



Office of
Mental Health

OMH Statewide Town Hall

Ann Marie T. Sullivan, MD

Commissioner, New York State Office of Mental Health

DECEMBER 18, 2024



OMH **Statewide** Town Hall



How to share comments, questions, and testimony:

- **Virtual attendees** may submit comments in the webcast “**participation**” form
- **In Person attendees** may speak during the public comment period if you indicated in your registration that you want to provide testimony; please keep speaking time to **3 minutes maximum**
- OMH will accept submission of additional testimony through December 31, 2024, sent to planning@omh.ny.gov

Today's Agenda

The New York State Office of Mental Health (OMH) welcomes attendees to the 2024 OMH **Statewide Town Hall**, where we will discuss agency updates and recent initiatives and hear directly from **New Yorkers** about their priorities for the public mental health system.

2:00 p.m. to 3:00 p.m. – OMH Commissioner Dr. Ann Sullivan and her panel will provide updates on initiatives across agency priorities

3:00 pm. to 4:00 pm – Public comment period

Virtual Attendee Webcast Participation Form

Virtual attendees may submit comments, questions, or testimony in the webcast participation form

- Select “**Participation**” from menu options to open the Participation form
- Enter Name, Email, your Question/Comment, and then “**Submit**”

The screenshot shows a web browser window with the URL <https://totalwebcasting.com/view/?func=VOFF&id=nysomh&date=2024-12-18&seq=1>. The page title is "New York State Office of Mental Health". At the top, there are two menu options: "PROGRAM" and "PARTICIPATION". A red arrow points to the "PARTICIPATION" option. Below the menu is a "PARTICIPATION" form with a close button (X). The form contains the text "Please send us your questions or comments." and three input fields: "Name", "Email", and "Question/Comment". A "Submit" button is located at the bottom of the form, with a red arrow pointing to it. Below the form, there is a link: "You may also submit written testimony to planning@omh.ny.gov". To the right of the form is a video player titled "PLAYER". The video shows a living room with a fireplace, bookshelves, and a red lamp. The text "Our live webcast is just around the corner." is overlaid on the video. The video player has a progress bar at 0:01 of 0:37. Below the video, there are controls for "Text Size", "Subtitle Area", and "Subtitles". The "Subtitles" control is highlighted with a red box. The "TOTAL" logo is visible in the bottom left corner of the video player.

Accessibility, Event Recording, and Slides

Closed Captioning / SUBTÍTULOS

Within webcast page, bottom right corner of “Player” box, select “Sub-titles” in English or Spanish

Dentro de la página de transmisión por Internet, en la esquina inferior derecha del cuadro "Reproductor", seleccione "Subtítulos" en inglés o español

ASL Interpretation / Interpretación de ASL

American Sign Language interpretation is available for this event on screen for all attendees

La interpretación de ASL está disponible para este evento en pantalla para todos los asistentes

Event Recording, Transcription, and Presentation Slides / GRABACIÓN DE EVENTOS, TRANSCRIPCIÓN, Y DIAPOSITIVAS DE POWERPOINT

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

La grabación, la transcripción y las diapositivas de la presentación del Ayuntamiento se proporcionarán en el sitio web de la OMH poco después del evento.

Today's Panelists

- **Ann Marie T. Sullivan, MD**
- Moira Tashjian, MPA
- Thomas Smith, MD
- Sarah Kuriakose, PhD, BCBA-D
- Janine Perazzo, LCSW
- Talia Santiago-Bonds, MPH
- Liz Breier, MAHAP, CPRP, NYSCPS-P
- Sam Fletcher, PhD

Today's Presentation Topics

- Last Year's Town Hall Testimony Recap
- Governor Hochul's Commitment to Mental Health
- Community Input for Program Design, Delivery & Implementation
- Peer Support Staff Services
- Community Workforce Development Strategic Planning
- Diversity, Equity, Inclusion & Belonging
- Facing the System Challenges: Care Transitions & Access for Complex Care Populations
- Services for Children, Youth & Families
- Prevention Initiatives: Prevention Framework, Trauma Informed Network & Suicide Prevention
- Forensic Initiatives
- Insurance Reform: Expand Coverage and Hold Insurers Accountable
- Inpatient Psychiatry Beds
- Comprehensive Crisis System Updates

Guiding Principles at OMH

OMH program and initiative design and implementation are guided by the following principles:

Integrated

Whole person care needs to be **integrated** and include treatment, recovery, and support services for mental health, addiction, intellectual and developmental disabilities, and physical health and wellness.

DEIB

Planning must be guided by **Diversity, Equity, Inclusion, and Belonging** principles.

Lived Experience

Lived experience and **peer work** are a major emphasis in program and initiative design.

Individualized

Care that is **individualized** to the person means it is designed and implemented with **special populations** in mind as needed.

Community Engagement

Community engagement informs program and initiative design, delivery & implementation.

Recap of Last Year's OMH Town Hall Testimony

Recap of Last Year's OMH Town Hall Testimony



The use of school-based clinics should serve “as the catalysts for mental health care” due to accessibility and familiarity

Child and Family Services



Authentic peer support was distinguished as “people who you can walk through troubled times with” rather than “people who are going to try and guide you through troubled times”

Peer Services



Loan forgiveness and tuition reimbursement is needed for “students coming out of high school or community colleges to become Mental Health providers”

Workforce



“NYS residents are in need of an easier way to access information about the services and resources that are available to support them in their communities”

Access to Services



A key social determinant of health is safe, affordable housing, a fact acknowledged by multiple participants who identified it as “a huge part of mental health recovery and maintenance” and as “a cornerstone of recovery”

Housing



Need a “public health approach to encourage all populations to engage in activities which promote emotional wellness” and to “make the services more meaningful and effective for those who are hurting”

Prevention



Common observations from last year's Town Hall was the perceived need “to address the reimbursement rate challenges” from insurance

Regulations and Funding

**Governor Hochul's
Commitment to Mental Health**



Transforming New York's Mental Health System



- Updates on **funding allocated** is available on the OMH website [HERE](#)
- Current and future **procurement opportunities** continue to be posted [HERE](#)

Historic Mental Health Investments in 2023-2024 Budget

Prevention Services

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

Community Access

- ✓ 26 New Certified Community Behavioral Health Centers (CCBHC) (tripling the capacity)
- ✓ Expansion of Article 31 Mental Health Clinics
- ✓ Expansion of Home-based Crisis Intervention for youth
- ✓ 12 New Comprehensive Psychiatric Emergency Programs
- ✓ 42 New Assertive Community Treatment (ACT) teams
- ✓ Expansion of Intensive and Sustained Engagement Team (INSET) program
- ✓ Funding for Eating Disorders

Highest Need Individuals

- ✓ 150 State inpatient beds
- ✓ New Inpatient and ER Discharge Protocols and Responsibilities
- ✓ 3,500 new Housing Units
- ✓ 8 Additional SOS teams
- ✓ 50 new Critical Time Intervention (CTI) teams including Medicaid and insurance coverage
- ✓ Expansion of High-Fidelity Wrap Around Services for children and families
- ✓ Increase Health Home Plus capacity for high need individuals
- ✓ Commercial and Medicaid payment for all crisis services and intensive wrap around services

