NEW YORK STATE | Office of Addiction Services and Supports | Office of Mental Health | Office for People With Developmental Disabilities

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2023 State Agency Planning Priority Guidelines- OMH

BACKGROUND AND PURPOSE: PROVIDE GUIDANCE ON OMH PRIORITIES FOR THE 2023 LOCAL SERVICES PLANNING PROCESS

New York State Mental Hygiene Law (§ 41.16) requires the Office of Addiction Services and Supports (OASAS), the Office of Mental Health (OMH), and the Office for People With Developmental Disabilities (OPWDD) to guide and facilitate the Local Services Planning process in collaboration with Local Governmental Units (LGUs). For many years, each State agency conducted its own local planning process, which required LGUs to comply with three different sets of planning requirements and three separate due dates. Since 2008, however, State agencies and LGUs have worked together to create a comprehensive planning process whereby LGUs submit one Local Services Plan to all three State agencies.

In 2022, a workgroup comprised of Directors of Community Services/LGU Planning Staff, State agency representatives, and Conference of Local Mental Hygiene Directors (CLMHD) staff revisited the Local Services Planning process. The workgroup recommended comprehensive changes to the Local Services Planning process, including moving from submitting a new Local Services Plan (LSP) each year to creating an LSP that has a four-year timeline and submitting annual updates or addendums to the four-year plan. Acknowledging the need for time to develop the new requirements, the workgroup agreed to implement the comprehensive new changes beginning for Plan Year 2024 (starting in the spring/summer of calendar year 2023).

Furthermore, the workgroup decided that the best way to move forward with the major changes while also collecting current year information would be to require an abbreviated version of the 2023 LSP in the fall of 2022 while implementing the full transformation in the spring and summer of calendar year 2023.

This document is intended to provide details on State priorities for mental health services. Separate guidelines (*2023 Interim Local Services Plan Guidelines for Mental Hygiene Services*) providing LGUs with an overview of the questions that will be on the 2023 Local Services Plan electronic forms were distributed to LGUs via email on July 27,2022. If you did not receive the *2023 Interim Local Services Plan Guidelines for Mental Hygiene Services,* please contact oasasplanning@oasas.ny.gov.

LOCAL SERVICES PLANNING TIMELINE

Table 1 displays an overview of the timeline for the 2023 Local Services Planning process, beginning with the July release of the interim guidelines.

Table 1: 2023 Local Services Plan Timeline

Process Step	Date
2023 Interim Guidelines Released	July 2022
State Agency Planning Priority Guidelines Released	August 2022
Electronic LSP Forms Available	August 2022
Due Date for Completed Plans	**October 31, 2022**

An overview of the Local Services Planning process for Plan Year 2024 and beyond is illustrated in Table 2. As indicated in Table 2, the planning workgroup agreed to return to the traditional June deadline for LSPs, beginning with the 2024-2027 LSP.

Table 2: Local Services Plan Overview 2024 and Beyond

Process Step	Date
2024-2027 Local Services Plan Due	June 2023
2025 Update to 2024-2027 Local Services Plan Due	June 2024
2026 Update to 2024-2027 Local Services Plan Due	June 2025
2027 Update to 2024-2027 Local Services Plan Due	June 2026
2028-2031 Local Services Plan Due	June 2027

FORM SUBMISSION OVERVIEW

OASAS has retired the web-based County Planning System (CPS) due to its reliance on an outdated technology platform. Beginning in 2023 LSPs will be collected using a new online system, managed by OASAS, which will allow for faster, more flexible form development and the creation of easy-to-read LSP documents that LGUs can share with constituents.

2022 LOCAL SERVICES PLANNING RESULTS

The Goals and Objectives Form is the primary document that LGUs use, as part of local services planning, to communicate and identify their local needs and their goals, objectives, and strategies to address those needs. The COVID-19 pandemic emerged during the 2021 plan year and continued to be a primary concern and resource constraint during the 2022 plan year. As a result of the pandemic, the State agencies, in consultation with the MHPC, created a separate form to gauge the local effects of COVID-19 on mental hygiene populations. So as not to add to the burden of the LSP in a time when counties were already overextended due to COVID-19, the COVID-19 form was made mandatory and the Goals and Objectives Form optional.

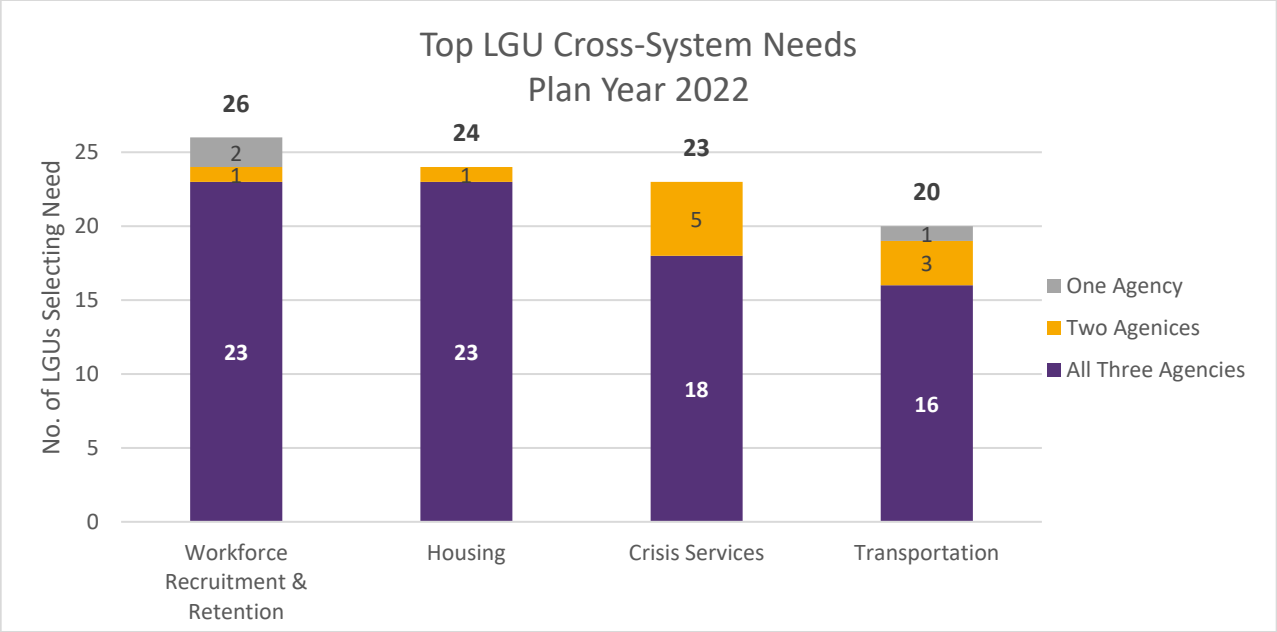
Despite the fact that it was optional for the 2022 plan cycle, 27 LGUs elected to document their needs and plans to address their needs using the Goals and Objectives Form. On the 2022 Goals and Objectives Form, LGUs selected from specific categories to indicate the nature of the unmet mental hygiene needs in their counties. If a need category, such as

housing, applied to multiple Mental Hygiene agencies, LGUs had the option of matching it to one, two, or all three agencies. Some need categories were applicable to only one or two agencies.

The cross-system needs and goals most frequently cited by LGUs in Plan Year 2022 include:

- Workforce Recruitment and Retention (26 LGUs);
- Housing (24 LGUs);
- Crisis Services (23 LGUs); and
- Transportation (20 LGUs).

Figure 3 displays the needs LGUs most frequently selected on the 2022 Goals and Objectives Form. As Figure 3 shows, the majority of the top needs selected by LGUs cross multiple mental hygiene agencies. In total, for the top four most selected needs, 97% of LGUs indicated that the needs affect more than one mental hygiene population, and 86% cross all three agencies.



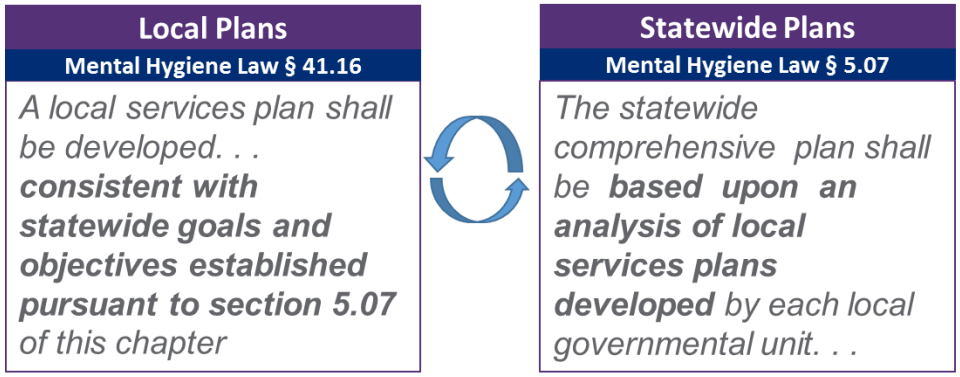
INFORMING STATEWIDE PLANNING

Section 5.07 of Mental Hygiene Law requires OMH, OASAS and OPWDD to develop a Statewide Comprehensive Plan for the provision of State and local services to individuals with mental illness, substance use disorders and developmental disabilities. Purposes of the Comprehensive Plan include:

- identifying statewide priorities and measurable goals to achieve those priorities;
- proposing strategies to achieve goals,
- identifying specific services and supports to promote behavioral health wellness;
- analyzing service utilization trends across levels of care; and
- promoting recovery-oriented State-local service development.

