



Office of
Mental Health

Civil State-Operated Service System

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Section 1: About the Civil State-Operated Service System

The Office of Mental Health (OMH) state-operated service system aims to support individuals' goals while reducing unnecessary hospital admissions and long-term stays. OMH's mission, goals and objectives for this service system are rooted in a recovery philosophy and embody a person-centered, empowerment framework. These guiding principles are described below.

Excellence in Recovery

Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery goals are different for everyone and include things like getting a job, going back to school, or living independently.

Empowerment

Empowerment emphasizes a person's own inner wisdom and strength, rather than power given to them from an outside "expert."

Shared Decision-Making

A process whereby staff and an individual work together to select treatments and services based on the individual's preferences, interests, strengths, needs, and clinical evidence.

OMH's psychiatric centers serve as a safety net for the public mental health system across the continuum of care and includes inpatient, ambulatory, and residential services. This system has evolved from primarily an inpatient system of care to a more diverse service portfolio, which includes outpatient and residential programs, such as clinics, care management, family care, Assertive Community Treatment teams and transitional residences.

Psychiatric center inpatient programs offer a primarily intermediate care role in further stabilizing individuals requiring more extensive supports and longer-term or complex therapies beyond the shorter-term acute stabilization and treatment provided by an inpatient psychiatric unit of a general hospital.

While the intermediate level of care offered by inpatient programs serves a unique role, the OMH operated residential, outpatient, and support programs should operate similarly to the non-state-operated community programs. For all these services, OMH aims to be responsive to and coordinate with county Local Governmental Units, community providers, families, and individuals receiving or seeking services.

State-operated psychiatric centers have created an urgency and intentionality around excellence in recovery with a focus on:

- serving as the apex of the community system by using effective treatments for individuals with more complex clinical needs;
- prioritizing community integration so individuals can live full and productive lives by ensuring their recovery begins on day one and support is given for individuals to reach their aspirations;
- partnering with individuals receiving treatment so that they are at the center of all care and treatment decisions;
- being a leader in the community continuum of care for inpatient, residential and community service programs; and
- creating spaces for wellness activities within local communities

Case Vignette #1: Excellence in Recovery

Mr. A is a 72-year-old, single African American male who received treatment at an OMH psychiatric center inpatient program. He has a significant history within the OMH system. Mr. A spoke of longing to return to the community where he planned to live with his niece and her husband. He appeared to light up when speaking of caring for his niece's dogs. Most other times, however, he described the world beyond the hospital as uncaring and dangerous. Multiple discharge attempts stalled when Mr. A became physically violent with peers who he perceived to be threatening to others.

Utilizing the Recovery-Oriented Cognitive Therapy model, his treatment team recognized that Mr. A sought to fulfill the role of protector/provider but held the belief that he was inadequate for it. Utilizing his love of animals and strong desire to care for them, the team in the inpatient program developed a plan to have Mr. A become the caretaker of the team psychologist's pet turtle. Mr. A was approached with the task as a request to help the psychologist care for her pet because she was very busy and in need of support. A feeding calendar was created, and Mr. A was taught the proper feeding method. Initially, he was hesitant and required a high level of feedback. He expressed fear that the turtle would die in the period between feedings. He needed prompts to remind the psychologist that the turtle needed to be fed. He was provided feedback for his efforts that reinforced his ability to give support to the psychologist and to care for the turtle.

As time progressed, Mr. A became more autonomous in his task and began to appear more self-assured. Since implementing the plan, Mr. A no longer engaged in acts of aggression, including one instance in which a peer became aggressive with a staff member within Mr. A's presence. The team was able to provide him with positive feedback about his behavioral control in a situation that previously would have been likely to result in an act of aggression. Mr. A was reminded that he can be trusted to take care of himself and those around him without needing to resort to violence.

GOALS AND OBJECTIVES OF THE OMH STATE-OPERATED SERVICE SYSTEM

Goals

- Support individuals toward improving functional skills and actualizing their individual recovery and wellness vision.
- Reduce obstacles to more integrated and less restrictive supportive living for adults and youth with serious mental illness or serious emotional disturbances.
- Become a responsive and resourceful asset to local and regional mental health systems.

