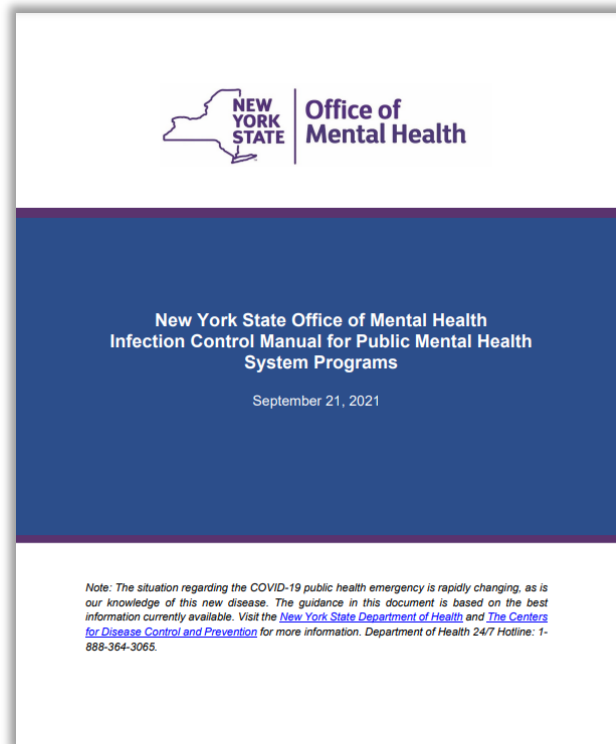
# Access to Safe Care during the Pandemic

- **Clinics and ambulatory programs** rapidly implemented infection control measures and telehealth services early in the pandemic
- **Residential programs** also quickly adopted infection control protocols and began to optimize safety in spaces designed for communal living. These programs were critical in decompressing overwhelmed hospitals by reducing referrals and continuing to accept patients as residents throughout the most challenging periods
- **ACT and Mobile Crisis teams** helped divert inpatient admissions throughout spring and summer 2020
- All public mental health programs and facilities provided this care **despite a major staffing shortage** that has only worsened throughout the state

# Infection Control: Guidance

**OMH has issued infection control guidance for providers across New York State, covering:**

- Screening protocols
- Use of telehealth
- PPE, disinfection, social distancing, and site modification guidelines
- Focus area/cluster zone-specific strategies
- For more information, visit:  
<https://omh.ny.gov/omhweb/guidance/>.





# Infection Control: Operations

Daily COVID-19 **screening**  
for all employees



Maintaining inventory of **PPE**  
for all facilities



Mandatory **mask** protocols



Regular **testing** for staff and  
patients to manage  
outbreaks quickly and reduce  
potential spread



**Partial telecommuting**  
options for employees who  
can perform their job duties  
remotely

# COVID-19 Vaccination Efforts



COVID-19 vaccines only became available after last year's town hall, with OMH administering its first doses in **late December 2020**.

**88k**

The multi-agency\* O-LOV vaccination program administered more than **88,000 vaccine doses** through PC-based clinics and mobile vaccination events, including a van service.

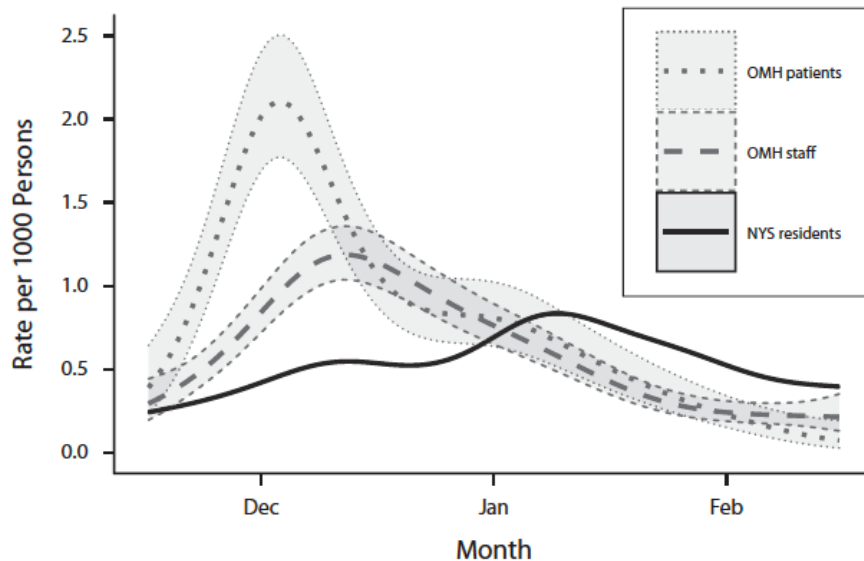


OMH staff created **educational videos, posters, brochures, infographics**, and have held regular **webinars** to answer questions about the vaccines from the broader OMH community.

\*OMH, OASAS, OPWDD, OCFS, OTDA.



# Impact of OMH's COVID-19 Testing and Vaccination Programs



**FIGURE 1—** New COVID-19 Cases (Rate per 1000 persons) and Case Rate Changes: New York, NY, November 16, 2020–February 16, 2021.

# SAMHSA COVID-19 Mitigation Funds

In early October, SAMHSA awarded OMH with \$2.7 million in **COVID-19 mitigation funds**, aimed at preventing COVID-19 transmission within the public mental health system. OMH is using these funds to expand mitigation efforts in congregate residential programs across New York State.

- **COVID-19 Rapid Testing Efforts and PPE for Staff and Residents:** Promoting Limited-Service Laboratory licenses within residential programs, purchasing rapid antigen tests, air filtration equipment, and PPE for both staff and residents
- **Vaccine Education:** Partnering with peer or other external agencies to support a statewide educational campaign of five regionally-based teams of peers who will provide vaccine education and support vaccination efforts, and provide funding to residential providers for the purpose of training and training materials relevant to vaccination

# Interventions and Prevention Activities during the Pandemic

Integrating COVID-19 infection prevention and education in all activities

NY Project Hope: \$108M FEMA grant supporting crisis counseling, outreach and education

Includes the Emotional Support Helpline, Coping Circles support groups, and Crisis/Support Text Services

**NY Project Hope**  
**Coping with COVID**



Restorative practices and outreach as schools reopen

Training and learning collaboratives from the Center for Practice Innovations at New York State Psychiatric Institute

Expanded suicide prevention activities



## Current State of Care

- **Clinics and ambulatory programs** are open and providing a range of telehealth, telephonic, and in-person services
- **Residential providers** are using the best infection control practices and continue to ensure safety and access for clients
- Most **mental health hospital** beds that were repurposed for other specialties throughout the pandemic have been reestablished as mental health beds
- Since COVID-19 vaccines became available, all program types in the public mental health system have been essential to **supporting efforts to get clients and staff vaccinated**

# OMH Fiscal Update and New Funding Opportunities



**Office of  
Mental Health**

# OMH 2021-22 Budget: New Federal Resources

The New York State Office of Mental Health's (OMH) 2021-22 budget includes new Federal resources that present opportunities for investments in the community mental health system.