Historic Mental Health Investments in 2023-2024 Budget

2023-2024 Budget Progress

**\$1B/
47+ RFP/As
Issued**

**\$105.6M
Operating Cost
Awarded**

**\$831M
Capital Cost
Awarded**

**\$10M
Community MH Loan
Repayments Awarded**

780+ Contracts Generated; **694+** Providers Funded

Services such as:

- Critical Time Intervention (CTI) teams
- Assertive Community Treatment (ACT) teams
- Safe Options Support (SOS) Teams
- INSET programs
- **Over 1200** new Housing units have opened with another **2,200** in the pipeline
- Conditional awards for all **500** CR-SRO and **750** SP-SRO beds
- Awards made for **441** Short-Term Transitional Beds so far
- **596** licensed Apartment Treatment units funded
- **And more!**

Mental Health Investments in 2024-2025 Budget

Provide Critical Care for Youth

- **Establish a School-Based Mental Health Clinic in Any School That Wants One**
- Expand Peer-to-Peer Support Programs
- Establish New Youth ACT Teams Statewide
- Expand Access to the Partial Hospitalization and Children's Day Treatment Programs
- Fund Programming for High-Need Transition-Age Youth
- Expand Loan Repayment Program for Children's Mental Health Practitioners
- Convene Youth Mental Health Advisory Boards

Increasing Forensic/Crisis Services

- **Expand Implementation of Fully Integrated Crisis System**
- Open 200 New Psychiatric Inpatient Beds, some specialized in dual diagnosis
- Improve Mental Health Admission and Discharge Decisions by Hospitals
- Create New Mental Health Courts and Expand Existing Courts
- Fund Court-Based Mental Health/ integrated care Navigators
- Increase Transitional Housing for Individuals Referred Through Court System
- Fund New Community-Based Forensic ACT teams
- Fund Specialized Housing for People with Serious Mental Illness Criminal History
- Provide Crisis Intervention Team Training for Law Enforcement

Expand Insurance Coverage and Hold Insurers Accountable

- **Strengthen Mental Health and substance use Parity Enforcement**
- Require Increased Commercial Insurance Reimbursement Rates for Mental Health and substance use services
- Increase Access to Care Through Behavioral health Network Adequacy Regulations
- Issue Guidance on Free Mental Health and substance use Screenings
- Increase Medicaid Reimbursement for Mental Health and substance Use Services in DOH Facilities and Private Practices

Mental Health Investments in 2024-2025 Budget

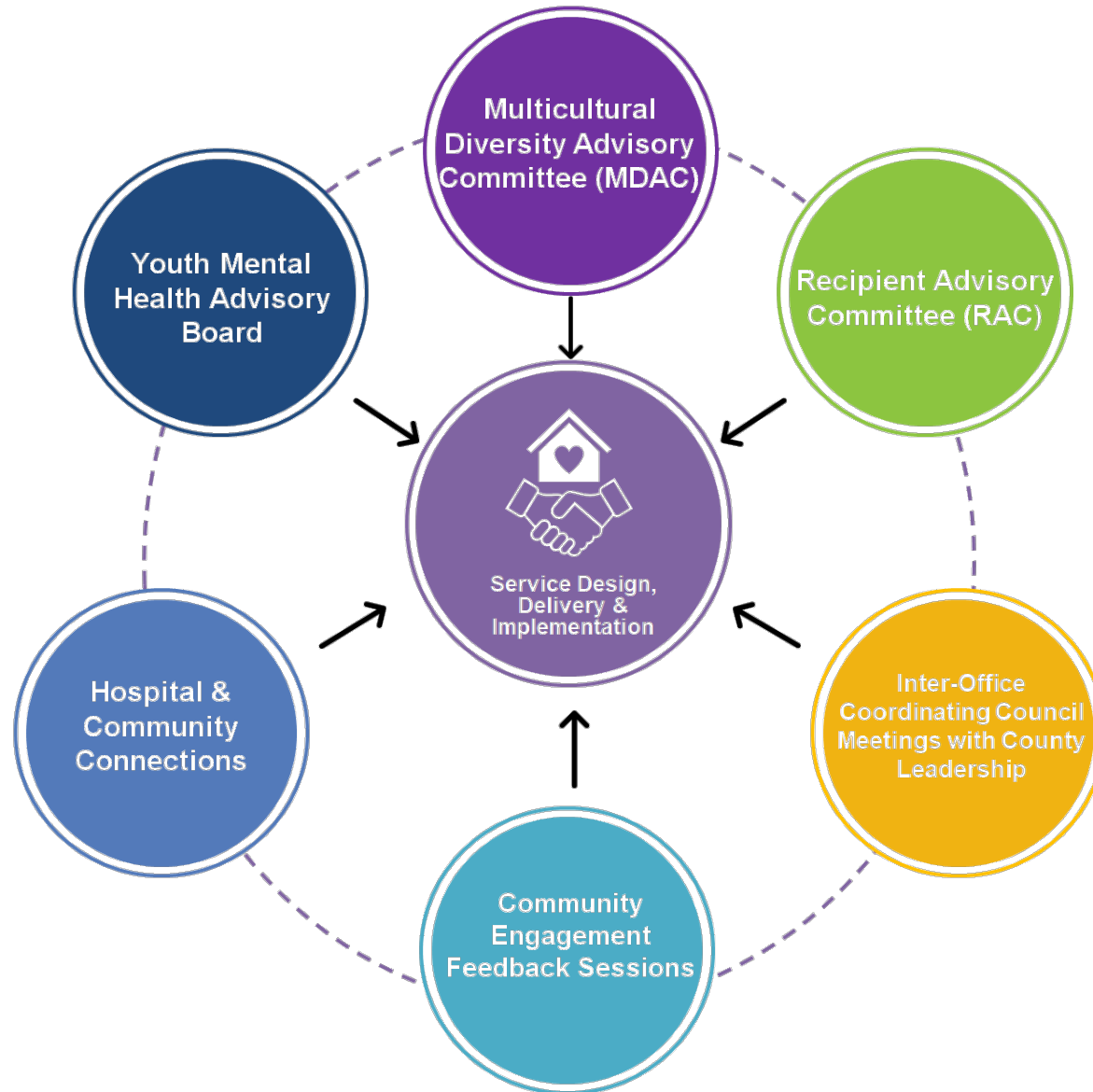
2024-2025 Budget Progress

RFPs

- 6 RFPs from 2024/2025 budget have been released, including:
 - **Partial Hospitalization Programs for Children** (20 programs)
 - **Forensic Assertive Community Treatment (ACT) Teams** (7 teams)
 - **Training ECHO on Managing and Deescalating Challenging Behaviors in Hospital and Congregate Settings**
- 3 open RFPs; 2 due today; 1 due January 28th
- 10 RFPs expected to be released in quarter 4, including:
 - **Community Mental Health Loan Repayment Program (CMHLRP) for Children's Practitioners**

**Community Input for Service
Design, Delivery &
Implementation**

Community Input for Service Design, Delivery & Engagement



New! Youth Mental Health Advisory Board

- **The Youth Mental Health Advisory Board (YMHAB)** was newly formed to inform policy and program development within OMH and OASAS and for advising the Governor. The Board's membership represents the diversity of New York State and children served in the system.
- Applications were sought for the first cohort in February 2024, resulting in **more than 350 applicants to fill 30 seats**.
- Board members are youth **ages 12 to 17** and represent all five OMH defined regions - 10 members from NYC region and 5 members from each of the four other regions.
- The YMHAB will meet for **two in-person** and **two virtual meetings** a year, with other meeting opportunities for education and leadership development.
- So far, the Board contributed to the development of the **new Safe Spaces Program model**, and provided **input on mental health stigma**, support access, **school mental health supports**, and **mental health/addiction** intervention and prevention.