Figure 4 shows the statutory relationship between local planning and State planning. As Figure 4 illustrates, analyses of the Local Services Plans are a key component of the Statewide Comprehensive Plan.

Figure 4: Relationship between Statewide and Local Plans



State agencies conduct extensive reviews of information submitted in the LSPs. The local services planning process and the priorities identified in county plans, particularly the cross-system priorities, inform each State agency's policy, programming and budgeting decisions. To help ensure that policies supporting people with mental illness, developmental disabilities and/or substance use disorder are planned, developed and implemented comprehensively, OASAS, OMH, and OPWDD will continue to rely on the local services planning process and the annual plan submissions as important sources of input.

PLANNING FOR MENTAL HEALTH SERVICES

A. Behavioral and Physical Health Care Reform

Medicaid Managed Care

Value Based Payment (VBP)

The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. To ensure the long-term sustainability of the improvements made possible by the Delivery System Reform Incentive Payment (DSRIP) investments, the State is required to submit a multiyear roadmap for comprehensive Medicaid payment reform, including how the State will amend its contracts with managed care organizations.

To support the ongoing transition to VBP, the State tasked each DSRIP Performing Provider System (PPS) with the development of a local PPS sustainability plan which must include how the PPS intends to support its assigned catchment area with the successful implementation of VBP, even after the expiration of the DSRIP waiver in 2020. In that sustainability plan the PPS must indicate how they plan to help the State advance value-based services design.

NYS Behavioral Health Value Based Payment Readiness Program

A Behavioral Health Care Collaborative (BHCC) is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. BHCCs may include but

are not limited to licensed/certified/designated OMH/OASAS/Adult BH HCBS programs. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

BHCCs are intended to enhance quality care through clinical and financial integration and community-based recovery supports. They will promote integrated care (physical and behavioral) and attention to social determinants of health and prevention through community partnerships. As part of the population health management ecosystem in a given region, BHCCs must work with the PPSs and MCOs to advance this physical and behavioral health collaboration and integration. It is very important that BHCCs not duplicate existing infrastructure (especially IT capability) already built by PPSs. Funding has assisted BHCCs in building infrastructure necessary to collect, analyze, and respond to data to efficiently improve Behavioral Health (BH) and physical health (PH) outcomes. BHCCs will use the resulting data collection, analytics, quality oversight and reporting, and clinical quality standards to improve care quality and enhance their value in VBP arrangements. The expectation is that BHCCs will leverage their shared expertise to be in a better position to enter VBP contracts.

Early successes of the BHCCs are reflected in partnerships with Regional Health Information Organizations (RHIO) or qualified entities. Additionally, BHCCs have demonstrated a variety of partnerships and conversations with their local PPS', Federally Qualified Health Centers and private physician and hospital groups. Fourteen of eighteen BHCCs have established formal contracting entities, Independent Practice Associations (IPAs), in order to engage in VBP arrangements.

Some BHCCs have successfully entered VBP contracts, particularly level one or indirect arrangements through their IPAs. The work continues to develop in creating sustainable structures and revenue streams, often through offering back office administrative functions and/or data analytics for regional partners.

For additional information, please review the following webpages regarding New York State's VBP initiatives:

VBP Roadmap Update Year 3:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/docs/201711_final_vbp_roadmap.pdf

NYS DOH DSRIP VBP Home Page:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_reform.htm

NYS DOH VBP for Providers:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_providers/index.htm

NYS OMH VBP Provider Readiness: https://www.omh.ny.gov/omhweb/bho/bh-vbp.html

NYS OMH BHCC Readiness Program:
https://omh.ny.gov/omhweb/bho/bh_vbp_readiness_overview_9152017.pdf

Mental Health Parity

OMH is committed to addressing disparities between health plan coverage for mental health and addiction disorders (MH/AD) benefits and medical and surgical (M/S) benefits. OMH, in coordination with the DOH, the NYS Department of Financial Services (DFS) and the OASAS, is currently working on several initiatives to enforce MH/AD parity compliance for NYS regulated health insurers.

In 2018, OMH and DOH began conducting Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA; 29 U.S.C. §1185a) testing. MHPAEA testing, as codified in 42 CFR Parts 438, 440 and 457, respectively, included the analysis of financial requirements, quantitative treatment limitations, and nonquantitative treatment limitations (NQTLs). The State emphasized the review of 19 priority NQTLs (i.e., reimbursement, retrospective review, and prior authorization), recognizing that for MMCPs, the operational policies and protocols embedded therein are the principal areas where MMCPs have the most discretion to affect the scope of and enrollee access to covered MH/AD benefits.

The NQTL review focused on ensuring the standards and processes for MH/AD benefits and coverage, both as written and in operation, were comparable and restrictions were applied no more stringently than those applied to M/S benefits and coverage. A comprehensive NYS Compliance Report Update was released March 14, 2022, detailing the State's MHPAEA compliance testing and findings. Multiple citations were issued to all MMCPs for failing to demonstrate compliance with MHPAEA. The State is continuing to examine compliance through future surveys and ongoing monitoring.

Additionally, Chapter 57 of the Laws of 2019 added a new provision to the utilization review program standards in Insurance Law § 4902 and Public Health Law § 4902. The new provision requires that, when conducting utilization review for purposes of determining health care coverage for a MH condition, health maintenance organizations and insurers, and their contracted utilization review agents, must utilize evidence-based and peer-reviewed clinical review criteria that are appropriate to the age of the patient, and which have been deemed appropriate and approved for use. This provision became effective January 1, 2020, and OMH began a comprehensive examination of insurers' clinical review criteria and associated policies and procedures (collectively "criteria"), across several lines of business, including Medicaid, Commercial, Essential Plan (EP), and Child Health Plus (CHP).

OMH developed the *Guiding Principles for the Review and Approval of Clinical Review Criteria for Mental Health Services* (hereafter Guiding Principles) and the *New York State Office of Mental Health Best Practices Manual for Utilization Review for Adult and Child Mental Health Services* (hereinafter Best Practices Manual). The Guiding Principles outline the guidelines that govern OMH's review and approval process to ensure that coverage determinations for MH services are made in a manner consistent with accepted medical practices and federal and state BH parity laws. The Best Practices Manual provides the framework for the best practice approaches to utilization review in a manner that is aligned with the Guiding Principles, as well as federal and state laws related to utilization review and BH parity laws. Insurers are required to follow the Guiding Principles and are encouraged to adopt the Best Practices Manual. If an insurer chooses to forgo adopting the Best Practices Manual, they must demonstrate that their practices are fully compliant with federal and state mental health parity laws.

Currently 22 insurers (49 lines of business) have approved criteria that adhere to the Guiding Principles and are aligned with the Best Practices Manual, while eight insurers (18 lines of business)

continue to operate under conditional approval of their original submission of criteria, as their proposed criteria does not yet meet the State's standards for approval. OMH will continue to work closely with the remaining insurers to address deficiencies and revise standards to achieve acceptable criteria.

OMH will also review new and updated criteria and policies and procedures on an ongoing basis to ensure compliance. For insurers that are unable to meet acceptable standards, OMH, in consultation with the DOH and DFS, will identify the appropriate next steps to take enforcement actions.

B. Planning for Mental Health Services

The forces of change behind mental health parity, managed behavioral health, the Olmstead Plan, new federal funding opportunities, and the development of New York State's crisis system, continue to drive the transformation of the public mental health system in New York State, and it is critical that local stakeholders be informed and engaged in ongoing planning. With so many large-scale reforms converging, there are numerous opportunities to serve and support the recovery and resiliency of adults, children, and families impacted by mental illness. Below are a number of recent and ongoing initiatives that will drive, and are driven by, local and statewide planning efforts in the public mental health system.

The OMH Transformation Plan for State and Community-Operated Services

The OMH Transformation Plan aims to rebalance the agency's institutional resources by further developing and enhancing community-based mental health services throughout New York State. By doing so, the Plan will strengthen and broaden the public mental health system to enhance the community safety net; allowing more individuals with mental illness to be supported with high quality, cost-effective services within home and community-based settings and avoid costly inpatient psychiatric stays.