## Two Key Sources:

- Federal Medical Assistance Percentage (FMAP) Rate Increase for Home and Community Based and Rehabilitation Services
- Community Mental Health Services (CMHS) Block Grant Supplements

OMH conducted extensive stakeholder engagement and continues to post updates and latest information on the opportunities for Federal funds to the website below.

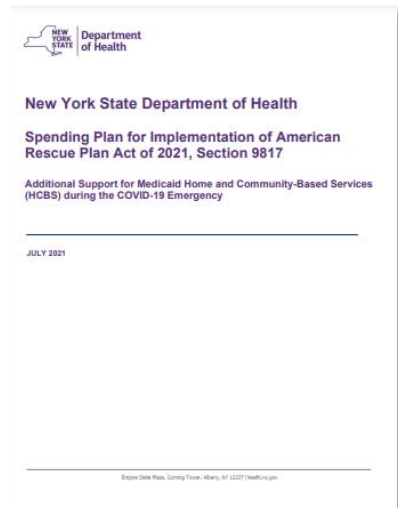
<https://omh.ny.gov/omhweb/planning/cmhsbg-fmap/index.html>



# Enhanced FMAP for HCBS and Rehab Services

The 2021-22 OMH Budget includes appropriations for enhanced Federal Medical Assistance Percentage (FMAP) of 10% for Home and Community Based Services (HCBS) and Rehabilitation Services, for one year, beginning April 1, 2021, and ending March 31, 2022.

- Enhanced FMAP is earned on all HCBS and Rehabilitation Services (ACT, PROS and CRs programs) which could generate ~\$80M for reinvestment
- New York's enhanced FMAP plan is pending CMS review with approval anticipated shortly
- Current Spending Plan is available on the DOH website:  
[https://health.ny.gov/health\\_care/medicaid/redesign/hcbs/enhanced\\_funding/docs/2021-07-08\\_hcbs\\_spending\\_plan.pdf](https://health.ny.gov/health_care/medicaid/redesign/hcbs/enhanced_funding/docs/2021-07-08_hcbs_spending_plan.pdf)



## OMH's Enhanced FMAP Investments (Pending)

- **Rate increases** for Assertive Community Treatment (ACT), Personalized Recovery Oriented Services (PROS), and rehabilitation services in Community Residences (CR) which will be continued in the out-years supported by reinvestment savings
- **Workforce investments** to support a wide range of provider strategies including targeted funds for workforce recruitment and retention, expanding capacity for peer and family support services and for cultural competence and workforce diversity
- **System capacity building** to support the development of the new CORE Services, training and implementation of evidence-based practices (EBP), and BHCCs for implementation of alternative payment methodologies to drive outcome based, quality-of-care oversight, and incentivize value-based payment
- **DOH investments, made in consultation with OMH, to expand access to children's services** with temporary rate increases, workforce and infrastructure investments to strengthen and expand HCBS and Children and Family Treatment Supports and Services (CFTSS)

# Enhanced FMAP Allocations for OMH and DOH Behavioral Health Programs (Pending)

Enhanced Federal Medical Assistance Project Name	State-Share Funding Amount
OMH- Improve the OMH Workforce	\$16,700,000
OMH- Increase Medicaid Rehabilitation Rates for OMH Community Residence Programs	\$6,900,000
OMH- Expand Training and Implementation Support for Evidence Based Practices	\$4,000,000
OMH- Expand Recruitment and Retention of Culturally Competent, Culturally Responsive and Diverse Personnel	\$4,000,000
OMH- Expand Certified and Credentialed Peer Capacity	\$4,000,000
OMH- Invest in Personalized Recovery Oriented Services Redesign	\$3,000,000
OMH- Expand and Implement Home and Community Based Services and Community Oriented Recovery and Empowerment Services	\$12,500,000
OMH- Extended Short-Term Support for Behavioral Health Care Collaboratives	\$8,000,000
OMH- Invest in Assertive Community Treatment Services	\$2,700,000
OMH- Implement Youth Assertive Community Treatment Programs	\$1,600,000
OMH- Implement Young Adult Assertive Community Treatment Teams	\$184,000
DOH- Enhance the Children's Services Workforce	\$5,100,000
DOH- Children's Waiver Home and Community Based Services Rate Adjustments	\$2,300,000
DOH- Health Home Servicing Children Rate Adjustments	\$600,000
DOH- Advance Children's Services Information Technology Infrastructure	\$8,800,000
DOH- Children and Family Treatment and Support Services Rate Adjustments	\$2,300,000
<b>Total State-Share Funding Amount</b>	<b>\$82,684,000</b>



# CMHS Block Grant Supplemental Funding



- OMH received notification of award for supplementary CMHS block grant funding related to the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) on March 11, 2021, for \$46.3 million for the period of March 15, 2021, to March 30, 2023
- OMH received notification of award for supplementary CMHS block grant funding related to the American Rescue Plan Act (ARPA) on May 18, 2021, for \$80 million for the period of September 1, 2021, to September 30, 2024
- Federal CMHS funds must be used in accordance with standard requirements
  - Populations/Authorized Activities: Community services for adults with SMI or children with SED
  - Set-Asides Apply: Children's services, First Episode Psychosis programs and Crisis services
  - Restrictions: Funds can not be used for inpatient, residential services, capital or provider losses

# CMHS Block Grant Supplemental Funding

- Based on extensive stakeholder feedback, OMH prioritized four major areas for investment: Crisis System; Children, Youth, and Family Services; Ambulatory and Peer Services; and Workforce, as detailed further in the formal OMH submissions posted on website
  - [Supplemental COVID-19 MHBG- April 5, 2021](#)
  - [OMH to SAMHSA CMHS MHBG Letter- May 5, 2021](#)
  - [OMH ARPA CMHS Block Grant Funding Plan- July 9, 2021](#)
- OMH is preparing to implement the \$20.9M in Workforce Recruitment and Retention funds for grants to providers of eligible outpatient and community support programs. Similar to FMAP resources, these funds will support a wide range of workforce strategies including recruitment and retention, educational expenses, career development and ongoing employee support