2024 Community Engagement in NYC: Quotes We Heard

New York aims to be a model employer for individuals with disabilities. What are some of the biggest barriers for individuals with disabilities, either in finding work or while working?

“There is a need for improved employer education regarding disability when working in agencies.”

What community supports or resources are the most helpful in improving your mental wellness?

“Create more [places] in the community where people can socialize, people can interact with one another.”

If you encountered peer services how has that changed your experiences? What ideas do you have?

“Educate clinicians and staff on how to work with peers.”

What about New York City’s crisis services system do you think is working? How can it improve?

“Most of the public does not know what crisis respite is or access crisis respite before hospital referral.”

Think about a time you needed to find mental health services for yourself or a loved one. During that time, what would have made you feel more comfortable finding the right services?

“When I found culturally competent help, they didn’t take my insurance.”

Peer Support Staff Services

OMH Program Models Which Include Peer Support Staff

The following OMH regulated or funded programs either **require** in regulations (indicated with an *) or **strongly recommend** in guidance **peer support staff in the program's staffing plan**:

Lifespan

Mobile Crisis
Crisis Stabilization Centers*
Comprehensive Psychiatric Evaluation Program (CPEP)
Certified Community Behavioral Health Clinic (CCBHC)*
Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)

Children & Youth

Children and Family Treatment and Support Services (CFTSS)
Youth Assertive Community Treatment (Youth ACT)
New Critical Time Transition Program (CTTP)
Residential Treatment Facilities (RTF)

Adults

Community Oriented Recovery and Empowerment (CORE)
Personalized Recovery Oriented Services (PROS)*
Assertive Community Treatment (ACT); Specialty ACT*
New Critical Time Intervention (CTI)
Health Home Plus (HH+) intensive health home care management

INSET Updates

Intensive and Sustained Engagement Teams (INSET)

- INSET is about **kindling hope and connection** for individuals experiencing complex needs. INSET team members uphold the belief that recovery is indeed possible and probable.
- INSET aims to engage individuals who may benefit from **intensive support early in their recovery journey**, in lieu of AOT, and/or upon discharge or “stepping down” from other services.
- Aims to reduce repeat incarcerations and hospitalizations as well as associated costs by providing **wrap-around support**, helping people access **resources** such as housing and food, and by helping people to **navigate any systems-involvement**.
- **Current INSET Teams:** Hands Across Long Island (Suffolk County), Baltic Street (Kings County), Greater Mental Health of New York (Westchester County), and Recovery Options Made Easy (Monroe County)
- **263+ people engaged** with this new program since October; 121 enrolled; 142 pre-enrolled

INSET Outcome Measures & Success Stories

INSET programs will monitor **outcome measures such as**: Connection to housing, connection to employment and/or education, meaningful relationships, addiction treatment, completing parole or probation, and more. The following are a few **success stories** we've heard so far:

- One participant had multiple hospitalizations the year prior and after engaging with INSET, they accessed their passions in the community, including their **love for art**. They are **active in the local community center** and have avoided hospitalization.
- Prior to engaging with INSET, one participant spent many days in inpatient mental health settings and other days were spent in shelters or overnight in the emergency department. INSET engaged with them and **assisted them in finding housing** and they have **not returned to the hospital**.
- Another participant started working with INSET after having been incarcerated, on AOT, and having multiple hospitalizations. Since INSET, they have not had further hospitalizations or legal issues, enrolled in a **peer training course** and **hope to become a Recovery Specialist** once certified.
- One participant had disconnected from health after trouble navigating that system. Since engaging with INSET, they received support, filled out a housing application, and **gained a new sense of trust**.

PeerTAC Updates

Peer Support Services Technical Assistance Center (PeerTAC)

Training, technical assistance, and consultation to organizations offering peer support services across the lifespan



- **Upcoming PeerTAC Events in 2025**

- 2nd Annual Supervision Summit – hosted by The Alliance for Rights and Recovery
- Five Regional In-Person Supervision Intensive Trainings

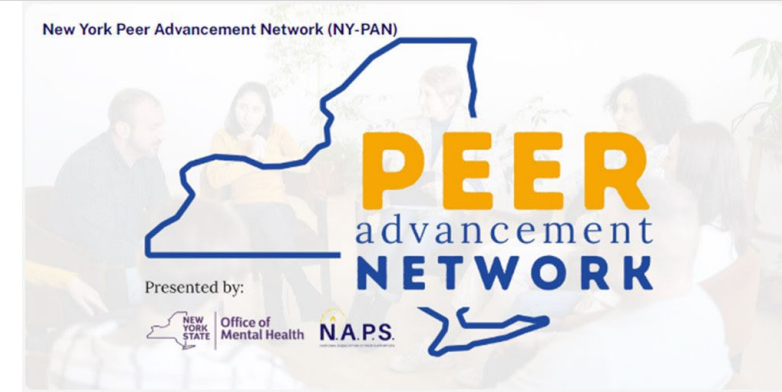
- **PeerTAC Original Tools and Guidebooks**

- Organizational Self-Assessment
- Supervision Guide of Peer Support Specialists for MHOTRS programs
- Sharing your story toolkit
- Online Supervision Self-Reflection Tools with fidelity to peer values and principles
- Online Hiring Toolkits
- Working with Peer Run Organizations

Peer Advancement Network

The New York Peer Advancement Network (NY-PAN) aims to:

- Increase the Peer Workforce
- Build a sense of community and shared experience; connect peer supporters and aspiring peer supporters with mentors; provide statewide networking meetings and opportunities
- Cultivate and highlight career pathways for peers with a Virtual hub of resources
- Increase access to peer support job opportunities with an online job board, workforce training and development opportunities and a focus on reaching underserved communities
- Ensure fidelity to peer support values with Practice guidelines and Advisory Board



Workforce Development Strategic Planning

Workforce Development Strategic Planning

Multiple complex factors led to the current workforce crisis, and it will take a multi-pronged approach to address it. OMH is focused on the following areas:

- **Career Ladders:** Credentials; Apprenticeships; Evidence-Based Practices Program for Social Work and Mental Health Counselors; nursing and PA fellowships and psychiatry residencies; SUNY Community College paid mental health internships; Americorps Youth Peer Advocacy
- **Financial:** 2.84% COLA builds on prior 2 years 4% and 5%; loan repayment; rate increases
- **Job Hub and Marketing:** Creating a job search website and marketing campaign
- **Training Initiatives:** New webpage; new training for helping those with dual-diagnosis
- **Toolkits:** Developing toolkits focused on wellness, administration, and safety
- **Rural Initiatives:** Funding for recruitment and retention with eligible providers in rural counties
- **Strategic Partnerships:** Collaborations with DOL, OPWDD, OASAS, DOH, NYSED, and more!
- **Targeted System level Recruitment:** NY State as a Model Employer for people with disabilities
- **Technical Assistance & Data Monitoring:** Our Workforce Development team is here to help!