Objectives

- Increase the number and share of discharges from state-operated inpatient and residential facilities to non-state-operated housing.
- Increase operational capacity for inpatient treatment among state-operated psychiatric centers.
- Increase individuals' participation in competitive employment and/or education.
- Increase engagement in ambulatory services following discharge from inpatient settings.
- Reduce the number of individuals with long stays at inpatient and residential treatment programs.
- Increase transitions from state inpatient and residential settings into non-state-operated housing.
- Increase the percentage of adults who are discharged from inpatient units at state-operated facilities within 180 days or less.
- Reduce readmission and emergency department use following inpatient discharge.

STATE-OPERATED SERVICE SYSTEM OVERVIEW

The New York State Office of Mental Health (OMH) collects information about the individuals receiving mental health services in New York State. The larger OMH system of care comprises 128 inpatient programs, 945 outpatient programs, and has a total of 50,673 residential beds.

The OMH civil state-operated service system represents a portion of those served system-wide and spans adult and child inpatient, residential and outpatient programs operated by 15 adult civil psychiatric centers and 9 child and adolescent psychiatric centers. There are 2,769 beds at state-operated inpatient facilities, including 2,446 serving adults, and 323 serving children and youth. There are 5,857 beds at state-operated community residences, representing 11.6 percent of the total 50,673 residential beds statewide. There are also 57 adult state-operated outpatient clinics and 38 children and adolescent state-operated outpatient clinics.

For many years, efforts were focused on reducing the number of state-operated beds. Thanks to Governor Hochul's commitment to mental health services in 2023 and beyond, new investment opportunities allowed OMH to expand capacity and serve the community better. In 2023-2024, 150 new inpatient psychiatry beds were added throughout the state, including new beds in Rockland Children's Psychiatric Center, Mohawk Valley, Greater Binghamton, Rochester, Pilgrim, Buffalo, Bronx, South Beach, and St. Lawrence Psychiatric Centers.

Additionally, over the next 3 years OMH is opening an additional 200 beds, in both upstate and downstate regions of New York State. All of these new beds will have a shorter length of stay, approximately 4 months or less, compared to past state-operated inpatient programs. The beds will have a renewed focus on specialty services such as unique services for children, individuals dually diagnosed with intellectual/developmental disability, co-occurring addiction, and individuals who have had court involvement. In addition to the emphasis on recovery, there is intentional effort in these programs on connection to the full continuum of community-based services, including outpatient treatment, housing, care coordination, and connection to natural supports, so that when individuals leave these programs they can return to the community and be successful.

Section 2: Functional Areas and Key Strategies

The following core functions and key strategies are underway to achieve the above goals and objectives for civil state-operated services:

1. Enhancing person-centered clinical services to achieve recovery
2. Ensuring rehabilitation and recovery focused principles and best practices
3. Timely community integration
4. Competency and excellence in treating co-occurring disorders/complex conditions
5. Quality and performance monitoring



ENHANCING PERSON-CENTERED CLINICAL SERVICES TO ACHIEVE RECOVERY

OMH is consistently expanding its clinical services to ensure the best treatment is available at state-operated psychiatric centers. The agency benefits from state-of-the-art practices developed by the New York State Psychiatric Institute and the Nathan Kline Institute –two world-renowned research institutes featuring key subject matter experts. OMH is committed to holistic, person-centered recovery models in psychiatric care, and to using the most advanced and effective clinical treatments known in the field. Likewise, the agency assesses a variety of outcomes – from individual reports to a systemwide review – to ensure that these treatments are helpful.