# OMH CMHS Block Grant Allocations

Program Name	Current Allocation Amount (\$)
Mobile Crisis Service Development	\$5,000,000
988 Call Center Capacity Building Crisis Stabilization Program Expansion, and Crisis Residential Program Expansion	\$37,603,165
Jail Diversion Program Expansion	\$2,100,000
Crisis Intervention Team Program Expansion	\$400,000
Law Enforcement Mobile Access Program Expansion	\$100,000
<b>Crisis Services Subtotal</b>	<b>\$45,203,165</b>
Intensive Community-Based Services for Children and Youth	\$1,900,000
Systems of Care Expansion	\$500,000
School-Based Mental Health Clinic Satellite Expansion	\$3,000,000
Youth Assertive Community treatment Program Expansion	\$5,950,000
Child, Youth, and Family Services - In development	\$14,505,215
<b>Child, Youth, and Family Services Subtotal</b>	<b>\$25,855,215</b>
Assertive Community Treatment Program Expansion	\$3,600,000
Peer-to-Peer Supported Transition Program Development	\$1,000,000
Young Adult Assertive Community Treatment Program Development	\$850,000
OnTrack First Episode Psychosis Program Expansion	\$12,637,987
Adult Ambulatory and Peer Services - In Development	\$10,000,000
<b>Adult Ambulatory and Peer Services Subtotal</b>	<b>\$28,087,987</b>
Expanded Funding for Clinic Treatment and Community Support Program Workforce Recruitment and Retention	\$20,914,508
<b>Workforce Investment/System Capacity Building Subtotal</b>	<b>\$20,914,508</b>
<b>OMH Administration</b>	<b>\$6,318,993</b>
<b>All Current OMH CMHS Block Grant Allocations Total</b>	<b>\$126,379,868</b>



## Investing in OMH Housing

**The FY 2021-22 OMH budget authorized OMH to proceed with a \$20 million additional investment into existing residential programs**, bringing OMH's annualized total investment to over \$70 million. Specifically, these funds will increase rates for Supportive Housing, SP-SRO, Community Residences, and Apartment Treatment programs, retroactive to January 1, 2021.

- **Supportive Housing Stipend Increases: \$500, \$200, \$50**
- **SP-SRO Increases: \$1000, \$900**
- **Apartment Treatment and Community Residence Increases: Effective January 1, 2021**
- **1% Cost of Living Adjustment included in FY 2021-22 budget compounds rates effective April 1, 2021**



## DOH Infrastructure Funds

**On September 30, 2021, the New York State Department of Health (DOH) announced the availability of funds under the Statewide Health Care Facility Transformation Program III.** Over \$208 million is available to providers to facilitate health care transformation activities, including certain mental health program types. A minimum of \$529,000 will be available to community-based health care providers.

**Eligible Mental Health Program Types:** Article 28 General Hospitals, Article 31 Residential Treatment Facilities, and Article 31 Clinic Treatment Programs

**Intent:** Including, but not limited to, merger, consolidation, acquisition or other activities intended to create financially sustainable systems of care; preserve or expand essential health care services; modernize obsolete facility physical plants and infrastructure; foster participation in alternative payment arrangements; for residential health care facilities, increase the quality of resident care or experience; or improve health information technology infrastructure, including telehealth, to strengthen the health care continuum.





# Developing New York's Crisis Care Continuum



**Office of  
Mental Health**

# Components of a Comprehensive Crisis Response System for New Yorkers of All Ages

- **988 Implementation**
- **Mobile Crisis Services**
- **Crisis Residences**
- **Crisis Stabilization Centers**
- **CPEP/ED**
- **Community Services and Supports**



# Comprehensive Crisis Response System

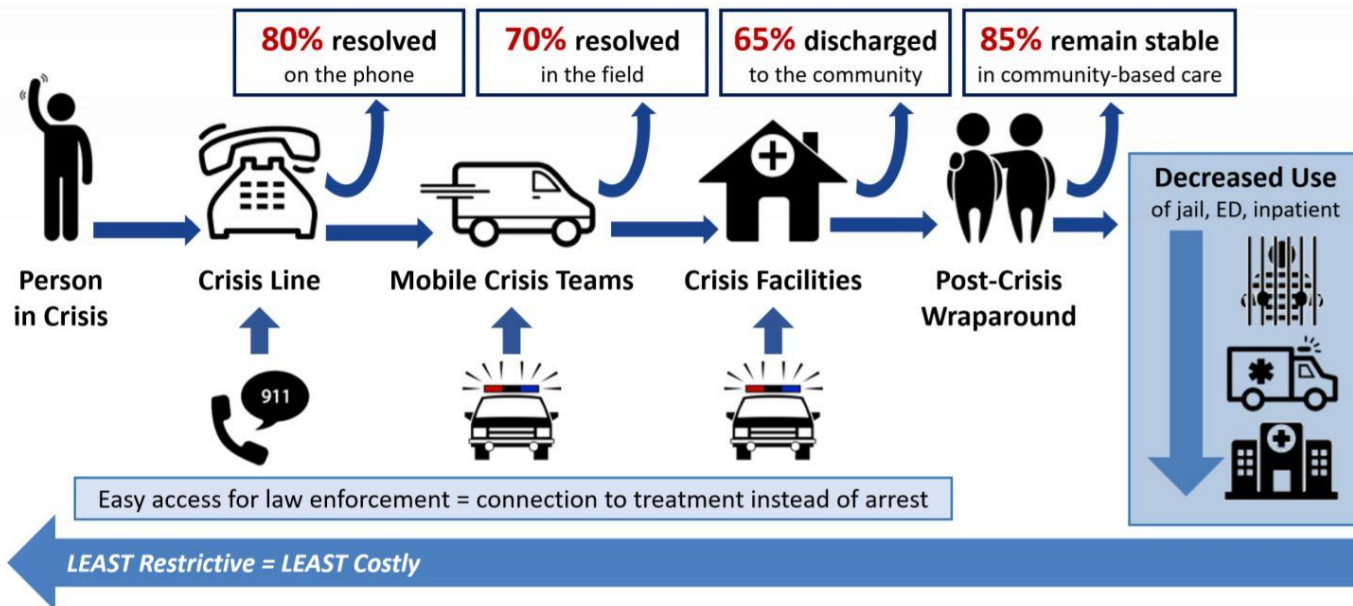
Someone to Call: 988-Regional Crisis Call Center Hubs 

Someone to Come: Crisis Mobile Teams Response 

Somewhere to Go: Crisis Residences and Crisis Stabilization Centers 

# Crisis System Alignment

Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

# What is 988?

**The National Suicide Hotline Designation Act of 2020 was signed into law, incorporating 988 as the new National Suicide Prevention Lifeline (NSPL/988) and Veteran's Crisis Line number, to be launched in July 2022.**