Community Mental Health Loan Repayment Program

- **Recruitment and retention** tool for eligible community mental health programs and eligible employees; state aid grants to support student loan repayment over 3-year service commitment
- Established 2022-2023 for **psychiatrists and psychiatric nurse practitioners**, with **physician assistants** added for Round 2 and currently open Round 4
- Expanded in 2023-2024 for additional **licensed mental health practitioners** for Round 3
- Additional appropriation in 2024-2025 for **licensed mental health practitioners serving children and youth** in OMH or OCFS programs for upcoming Round 5
- OMH has awarded **332 community mental health programs** on behalf of:
 - 69 psychiatrists
 - 142 psychiatric nurse practitioners & physician assistants
 - 753 licensed mental health practitioners: LMSWs, LCSWs, LMHCs, LCATs, LMFTs, licensed psychologists & licensed psychoanalysts

Coming Soon! Credentialed Mental Health Support Specialist

- OMH is designing a **Mental Health Support Specialist** paraprofessional credential for the mental health system in NYS
- In the new year OMH will form **stakeholder sessions** to gather feedback from current paraprofessionals in the field, providers, advocates, county leadership, and individuals to help inform the core competencies, training curriculum, and other key decisions
- **Vision** for the credential:
 - Allow licensed professionals to work at the top of their scope
 - Multiple pathways to the credential
 - Multiple levels that will create a career ladder
 - Specialty tracks
 - Uniform training for all credential holders
 - Partnerships with SUNY/CUNY and other colleges and universities
 - Functions are the same as existing paraprofessionals in the field, with some additions

Youth and Family Peer Advocate Workforce

- **RFP now open** for Youth and Family Peer Advocate Workforce Expansion grants: Ensuring Access to **Diverse and Inclusive** Peer Support
- Looking for community-based organizations to become “**Peer Support Champion Organizations**”
- Awardees will partner with grassroots community organizations and create opportunities to grow youth and family peer advocates and develop a diverse peer professional workforce through **recruitment, credentialing support, and linkage** to mental health programs
- \$2,750,000 in one-time funding to support the demand and growth of the Family and Youth Peer Advocate workforce
- Funding will be awarded as 10 grants, with grants awarded to organizations in each of the five NYS regions: Central (2), Western (2), Hudson (2), NYC (3), and Long Island (1)
- Proposals are due 1/14/2025

New! Provider Training Page on OMH Website

- Dedicated [webpage](#) serves as a centralized resource, offering access to a variety of free training opportunities, materials, and tools for behavioral health providers
- The page features:
 - Links to free platforms (OMH funded)
 - Searchable database listing 1,700 unique trainings; updated quarterly
 - Live or self-study sessions tailored to the behavioral health field
 - Resources on various topics such as trauma-informed care, crisis intervention, and suicide prevention
 - Continuing education credits

k State: [Here's how you know.](#) ▾

[About OMH](#) [Consumers & Families](#) [Behavioral Health Providers](#) [Employment](#)


OMH Funded Training for Providers


The Office of Mental Health (OMH) funds several training platforms for New York's public mental health professionals. These platforms provide quality training (self-study, webinars, in-person) that address a variety of topics including but not limited to:

- clinical service
- trauma-informed care
- suicide prevention

Our goal is to develop the skills and knowledge of the mental health workforce in the state. Trainings are available in person, online, or as self-study. You can access the Training Database for a full list of trainings offered through our partners.

The CEU Accessibility Table breaks out which platforms offer continuing education units. It also details method of training, population served, and audience limitations for each platform. The training database is updated quarterly.

[TRAINING DATABASE](#) 

[CEU ACCESSIBILITY TABLE](#) 

TRAINING PLATFORMS

[The Academy for Justice-Informed Practice](#)

The Academy is a workforce training initiative for professionals working with individuals who have behavioral health needs and criminal justice involvement. It is based in New York City. The Academy partners with experts from many disciplines to deliver programs that:

- Advance innovation
- Teach best practices
- Foster collaborative working relationships among participants

[Center for Practice Innovations \(CPI\)](#)

CPI supports our goal of evidence-based practices that improve mental health services, ensure accountability, and support recovery-oriented outcomes for people with lived experience and families.

Investments in Training for Hospital Staff

- Training for staff not only helps with quality of care and client experience, but it also helps with staff satisfaction, **recruitment and retention**
- OMH is expanding access to **TRUST** – Therapeutic Relationships and Universal Safety Training
 - TRUST approaches are trauma-informed, empathic, person-centered, recovery/resiliency-focused, proactive, and incorporate an integrated team
 - Hospital staff will have access to direct training opportunities and the train-the-trainer model
- Managing and Deescalating challenging Behavioral in Hospital and Congregate Settings ECHO
 - **Project ECHO** (Extension for Community Healthcare Outcomes) is a cost-effective, virtual training collaborative that provides case-based learning and information sharing.
 - The RFP period for finding a provider to establish this ECHO program ended today!

SUNY/CUNY Pathway Scholarship Program

- In 2022, Governor Hochul appropriated \$4 million in federal funding to support **underrepresented students enrolled in mental health degree programs** at State University of New York or City University of New York campuses
- Students can receive a maximum of ten thousand (\$10,000) dollars per year
- As of the Spring 2024 Semester:
 - SUNY has 26 students enrolled at seven schools and 14 additional students for cohort 3 will be announced before the end of 2024, bringing the total to 40
 - CUNY has 150 students enrolled at 18 schools
- **Interest is growing!** In the first cohort round, SUNY had approximately 95 applicants; for cohort 3 there were over 395 applications, nearly quadruple the amount of interest since the start.

Diversity, Equity, Inclusion & Belonging

OMH Office of Diversity and Inclusion

- **Policy Change:** Supports, coordinates, and implements policies aimed at reducing disparities in access, quality, and treatment outcomes for OMH State Operated, licensed and funded programs
- **Training and Technical Assistance:** Conducts comprehensive trainings and provides technical assistance on the importance of infusing cultural and linguistic competence throughout Agency policies and clinical practices
- **Language Access:** Works to ensure people who are limited English proficient, Deaf/Hard of Hearing or have other communication needs have access to high quality mental health services in OMH State Operated, licensed and funded programs
- **Workforce Diversity:** Oversees OMH's efforts to plan for and implement activities to recruit and create a diverse workforce and to maintain an inclusive environment across OMH's offices and facilities, including ensuring compliance with Executive Order 31

OMH Office of Diversity and Inclusion

- **Centers of Excellence in Culturally Competent Care:** Monitors the advancement of research through the Centers of Excellence in Culturally Competent Care (NKI/NYSPI) and applies those research findings to our real-world practices of delivering, overseeing, and funding mental health services statewide
- **Multicultural Diversity Advisory Committee (MDAC):** Since 1989 OMH has supported the MDAC, a 25-member committee that advise the Commissioner and OMH on policy, programs, procedures, and activities addressing the reduction of disparities in access, quality and outcomes for members of historically underserved, disadvantaged, and marginalized populations
- **Organizational Change:** In each OMH State Operated facility and program, Cultural Competence Diversity and Respect Committees facilitate the completion of biannual Diversity and Inclusion Self-Assessments that inform the creation of individualized Diversity and Inclusion Strategic Plans