Beginning in State Fiscal Year (SFY) 2014-15 the OMH Transformation Plan has invested over $80 million annualized in State inpatient psychiatric savings into priority community services and supports, with the goals of reducing State and community- operated facilities' inpatient psychiatric admissions and lengths of stay. Nearly $19 million in additional Article 28 reinvestment funds have also been directed across the State as the result of unnecessary community inpatient bed reductions over the past several years. These funds have further developed the critical community services and supports needed to prevent inpatient hospitalization, transition individuals from inpatient settings, and strengthen the community mental health safety net.

Prevention and Children's Services

Prevention Services and Supports

Given the critical and increasingly recognized importance of preventing mental disorders and eliminating behavioral health disparities, OMH established the Office of Prevention & Health Initiatives (OPHI) to protect, promote, and maintain the mental health and wellbeing of all New Yorkers across the lifespan with a particular focus on addressing structural inequalities that disproportionately affect specific populations. OPHI oversees a portfolio of initiatives that work toward enhancing protective factors to promote early child/maternal and family-based wellness, foster safe school environments, and strengthen the state's response to social determinants of mental health in communities.

Social Determinants of Health

Social determinants of mental health (e.g., discrimination, unemployment, housing instability, food insecurity, poor access to health care, criminal-legal involvement, poverty) are both risk factors leading to, and consequences of behavioral disorders. OMH has a role in ameliorating the effects of the social determinants of mental health on individuals with serious mental illnesses (SMI), populations at risk for behavioral health disorders, and the public at large. Specific activities include coordinating social determinants screening and referral activities across state agencies, capturing population health data from the Patient Characteristic Survey (PCS) for analysis and policy development, and projects that focus on specific social determinants of health, e.g., violence, housing, and food insecurity. For example, OMH received funding from the NYS Health Foundation to support a 2-year pilot initiative to combat food insecurity among people with SMI living in congregate settings. By dispatching mobile farmers markets to these congregate settings and engaging residents and residential staff to learn about purchasing, preparing, and consuming farm fresh produce, OMH will empower participants to build proficiency in these essential life skills and contribute to a more equitable food system.

Suicide Prevention

Nearly 1,700 New Yorkers die by suicide each year. To address this significant public health problem, Governor Cuomo launched the New York State Suicide Prevention Task Force in November 2017, comprised of leaders from state agencies, local governments, not-for-profit groups, and other recognized experts in suicide prevention. The Task Force published its report, *Communities United for a Suicide Free New York*, in April 2019, issuing recommendations in four main categories:

- Strengthening public health prevention efforts
- Integrating suicide prevention in healthcare
- Timely sharing of data for surveillance and planning
- Infusing cultural competence throughout suicide prevention activities

The Task Force also focused on vulnerable populations at greater risk for suicide, with special sub-committees created to examine how to better serve these groups including members of the LGBTQ community, veterans, and Latina adolescents. As OMH continues to address the needs of these special populations, workgroups are also being convened to address suicide risk in black youth and rural communities.

The Suicide Prevention Task Force served to enhance and provide a stronger framework for the ongoing work of the Suicide Prevention Office. OMH is working with State and local partners to implement Task Force recommendations, including the development of a suicide prevention framework being shared with local communities.

The specific guidelines for the OMH Suicide Prevention Survey (which follows within this document) further outline the benchmarks established for suicide prevention planning at the local level and additional resources are available on OMH's Suicide Prevention Center of New York website, which connects individuals, families, communities, schools, and providers with support and resources needed to reduce suicide in New York State.

Learn more about New York State's suicide prevention efforts at: https://my.visme.co/view/8r07kxdm-suicide-prevention-july-2022

School and Community Based Initiatives for Children and Families

Primary Care Initiatives

OMH funds Project TEACH, which is a statewide program that is committed to strengthening and supporting the ability of primary care providers (PCPs) to provide mental health services to children, adolescents and their families. First launched in 2010, the goal of Project TEACH is to serve more youth with mild-moderate mental health disorders treated in pediatric primary care settings.

Project TEACH offers rapid access to consultation from child and adolescent psychiatrists through seven regional sites. All pediatric PCPs are eligible to receive telephonic consultation about their patients' mental health needs. PCPs can also obtain direct consultation for their patients, either face-to-face with the psychiatrist or via videoconference. In addition, Project TEACH offers educational-based trainings on a variety of topics related to children's social and emotional development.

In 2018, Project TEACH developed the Maternal Mental Health Initiative (MMHI) as part of a broader effort to address maternal mental health. MMHI supports the ability of maternal health providers to identify and treat maternal mental health. More information about Project TEACH, including information on how primary care providers can take advantage of this program, can be found at: http://projectteachny.org.

OMH has developed a number of initiatives that help establish supports for young children's social-emotional development across a wide range of settings, enhancing protective factors to prevent Adverse Childhood Experiences (ACEs) and improving future outcomes. One such initiative is funding for the HealthySteps program. HealthySteps is an evidence-based program that serves both young children (0-3 years old) and their families in a pediatric health care setting, which is non-stigmatizing and offers universal access. Pediatricians often serve as the initial point of contact for new caregivers and infants typically have seven well-child visits within the first year of life. This early access provides opportunities to integrate social-emotional well-being with physical health for the youngest children at a critical time in brain development. The HealthySteps model offers the ability to instill prevention efforts through anticipatory guidance which may enhance positive outcomes and serve to alleviate future potential mental health challenges. There are currently 13 OMH supported sites distributed statewide representing diverse populations. The sites have provided comprehensive services to over 8,000 young children and their families across New York State since program inception. OMH is currently expanding support of this program through a recently released RFA to support up to an additional 57 sites statewide.

Early Childhood and Family Wellness

OMH also supports the New York State Parenting Education Partnership (NYSPEP), a statewide cross-systems initiative designed to ensure all children grow up in nurturing families, by enhancing parents' knowledge, skills, and behavior. Established in 2007, NYSPEP is the only state level organization representing and supporting those engaged in the field of parenting education. NYSPEP provides information, resources, and assistance on parenting education through trainings, work with local coalitions and resources housed on the NYSPEP website. NYSPEP has also established and promotes professional standards for parenting educators, through the Parenting Educator Credential core competencies.

OMH is also committed to promoting a trauma-informed approach to prevention and wellness promotion. The New York State Trauma-Informed Network connects advocates of trauma-responsive practices and systems, provides access to quality resources, supports technical assistance and training, and fosters collaboration. The Network is informed by a multi-stakeholder Advisory Council and supports the goal to advance an understanding of trauma, the use of trauma-informed principles, and the availability of trauma-informed care throughout NYS. The statewide network uses an online platform to shape and accelerate trauma-responsive activity across New York State. The information found on the website is applicable for all ages and takes a cross-sector focus to support integrated care from a trauma-informed, trauma-sensitive lens.

Through these efforts and others, OMH is better able to align and mobilize resources from various service systems to intervene early and make an important public health impact.

School-Based Initiatives

New York led the way as the nation's first state requiring K-12 mental health education. As a result of this implementation, schools across New York State are required to teach about mental health as part of the broader health curriculum. Mental Health education in school offers the opportunity to positively impact the overall health of children by enhancing their understanding of mental health. This holistic approach can reduce stigma by increasing exposure which assists in the normalization of mental health and wellness activities and may also promote help seeking behaviors. OMH supports the Mental Health Resource and Training Technical Assistance Center for Schools; This is a dedicated training and technical assistance center focused on assisting New York State schools by informing the content and incorporation of mental health in K-12 health curriculum. Further, the Center fosters coordinated and collaborative care by establishing, enhancing, and supporting the partnerships between schools and community mental health providers. This partnership encourages mental health and resource awareness by supplying a wealth of mental health related information to schools, students, and families.

OMH has also been working to increase availability and strengthen mental health treatment and services available in schools through the expansion and support of school based mental health clinic satellites throughout the State. OMH invested over $3.4 million to support the creation of over 126 new school-based clinics, increasing the number of available school satellite locations to over 1,000 sites statewide. Further, in partnership with SED, OMH is investing $50 million to support high needs school districts to implement a wide array school of based mental health initiatives based on the district's needs and gaps.

Cross System Collaboration and Strengthening Systems of Care

In 2016, OMH applied for and received a SAMHSA Statewide SOC grant to support the implementation of the SOC framework to ensure that collaboration, decision making, and service development and delivery, are youth and family driven, community based, and meets cultural and linguistic needs. The philosophy is activated through a coordinated network of cross-systems community-based services and supports, including families/caregivers and youth. The grant began with demonstration projects in three and has grown to include 17 counties. Recently, OMH further expanded support for SOC activities, investing $550,000 to fund cross-system efforts and engage counties a mapping and planning model which convenes all local child-serving systems to examine entry points, available services, barriers/challenges to access, and gaps/needs in the community. This planning results in county action plans to make systemic changes utilizing the SOC framework.