The following provides an overview of the clinical services emphasized in state-operated psychiatric centers:

- Cognitive Remediation
- Dialectical Behavioral Therapy
- Vision Zero for Violence and Restraint and Seclusion
- Improving Psychiatric Treatment
- Medication Independence and Empowerment Programs
- Improved Clinical Consultation Services
- Enhancing Patient-Centered Diversity, Equity Inclusion and LGBTQIA+ Resources

Cognitive Remediation

OMH continues to expand its ground-breaking program Cognitive Remediation to Promote Recovery or 'CR2PR.' Established in 2014 and the first of its kind in a public mental health system, the program broadly addresses cognitive deficits commonly associated with psychiatric illnesses and promotes wellness, rehabilitation, and social functioning. Cognitive remediation is an evidenced-based practice incorporating computer-based games and activities with planned progression of challenges to help maintain or improve an individual's memory, flexibility of thinking, and mindful problem-solving skills. Lead by knowledgeable facilitators, cognitive remediation groups help participants build skills that can improve functioning in daily activities. Cognitive remediation and associated cognitive health programs have gained momentum in the OMH system and are expanding. Use of this program is growing among child and adolescent populations as well as in additional inpatient and outpatient settings, including the award-winning OnTrackNY programs, and among the forensic population.

Dialectical Behavioral Therapy

Ensuring therapeutic treatments are powerful and focused on an individual's needs is critical to improved care for individuals with emotional and behavioral dysregulation, suicidality, and feeling overwhelmed by the stressors of life. Dialectical behavioral therapy is a highly effective therapy based on a skills deficit model, stressing that individuals are doing the best they can and may also learn to do even better. This therapy model provides individuals with opportunities to learn new ways to live more fully in the moment, tolerate life's challenges, successfully manage their own emotional experiences, and negotiate social interactions can help them to live more rewarding lives. Addressing skills deficits early can help minimize potential negative outcomes and improve overall quality of life. OMH is providing targeted, robust education and support on dialectical behavioral therapy for use among clinical staff to ensure children and youth have opportunities to alleviate skills deficits and learn new, healthy approaches to managing the challenges of living.

Vision Zero for Violence and Restraint and Seclusion

While all clients and staff need to be protected from any form of abuse, OMH is working to eliminate the use of restraints and seclusion at state-operated psychiatric centers. To achieve this goal, OMH is introducing new therapeutic modalities, training and education, along with enhanced infrastructure to reduce incidents of violence. These practices will yield tremendous benefits. Ensuring a safe and nurturing environment is critical for the well-being and autonomy of clients and allows these facilities to promote therapeutic settings focused on treatment, shared decision-making, and individualized problem-solving. Likewise, decreasing coercive measures and safety threats will help OMH staff promote collaborative practices. Additionally, OMH continues to work on evidence-based methods to identify inpatient clients at risk of acting on violent thoughts and impulses while receiving services, with the goal of introducing specific interventions into their treatment plan to help them successfully reintegrate into the community.

Improving Psychiatric Treatments

OMH is committed to using the most modern and evidence-based treatments available to ensure clinical wellness, resiliency, autonomy, and patient-centered care. This includes new treatment modalities such as transcranial magnetic stimulation, which is now expanding at OMH outpatient and inpatient settings following positive results during its pilot phase. This FDA-approved treatment is being used for conditions beyond depression, including obsessive-compulsive disorder and even some addiction treatment. Psychogenetics, or the ability to use genetic methods to investigate the origins and treatment of psychiatric illnesses, is rapidly expanding. The New York State Psychiatric Institute has a new center dedicated to discovering genetic polymorphisms and assessing cognitive variants to identify effective treatments. Additionally, OMH remains a national-leader in using clozapine for treatment-resistant psychotic conditions and continues to carefully assess and manage this complex medication's side effects. The agency is also educating community health partners to ensure that this critical medication is used after a client's discharge to support their recovery. At Manhattan Psychiatric Center, OMH is also exploring the use of ketamine via nasal spray to treat clients with severe depression, with a goal of expanding the availability of this cutting-edge evidence-based medication.

Medication Independence and Empowerment Programs

OMH is committed to empowering the individuals we serve to collaboratively guide their journey to recovery and ensuring they are actively engaged with their medication regimen planning and maintenance. Properly taking medication allows individuals living with a serious mental illness to maintain optimum mental health, achieve their highest level of recovery, and sustain ongoing community living.