Reducing Disparities

Adequately Collecting and Using Data

Workforce Diversity/Inclusion

Training Mentoring/Supervision

**Cultural Competence, Humility, Addressing
Implicit Bias**

Policy, Compliance, Regulation

Disparities

OMH's Recent Activities to Address Disparities

- **Integration of equity language in all OMH procurement measures:** Providing guidance to all OMH staff reviewing RFPs on the updated equity components to ensure accurately scoring
- Actively working to uniformly include the **National CLAS Standards** into additional regulatory, policy, and funding mechanisms
 - Implemented a behavioral health equity tool for all OMH licensed programs
 - Ensuring that all OMH-released trainings are in alignment with National CLAS Standards
- Implementation of **new health equity standards** in State PCs, required by Joint Commission
- Partnering with SUNY and CUNY to continue the **mental health scholarship program** to increase diversity in the mental health workforce
- Collaborating with OTDA to lead the **Afghan Refugee Program** designed to promote health literacy and coordinate mental health services to refugees/asylees arriving in the State
- All state-operated facilities now required to have a **Language Access Coordinator**

Future Goals of the OMH Office of Diversity and Inclusion

- Put **standardized equity regulations** into Mental Hygiene Law
- Enhance language access regulations to reduce barriers to accessing care for **Limited English Proficiency (LEP)** service users
- **Updates to OMH 5.07 planning document for Diversity, Equity, & Inclusion:** Living document to be updated as appropriate, including feedback from senior staff, community providers, and other stakeholders
- Implement and **support community defined models**
- **Executive Order 31** implementation

Vital Signs Dashboard

- The OMH Vital Signs Dashboard (VSD) is publicly available, requires no login credentials, and [can be accessed here](#) or through the OMH website under “Statistics and Reports”
- The VSD displays public mental health system performance within domains of access, quality and treatment outcomes and **identifies disparities** by Race/Ethnicity, Gender, and Region
- In the past 6 months alone, the VSD had **over 2,450 views**
- A forensic psychiatry fellow said the following about the VSD:

“As a member of the Health & Healthcare Disparities (HHCD) Subcommittee at Creedmoor Psychiatric Center, the VSD showed me clearly where Creedmoor is succeeding and the disparities that can be improved. I used this information (specifically data on HbA1c testing rates), to present to the HHCD Subcommittee and the recent R3 Roundtable. With each presentation, the objective data was able to stand on its own and provide ideas for potential remedies to target the populations needing improved care.”

**Facing the System Challenges:
Care Transitions & Access for
Complex Care Populations**

Facing the System Challenges

- In 2023, we heard through **statewide listening sessions** that communities seek more timely and appropriate **access** to care for individuals experiencing a behavioral health crisis as well as more effective **care transitions** support between inpatient and outpatient services
- Both statewide and locally identified solutions and strategies must be used to reach this goal
- In 2024, 20 sub-regional calls were completed throughout the state to find out the specific **challenges and barriers** to effective communication and care transitions:
 - No formalized workflow for communication between providers at admission or discharge
 - Limited collaboration with resources or intermediate care during critical discharge period
 - Siloed systems make it challenging to support the needs of individuals with co-occurring mental health, intellectual/developmental disabilities, addiction, or social determinants needs
 - Need for system literacy and understanding of roles, skillsets, and programs
 - No known point of contact for all organizations; no system for updated interagency contacts
 - Need for more access to outpatient appointments or housing
 - Transportation needs to get to appointments

Hospital & Community Connections

- Local planning work co-led by OMH and county Directors of Community Services
- Goal is to **improve communication and collaboration** between hospital emergency departments, inpatient programs, outpatient clinics, housing programs, peer advocacy, and care management
- Approach is to create or expand **local action planning meetings** of staff members and decision makers from these programs that span **across the system**
- During the action planning meetings, participants select the specific communication barrier(s) to address and the **local solution(s) that will work for them**
- OMH will assist with **hands-on support** to implement and test the locally selected solution
- There are a **wide range of solutions** that the local group may select, such as:
 - Implementing the new Critical Time Intervention (CTI) team in their area
 - Creating a new form or check-list to improve communication at hospital admission and/or discharge
 - Developing resource guides for how to access available services, including community resources
 - Utilizing information technology systems to improve efficiency
 - Making training more widely available for staff members

New! OMH Office of Hospital Care & Community Transitions

- OMH created a **new office and new regional teams** to closely partner with hospitals that have a licensed inpatient mental health program as well as community-based programs
- Goal is to strengthen admission, treatment, and discharge practices and related outcomes with a population-based approach
- **New guidance and regulations based on best practices:**
 - New hospital regulations will be posted soon for inpatient mental health programs, Comprehensive Psychiatric Emergency Programs (CPEPs), and emergency departments (580/582/590)
 - New guidance is now posted for outpatient MHOTRS programs, housing/residential programs, and care management on communicating with hospitals on admissions and discharges
- Regional teams will offer **on-site** technical assistance, including support with implementing the new regulations, education on resources, linkages between systems and system navigation
- New opportunities to train staff, including **TRUST training** and ECHO series
- Tools to streamline and improve efficiency, including **financial best practices**
- **Capacity and access** monitoring and support

Supporting Individuals During Transitions in Care

- **Critical Time Intervention (CTI)**
 - Intensive phase-based care management to help individuals during critical times of transition
 - Promotes community integration, self-advocacy, and access to ongoing supports with an emphasis on peer support services. The **new CTI teams have a focus on transitions from hospital** inpatient mental health care to community-based treatment and recovery and teams must have MOU with hospital(s).
 - **CTI teams for Adults:** 31 teams selected so far throughout the state, with contracts either completed or in progress; specialty track for adults with co-occurring MH and intellectual/developmental disabilities
 - **Critical Time Transition Program (CTTP) for Children & Youth:** Specially trained CTI team plus optional Transitional Residential Setting to help children and youth boarding in emergency rooms
- **Peer Bridger Program**
 - Focus on **engagement and support** starting at hospital admission through discharge and beyond
 - Daily Peer Support meetings both in the hospital and in the community to meet **self-determined goals**
 - OMH regulations require Peer Bridgers in all Comprehensive Psychiatric Emergency Programs (CPEPs)

Critical Time Transition Program (CTTP) for Children & Youth

- Program Goal: Facilitate the critical transition to the community for **children and youth ages 11–17** who are **boarding in hospital settings**
- CTTP utilizes two program components:
 - **Critical Time Intervention (CTI)**: Time-limited, phase-based, evidence-based intensive care management
 - **Transitional Residential Setting (TRS)**: Short-term residential setting to provide stabilization, support, and connection to assessments
- Referrals to CTTP will come directly from hospital(s)
- Youth may have co-occurring needs in addition to mental health, including substance use, medical conditions, and/or intellectual/developmental disabilities
- Multi-agency partnership including **OPWDD** and **OCFS**

Engagement & Access to Housing: SOS and THU

Safe Options Support (SOS): Multidisciplinary team, including peer supports, using CTI model to engage and support individuals who are unsheltered to transition into permanent housing

- NYC: 12 teams are operational, serving 4 boroughs
 - **48,276** outreach encounters and **2,253** enrollments
 - **633** long-term or permanent housing placements
- Rest of State: 11 teams are operational, serving 22 counties
 - **13,150** outreach encounters and **438** enrollments
 - **168** long-term or permanent housing placements

Transition to Home Units (THU) at Manhattan PC: Provides treatment and support to individuals who were chronically unsheltered to find stability and achieve permanent housing.