With the expansion of support for SOC activities, OMH has been able to engage and work with 73% of all NYS counties.

In addition, NYS OMH was awarded a second SAMHSA SOC Grant in September 2020 to further the implementation of the System of Care approach, which included a new component to collaborate with school districts to improve school mental health systems, through the six-month SHAPE (School Health Assessment and Performance Evaluation) process, which helps districts conduct assessments against national benchmarks and develop a plan for improvements. These efforts have helped up grow the breadth and scope of school-based efforts to improve mental health supports and services outlined above.

Intensive Community Based Services for Children and Youth

The OMH SAMHSA grant also includes the High-Fidelity Wraparound (HFW) model within Health Homes Serving Children (HHSC) pilot project, which has the goals of furthering the implementation of the System of Care approach and integrating an evidenced based model into the HHSC program for high needs children. HFW offers an intensive level of care management services for children with serious emotional disturbance and complex needs. Each child and family simultaneously work with a Health Home care manager trained and certified in HFW model, which includes the provision of family and youth peer support wherever possible. Under the New York State model of HFW, approximately 300 youth and young adults ages 12 to 21, and their families, were served under the pilot program.

Starting in 2021, New York State is the first state in the country to adapt the successful ACT model to provide the intensive community-based service to youth ages 10 and above and to Young Adults. OMH is funding twenty Youth ACT teams covering 30 counties statewide with capacity to serve 36-48 children with significant mental health challenges who are at risk of or being discharged from hospital or residential treatment settings. These multi-disciplinary teams whose services including youth and family therapy, medication management, family and peer supports, and skill-building. As this is a new model, OMH is engaging in a rigorous evaluation including youth and family input. OMH has invested $8.5M in start-up for these programs and $1M in a Youth ACT Technical Assistance Center to develop training and facilitate a learning collaborative for this new model.

Finally, OMH is expanding the Home-Based Crisis Intervention (HBCI) program so that youth and families in crisis have intensive, daily, in-home support provided in an individualized and family-friendly manner. HBCI is a short-term intensive service serving youth and their families when the youth is at risk of psychiatric hospitalization. The overall goal of the program is to provide short-term, intensive in-home crisis intervention services to a family in crisis due to the imminent risk of their child being admitted to a psychiatric hospital, including suicidal ideation. OMH currently funds 33 HBCI programs across New York State, which serve approximately 1,320 families each year. Federal funds were used to expand eight programs. OMH is developing 10 new HBCI teams and increase funding to all of the existing HBCI teams to expand current caseloads and improve staff recruitment and retention. This expansion will enable HBCI programs to double the current volume.

Transition-Age Youth

OMH recognizes the challenges for transition-age youth, ages 16 to 25, as they move forward on the path to adulthood. This is a heterogeneous group of people, many of whom have had one or more of the following experiences: direct and/or vicarious trauma; family instability and conflict; foster care or residential treatment; involvement with the justice and child welfare systems; violence and aggression; multiple psychiatric hospitalizations and/or emergency room visits; difficulties with learning; mental health symptoms which may include anxiety, depression, and psychosis; and substance misuse including marijuana, alcohol, opiates, and other common substances in this population. These young people can be very difficult to engage in services or programs as they reach late adolescence and as young adults.

OMH is investing in programs designed to address the unique needs of this population and support their successful transition to independence as adults. In addition to clinical treatment, the new young adult programs include support for vocational/educational goals and "real world skill development, which is necessary to successfully live and work independently, as well as to develop/strength their support networks. Peers are part of the young adult programs to support engagement and skill development as they may be the most effective/trusted messenger.

Young Adults, ages 18 to 25, are an often vulnerable and difficult to engage population . Many of these young people have received treatment and services first in the children's mental health system, before moving to the adult mental health system at age 18 or 21, depending upon their preference and the service provided. Some may be encountering the mental health system for the first time as clinical issues, such as schizophrenia, may develop in late adolescence or in their early twenties. The evidence-based OnTrackNY program serves young people, ages 16 to 30, who meet the criteria for First Episode Psychosis.

In 2022, OMH introduced two new programs for young adults, ages 18 to 25 – Young Adult Assertive Community Treatment (ACT) in NYC (Bronx) and Buffalo (Erie), as well as Enhanced Supportive Housing for Young Adults with SMI in NYC (Brooklyn). It is anticipated that the programs will begin operating before the end of 2022.

Young Adult ACT is an evidence-based, multi-disciplinary, and community-based team that serves individuals with Serious Mental Illness (SMI) who have not been successfully engaged by the traditional mental health treatment and rehabilitation system and who can benefit from the specialty ACT Team goals which are intended to help young adults become independent. In addition to comprehensive treatment services, it provides developmentally appropriate support to build and implement a productive vocational or educational plan, as well as focusing on enhancing necessary "real-world" skills and supporting the development of strengthening of a family/social support network.

The Enhanced Young Adult Supportive Housing program is intended to help young adults with SMI transition from institutional settings, foster care, and homelessness; improve access to behavioral health and community resources; pursue vocational/educational goals; and develop real-world skills that will support them on the path forward as independent adults. Enhanced services are provided in the scatter-site, supportive housing program by a de facto team of four staff: Program Manager, Case Manager, Psychiatric Rehabilitation Specialist and a Peer.

Housing and Residential Services

In New York State, efforts have been underway to integrate mental health treatment with physical and behavioral health services, as evidenced by integrated licensure for clinics and the development of other integrated service models. OMH's focus on integrated treatment continues to expand to include residential services. This section highlights OMH's efforts to improve the quality of housing and wraparound services for people living with mental illness.

OMH is committed to maximizing access to housing opportunities for individuals with diverse service needs. OMH funds and oversees a large array of adult housing resources and residential habilitation programs in New York State. Voluntary programs operated by community providers account for the vast majority of utilization of public mental health residential services statewide. State-operated residential programs account for a small percentage of people served in the public mental health system. In total, there are more than 46,000 residential beds statewide, including congregate treatment, congregate support, community residence/single room occupancy, apartment treatment, family care, scattered site supportive housing, and congregate site supportive housing programs.

Safe Options Support

In the 2022 State of the State Address, Governor Kathy Hochul announced the establishment of Safe Options Support (SOS) teams "throughout New York City and in targeted regions throughout the state where street homelessness is most widespread." The SOS teams will follow the Critical Time Intervention (CTI) model – a time-limited, evidence-based service that helps vulnerable individuals during periods of transitions.

The Office of Mental Health issued a Request for Proposals that invites eligible nonprofit organizations to submit applications to create and implement the SOS teams, which will not only conduct direct one-on-one outreach with New Yorkers experiencing homelessness, but will also include on-street and in-subway clinicians, nurses, social workers, and behavioral health specialists, so that the street-to-referral logjam is broken, and that a comprehensive suite of much-needed critical services can be provided immediately to New Yorkers in need. In total, OMH seeks to deploy up to 20 SOS teams this year, including 4 teams in NYC by the early Spring, an additional 8 teams in NYC by the summer, and the final 8 teams in high-needs regions throughout the state by the end of the year. The teams will work closely with NYC's Department of Homeless Services Street Outreach Teams to identify and engage individuals who would most benefit from this intensive service.

Case Management and Care Coordination

In 2021, OMH, with the support of DOH, developed a designation for Specialty Mental Health Care Management (SMH CM) to serve the Health Home Plus (HH+) for defined adult populations with Serious Mental Illness (SMI). Designation was determined based on data for Health Home (HH) Care Management Agencies (CMAs) currently identifying and serving the HH+ population. Designation meant OMH direct oversight of the HH+ population in HH, HH+ policy updated, and providing direct support to SMH CMAs serving the HH+ population.

Health Home Plus (HH+) is an intensive care management service established for defined populations with Serious Mental Illness (SMI) who are enrolled in a Health Home (HH) serving adults. To ensure the intensive needs of these individuals are met, Health Homes must assure HH+

individuals receive a level of service consistent with the requirements for caseload ratios, face-to-face visits, and minimum levels of staff experience and education outlined below. The differential monthly rate for HH+ is higher compared to the Health Home High Risk/Need Care Management and Health Home Care Management rates and is intended to appropriately reimburse for the intense and consistent support needed for this population. Only HH CMAs who have been designated as SMH CMAs, can provide HH+ level of care management. There are just under 200 SMH CMAs who are designated or in the process of becoming designated.

As part of Phase One, CMAs were designated using data based on a minimum threshold. CMAs who were serving the population, but did not meet the designation threshold, were provisionally designated and were part of the SMH CM Collaborative where OMH worked closely with CMAs to become designated as SMH CMAs.