The OMH medication independence program uses evidence-informed best practices to promote recovery and autonomy by increasing an individual's knowledge about their medications. This includes identifying and removing as many barriers as possible to self-administration and increasing access to available insurance benefits and community supports. This is part of a comprehensive strategy to provide greater independence for individuals to administer their medication and ensure they have any supports they need with adhering to their regimen.

As part of this commitment and building upon several initiatives, OMH is also partnering with the New York State Psychiatric Institute and Dr. Pat Deegan's Medication Empowerment Program. Dr. Deegan's personal lived experience with serious mental health concerns help her to understand many common challenges individuals experience as they move to recovery. Using her own personal lived experience and expertise as a clinical psychologist, Dr. Deegan has developed an engaging and interactive intervention program that uses videos, e-learning modules, interactive self-report, and toolkits focused on shared decision-making. This program helps identify and work through challenges and facilitates collaborative decision-making with providers. Aimed at the recovery pillars of autonomy and client-practitioner collaboration, this pilot program at several OMH inpatient sites will bring the agency's medication independence program to new heights.

Improved Clinical Consultation Services

OMH also continues to provide extra support to clinicians caring for clients with challenging mental health conditions. The agency's Consult Service provides clinicians from state-operated programs with assistance on both a formal and informal basis on complex clinical cases. This includes drawing from subject-matter experts from the New York State Psychiatric Institute and other areas. Additionally, OMH participates in a geriatric mental health Extension for Community Healthcare Outcomes project, also known as "ECHO," operated by the University of Rochester Medical Center to support nursing homes and other long-term care facilities caring for individuals served by OMH. Consultation supports include advice to participants on medication optimization, behavioral treatment planning, and recovery-oriented solutions for clients with mental health conditions.

Enhancing Patient-Centered Diversity, Equity, Inclusion and LGBTQIA+ Resources

OMH strongly supports equal opportunity for mental wellness. This requires removing obstacles and implementing services and policies to reduce disparities in access, quality, and treatment outcomes for members of historically underserved, disadvantaged, and marginalized populations. OMH's workforce affirms this inclusive approach, and the agency strives to meet an expectation of inclusivity through collaborations with experts in the field and learning opportunities designed to increase awareness and the professional competencies of staff. OMH is committed to ensuring a safe, therapeutic, and inclusive environment and has a policy to ensure that all individuals, irrespective of gender identity, have access to appropriate care including gender-affirming treatments, the use of preferred names and pronouns, and access to items and settings aligned with their gender identity. The agency recognizes the unique care needs of members of the LGBTQIA+ community and utilizes best practices for providing a safe and supportive environment for recovery. OMH continues to demonstrate the agency's alliance with and commitment to ensuring an inclusive, patient-centered, therapeutic environment by providing additional access to training opportunities; developing competency expectations specific to the care and treatment of the LGBTQIA+ community; linking individuals to community-based recovery-oriented resources; and promoting opportunities for advocacy and support.



ENSURING REHABILITATION AND RECOVERY FOCUSED PRINCIPLES AND BEST PRACTICES

Rehabilitation and recovery services are vital to addressing goals and aspirations of individuals, leading to them feeling empowered, skilled, supported, and hopeful. Self-determination and the ability to direct goals and treatment are inherent in OMH's treatment planning process. Modern technology provides a focus and reach that literally puts the control and direction in the palm of the hand. State Operations plans to use this technology to help individuals achieve their rehabilitation and recovery goals.

Recovery-Oriented Cognitive Therapy

Collaborative, empowering, and strength-based care is a treatment approach that is based on Aaron Beck's cognitive model and empowers individuals to flourish. Recovery-Oriented Cognitive Therapy works from the strengths of individuals, activating their interests and pursuit of meaningful activities. The addition of this therapy across state-operated psychiatric center programs has provided a foundational culture and has increased motivation, activating both staff and participants to view their experiences through a more positive and goal-oriented lens. OMH will continue to grow this therapy systemwide.