- Since the start of the program in 2022 there have been 131 admissions and 84 discharges
- **63%** of individuals discharged from the THU have **remained engaged with Care Team provider**
- **Over 53%** of individuals discharged remained in stable housing

Access to Housing

- \$43 million in **new investments** this year for supportive housing units
- **Builds on last year's historic investments** of \$200 million in Community Residence-SRO, \$360m in Transitional Step-Down, \$330m in Supportive Housing, \$25m in Residential Step-Down, and Apartment Treatment
 - **1,276+ new units** open so far with additional programs actively in contract stage
- New! **Short-Term Transitional Residence** for adults with co-occurring mental health and substance use diagnoses; help individuals strengthen skills to move to independent housing
- New! **Transitional Residential Setting (TRS)** with **Critical Time Intervention (CTI)** team for adults with co-occurring **mental health** and **intellectual/developmental disabilities** currently in an inpatient program or emergency room
- **50,621** total operational OMH units of housing currently in NYS; more to open in next year and nearly **7,000** more in the pipeline over the next 5 years

Co-Occurring MH & Intellectual/Developmental Disabilities

- New **specialized Home-Based Crisis Intervention (HBCI)** model that will serve solely children & youth with mental health needs and current or suspected intellectual/developmental delay
- Specialized **inpatient treatment programs** for individuals with co-occurring mental health and intellectual/developmental disabilities (I/DD):
 - **Children & youth:** New unit at SUNY Upstate in Syracuse and an existing unit at Sagamore Psychiatric Center in Long Island
 - **Adults:** NYC Health + Hospitals – Kings County
- **Residential Treatment Facilities (RTF)** for children & youth with I/DD
- **Transitional Residential Setting (TRS)** with **Critical Time Intervention (CTI)** for adults with I/DD
- 988/Mobile Crisis Project ECHO: Education for crisis workers, mental health practitioners, and other human service providers to **increase knowledge about intellectual/developmental disabilities** and best practices for providing services to dually diagnosed individuals in crisis
- Coming Soon! **Training for CCBHC** programs on serving individuals with co-occurring mental health & I/DD

Co-Occurring MH & Substance Use Disorder

- **Certified Community Behavioral Health Center (CCBHC)**: Range of integrated outpatient mental health and addiction support services, as well as rehabilitative, peer, and crisis services
 - New investments triple # of CCBHCs to 39 statewide for access to over 300,000 New Yorkers
 - CCBHCs increased % of individuals with Opioid Use Disorder receiving Medication Assisted Treatment each year since they began: **65% in 2018 → 70% in 2019 → 71% in 2020**
- **Integrated Outpatient Services (IOS)**: Process by which outpatient clinics can work with OMH and OASAS for licensure to provide integrated mental health and addiction treatment
 - Based on feedback from providers, OMH and OASAS are working together to make it easier for outpatient clinics to provide integrated services in terms of billing and regulations
- **Harm Reduction 101 sessions for Safe Options Support (SOS)** teams throughout the state to provide knowledge, support, and access to supplies such as Naloxone and fentanyl test strips
- Procurement mechanisms such as **RFPs for the new investments** require assessing for and serving individuals with co-occurring MH & substance use needs

Services for Children, Youth & Families

Pathways to Children's Mental Health Services

Parent and family referral

Parents and caregivers seek mental healthcare, including outpatient care or emergency care.

Early
Intervention

Early Intervention Program (EI) and Pediatric Primary Care

EI specialists and pediatricians can be an early entry-point for children needing therapeutic and supportive mental health services.



C-SPOA

Children's Single Point of Access

County level coordinator supports identification of children/youth and families most in need of services and manages service access and utilization for this population.

School referral

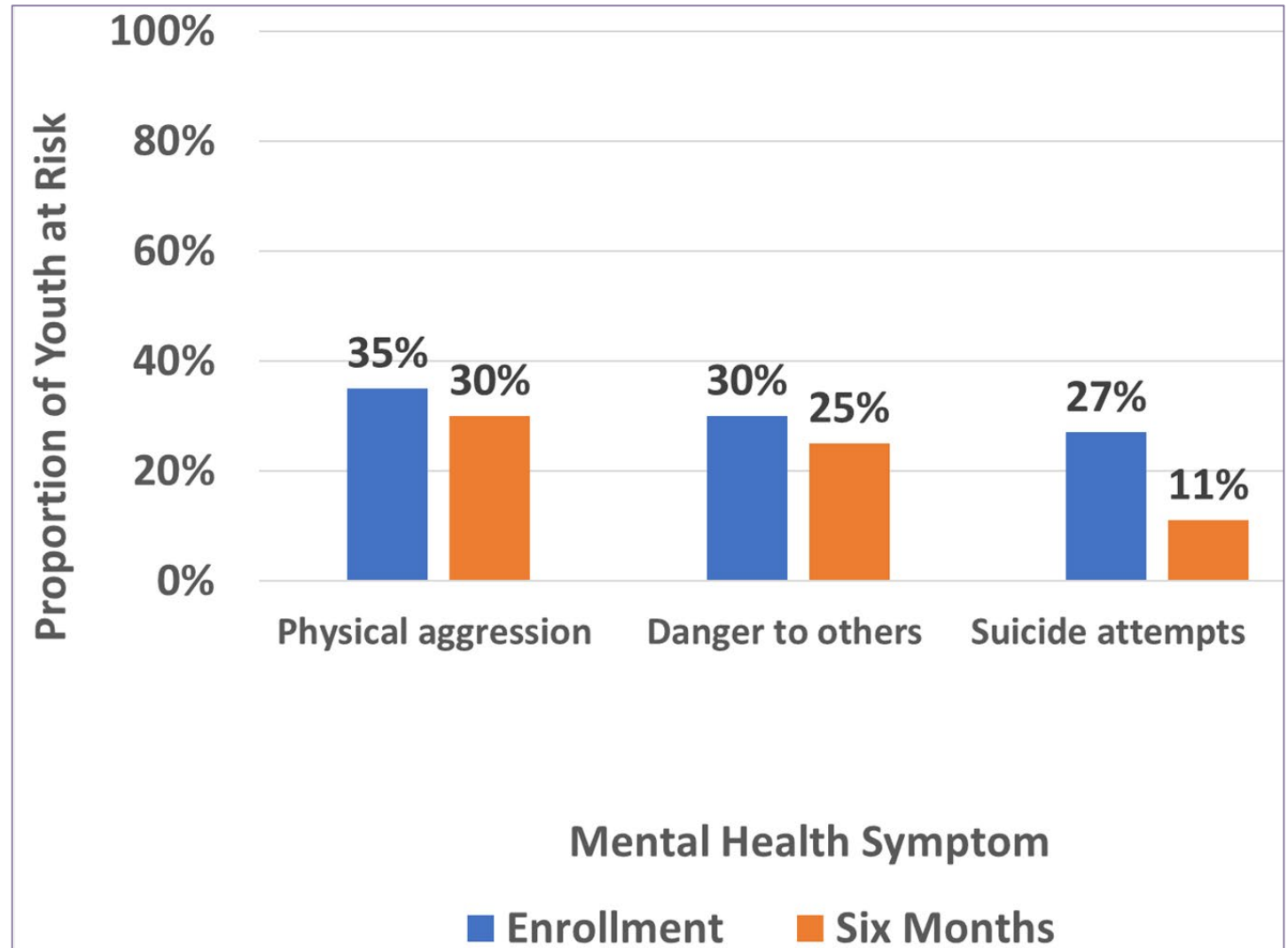
Schools can refer families to mental health services.