- Provide free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week
- Will eventually replace the current 10-digit number: 1-800-273-TALK
- Shorter, easier number to remember
- Services to help defuse a crisis as well as to assist during a crisis
- OMH is the leading the development of a statewide implementation plan, informed by a statewide coalition comprised of state agencies and community stakeholders



# Mobile Crisis



**OMH-approved mobile crisis providers will have the opportunity to participate in technical assistance programs to improve billing practices, program guidance and support and grants to enhance and develop mobile crisis services. Notification of application for training and grants will be announced later this year.**

- Competitive funds will be available for the development of mobile crisis services in uncovered counties/regions. Notification of application for mobile crisis development will be announced later this year

# Crisis Residential Programs

**Behavioral Health HCBS Crisis Respite has transitioned to Medicaid Managed Care as licensed Crisis Residential programs and includes the following services. Funds to support start up of new crisis residential programs will be announced in 2022.**

- **Residential Crisis Support (RCS)\*:** Assessment, Safety Planning, Crisis Counseling, Peer Support, Connections to natural supports and community services
- **Intensive Crisis Residence (ICR)\*:** All RCS services and treatment services including medication therapy, psychotherapy, supports for co-occurring conditions
- **Children's Crisis Residence (CCR)\*:** Assessment, health screening, counseling, service coordination, engagement and support for families, behavior support, respite



\*Services within these programs include but are not limited to, the following:



**Office of  
Mental Health**

# Crisis Stabilization Centers



**Crisis Stabilization Centers** are programs that provide voluntary outpatient services for all individuals, regardless of age. Services are available 24/7, but individuals may stay less than 24-hours. Regulations are currently in development, posted for public comment in August 2021. **Notification of funding opportunities for start up and initial operating funds will be published in late Fall 2021.**

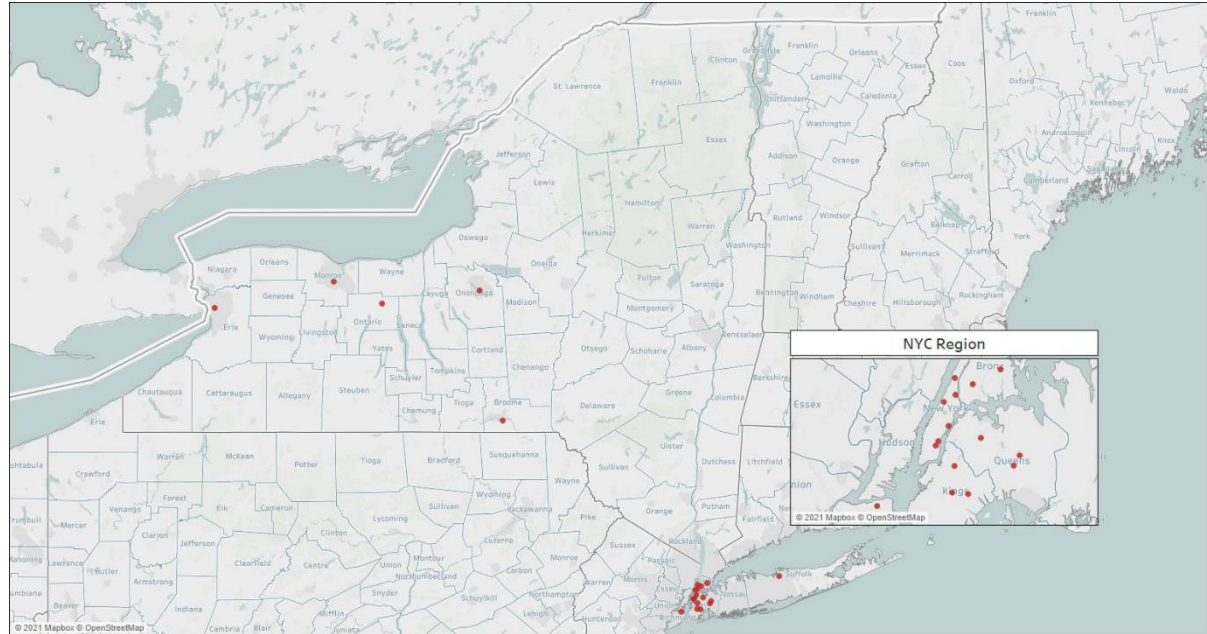
- **Supportive Crisis Stabilization Center:** Provides support and assistance to individuals with mental health or substance use crisis symptoms and who are experiencing challenges in daily life with an emphasis on peer and recovery services. Provides behavioral health observation/stabilization services twenty-four hours per day, seven days per week
- **Intensive Crisis Stabilization Center:** Provides urgent treatment to individuals experiencing an acute mental health or substance use crisis, including rapid treatment interventions and stabilization of acute symptoms, including medication for addiction treatment, and mild or moderate detox, while offering peer and recovery services



# Comprehensive Psychiatric Emergency Programs

**Comprehensive Psychiatric Emergency Programs (CPEPs)** provide triage services, full evaluations, emergency observation beds, crisis outreach (including mobile crisis and follow-up), and referral services. **Part 590-591 regulations were updated in 2021 to include triage and referral services, mobile crisis services, and a pathway for satellite facilities.**

## Map of New York State CPEP Sites- 22 Statewide



# Community Services and Supports

**For many New Yorkers, connection and engagement to community-based services and supports helps prevent and/or mitigate future crises.**



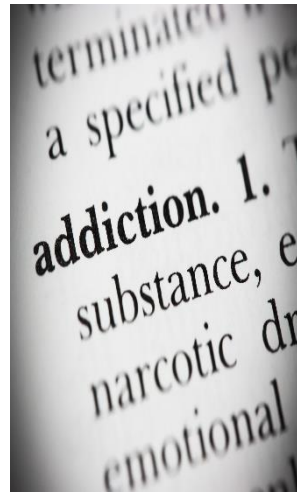
Rehabilitation and  
Recovery  
Services