Case Vignette #2: Recovery-Oriented Cognitive Therapy

Ms. O is a retired teacher and bilingual mother of grown children who was receiving treatment in an OMH inpatient psychiatric center. She reported experiencing chronic suicidal ideation and had recent suicidal behaviors prior to hospitalization.

Utilizing the Recovery-Oriented Cognitive Therapy model, her treatment team recognized that Ms. O was experiencing significant feelings of loss over her identity as a caregiver and teacher. Although her depressive symptoms made it difficult for her to find pleasure in activities, she did enjoy painting and was a quiet but active participant in a women's group where she was able to paint in the presence of other women. This was when she appeared most activated and her best self.

Using this therapy model, Ms. O was provided the opportunity to fill the roles of teacher and caregiver. Within the women's group, Ms. O was asked to teach a new psychology intern to paint so she could participate too. The intern provided feedback about how grateful she was to be learning the new skill and showed off her project to others within the group. Ms. O's peers provided much spontaneous praise to both the intern and to Ms. O. In response, Ms. O decided to donate some of her art to a nearby organization and again her peers spontaneously praised her skills and her generosity.

Ms. O became increasingly engaged in group discussions and reported a decrease in negative affect and suicidal ideations. She increasingly discussed preparing to return home, stating that she would continue to paint and donate her work to others. Ms. O was discharged to the community and is doing well.

Grow and Strengthen Peer Workforce

Peer Specialists play a significant role in improving health and wellness because of their ability to build trust, form one-to-one relationships, and foster hope for others. Peer specialists understand mental health struggles because they've experienced similar challenges and are better suited to understand the thoughts and feelings of others or caring for a child with social and emotional challenges. Peer specialists utilize their lived experience in their work, providing a necessary complement to the work done by therapists, case managers, and other members of a treatment team.

OMH has recognized the importance of peers in the service system by adding the title and services as billable for OMH state-operated clinics. The agency aims to increase the number of certified peers in the state-operated system, focusing on recruitment and retainment strategies for this vital workforce. By collaborating with the OMH Office of Advocacy and Peer Support Service (OAPSS), OMH can identify and promote training opportunities for peers, reinforce the scope of peer work with facility and agency leadership, and provide support to best utilize these specialized employees.

Skills Development

Skills to meet basic living needs are a critical component of living successfully and comfortably at an independent level. Assessing these skills is important to be able to teach them. OMH plans to implement functional assessments to evaluate and measure skill levels of those individuals enrolled in state-operated services. Data collected from the assessments will inform services and interventions for improving individual's skills and help to inform ways to collaborate with other disciplines. These interventions will involve increasing opportunities to explore the community and practice skills in natural settings. This will also entail working more closely with housing providers to gauge and teach specific skills necessary for various levels of housing independence.

Incorporating Technology to Improve Treatment and Increase Digital Literacy

While technology can be used to simplify individual's lives, these tools can also present a barrier for those who do not have access or lack the skills to use them. When some individuals lose access to aspects of society because of lack of resources or skills, a divide is created. Because OMH is committed to reducing barriers, the agency has made a commitment to strategically increase access to technology while simultaneously helping individuals achieve digital literacy.

During the COVID-19 pandemic, OMH distributed computer tablets to provide safe opportunities for engaging in activities, including telehealth, virtual visits, and learning. Building on the initial success of this initiative, OMH continues to expand opportunities for technology-based learning and engagement with an ever-expanding array of applications, creative incorporation of tablets in group activities, and increased opportunities for self-directed tablet-based exploration.

To accurately assess and improve individuals' skills and comfort using common everyday technology tools, OMH is piloting at several locations a tablet-based assessment and training tool called Functional Skills Assessment and Training. This tool provides opportunities to learn and practice the skills needed to negotiate aspects of society that increasingly require a basic level of comfort with technology, such as ticket kiosks, ATMs, and online shopping. OMH is piloting this program to help build confidence and competency for these individuals to successfully negotiate an ever-changing digital world.

