



ANDREW M. CUOMO
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

CHRISTOPHER TAVELLA, Ph.D.
Executive Deputy Commissioner

April 5, 2021

Dear Acting Assistant Secretary Coderre:

Thank you for the opportunity to describe the New York State Office of Mental Health's (OMH) vision for the additional funding available via the Coronavirus Response and Relief Supplement Appropriation Act of 2021.

The COVID-19 pandemic has shown the need for mental health service reform in New York State by highlighting access and service delivery issues throughout the system, with many New Yorkers seeking mental health services for the first time due to the added stressors of the pandemic and existing mental health service consumers experiencing significant changes in both their mental health needs and their ability to receive care in familiar settings. Throughout the COVID-19 pandemic, OMH surveyed consumers, providers, and county government partners to identify both the barriers and opportunities for positive change presented by this crisis, as described below.

- 70% of mental health service consumers and families reported increased anxiety and stress during the first months of the pandemic.
- 13% of mental health service consumers reported not receiving enough support during the first months of the pandemic.
- Providers reported increased crisis service utilization among existing clients and significant decreases in client outpatient service engagement, most notably among children.
- Most New York State counties reported increased demand and decreased access to emergency mental health services, a theme which was carried across other mental health service settings.
- Counties cited limited mental health supports and social isolation as contributing to exacerbated psychiatric conditions and noted increase in anxiety and depression which has contributed to "incidences of self-harm, overdoses, and suicide attempts."

The Office of Mental Health has embarked upon a multi-year process to redesign the mental health system, with a primary goal of ensuring universal, immediate access to a comprehensive range of mental health services which allow individuals in need of care to remain in their homes, connected to their natural support systems during treatment, while avoiding unnecessary and disruptive inpatient hospitalizations.

To realize this redesign, New York is:

- Prioritizing prevention across the lifespan and investing in programs which support the early identification and intervention of emotional disorders and mental illnesses, including first episode psychosis.

- Prioritizing prevention for children, youth, and families due to the traumatic impact of COVID including school-based services, home and community-based services and crisis intervention.
- Developing robust community services, including a comprehensive and coordinated crisis response system, which will address the emergent and immediate needs of New Yorkers of all ages and at the same time, connect individuals to the wider mental health system.
- Addressing the intersection of the criminal justice and behavioral health systems, connecting individuals in crisis to care through the training of law enforcement, advancing innovative criminal justice system diversion programs, and serving and supporting individuals exiting incarceration as necessary to avoid reincarceration and/or hospitalization.
- Transforming New York's mental health system to advance a culturally competent, ambulatory network of recovery-oriented treatment and support services that meet children, adults and families when, where, and how they need it most, and includes the integrated delivery of substance use disorder and physical health treatments.
- Implementing specific strategies on payment parity and provider sustainability needed to reduce disparities in access and treatment outcomes for communities across New York State.

The funding available via the Coronavirus Response and Relief Appropriation Act may be used to support several critical areas for start-up and supplementation as New York's comprehensive crisis and ambulatory redesign is implemented, all of which address the increased demand for emergency mental health services and evidence of exacerbated psychiatric conditions seen during the COVID-19 pandemic. These proposals include:

- **988 Call Center Preparation-** Support and development of framework and technological assets necessary to develop capacity for an interoperable, statewide 988 crisis call center network in New York by July 2022, including a single point of access database. Technology and data system to monitor service distribution and utilization.
- **Mobile Crisis Response-** Support for start-up costs related to the expansion of regional mobile crisis teams to include immediate response and 24/7/365 availability and creation of innovative service models.
- **Crisis Residence Start-Up and Expansion-** Funding for both new and existing crisis residences for children and adults, start-up staffing support for new providers, and connections to follow-up services for children and adults.
- **Crisis Stabilization Start-Up and Expansion-** Programmatic development and implementation of a new integrated mental health/substance-use disorder crisis stabilization model, support for current crisis stabilization programs, connections to follow-up services for children and adults.
- **Children, Youth, and Families-** Comprehensive crisis services directed to children and families are critical to this proposal. This crisis continuum is being built within the context of a comprehensive, coordinated system of care, which includes all other child-serving systems, such as schools, child welfare, and juvenile justice. NYS OMH is committed to keeping children and youth on track developmentally by creating access to the services they need when they need them including expansion of Youth ACT and children's crisis residences.