As part of Phase Two, which started this year, OMH has been working on building performance outcomes, developing reports for sharing data with CMAs, development of care management training curriculum, and continued direct technical assistance for all CMAs. Trainings will be focused on where key barriers (e.g., successful strategies, CPI resources, 101 SMHCM training for new staff, ways to support career track for CMs). Currently all SMH CMAs are developing goal areas for the upcoming year.

Employment

Lack of employment is a key social determinant of health, as is the poverty that too often accompanies unemployment or underemployment. Both lead to poor health outcomes. Low employment rates are pervasive for individuals with serious mental illness, and the effects are more significant than that of their non-disabled unemployed peers. To address this social determinant, OMH utilizes integrated data to progressively target funding and develop data driven policy and interventions.

OMH has partnered with the Department of Labor to develop NYESS (New York Employment Services System). NYESS supports the employment services system in its entirety, regardless of disability sub-types or state agency affiliation. NYESS is at the forefront of Employment First related initiatives and activities attempting to tackle the major barriers to improved employment outcomes for individuals with disabilities: NYESS is a collaborative online employment services case management system which includes resources, technical assistance, data driven initiatives, and operates as one of the largest Ticket-to-Work Administrative Employment Networks in the country, generating significant additional revenue which is reinvested to bolster NY's employment services infrastructure. Data fidelity is much improved in recent years but imperfect due to several factors, including comprehensive NYESS buy-in and varying participation throughout the state. OMH will continue to focus on training, technical assistance, and awareness to improve data fidelity.

Psychiatric rehabilitation principles, which align with Employment First philosophy, will affect real culture change when woven into fine grain practices throughout all program types, as only then will employment become a standard primary focus, as opposed to a subsidiary outcome. Community Oriented Recovery and Empowerment (CORE) services offers expedited access to mobile rehabilitation support services, delivered in people's homes or community, for high need individuals with behavioral health challenges.

OMH is also modernizing the existing Personalized Recovery Oriented Services (PROS) program, which is offered to all Medicaid enrollees with a serious mental illness to leverage new telehealth

allowances, incentivizing the delivery off-site services to address engagement and transportation challenges, and will continue to offer evidenced based employment supports from basic living skills training to ongoing employment supports.

A specific initiative related to PROS will launch over the next year, in the form of an increase in vocational state aid to PROS programs to complement Medicaid funding to increase the implementation of the Individual Support and Placement (IPS), an evidence-based model of supported employment, and improve employment outcomes for PROS participants**.** These funds will be allocated through State Aid to PROS programs and/or Local Government Units to fully fund an Employment Specialist to deliver the full IPS range of interventions and supports, including but not limited to job search assistance, resume writing, systematic job development and employer partnerships, and supplemental training and job coaching.

Specialty Mental Health Care Management, an OMH designated provider type within the DOH Health Home program, will focus heavily on meeting social determinant of health needs for the highest need individuals with serious mental illness. Direct linkage to critical rehab and employment supports will be critical in coordination of care and improving quality of life. OMH plans to issue guidance to ensure that all State Aid funded Vocational programs are operating efficiently and under appropriate evidenced-based principals including Individual Placement and Support (IPS).

Crisis Services

New York State's crisis system already has several key components in place to create a coordinated crisis response system for all New Yorkers. This includes Mobile Crisis services, Crisis Residence programs, and Comprehensive Psychiatric Emergency Programs (CPEPs). These services are being developed into a continuum and fortified via new program types, additional funding opportunities, and coordination efforts.

The goals of the coordinated crisis response system are to:

- Maintain people safely in the community
- Reduce unnecessary emergency room visits and inpatient hospitalizations
- Reduce risk of future crises
- Coordinate information sharing among clinicians, recipients, and involved family members to reflect recipients' preferences

When an individual is experiencing a mental health or substance use crisis, these three pillars are vital to that individual's immediate safety and a healthy recovery. New York State's crisis system will include telephonic triage and support through the 988 Suicide Prevention and Behavioral Health Crisis Hotline, connection to Mobile Crisis and follow-up services, Crisis Residence programs, Crisis Stabilization Centers, CPEPs, and access to community treatment and services. All crisis services are delivered in a trauma-informed, recovery-oriented, and culturally and linguistically competent way.

Outpatient Mental Health Services

Outpatient services, especially clinic services, are the backbone of the mental health system. New York State has experienced increased demand for mental health outpatient services in multiple modalities. OMH's vision for outpatient services includes alignment with evidence-based best practices. Some recent programmatic initiatives include the following.

Clinic Modernization

OMH is redesigning Article 31 Clinics by moving to the SPA rehab authority, amending Part 599 regulations, updating standards of care, and issuing revised guidance. This change will establish conditions under which OMH licensed clinics can maximize their clinical performance and deliver services in the community while remaining financially viable. The goals of this redesign include an enhanced focus on integrated care, recovery and wellness, and care delivered in community settings.

Expansion of Rehabilitation Services

OMH is pursuing an 1115 waiver amendment to move Adult BH HCBS to Community Oriented Recovery and Empowerment (CORE) services, offered only to HARP enrollees. CORE Services are person-centered, recovery-oriented, mobile behavioral health supports intended to build skills and self-efficacy that promote and facilitate community participation and independence.

In addition, PROS will be redesigned to be flexible to meet the needs of all individuals served. While The PROS model will continue to promote and foster the principles of Psychiatric Rehabilitation in which person centeredness and hope are embedded along with skill development and supports intended for full community participation, data indicates the PROS Census is getting younger, which means programs will need tools and resources to effectively engage this population.

Improving Accountability, Communication, and Continuity of Care

As part of fulfilling Health Home recommendations of the Medicaid Redesign Team and to improve access to HH+ level of care management and health outcomes for the high need SMI population, the State is implementing Specialty Mental Health Care Management Agencies (MH CMAs) within each Health Home, who will be designated to provide HH+ level of care management, with direct OMH oversight.

Addressing Social Determinants of Health

Research identifies needs such as employment, housing, and education, and supports the need for more intensive care management for high need subsets (e.g., Health Home Plus). Rehabilitation services assist individuals in attaining skills necessary to return to work and educational settings, and also promote community integration.

OnTrackNY

OnTrackNY is New York's model Coordinated Specialty Care (CSC) treatment program for early psychosis, which was built on the National Institute of Mental Health-funded Recovery After an Initial Schizophrenia Episode (RAISE) Implementation and Evaluation Study. CSC is an evidence-based practice treatment model recognized by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services for the treatment of young people experiencing a first episode of psychosis.

OnTrackNY is a team-based, intensive, evidence-based and recovery-oriented Coordinated Specialty Care (CSC) program. It serves youth and young adults ages 16-30 experiencing newly emergent non-affective psychotic disorders. OnTrackNY helps youth to achieve their goals for school, work, and social relationships; avoid disability and reduce hospitalization rates. Principles of care include person centered care, recovery orientation, shared decision making, and a commitment to equity.

The OnTrackNY CSC team provides on-and off-site services, including: assertive outreach, screening, initial and ongoing assessment, pharmacotherapy, individual and group psychotherapy services, psychoeducation, family psychotherapy and support, crisis intervention and suicide assessment, complex care management, integrated substance use treatment, trauma assessment, primary care coordination, health monitoring, supported employment and education, and peer support.

The OnTrackNY program treatment teams consist of a team leader, primary clinician, a supported employment/education specialist, an outreach and enrollment specialist, a peer specialist, a psychiatric care provider (psychiatrist or psychiatric nurse practitioner) and a nurse. CSC services minimize barriers to enrollment so young people experiencing early psychosis receive effective treatment as soon as possible. CSC providers assertively engage participants and families to reduce drop-out. Evaluation findings of the OnTrackNY program include improvements in symptoms, improvements in occupational and social functioning and decreases in hospitalization. OnTrackNY is currently operating at 25 sites throughout New York State, with 2 additional sites in the startup phase and 4 additional sites slated to open in the coming year. The 25 currently operating programs are located in the following areas: Albany, Amityville, Binghamton, Buffalo (2 sites), Hartsdale, Kingston, Middletown, Peekskill, New York City (14 sites), Rochester, Syracuse, and Yonkers.

Inpatient Mental Health Services

Community-based inpatient psychiatry is one of the core services in New York State's mental health system. Over the last several years, starting with DSRIP and the transition to Managed Medicaid, and now with the impact of COVID-19 on workforce and bed availability, the role and function of community-based inpatient services has been in flux. OMH remains committed to ensuring access to high quality, inpatient care across the lifespan and is focusing on several areas to realize this goal.

Several trends have emerged in recent years around the role and operations of Article 28 and Article 31 inpatient psychiatric programs which should be considered and incorporated into local planning. Some of these themes are outlined below, and OMH encourages local governmental units to continue their partnerships with local and regional inpatient providers around the following.