State-operated Transitional Living Residence Enhancement

Transitional Living Residences aim to provide a softer landing step down from inpatient services in a community setting. These residences are intended to be truly transitional, by fine-tuning skills and rehabilitation to prepare individuals for re-integration to the community. State Operations will better coordinate the rehabilitation services of these residences with the skills needed for a more seamless transition between a state-operated residence and community housing:

- State Operations will evaluate programming to identify operational and structural barriers and expand best practices found in other settings.
- Training and supporting residential staff and leadership will foster a goal-oriented culture, while also providing restorative interventions and support.
- State Operations will enhance partnerships and pursue new opportunities to work closely with community housing providers to better serve residents. Instances of successful discharges through facility and community stakeholder collaboration will be replicated where possible.

Competitive Employment Through Vocational Services

Employment plays a large role in self-esteem, level of independence and quality of life. Individual Placement and Support is a model of supported employment that allows individuals with serious mental illness to work in the community, earning minimum wage or higher. State Operations will continue to support this model at state-operated clinics through a partnership with the Center for Practice Innovations. The goal is to increase the employment rate from approximately 51 percent to 55 percent for individuals participating in Individual Placement and Support services. OMH will introduce a 'culture of employment' in some state-operated settings where vocational interventions do not exist, such as Transitional Living Residences and on campus programs, while expanding it in other settings with resources and training.

Enhanced Engagement and Community Follow Up

Engagement is an important value and practice in providing mental health care. As compared to compliance, engagement focuses on the goals of the individual seeking treatment and the importance of therapeutic alliance. Engaging practices value customer feedback and satisfaction, thereby increasing return and attendance. The Sustained Engagement Support team works with state-operated clinics to improve their practices to increase engagement and offers consultations to problem solve engagement barriers. The team also conducts outreach to individuals who have left treatment to help facilitate a return to treatment if needed. The intent is to ensure these individuals do not exit treatment out of dissatisfaction before they are able to achieve their goals. State Operations will expand engagement expertise of these teams to support other levels of care, such as residential treatment, child and youth services, and mobile teams. Mobile teams will be used to support client transition to community providers.

Enhanced Clinic Services

State-operated clinics provide vital services to those in need. Recent regulation changes have enhanced the reimbursable menu of those services and allow for more flexibility in delivery. State Operations will incorporate a full range of staff for a holistic treatment approach. This will better align with community-run clinics and regulatory changes, capitalizing on the rehabilitative services and peer support made more sustainable by the regulation changes. Direct service provision and partnerships with community providers will help embrace a whole-person approach to care. Access to addiction treatment services and integrated health care will also increase.



TIMELY COMMUNITY INTEGRATION

OMH state-operated inpatient programs are committed to ensuring that individuals receiving services are discharged as soon as their treatment goals are achieved, and the necessary community supports are in place to support their success in the community. State Operations engages with stakeholders at every level to support timely transitions from inpatient to residential to community settings, with the goal of supporting individuals during each transition. Several transitional care planning processes have been implemented to achieve this and address individual and systemic barriers towards community integration.

Transitional Care Planning Process

Individuals who are clinically ready for discharge from an inpatient treatment program should not be delayed in returning to their family and friends. The primary course of action with transitional care planning is to develop a process to partner with treatment teams at state-operated facilities to overcome both clinical and community-based obstacles to discharge and to achieve recovery goals. These planning discussions help identify and implement resources needed to support the individual's transition.

Since the resource needs extend beyond the control of State Operations, this primary process works in parallel with broader stakeholder involvement that pulls in OMH field offices, the OMH Housing Bureau and any other relevant stakeholders to find a resolution. Persistent barriers result in extended lengths of stay. This process is intended to reduce the extended length of stay that negatively impacts the individual awaiting community integration and also mitigates delays while they await access to the clinical expertise and resources available.

With these processes in place, opportunities should be fully explored to use additional resources to address any barriers to community integration. OMH is preparing for implementation of a waiver of the Institute for Mental Diseases exclusion to support care transitions from inpatient settings to the community. If approved, this waiver will provide increased revenue that will be reinvested into the state- and community-operated system to address deficits contributing to discharge delays.