School-Based Mental Health Clinics

- School-based clinics are **integrated into schools** to decrease barriers to mental health access and enhance coordination of care for children and youth
- School-based clinics operations are **tailored to the needs of the school**
- Services in school-based mental health clinics are **reimbursed at 125% of the clinic rate**
- Legislation requires that school-based mental health services are reimbursed at the government rate by **commercial insurance plans** in addition to Medicaid
- **Start-up funding of \$25,000-\$45,000** is available for every new school-based MH clinic
- There are **1,153** licensed school-based mental health clinics state-wide

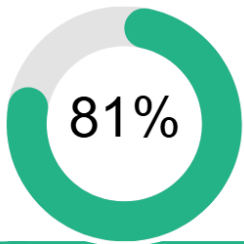
Intensive Outpatient Programming for Children, Youth & Families

- **Youth Assertive Community Treatment (Youth ACT):** Transitional multi-disciplinary team provides home and community-based individual- and family-level clinical interventions for youth returning home from a residential or inpatient setting
- NYS is the first to adapt the ACT model to serve youth
- **20** programs serving 38 counties
- **645+** youth have been enrolled in Youth ACT since inception
- **School attendance** and **peer interaction** outcomes also tracked



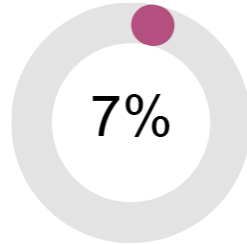
Intensive Outpatient Programming for Children, Youth & Families

- **Home-Based Crisis Intervention (HBCI):** Counselor comes to the home and other places the youth goes, to help settle a crisis and cooperatively make a plan to avoid unneeded hospital stay.
 - 29 agencies serving families within 54 counties and boroughs
 - 1,410 youth and families served by HBCI **January 2024-September 2024**
 - Families contacted **after discharge** from HBCI reported **less use of crisis services:**



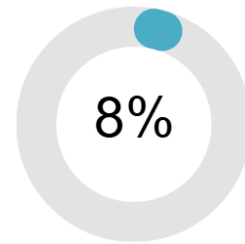
No Crisis Service

81% of HBCI recipients contacted did not receive a crisis service in month following discharge from HBCI



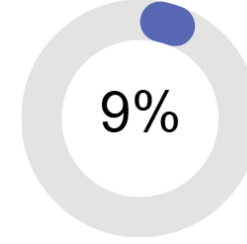
Psychiatric Hospitalization

7% of HBCI recipients contacted were hospitalized for a MH reason in month following discharge



ER/CPEP

8% of HBCI recipients went to ER/CPEP for a MH reason in month following discharge



Other Crisis Service

9% of HBCI recipients received at least 1 other crisis service following discharge from HBCI

Intensive Outpatient Programming for Children, Youth & Families

- **Partial Hospitalization Program (PHP):** Intensive level of outpatient treatment designed to stabilize and improve acute symptoms, to serve as an alternative to inpatient hospitalization, or to reduce the length of a hospital stay within a medically supervised program. Currently 20 PHPs serving children and adolescents across the state; 6 programs specialize in eating disorders.
 - 25% rate enhancement for Partial Hospitalization Programs
 - Investments in 2024/2025 budget for 20 new children's Partial Hospitalization Programs
- **High-Fidelity Wraparound (HFW):** Evidence-based intensive team planning practice model intended to provide coordinated, comprehensive, holistic, youth- and family- driven care for children, youth, and families who have multiple system involvement. **HFW helps with:**

Connecting to
health care
providers

Connecting to MH
& substance use
providers

Connecting to
needed
medications

Help with housing

Social services
such as food,
benefits &
transportation

Other community
programs that
support & assist
youth

Prevention Programs for Children, Youth & Families

- **HealthySteps:** A child and family development professional, known as a HealthySteps specialist, connects with families with children ages 0-5 as part of the primary care team during pediatric well-child visits. The specialist offers screening and support for parenting challenges, and provides guidance, referrals, care coordination, and home visits.
- **Youth and Young Adult Suicide Prevention:** Wrap-around, treatment-adjacent interventions tailored to support high risk, underserved populations such as Hispanic/Latino, Black/African American, Asian American/Pacific Islander, American Indian/Alaskan Native and LGBTQI+ youth and young adults. Programs include:
 - Active community outreach focused on suicide prevention awareness
 - Supportive services for individuals, families, and groups
 - Engagement with family members and support systems
 - Suicide prevention screenings and community referrals including crisis management services
 - Wrap-around services including positive youth development and wellness activities along with academic and vocational support

**Prevention Initiatives: OMH
Prevention Framework, Trauma-
Informed Approaches & Suicide
Prevention**

OMH's Office of Prevention and Health Initiatives

Guiding Principles of our Prevention Framework:

- **Lifespan / Population Health Approach:** Initiatives focus on individuals across all ages and populations.
- **Social Determinants of Health:** Focused attention addressing this area as it is increasingly recognized as critical to the overall health and wellness of individuals and communities.
- **Equity and Access:** Developing and disseminating culturally acceptable, trauma-responsive, and evidenced-informed prevention initiatives, with a special emphasis on meeting the needs of underserved and under-resourced communities, to increase pathways to support and wellness.
- **Multi-Tiered Approach to Prevention:** Primary, Secondary, and Tertiary prevention approaches with associated Universal, Selective, and Indicated interventions.

Trauma-Informed Approach to OMH's Prevention Work

Widespread Focus on Integrating Trauma Informed Principles and Practices

We aim to advance an understanding of trauma and its impact, the use of trauma-informed principles across sectors and the lifespan, and the availability of trauma-informed care and supports throughout NYS.

Initiatives

- The Trauma-Informed Network and Resource Center
- Community Outreach and Public Education (COPE)
- Community Mental Health Promotion and Support (COMHPS)
- Project ENGAGE

Our Mission

To promote learning and growth and create meaningful connections in the community to respond to trauma with compassion and understanding.

Activities

- Support connection and collaboration for those who are interested in trauma-informed practices.
- Support organizations and communities in becoming trauma-informed.
- Provide training to advance implementation of trauma-informed practices in organizations.
- Support a trauma and resilience-informed approach to prevention and wellness promotion.