The Role and Function of Licensed Psychiatric Inpatient Services

Through conversations with counties, advocates, providers, first responders, service recipients and their families, it has become an apparent that there is a gap between the community expectation of which individuals should be admitted to inpatient units and which people receive admission or who are clinically appropriate for admission. This gap also extends to individuals appropriate for involuntary transport to and retention in mental health emergency departments or CPEPs. To help clarify some of these issues, OMH released the Involuntary and Emergency Admissions Interpretative Guidance memo. OMH will continue to work with community stakeholders to ensure a more consistent vision and practice regarding community and hospital expectations on who is eligible for transport, evaluation, and inpatient admission.

Access and Bed Availability

Over the last several years, pre-COVID-19, with the implementation of Managed Medicaid and a focus on reducing length of stay and shifting the locus of care from hospitals to the community, there has been an associated reduction in the number of inpatient beds across the state. During the early days of COVID-19, with a focus on ensuring availability of acute care medical beds, a number of

inpatient beds were taken offline, many of which still remain offline. Now that the acute need for medical beds has lessened, OMH is committed to working with all hospital systems to return these beds to operation.

There are a number of challenges to reopening beds, including hospital's fiscal concerns and related workforce shortages. To address these concerns, and facilitate reopening inpatient beds, OMH is:

- Increasing inpatient rates across the state through a series of cumulative and enhancements to bring psychiatric beds closer to medical/surgical rates.
- Continuing to pursue parity enforcement to ensure all covered people needing inpatient care have access.
- Supporting broader workforce development efforts to ensure a continuous and growing pipeline of qualified staff.

In addition to staffing and workforce, there remain challenges in implementing the broader community vision to be able to divert avoidable inpatient stays and provide strong pathways to inpatient discharge by providing access to more responsive and flexible community-based crisis and treatment services. As these ambulatory services continue to grow, there will remain a strong need for communities to be aware of these services, how they can best be used to reduce inpatient utilization and maximize community tenure. Counties play a central role in coordinating these services locally, and especially for children, youth and families with the System of Care enhancement and other coordination efforts with all child-serving systems to address needs of cross-systems youth.

Expanding Specialty Inpatient Care

While much of the focus has been on access to general child, adolescent and adult inpatient services, there is also an important role for specialty inpatient care. In the lower Hudson River region, there have long been two community-based extended care units, and one additional unit has recently launched in NYC, with a focus on homeless adults. OMH is interested in continuing to develop such services for both adults and children. OMH has also launched a joint OMH/OPWDD inpatient unit for adults in NYC and is planning a similar unit for children and adolescents in Central NY. OMH will continue to support novel uses of inpatient capacity to meet local and regional need.

Inpatient Telehealth

One of the most obvious shifts in provision of care during the COVID-19 pandemic has been the implementation of telehealth. As we approach the possible end of the Federal Public Health Emergency, OMH will be devoting resources to ensuring inpatient services are able to implement telehealth in safe and effective ways. OMH will also be providing support and guidance on telehealth implementation as well as working with providers to develop novel uses of telehealth to expand access and bring additional clinical resources to inpatient care.

<u>State-Operated Inpatient Programming and the Role of Intermediate Care</u>

OMH's State-operated inpatient facilities have an intermediate care role that is provided across 19 civil psychiatric centers. The 2,200 adult State PC beds provide a higher level of care for those requiring more comprehensive services, psychopharmacology, and rehabilitation supports after admission and stabilization in Article 28 psychiatric inpatient programs. To address longstanding concerns with costly institutionalization of individuals with serious mental illness, OMH has continually focused on reducing the number of "long stay" inpatients (adults with lengths of stay over one year, or youths with lengths of stay over 90 days) while expanding more integrated

community residential services and rehabilitation services. OMH has incrementally reduced the number of inpatient adults with lengths of stay over one year (long stays) while expanding more integrated community residential services and rehabilitation services.

Although reducing institutional utilization is motivated by clinical best practices and a recovery-oriented care perspective, it is underpinned by a legal obligation to serve all people with disabilities in the least restrictive setting, pursuant to the Americans with Disabilities Act and Supreme Court's landmark Olmstead decision. While there are more people now living in integrated community settings, the percentage of state psychiatric center beds occupied for a year or longer has remained at approximately 50%, which indicates there is more work to do to optimize the use of intermediate care and clear the path to community.

Over the past ten years, OMH has funded approximately $80 million new State-operated and voluntary outpatient and residential services through the reinvestment of savings generated by the reduction of unused inpatient beds, and an additional $19 million from unused Article 28 and 31 psychiatric beds. These new programs and service were all designed to reduce avoidable inpatient utilization and length of stay, which will allow for more people to be served through the inpatient and residential continuum by accelerating the trajectory of recovery. This work requires coordination of all processes and services, including local and state-operated residential and ambulatory services.

Now, as many reinvestment-funded programs have reached maturity and other program models enter local systems of care, OMH has been engaging with LGUs across the State to assess the effectiveness of these programs in achieving their stated aims and ensuring adequate throughput across State PCs. Collectively maximizing residential and recovery supports in the community will allow greater access to State inpatient beds to the community, and longer term reducing the need for these highly restrictive services at the outset.

Cross System Services

OMH is committed to ensuring high quality integrated care and services across the lifespan and is collaborating on a number of initiatives targeting adults, children, youth, and families with co-occurring needs in systems of care focused on mental health, intellectual/developmental disabilities and/or substance use disorder.

Workforce Training for Children and Youth Services

In the area of intellectual/developmental disabilities, priorities have included training for the mental health workforce on co-occurring DD/MH and the development of resources to support children and youth with such presentations. OMH allocated $500,000 to intensive training and consultation for mental health providers in this area. The trainings include ongoing follow-up and case support to reinforce the acquired skills and create a network of providers with expertise in this area.

Joint Residential and Inpatient Services

OMH has partnered with OPWDD on the development of residential and inpatient services for youth and adults with DD/MH challenges, specifically the development of two inpatient units (Kings County H+H and Upstate Medical Center) and one residential treatment facility (Our Lady of Victory Services Intensive Treatment Program). These settings provide intensive treatment to individuals who are dually diagnosed, preventing out of state treatment and placement. These settings work to stabilize individuals, coordinate discharge planning and collaborate with community-based settings to maintain individuals in the community after discharge. OMH and OPWDD Central office staff, along

with OPWDD Regional offices and OMH Field Offices, collaborate and consult to support adults with complex discharge needs that include services and supports from both agencies.

Crisis Services

OMH is also partnering with OPWDD and the Developmental Disabilities Planning Council on the development of Home-Based Crisis Intervention teams specialized to children and youth with co-occurring DD/MH. The Conference of Local Mental Hygiene Directors has additionally partnered with OPWDD on piloting interventions for individuals who are dually diagnosed through mobile crisis expansion.

OMH and OPWDD are working in collaboration on the inclusion of individuals with I/DD in comprehensive crisis response system planning and implementation. Currently, state identified mobile crisis teams will be participating in a pilot with OPWDD to receive consultation from OPWDD providers when serving individuals with I/DD who are experiencing a mental health crisis. In addition, OMH is creating a specific learning management system for crisis providers that will include modules that will address, train and support service provision to individuals with I/DD. These learning modules will be developed in collaboration with OPWDD, stakeholders and providers with expertise in serving the I/DD population.

OMH has a focus on improving the range of integrated mental health, substance use and health care services in a number of areas.

Development of Expertise Within the OMH Provider Network to Serve Individuals Using Substances
Over the last two years every OMH licensed clinic has participated in the Opioid Use Disorder (OUD) project. This project focuses on building capacity for OUD treatment within the mental health clinics by identifying and implementing best practices in the treatment of OUD.

Programs like Project ECHO are also being developed with MCTAC to provide training and other resources to support providers in expanding the availability of integrated mental health and substance use disorder services.

OMH and OASAS are partnering to identify evidence-based practices for youth and families as well as working with DOH to secure higher reimbursement for providers using EBPs.

Co-development of Resources in the Crisis Continuum
OMH and OASAS have also jointly developed and procured Crisis Stabilization Centers. The Centers provide voluntary support and urgent treatment to anyone experiencing mental health and/or substance use crisis symptoms in a safe and comfortable environment. Centers will be operational 24/7/365 and available to children, adolescents, adults, and families. Services may be provided to each individual for up to 24 hours.

There will be two types of Crisis Stabilization Centers in New York State:

1. Supportive Crisis Stabilization Centers (SCSC) provide support and assistance to individuals with mental health and/or substance use crisis symptoms. SCSC services are for recipients experiencing challenges in daily life that do not pose the likelihood of serious harm to self or others.