COMPETENCY AND EXCELLENCE IN TREATING CO-OCCURRING DISORDERS AND COMPLEX CONDITIONS

There are a number of initiatives underway and being planned at OMH regarding working with individuals with complex conditions and co-occurring disorders. The following is an overview of the OMH Transition to Home Units, Integrated Mental Health and Substance Use Disorder Treatment, and Credentialed Alcoholism and Substance Abuse Counselor Training.

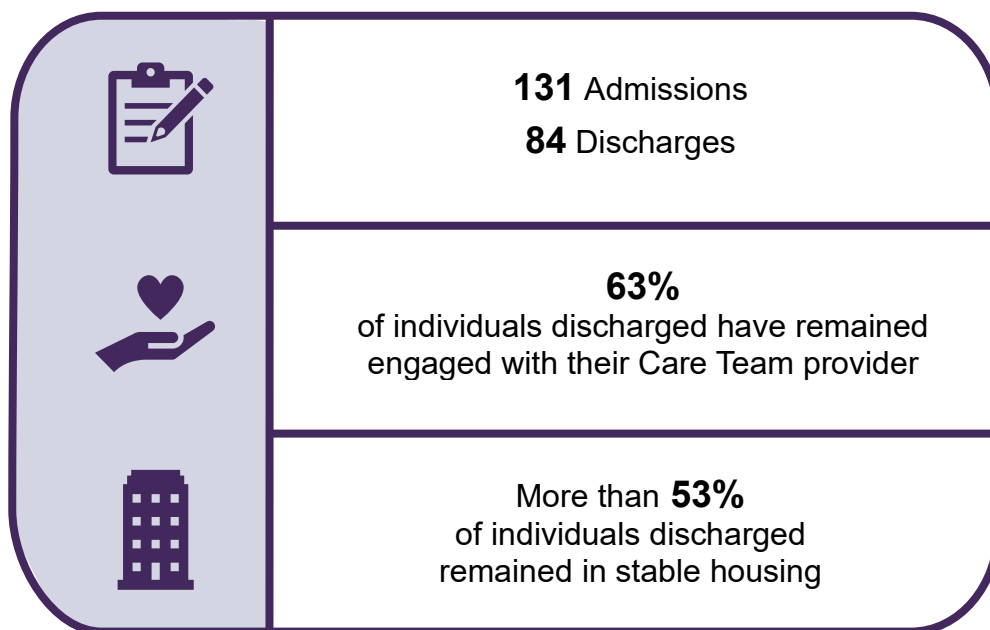
Transition to Home Units for Unhoused Individuals Living with Mental Illness

OMH created Transition to Home (THU) inpatient units in November 2022 to establish safe, stable housing for individuals experiencing homelessness and mental illness, along with resources for them to live healthy lives in the community. These units use a novel approach as they allow for direct admission from New York City emergency rooms to make available structured treatment and support for individuals who have been living outside or unstably housed. This includes recovery-oriented, person-centered care with a goal towards clinical wellness, housing, and enhanced wrap-around services.

These units coordinate with OMH's Safe Options Support Critical Time Intervention teams and community residential step-down programs, peer supports and social clubhouses to ensure each client receives individualized treatment and community integration that will follow them in their journey to recovery.

TRANSITION TO HOME OUTCOMES

Since program inception in 2022



Integrated Mental Health and Substance Use Disorder Treatment

Many individuals served by OMH face challenges with both their mental health and co-occurring substance use. The agency aims to provide high-quality evidence-based treatment for substance use disorders and will build on competencies in this area to further promote recovery. The framework for state-operated inpatient, outpatient, and residential settings will be strengthened to screen for and diagnose substance use disorders, and to consistently provide evidence-based interventions and treatment. These plans include inter-agency collaboration with the New York State Office of Addiction Services and Supports, also known as OASAS, to improve access to resources and services for individuals who have mental health and addiction needs. Negative outcomes resulting from substance use must be minimized – especially with opioid overdoses – by providing the means and knowledge to maintain individuals' safety.