Suicide Prevention Initiatives: The Suicide Prevention Center of NY

- **Youth and Young Adult Suicide Prevention:** Interventions to support high risk, underserved populations such as Hispanic/Latino, Black/African American, Asian American/Pacific Islander, American Indian/Alaskan Native and LGBTQI+ youth and young adults; 14 programs statewide.
- **The New York Zero Suicide Infrastructure Project (NYZIP):** SAMHSA-funded implementation of the Zero Suicide model in CCBHCs.
- **New SAMHSA GLS Funding for MISSION Project:** Address youth suicide as part of the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Program from SAMHSA.
- **The CARES UP Initiative:** Annual budget has tripled to 3 million! Supports first responders and veteran organizations. Expansion will reach more uniformed personnel as well as dispatch.
- **Building Hope Through Action (BHTA):** Work with construction unions and contractors in the Capital Region to provide technical assistance to each group as they increase support for mental wellness and suicide prevention within their organizations. The Construction Industry Alliance for Suicide Prevention (CIASP) and the Associated General Contractors of America (AGC) will be consulting with OMH SPCNY and providing additional technical assistance to participating groups.

Reconvened Suicide Prevention Task Force

A lot has changed since the April 2019 Suicide Prevention Task Force was issued. The task force has reconvened and OMH is focusing on the following priority areas for the meeting sessions:

- **Populations at Risk - Advancing Suicide Prevention Equity in NYS:** The prior task force highlighted three risk groups (Latina and LGBTQIA+ youth, and veterans) and there are many other groups at elevated risk - Native Americans, black youth, rural residents, those with access to firearms, working-age and elderly men, and more; Utilize targeted universalism to advance equity.
- **Building Health System Competencies and Pathways to Care:** Build on lessons learned from the Zero Suicide model which has been implemented for over a decade and promote its more widespread adoption.
- **Reaching Children and Youth:** Effective prevention needs to reflect the developmental context of young people and include efforts in K-12, higher education, and non-school-based settings.
- **Advancing Workplace Suicide Prevention:** As the Surgeon General noted, the workplace can be a support for overall health, but it can also be a source of toxic stress. Target prevention efforts in at-risk occupational groups such as first responders and construction workers.
- **Measuring Outcomes:** Using data systems to identify trends and see change over time.

Forensic Initiatives

Forensic Updates and Activities

- RFP for one **Forensic INSET (F-INSET)** team, which will build on the classic INSET model. F-INSET aims to prioritize supporting individuals who are impacted by the justice system; Proposals were due on 12/11/24
- New **mental health courts** and expansion of existing courts
- 14 new **Forensic Assertive Community Treatment (ACT)** specialty teams
- 100 new **transitional housing beds** for individuals with mental illness leaving the criminal justice system
- New specialized supportive housing program and a team to provide individual and staff support for individuals with a history of repeated arrests and difficulty engaging in treatment
- An expansion of **Crisis Intervention Team** or 'CIT' training to support better outcomes when law enforcement responds to individuals in mental health crises

New Court-Based Mental Health Navigators

- **New Court-Based Mental Health Navigators:** Support individuals with mental health needs involved in the criminal justice system, with voluntary connections to community services. Managed by county government working closely with local courts, with oversight and technical assistance provided by the OMH Diversion Center. **Approximately 70 positions have been created, taking into account community and regional need.** Goals include:
 - Optimize connection to and engagement with community mental health treatment and services
 - Increase screenings and evaluations at early stages of criminal justice system to identify needed behavioral health interventions
 - Address barriers to mental health treatment to potentially reduce number of missed court dates, technical violations, and rearrests
 - Seek opportunities to engage individuals with mental illness in alternatives to incarceration or other diversion programs

**Insurance Reform: Expand
Coverage & Hold Insurers
Accountable**

Insurance Reform: Access & Accountability

- Requirement for **commercial insurance plans** to pay at least the Medicaid rate for school-based services, crisis services, and additional OMH and OASAS licensed programs
- New Department for Financial Services regulations will require **ALL insurance plans** to do the following in 2025:
 - Maintain **updated and accurate directories of providers**
 - Mental health **appointments within 10 days** of member's request
 - Out-of-Network appointments at **no extra cost to member** if an appointment within the network is not available within 10 days of the request
- OMH is committed to intensely monitoring insurers' compliance with these critical changes. The way we know when an insurance plan is not complying is from complaints to [CHAMP](#):
 - We ask individuals to **please contact CHAMP**, the Community Health Access to Addiction and Mental Health Care Project, if your insurance plan is not complying with these new rules!
 - **888-614-5400 or ombuds@oasas.ny.gov**

**Crisis System Updates &
Inpatient Psychiatry Beds**

State Psychiatric Center Inpatient Bed Expansion

2023-2024 Budget: 150 Beds Implemented	
Mohawk Valley PC	10
Rockland Children's PC	7
Greater Binghamton	3
Rochester PC	11
Pilgrim PC	50
Buffalo PC	39
Bronx PC	2
South Beach PC	25
St. Lawrence PC	3

**2024-2025 Budget: 200
Additional State-Operated
Beds Planned**

**Location to be announced in
the new year**

Inpatient Mental Health Programs in General Hospitals

- **\$30 million** in OMH capital funding for over 100 new inpatient psychiatry beds across nine general hospitals
- **\$39 million** in OMH capital for nine additional Comprehensive Psychiatric Emergency Programs (CPEPs)
- DOH Transformation grant in process
- According to hospital-reported daily census data across New York, inpatient psychiatry **bed occupancy is at 80% on average**
- 400 additional State-operated PC beds funded since 2022

NYS Comprehensive Crisis System

988

- 988 Crisis Contact Centers answered 701,714 calls, 106,546 chats/texts 7/2022-11/2024
 - 90.5% In-State answer rate in 11/2024 (28% increase from 11/2023)
 - Primary reasons for calling include suicidal thoughts, family/other relationship issues, depression and anxiety
 - Follow-up calls and referrals offered to callers
-

Mobile Crisis

- 51 Counties with Designated Mobile Crisis Teams; State Aid to “uncovered counties”
 - Designated jointly by OMH and OASAS
 - Average response time is 2 hours
-

Crisis Stabilization Centers

- 22 Crisis Stabilization Centers across NYS are in development
 - 11 Supportive Crisis Stabilization Centers
 - 11 Intensive Crisis Stabilization Centers
 - Joint license between OMH and OASAS
-

Crisis Residences

- Crisis Residence Bed Capacity
 - Residential Crisis Support – 19 (20 in development)
 - Intensive Crisis Residence – 5 (9 in development)
 - Children’s Crisis Residence – 16 (6 in development)



OMH **Statewide** Town Hall



Comments, questions, and testimony:

- **In Person attendees:** If you indicated in your registration that you would like to give testimony, we will call your name to come up. Please keep speaking time to a maximum of **3 minutes**.
- **Virtual attendees:** If you submitted comments, questions, or testimony into the webcast participation form **we will read as many entries as we can** out loud, time permitting.
- **Thank you for attending!** OMH will accept submission of additional comments or testimony through December 31, 2024, sent to planning@omh.ny.gov

THANK YOU!

Planning@omh.ny.gov