2. Intensive Crisis Stabilization Centers (ICSC) provide urgent treatment to recipients experiencing an acute mental health and/or substance use crisis. ICSCs offer all services provided at an SCSC while also providing rapid access to services for acute symptoms, assisting in diversion from a higher level of care, and prescribing medications to manage substance use and mental health symptoms.

All services are person-centered, and trauma-informed, with an emphasis on using peers and recovery-oriented support. Crisis Stabilization Centers will coordinate and collaborate with local Mobile Crisis providers, law enforcement, telephonic triage lines, and community treatment and support services. If further treatment is needed, staff will connect individuals to resources within their community to provide continued support, including Crisis Residences.

Streamlining Integrated Outpatient Services Regulations

Another integrated initiative shared by OMH, OASAS, and DOH is the Integrated Outpatient Services (IOS) license. An IOS license allows clinics to provide substance use disorder and primary care services to individuals with co-occurring diagnoses. Through the IOS licensing process OMH is working with OASAS and DOH to improve the provision of integrated services and expand what services can be provided to these individuals. The three agencies are collaborating on streamlining the IOS process.

Advancing Integrated Service Models for Individuals with Co-Occurring Conditions

There were thirteen providers designated in NYS to participate in the federal Certified Community Behavioral Health Clinic (CCBHC) Demonstration which began on July 1st, 2017. Demonstration providers deliver whole-person care through fully integrated outpatient MH & SUD treatment, as well as physical health screening & monitoring services. In order to ensure full integration CCBHCs are required to have an Article 31, Article 32, and an Integrated Outpatient Services (IOS) license. CCBHCs are also required to provide wrap-around services which include MH & SUD crisis response services, Medication Assisted Treatment (MAT), ancillary withdrawal, psychiatric rehabilitation, targeted case management, and MH & SUD Peer services. These community-based services are offered across the lifespan, with immediate availability and without regard for the individual's ability to pay. The original CCBHC Demonstration was extended to September 30th, 2025; in the interim, OMH and OASAS continue to explore options for sustaining the CCBHC model in NYS.

Supporting the Expansion of Integrated Treatment Models in NYS

In addition to the federal CCBHC Demonstration program, SAMHSA is expanding the CCBHC model through CCBHC Expansion Grant Awards. Providers who receive these awards are expected to provide a similar integrated service array as the CCBHC Demonstration providers. Interested providers apply directly to SAMHSA for an Expansion Award, and those selected report to/receive funding directly from SAMHSA. Since 2018 three rounds of awards have been issued with 47 providers in NYS receiving award funding, including the original thirteen CCBHC Demonstration providers. Although SAMHSA did not give NYS a selection or oversight role, OMH and OASAS have continued to offer guidance and assistance to the Expansion Grant providers. Additional technical assistance and program development efforts for the Expansion providers are being planned as the state moves toward sustainability of the CCBHC model.

Forensic Mental Health Services

Within New York State's public mental health system is an expansive forensic mental health system, responsible for the delivery and coordination of mental health services for criminal justice-involved New Yorkers with mental illness and the implementation of community-based support services for individuals with mental illness who are may be at risk for adverse incidents or criminal justice involvement.

This section provides an overview of the forensic inpatient and outpatient services operated by OMH, the principal forensic populations served in OMH forensic facilities and other settings, a detailed description of both new and existing OMH-operated and supported community-based forensic services, and a vision for OMH's new Diversion Center.

Learn more about OMH's forensic mental health services at: https://my.visme.co/view/w4zwroj1-forensic-mental-health-services-july-2022

Workforce

A stable workforce is essential to the provision of quality mental health services. OMH has made significant investments targeting the development of the mental health workforce. Funding sources include the Expanded Community Mental Health Services Block Grant, Enhanced FMAP, and the Fiscal Year 2022-23 Enacted Budget.

Expanded Community Mental Health Services Block Grant Funding

- $20.9 million to strengthen the workforce of OMH-licensed outpatient and community support programs
- $1 million Peer-to-Peer Supported Transition Program

Enhanced FMAP Funding

- $39.17 million to improve the workforce in OMH-licensed provider settings
- $8.6 million to expand training and implementation support for evidence-based practices (EBPs)
- $4 million to expand recruitment and retention of culturally competent, culturally responsive and diverse personnel
- $4 million to expand certified and credentialed peer capacity

FY 2022-23 Enacted Budget

- $1.2 billion healthcare and mental hygiene worker retention bonuses, with up to $3,000 bonuses going to full-time workers who remain in their positions for one year, with pro-rated bonuses for those working fewer hours
- $500 million for million for Cost-of-Living Adjustments (COLAs) to help raise wages for human services workers. 5.4% increase
- $9 million in annual loan forgiveness funding to recruit psychiatrists and psychiatric nurse practitioners into the community-based mental health workforce

Peer Workforce Expansion

Given the demand for more peer staff, the OMH Office of Consumer Affairs has provided and sponsored comprehensive in-person training and virtual learning opportunities in all New York State

regions for both State and community providers. These trainings help agencies recruit, train, and support peer staff in a variety of program types and roles. Local governments, voluntary organizations, and other potential peer employers may also obtain resources on peer workforce development through a free federal resource called the Job Accommodation Network (JAN). Additional resources can be accessed through SAMHSA-HRSA.

In addition to increasing the size of the peer workforce, New York State has a strong commitment to ensuring a qualified peer workforce that provides evidence-based practices. To ensure continued opportunities for peer services, OMH worked with peer leaders to develop a Peer Specialist Certification process which is currently accepting enrollees. The Academy of Peer Services is a free online training platform for individuals delivering peer support services in New York State. The Academy was developed through the collaboration of peer leaders and the Rutgers University School of Health Professions. Enrollment in the Academy can be done on the Academy of Peer Services website. Information related to the certification of peer specialists can be accessed through the New York Peer Specialist Certification Board.

OMH has committed additional resources via the federal American Rescue Plan (ARPA) block grant funds and has funded the following initiatives.

Peer Support Services Technical Assistance Center (Peer-TAC)
Establishing a state-wide Peer Support Services Technical Assistance Center (Peer-TAC) to deliver competency-based training, technical assistance and consultation to mental health care providers serving children, adolescents, families, and adults/older adults via existing or newly developed peer support services. The Peer Support Services Technical Assistance Center (Peer-TAC) will train on and support the implementation of the full range of peer support services, including Certified Peer Specialists, Credentialed Family Peer Advocates, and Credentialed Youth Peer Advocates, into mental health services across New York State.

Peer Specialist Workforce Advancement & Mentoring Network
Establishing a Peer Specialist Workforce Advancement & Mentoring Network for Peer Specialists working or who plan to work in adult mental health services. Peer Support Services provided by Peer Specialists are a strong evidence-based practice which have demonstrable positive impacts on individual mental health and recovery outcomes. While already working in a variety of settings statewide, Peer Specialists do not have a centralized, consistent, state-wide entity that provides leadership, support and direction around the growth and advancement in their field. The demand for Peer Specialists is increasing, making the need for this network essential to ensuring the future professional growth and meaningful inclusion of Peer Specialists throughout the healthcare system, and other community systems serving adults. The Peer Specialist Workforce Advancement and Mentoring Network will serve as a centralized entity to provide leadership, support, advocacy, and best practice guidelines, ensuring that the integrity of the Peer Specialist discipline remains intact, while demonstrating and reinforcing fidelity to the established core values and best practices.

Specialty Training for Peer Workers and Supervisors
Initiative to organize, coordinate, and deliver competency-based training for five separate specialty areas for the peer support and supervision workforce. The specialty areas include: forensics/ justice-involved, crisis services, older adults, best practices in the supervision of peer workers, and health and wellness coaching. The goals for this initiative are increasing access to peer services for these specialty populations, increasing the capacity for agencies to provider peer services for these populations, increasing the retention of peer staff through quality peer-informed supervision.

Family Peer and Youth Support Services

OMH funds and supports a variety of peer-run and peer-oriented services and programs, including peer specialists, family and parent advisors, and youth peer advocates, to help individuals on their journey towards recovery and family members who struggle to access supports and services for children and youth with social and behavioral challenges. In addition, OMH continues to promote the credentialing of Family Peer Advocates (FPAs) and Youth Peer Advocates (YPAs). More information on Family Peer Advocates, Youth Peer Advocates, family peer support and youth peer support can be found at:
Family Peer Support | CTACNY
Family Peer Support | Families Together in NYS (ftnys.org)
Youth Peer Advocate Training and Credentialing | CTACNY

For more information about peer workforce expansion efforts, please email recipientaffairs@omh.ny.gov

Mental Health Equity

OMH believes all New Yorkers should have equal access to quality mental health services and utilizes a multi-faceted strategy to address and reduce disparities, grounded on the concept that organizational change and self-reflection is key to creating and sustaining long-term success. OMH understands the importance of mitigating biases that exist at the system, organizational and individual levels, and how these biases ultimately contribute to stigma, discrimination, and unequal levels of service delivery, and strives to ensure that resources and information on accessing mental health treatment is made available to New York's populations suffering from the impact of racism and other forms of discrimination, and works to reduce the impact that implicit bias has on individuals.