Credentialed Alcoholism and Substance Abuse Counselor Training

OMH is partnering with OASAS on a staff development opportunity that includes an affiliation agreement with the State University of New York at Stony Brook to provide enhanced substance abuse treatment as Credentialed Alcoholism and Substance Abuse Counselors. Through this partnership, OMH employees are taking the required courses at Stony Brook, completing required training, and gaining clinical experience through their employment at OMH facilities before obtaining certification from OASAS. This critical staff development opportunity will increase OMH's capacity to provide addiction services and ensure clinicians have the competency to treat co-occurring substance use disorders to meet the recovery needs of all individuals in care.



QUALITY AND PERFORMANCE MONITORING

State Operations is responsible for implementing a quality and performance monitoring system to track and evaluate the outcomes of the initiatives described above. Data is critical to ensure high-quality clinical interventions are provided and resources are being used efficiently. This can be achieved by working with other OMH divisions such as the Office of Quality Improvement, the Office of Population Health and Evaluation, Medical Informatics, and the Bureau of Inspection and Certification to strategically structure quality improvement and monitoring efforts. These enhanced partnerships facilitate OMH efforts to:

- streamline and integrate data collection to optimize use by State Operations in quality monitoring and improvement efforts;
- formulate key metrics to track progress toward identified goals and objectives of the division; and
- delineate the role and function of State Operations related to data monitoring and compliance with agency, state and federal reporting; incident response and management; survey preparation and risk mitigation; facility plans of corrective action; and other quality improvement functions.

Case Vignette #3: A Story of Peer Services, Recovery & Hope

My name is Riley. I'm an experienced peer specialist and have held several leadership and management roles in the past decade, including my current job at the Office of Mental Health, and I am a psychiatric survivor.

In my early years, I held a good deal of trauma after adoption and the resulting social dynamics throughout life. These dynamics impacted me a great deal, and I perceived myself as unworthy of others' love and affection unless I showed perfection at each turn, from sports, academics, to the ways I treated others. This attitude wore on me and eventually fostered the notion that I did not deserve to live; particularly after being sexually assaulted in my late teens and losing a close friend to an overdose. I suffered from tremendous grief that I didn't understand to be grief, and I felt alone, which led to diagnoses of major depression, anxiety, and borderline personality disorder. I began coping by using self-injury because I didn't feel I could talk about my pain openly. I was pulled into the psychiatric system by people who cared deeply about me but did not recognize why I was in so much pain, leading to a few years of inpatient psychiatric treatment, including in New York state-operated inpatient programs.

In 2014, I was in a dark place and worked hard to get myself out of the harm I perceived from the psychiatric system, still not fully understanding the impact trauma had on my life and my journey thus far. I found peer support in the community and credit this to my success now. I learned about things that may have helped me when I was in a hospital – genuine connection and non-judgement. I learned that the tenants of peer support, including self-direction, hope, recovery, transparency, and resiliency, are life-saving concepts that should be included in treatment delivery models. I then dedicated my time to ensuring in whatever way I could that these concepts are paramount to the programs and services I worked within.

With this newfound hope, I worked my way up the ladder to my current role, where I implement programs for others to access wellness and healing. Eventually, I found my way back to school and, while working full-time and taking on research assistantship roles, presenting at academic conferences, and buying a new home, I obtained a Bachelor of Science with a concentration in Human Rights Advocacy. I graduated Summa Cum Laude and was a recipient of the Empire State University Bluebird Award, Joyce E. Elliot Pride Scholarship, and the SUNY Chancellor's Award for Student Excellence.

I share my story because recovery is possible and probable for all – even for those like me, who may not be perceived as individuals with the capacity to care for themselves or live on their own. I was “hopeless,” cycling in and out of the system, seemingly to no end. I can confidently say that, while I may at times experience distress and hopelessness, I am a capable person who cares a great deal about their fellow humans, and I will work hard to humanize and improve the New York State mental health system.