



**Office of
Mental Health**

OMH Statewide Town Hall

Wednesday, November 9, 2022

Please Stay Tuned

Meeting will be starting shortly



**Office of
Mental Health**

OMH Statewide Town Hall

Ann Marie T. Sullivan, MD
Commissioner
New York State Office of Mental Health

November 9, 2022

Before We Get Started

How to send questions or comments:

- Participants wishing to speak must select the “hand raise” 🙋 button located on the right side of their screen. Once we reach the public comment period of today’s event, participants with their hands raised will be announced and unmuted as time allows. To maximize stakeholder participation, we ask that all participants limit their spoken comments to three minutes.
- Questions and comments will also be taken in the chat box by directing comments “To: All Panelists”
- OMH will also accept submission of additional comments through November 25, 2022, to transformation@omh.ny.gov

Accessibility, Event Recording, and Slides

CLOSED CAPTIONING

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

AMERICAN SIGN LANGUAGE (ASL) INTERPRETERS

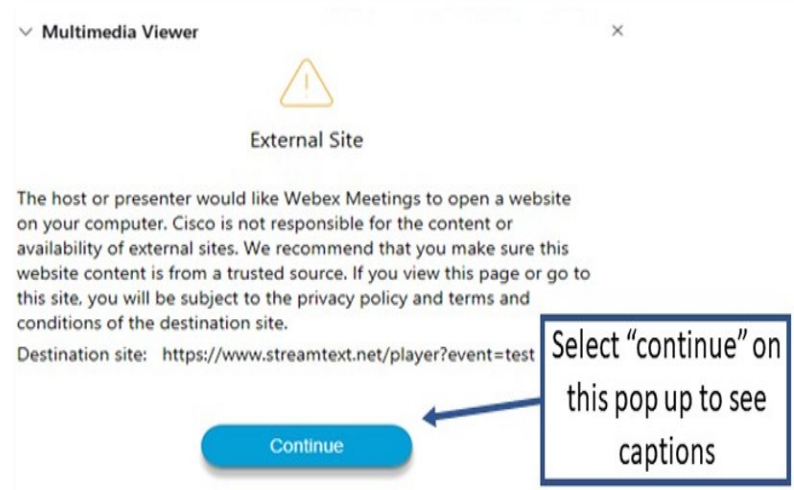
OMH welcomes ASL interpreters **MJ Garcia, Dori Griffiths,** and **Wendy Framson** to this event.

CUSTOMIZE YOUR VIEW

To lock the Commissioner and/or interpreter videos on your screen, right-click on the video thumbnails and select “Move to Stage.”

EVENT RECORDING, TRANSCRIPTION, AND PRESENTATION SLIDES

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



Today's Agenda

The New York State Office of Mental Health (OMH) welcomes attendees to the 2022 OMH Statewide Town Hall, where we will discuss recent agency initiatives and hear directly from New Yorkers about their priorities for the public mental health system.

2:00 p.m. to 4:00 p.m. - OMH Commissioner Dr. Ann Sullivan will provide updates on notable initiatives across specific agency priorities and challenges, followed by a public comment period.

Today's Panelists

- **Ann Marie T. Sullivan, MD**
- Moira Tashjian, MPA
- Robert Myers, PhD
- Emil Slane, MS
- Thomas Smith, MD
- Jeremy Darman, MSW
- Anita Daniels, MS, RN-BC
- Li-Wen Lee, MD
- Christopher Smith, PhD
- Matt Canuteson, MA
- Amanda Saake, LMSW, CPRP, NYCPS-P
- Meredith Ray-LaBatt, MA, MSW