Understanding the power that culture and intersectionality play in how individuals seek, receive and use mental health services is vital to the reduction of disparities. OMH strives to educate mental health providers about the primary cultures of the individuals they serve and ensures that the services provided respect and acknowledge the cultural traits of the individuals they serve. Additionally, OMH continues to promote its Strategies for Behavioral Health Equity Webinar series, which provides best practice approaches to serving diverse populations.

Learn more about OMH's strategy to ensure mental health equity at:
https://my.visme.co/view/dmykyeyk-july-2022-mental-health-equity

OMH Data Resources

OMH Portals

Data-driven and evidenced-based programs are at the center of healthcare reform to ensure the provision of quality behavioral healthcare. This section provides an outline of the different publicly available data resources that OMH publishes for community providers, local governmental units, and other stakeholders to support planning and understanding of mental health services statewide. Both data portals and data books are presented in this section. Data portals are interactive reports that are updated on periodic basis and allow different filters to be applied to the data based on user preference. Data books are prepared reports containing static data, and do not require

additional user prompts. All data portals and data books described in this section can be found on the OMH Statistics and Reports webpage: https://www.omh.ny.gov/omhweb/statistics/index.htm.

Patient Characteristics Survey Portal

The Patient Characteristics Survey (PCS) portal reflects the results of the biennial OMH Patient Characteristics Survey and provides demographic, clinical, and service-related information of those served within the public mental health system during a specified one-week period, as well as annualized estimations based upon the survey week results. Due to the COVID-19 pandemic, the 2021 PCS was delayed until March 2022.

The PCS portal includes statewide and regional data for the 2013 through 2022 survey years, as well as a trending of select statewide and regional data points for the 2005 through 2022 survey years.

Due to an exceptional level of cooperation and participation from service providers, the PCS is a reliable resource that assists in the management of New York State's public mental health system, complying with federal reporting requirements, supporting local governments in the local services planning process, and informing the distribution of funding.

The PCS Portal can be accessed at: https://omh.ny.gov/omhweb/tableau/pcs.html.

Find a Program Portal

The Find a Program portal provides information on all mental health programs in New York State that are operated, licensed or funded by OMH. Program information is generated from the OMH CONCERTS database. CONCERTS is maintained by OMH, with most of the data entered directly by providers via the Mental Health Provider Data Exchange. The Find a Program portal allows you to search for mental health programs using a set of geographic and programmatic criteria. Program details include provider contact information, program characteristics, populations served, and capacity levels (for certain licensed programs).

Find a Program can be accessed from the main OMH website or directly at:
https://my.omh.ny.gov/bi/pd.

PSYCKES Portal

The Psychiatric Services and Clinical Knowledge Enhancement System for Medicaid or PSYCKES (pronounced “sighkeys”) is a Health Insurance Portability and Accountability Act-compliant, web-based portfolio of tools designed to support quality improvement and clinical decision-making in the New York State Medicaid population. Providers with access to PSYCKES can access a portfolio of quality indicator reports at the state, region, county, agency, site, program, and client level to review performance, identify individuals who could benefit from clinical review, and inform treatment planning. Quality reports in PSYCKES are updated monthly, and clinical information is updated weekly.

Developed by OMH, PSYCKES uses administrative data from the NYS Medicaid claims database to generate quality indicators and summarize treatment histories. This administrative data is collected when providers bill Medicaid for services. All states are required by the federal government to monitor the quality of their Medicaid programs, and many states are using administrative data such as Medicaid claims to support quality improvement initiatives. Quality indicators were developed in consultation with a scientific advisory committee of national experts in psychopharmacology and a

stakeholder advisory committee of providers, family members, consumers, and professionals. Since all reports are based on Medicaid data, no data entry by providers is required.

Access to PSYCKES requires the use of user ID and passcode, which is managed through OMH.

OMH County Planning Profiles

The County Planning Profiles was designed to facilitate local planning through a collaboration between OMH, the NYS Conference of Local Mental Hygiene Directors, and the interagency Mental Hygiene Planning Committee, which is composed of representatives from the Office for People with Developmental Disabilities (OPWDD), the Office of Addiction Services and Supports (OASAS). The data repository consolidates utilization, expenditure, and other data from an array of OMH and non-OMH data systems and presents content in a standard format that enables responsive and effective local, regional, and statewide planning.

This repository has recently been expanded to include data across four separate workbooks:

- Part I: Medicaid Utilization
  The Medicaid Utilization section displays Medicaid utilization and expenditure data for the Medicaid eligible public mental health population in New York State from 2014 forward.

- Part II: MH Inpatient Use
  The Mental Health Inpatient Use report displays average daily inpatient census and population rates of utilization by region and county of residence for psychiatric inpatient settings in New York State, including general hospitals, private hospitals, State psychiatric centers and residential treatment facilities.

- Part III: Outpatient Capacity
  The Mental Health Outpatient and Housing Program Capacity report displays housing, outpatient service and clinic capacities for regions and counties of providers across New York State.

- Part IV: Readmissions
  The Psychiatric Readmission report displays the rates of readmission to psychiatric inpatient facilities and to emergency room settings for psychiatric reasons within 30 and 90 days of discharge from a psychiatric inpatient facility.

The County Planning Profiles can be accessed at:
https://www.omh.ny.gov/omhweb/tableau/county-profiles.html

Adult Housing Portal

Housing is a priority concern for all people. For individuals with mental illness, safe and affordable housing is a cornerstone of recovery. However, stable access to good housing is a fundamental problem for many people with mental illness because of their low incomes, the limited supply and rising costs of low-income housing, and discrimination. To reduce stigma and provide opportunities for recovery, it is preferable that individuals with mental illness live in mixed-use settings.

OMH is committed to maximizing access to housing opportunities for individuals with diverse service needs. OMH funds and oversees a large array of adult housing resources and residential habilitation programs in New York State, including congregate treatment, licensed apartments, single room occupancy residences, and supported housing.

The Adult Housing Portal can be accessed at: https://my.omh.ny.gov/bi/ah

Public Mental Health System Profile

The System Profile includes detailed demographic, service, and financial information about the public mental health system, as well as a new section detailing the prevalence of mental illness across New York State. This data is critical to understanding utilization trends and ultimately meeting the needs of people receiving mental health services. This information also serves to inform future planning efforts for inpatient, outpatient, residential, crisis, and support programs at the state and local levels. The System Profile can be accessed at: https://my.visme.co/view/6x6nk6p6-july-2022-profile-of-the-new-york-state-public-mental-health-system

Vital Signs Dashboard

The Vital Signs Dashboard was developed to visualize public mental health system performance for the domains of access, quality and treatment outcomes published on OMH public site to assess results of strategic planning and serve as input into program management, help identify emerging and persistent disparities, and provide input to OMH'S quality strategy to improve the public mental health system.

The dashboard will share performance metrics with providers to assist them in their quality and health equity efforts and include Medicaid data for 13 measures on access, quality, and treatment outcome domains, with stratification of metrics by race/ethnicity, age, gender, and geographic area. In addition, the Vital Signs Dashboard will include Medicaid product by type and plan, as well as program type and agency.

Access to the Vital Signs Dashboard has been provided directly to counties and will be posted to the OMH website at the following link once launched publicly: https://omh.ny.gov/omhweb/statistics/

Center for Practice Innovations

Stemming from OMH's research efforts and the affiliation between OMH's New York State Psychiatric Institute and Columbia University, the Center for Practice Innovations (CPI) assists OMH in promoting the widespread availability of evidence-based practices to improve mental health services, ensuring accountability, and promoting recovery-oriented outcomes.

MyCHOIS (formerly MyPSYCKES)

My Collaborative Health Outcomes Information System (MyCHOIS) is an interactive, web-based platform of evidence-based tools used to promote active participation by consumers in their mental health treatment and recovery. It provides patients with access to their personal health record, assessments to help themselves and their clinicians understand and track treatment preferences, progress, and outcomes, as well as a library of resources and recovery tools to support continued health education. MyCHOIS has three major components:

My Treatment Data, which allows consumers to view their treatment history; The Learning Center, which provides educational materials and recovery tools; and Assessments and Screenings, which

allows consumers to complete different evidence-based tools and screenings that have been assigned to them by their prescriber or treatment team. The program aims to increase empowerment, activation and health literacy amongst patients, improve doctor-patient communication, promote patient-centered care and recovery, and enhance the ability to make data-driven treatment decisions.