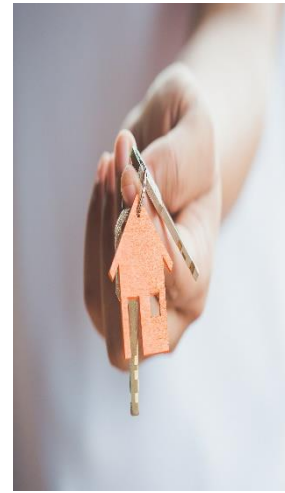
Outpatient  
Treatment  
Services



Physical Health



Substance Use  
Disorder Services



Housing



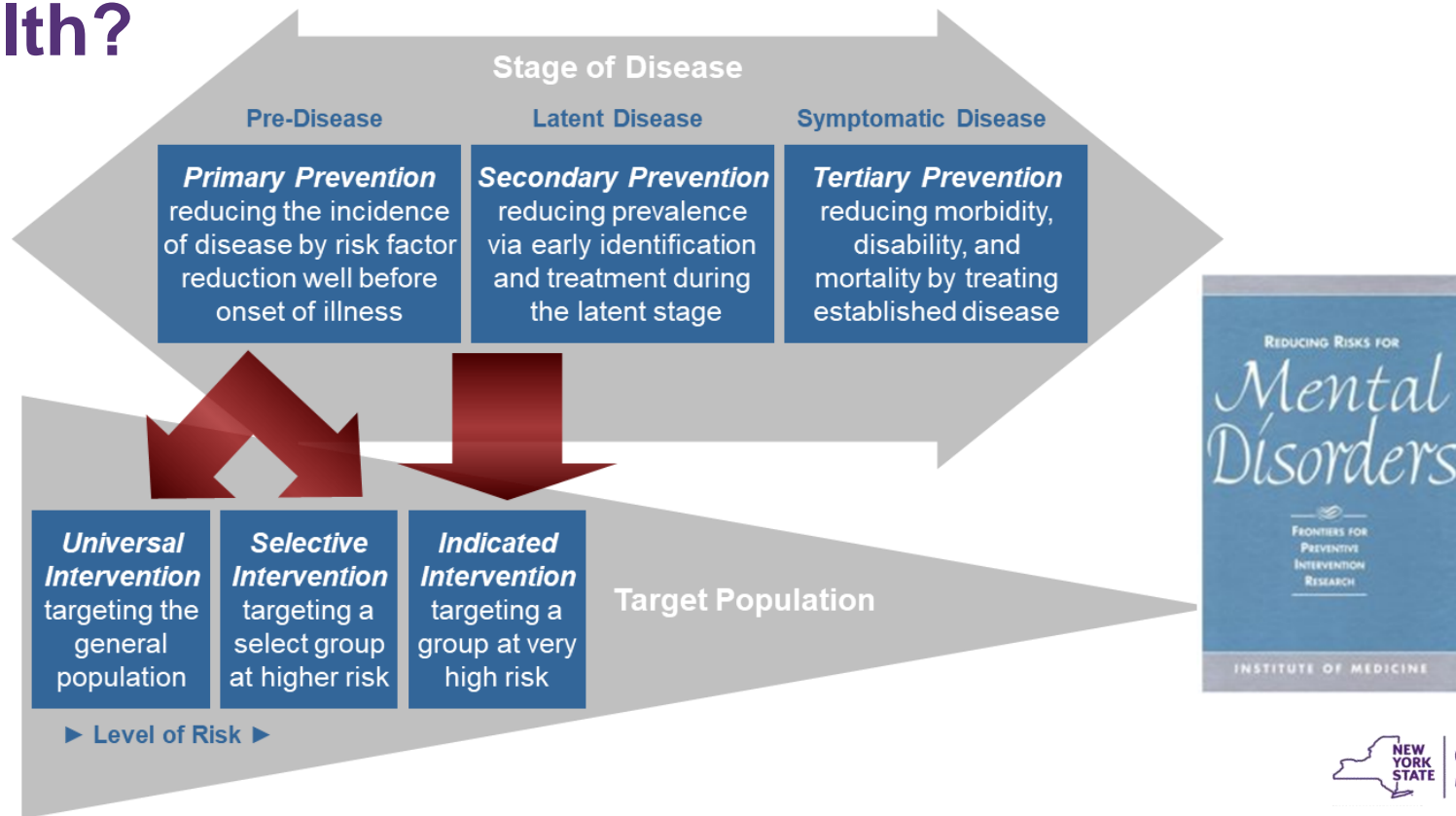
Food Security

# Prevention and Intervention Across the Lifespan

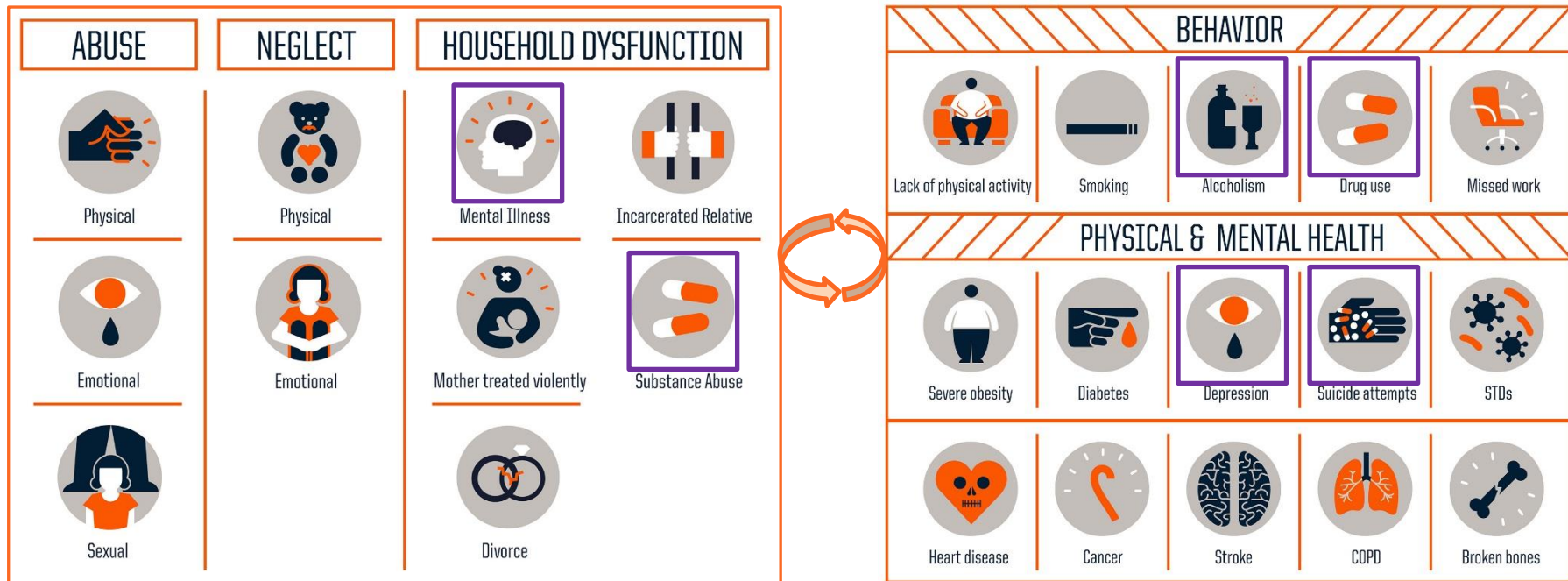


**Office of  
Mental Health**

# What is Prevention in the Context of Mental Health?

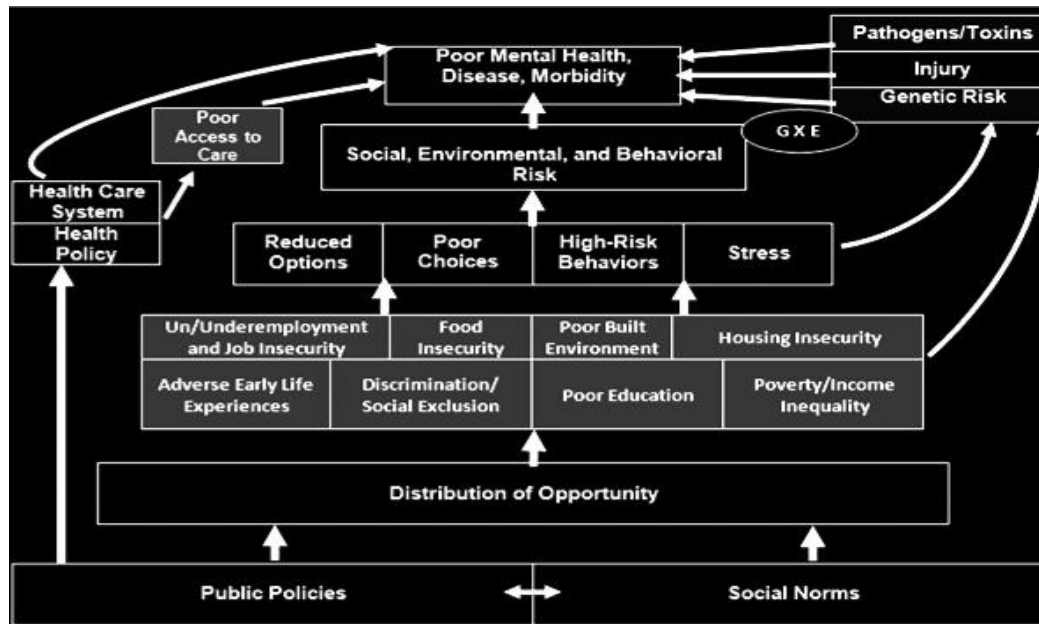


# Early Intervention- Primary Prevention: Adverse Childhood Experiences



Source: Centers for Disease Control and Prevention. Credit: Robert Wood Johnson Foundation, NPR

# Early Intervention- Primary Prevention: Conceptualizing the Social Determinants of Mental Health



Compton and  
Shim, 2015



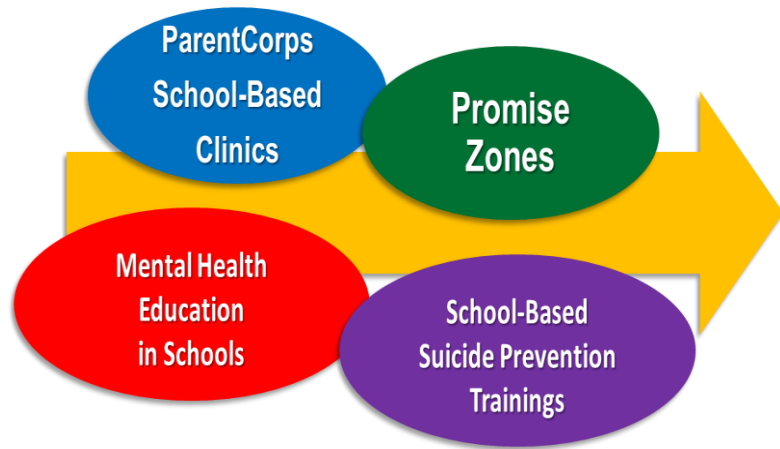
# Primary Prevention in Primary Care

- OMH HealthySteps-** is an evidence-based, team-based pediatric primary care program that promotes the health, well-being and school readiness of babies and youth. There are currently **14 OMH funded sites** that are distributed across the state and represent diverse populations in high need communities where children are disproportionately at risk for social and emotional concerns
- Project TEACH-** Project TEACH provides consultation, education, training, and referrals and linkages to other key services for pediatricians, family physicians, psychiatrists, and nurse practitioners. Recently expanded, Project TEACH is set to enroll an **additional 3,800 providers**, and provide **an additional 24,500** New York children with behavioral health consultations. Maternal depression initiative