- **Ambulatory System Redesign-** Targeted investments for children, families, and adults via telehealth, mobile clinic expansion, rehabilitative services, intensive outpatient treatment models, Certified Community Behavioral Health Clinics, and Assertive Community Treatment models for children and adults, aimed at modernizing New York’s existing mental health system and creating closer linkages among ambulatory, housing, and inpatient care providers with the comprehensive crisis system currently in development.
- **First Episode Psychosis Team Expansion-** Supplementing the existing OnTrackNY first episode psychosis model, targeted to young adults experiencing their symptoms of psychosis, to further expand programmatic reach across New York State.
- **For Crisis System Development and Ambulatory System Redesign Efforts,** The Office of Mental Health will collaborate with state and local government and providers to move these initiatives forward. This includes, but is not limited to:
 - Collaborating with the Department of Health on policy (integrating physical health, 988/911 integration) and Medicaid reimbursement for ambulatory system redesign and crisis service development.
 - Working with the Office of Addiction Services and Supports on program design for integrated care and developing crisis services to ensure they meet both the mental health and addictions service needs of recipients.
 - Seeking feedback from service recipients, service providers and advocacy groups to ensure that their needs are addressed in the planning and implementation of these projects.
 - Community organization for community services through intercept mapping.
- **Law Enforcement Training and Diversion-** In conjunction with crisis response and stabilization development, funding for the systemic preparations necessary to divert individuals in crisis from criminal justice settings to mental health services, including training and equipping law enforcement with the skills and tools necessary for diversion. Training, mapping, and diversion support are provided in collaboration with county mental health and law enforcement.
- **Prison Re-Entry-** Funding to facilitate re-entry services and access to community mental health care and treatment complicated by COVID-19, and to expand the existing Parole Diversion Program to reduce return to incarceration. Re-entry planning is conducted in coordination with the NYS Department of Corrections and Community Supervision, as is operation of the Parole Diversion Program.

As described in the plan above, NYS OMH will be utilizing the COVID-19 Relief supplemental funds in accordance with the recommendations listed in the March 11, 2021 SAMHSA guidance letter to the State Mental Health Commissioner’s. Including but not limited to:

- a. operation of an “access line,” “crisis phone line,” or “warm lines” to address any mental health issues for individuals;
- b. training of staff and equipment that supports enhanced mental health crisis response and services, including computer hardware and software infrastructure for 988 crisis line implementation;
- c. Mental Health Awareness training for first responders and others; and
- d. prison and jail re-entry

At this time, the NYS OMH is requesting the following waivers:

- NYS OMH is seeking a waiver from the exclusion of capital expenditures as an allowable expense of MHBG funds, consistent with the SAMHSA recommendation that supplemental funds can be used on crisis phone line infrastructure.
- NYS OMH is also seeking a waiver of the prohibition of funding a for-profit entity in order to facilitate the purchase of hardware and software and/or training needed to develop and implement a fully functional crisis line and/or crisis services consistent with the NYS comprehensive crisis system plan.
- Additionally, NYS OMH is seeking a waiver of the target population in order to fund preventative, intervention, treatment and recovery services to at-risk children, youth and families prior to a diagnosis of serious emotional disturbance. Such services are necessary to address the emotional and behavioral needs of children who have had adverse childhood experiences as a result of the pandemic which could lead to future behavioral health care needs.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann Marie T. Sullivan MD". The signature is fluid and cursive, with a large initial "A" and "M".

Ann Marie T. Sullivan, MD
Commissioner