- Collaborative Care Model/Collaborative Care Medicaid Program-** Builds capacity to treat behavioral health issues in Primary Care practices. OMH launched the Medicaid program in 2015, **~350 sites** currently participating, provide care for **over 11,000 patients** each year



# Primary and Secondary Prevention in Schools

- **Mental Health Education-** As of 2018-2019-schools across the state are required to teach about mental health as part of a broader health/emotional social wellness curriculum
- **ParentCorps-** ParentCorps is a universal prevention intervention for all children in Pre-K attending the selected school, with no admission criteria. All families of students can participate in the program
- **School Based Satellite Clinics-** 910 school-based clinic satellites across NYS. Increased from less than 300 four years ago. Additional block grant funds aimed at further expanding clinic sites statewide
- **Promise Zones-** A strategy that utilizes a partnership framework to improve student engagement, academic achievement, dropout prevention, social and emotional competence, establishing positive school culture and school safety in 5 regions/districts
- **Suicide Prevention Trainings-** trainings and technical assistance to NY schools from basic to in-depth: Suicide Safety Training (SST), Helping Students At-Risk (HSAR), Creating Suicide Safety in Schools, Lifelines Postvention, Sources of Strength. **Nearly 13,000 school personnel trained last year!**
- **Project Hope**







## NEW YORK STATE TRAUMA-INFORMED NETWORK

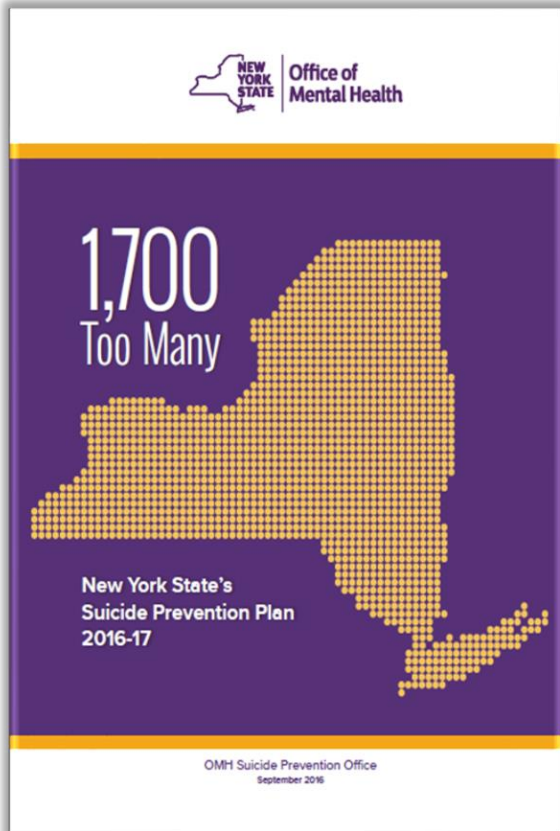
**Connects advocates of trauma-responsive practices and systems to provide access to quality resources and foster communication.**

- Find & Promote: Resources, Events, Training
- Communicate: Newsletter, Blog, Discussion Forums
- Assess: TRUST\* & TRUST-S Organizational Self-Assessment Tools
- Collaborate: Organizational Directory

<https://www.traumainformedny.org/Home>



# Suicide Prevention: 3 Core Strategic Domains



## 1. Integrating a systemic approach to suicide prevention into health and behavioral health care systems

- Advancing Zero Suicide implementation – statewide clinic and emergency department collaboratives

## 2. Community interventions:

- Schools – over 13,000 trained in 2020
- Community Coalitions
- Gatekeeper Training – over 1,800 trained in 2020
- Specialized Interventions for High-Risk Groups
  - Black youth, Latina adolescents, LGBTQ community, rural residents, veterans and first responders

## 3. Making use of existing and new surveillance data

# Building Systems and Services for High Needs Children

1. **Developing Systems of Care across New York**
2. **Expanding Community-Based Services**
3. **New, Intensive Services for Children**
4. **Redesigning Children's Residential Services**
5. **Cross Systems Work and Collaborations**



# Systems of Care (SOCs)

OMH is strengthening cross-systems collaboration at the state, regional and local levels for the benefit of children, youth, young adults and their families. Systems of Care is a national framework that outlines three components to result in a coordinated network of community-based services and supports for children and youth (and their families) who are experiencing challenges. **OMH is using expanded federal funding to expand this framework to 20 additional counties across New York State.**

- An **organizational framework** for system reform
- A **value base** for systems and service delivery
- A **guide** to implementation – unique to each state, region or community
- **Adaptable** - approach based on context and environment
- **Flexible** for innovation
- Applicable for different
  - Age groups
  - Levels of need
  - Cultural groups



# Building Children's Community Based Services

**New York State has been working to expand the availability of community-based services for children with mental health needs.** The COVID-19 pandemic and staffing shortages have complicated efforts to expand access and capacity, work is ongoing to improve Children and Family Treatment Support and Services for children with identified mental health needs or diagnoses and Children's HCBS services for children at risk of hospitalization.

**Federal funds have provided New York with a unique opportunity to support providers of these services to expand service access and capacity for children and families.**

- Increased rate reimbursement by 25%
- Dedicated workforce funding to support staff recruitment and retention
- Digital infrastructure funds to strengthen administrative and technological capabilities

# Youth ACT Development and Expansion

## Youth Assertive Community Treatment (Youth ACT) Teams

serve children with significant psychiatric needs who are at risk of long inpatient stays or hospital admissions that require intensive interventions to support the child's complex needs, and the needs of their families. Youth ACT teams help children avoid restrictive, out-of-home services, and facilitate successful transitions into home communities.

**Currently, OMH is working to add four new teams in Suffolk, Kings, Bronx, and Queens Counties, in addition to the existing team in Oneida County.** Via expanded supplemental block grant funding, OMH is in the process of procuring ten additional statewide, expected to open in 2022, to be located in the following counties: New York, Richmond, Nassau, Warren, Washington, Saratoga, Westchester, Onondaga, Broome, Monroe, Erie and Niagara.

# Redesigning Children's Residential Programs

**OMH is redesigning children's residential programs with a two-pronged approach, with an aim to both expand community-based services to avoid out-of-home treatment and strengthen existing residential program to achieve shorter lengths of stay and maximize community tenure for children.**

**To achieve these goals, OMH is:**

- Developing Youth Assertive Community Treatment Teams Statewide
- Enhancing staffing and supports in Children's Community Residences
- Streamlining access to Residential Treatment Facilities and reducing administrative and fiscal burdens for reserved beds
- Increasing capacity and availability of training and evidence-based approaches to children's mental health treatment throughout the system of care



# Cross Systems Work and Collaborations

Expand beds and services for children with developmental disability and behavioral health needs:

- Collaboration with OPWDD and SUNY Upstate Medical University – specialized inpatient unit for children 12-17 years old – allowing them to stay closer to home and avoiding out-of-state placements
- Collaboration with OPWDD, State Education Department, Erie County Medical Center, and Baker Victory to establish a residential treatment program



**UPSTATE**  
MEDICAL UNIVERSITY



Office for People with  
Developmental Disabilities



Office of  
Mental Health



# Improving Rehabilitation, Recovery, and Diversion Services for Adults



- 1. HCBS to CORE Transition**
- 2. Rehabilitation Model in Article 31 Clinics**
- 3. Expansion of Peer Services**
- 4. OnTrack New York Expansion**
- 5. Employment is Recovery**
- 6. Diversion, Intervention, and Re-Entry**

# Adult BH HCBS & CORE

## Community Oriented Recovery and Empowerment (CORE) Services

- New rehab demonstration services; continues to target the HARP population as a part of the specialized HARP benefit package
- Will allow for up-front engagement, immediate access
- Expands referral/engagement points
- Funding incentives for ramp-up, Infrastructure Program Extension to support implementation
- Peer services reimbursed

## Adult Behavioral Health Home and Community Based Services (BH HCBS)

- Some services will remain in HARP benefit package under current HCBS authority. Health home as main access point
- Infrastructure Program Extension funding will apply

# Service Transition from Adult BH HCBS to CORE

BH HCBS	Post-CORE Implementation
Community Psychiatric Support and Treatment Psychosocial Rehabilitation Empowerment Services – Peer Supports Family Support and Training	These services will <b>transition to CORE Services</b> .
Habilitation Education Support Services Pre-Vocational Services Transitional Employment Intensive Supported Employment Ongoing Supported Employment Non-Medical Transportation	These services will <b>remain in BH HBCS</b> .
Short Term Crisis Respite Intensive Crisis Respite	BH HCBS Crisis Respite Services are available in the Crisis Intervention Crisis Residence Services benefit, available to all Medicaid Managed Care members.

# Evolving Article 31 Clinics

**CMS has approved OMH's moving Clinics into the Rehabilitation Model, beginning in February 2022.**

- Peer Support to be added with CMS approval
- Making employment and rehab supports a common discussion with individuals in clinic, either through the Peer or direct referral from clinician
- Off-site flexibility
- Increase Access and engagement
- Looking at streamlined assessment process to include Social Determinants Of Health

## **Currently**

- Integrated Care through IOS waiver
- Telehealth allowances

# Demonstration Services out of Clinic that Include Rehab and Peer Services

## First Episode Psychosis “OnTrackNY” programs

- Operate out of clinics and provide enhanced rehab and peer support services
- Focus on youth and young adults experiencing initial psychotic symptoms

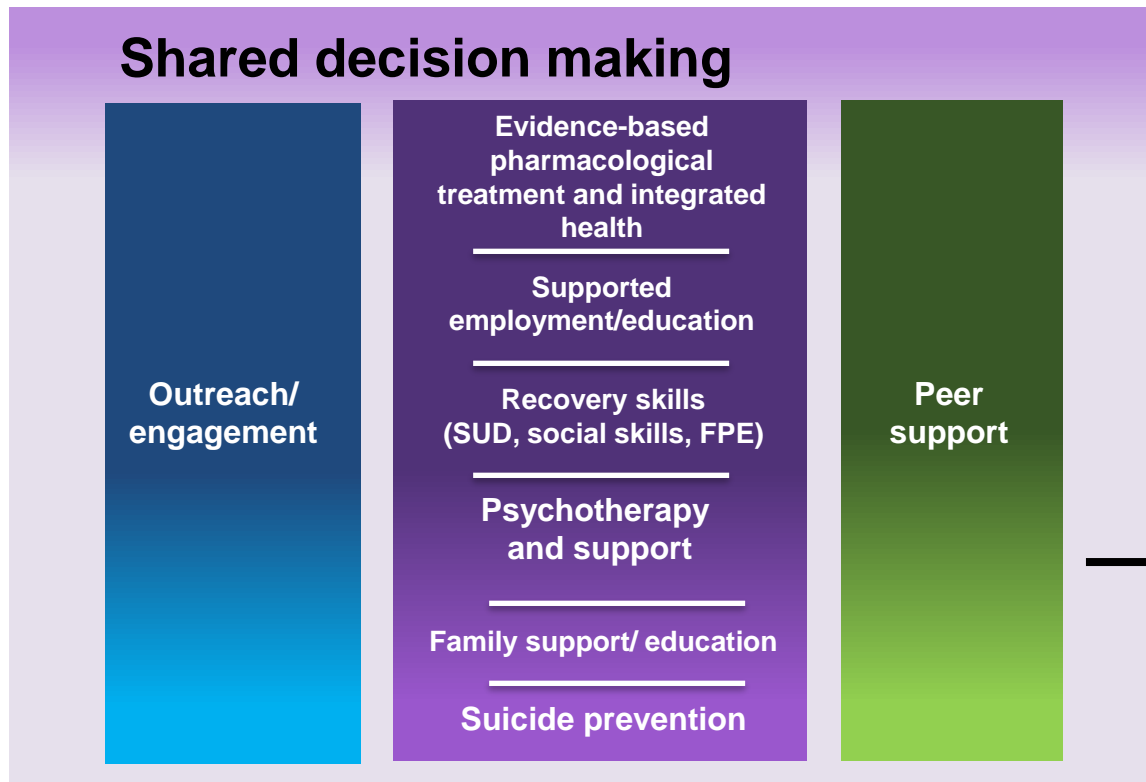
## Certified Community Behavioral Health Clinics (CCBHC)

- 13 Demonstrations continue across the State
- Include Integrated MH and SUD clinic, rehab, peer support, 24/7 mobile crisis (Peers are often part of the crisis team) and care coordination

## Peer Services

- More than \$10 million in CMHS Block Grant and enhanced FMAP investments aimed at expanding the certified and credentialed peer workforce and role of peers across OMH services, expanding access to evidence based peer services, as well as inclusion of peers in greater workforce funding to support recruitment, retention, education/training, and career pipeline as well as inclusion of peers in greater workforce funding to support recruitment, retention, education/training, and career pipeline

# OnTrackNY Team Expansion



Currently, 23 OTNY sites in New York State. \$12,637,987 expansion through the CMHS Block Grant supplemental award will develop additional sites statewide in 2022.

**Recovery**

# Employment is Recovery

- Employment supports can be found in rehab programs like PROS, BH HCBS, CORE Services, ACT, CCBHC and FEP
- All providers should be talking about employment as a part of an individual's recovery journey
- The benefits of employment are numerous, including:
  - a reduction in the need for interventions and medical spend,
  - financial health, and
  - improved quality of life/impact on social determinants of health challenges
- OMH is leading the New York Employment Services System (NYESS), a statewide collaborative network, in partnership with Workforce (DOL); NYESS promotes Employment 1<sup>st</sup> principles to practice

# Diversion, Intervention, and Re-Entry

## Expanded CMHS Block Grant Funding is providing \$2.1 million to expand and improve OMH's Jail Diversion, Intervention, and Re-Entry Programs.

- **Jail Diversion Pilots:** 6 original pilot counties included an array of diversion programs reliant on collaboration between law enforcement, probation, and mental health. Nine new counties have submitted proposals which are under review now - models include Forensic Assertive Community Treatment teams, system of care development, trainings, and crisis stabilization services.
- **Crisis Intervention Teams (CIT):** 39 jurisdictions in 24 counties have been trained. Via expanded CMHS Block Grant funds, an additional 9 counties will receive CIT training.
- **Mobile Access Program:** Connecting individuals to resources for mental health consultation via iPads while avoiding unnecessary transports to hospitals. Currently, 5 funded counties, with an additional 18 counties receiving expanded CMHS Block Grant funds.
- **Community Re-Entry Initiatives:** OMH provides services to over 10,000 inmates in DOCCS settings. Annually, approximately 5,000 individuals with mental illness are released each year, including 900 with serious mental illness. OMH's re-entry goals are to reduce recidivism and promote successful reintegration through enhanced discharge planning services, education, support, and community partnerships, as well as Parole Diversion programming.






# Discussion, Comments, and Questions



**Office of  
Mental Health**

# Questions? Comments?

## How to send questions or comments:

- Participants wishing to speak must select the “hand raise”  button located on the right side of their screen. Participants with their hands raised will be announced and unmuted as time allows. To maximize stakeholder participation, we ask that all participants limit their spoken comments to three minutes
- Questions and comments will also be taken in the chat box by directing comments “To: All Panelists”
- OMH will also accept submission of additional comments through November 12, 2021, to [transformation@omh.ny.gov](mailto:transformation@omh.ny.gov)



# Thank You!

**Questions, comments and remarks  
accepted through November 12, 2021**

[transformation@omh.ny.gov](mailto:transformation@omh.ny.gov)