Priorities and Challenges

Prevention and Intervention Across the Lifespan

Expanding Access to Mental Health Services

Ensuring Equity, Diversity and Inclusion

Supporting Workforce in the Public Mental Health System

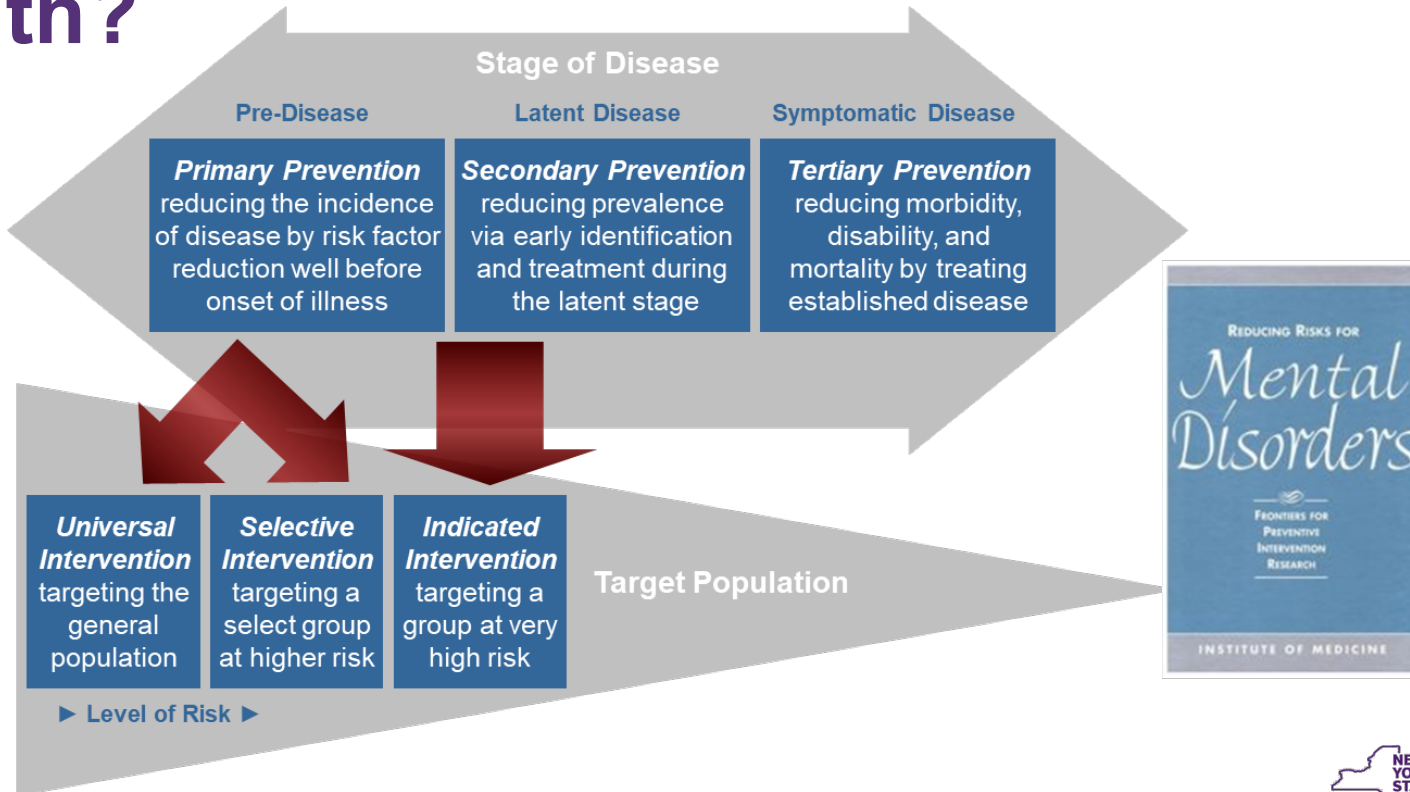


Prevention and Early Intervention Across the Lifespan



Office of
Mental Health

What is Prevention in the Context of Mental Health?



Prevention Update

- Expansion of Healthy Steps in Pediatricians Office: \$10 million in budget for expansion
 - Currently 61 sites, expanding to 81 sites, serving up to 135,000 children
- Collaborative Care Medicaid Program (CCMP), an evidence-based approach for behavioral health integration with over 300 primary care physician practices across the state (screening over two million New Yorkers for depression each year)
- Expansion of School Based Clinics by additional 20% (currently nearly 1100) and trauma informed trainings across schools
 - 126 new clinic sites in 2021-2022 school year
- Mental Health Education in Schools – investing in the Mental Health Resource Training and Technical Assistance Center
- Partnering with SED to support 26 high-need districts to implement an array of preventive and mental health efforts (\$50 million)
- Restorative Practices offering schools a unique blend of evidence-based approaches and interventions to support mental health, healing, and wellness through training and TA



First Episode Psychosis Program Expansion

- In 2022, OTNY has 29 FEP sites – of these 25 are currently operating and 4 are in the start-up phase
 - Outcomes continue to show decreased emergency room use and hospitalization
 - Outcomes continues to show 68% of enrolled clients remain connected to education and employment
 - Working to identify 2 additional new sites to open in 2023

Supporting New York during COVID-19

COVID is challenging...
We understand

El COVID es complicado... Entendemos

抗擊COVID疫情並不輕鬆..... 我們理解

COVID se yon defi... Nou konprann

COVID는 도전적입니다... 우리는 이해합니다

COVID принёс испытания... Мы понимаем

COVID চ্যালেঞ্জিং... আমরা বুঝতে পারি



1-844-863-9314

8am - 10pm / 7 days

Confidential | Free | Anonymous

NYProjectHope.Org

Community Provider Ethnic/Racial reach

- Black - 41%, Hispanic – 33%, White – 19%, Asian – 6%, Native American/Pacific Islander – 1%

Counseling Services to Schools

- Individual encounters of 15 minutes or greater – 20,738
- Group sessions in schools (Note that school-based sessions may include a variety of ages in attendance) – 15,975

Crisis Counseling Services

- Total Materials distributed – 3,989,221
- Individuals encountered (unduplicated or 1st time callers as reflected in the ICC form) – 319,795
- Group participants at education and counseling encounters (1st time attendees) – 258,807

Period under analysis is 9/17/2020 – 10/21/2022

NYProject
HOPE
Coping with COVID

[Here to talk](#) | [Here to listen](#) | [Here to support](#)



Project Engagement: an innovative, new Mental Health Wellness Community Workforce Pilot funded by \$2.5 million in new resources in the budget.



Suicide Prevention: 3 Core Strategies



- 1. Integrating a systemic approach to suicide prevention into health and behavioral health care systems**
 - Advancing Zero Suicide implementation – statewide clinic and emergency department collaboratives
- 2. Community interventions:**
 - Schools – over 8,600 trained in 2021
 - Community Coalitions: training 4 counties in best practice postvention model called LOSS (Local Outreach to Suicide Survivor) Teams
 - Gatekeeper Training – over 3,800 trained in 2021
 - Specialized Interventions for High-Risk Groups: Black youth, Latina adolescents, LGBTQ community, rural residents, veterans and first responders
- 3. Making use of existing and new surveillance data**

Current Suicide Prevention Interventions

- \$5M RFP summer 2022 - targeting minority youth groups at elevated risk, including Black, Latina, Asian, Native American, LGBTQ adolescents:
 - awards to be announced later this year
 - seeking recurring funding for this work
- Black churches pilot in 3 NY churches (Albany, Harlem, Rochester) wrapped up fall 2022
 - OMH pilot seed money led to \$1.5M private foundation grant to expand to 12 new NYS churches in 2023-2024.
- \$1M/year in 2-year grant initiative called CARES UP targeting Uniformed Personnel (veterans, first responders, corrections)
 - 15 awards
 - Initial mental health and wellness training completed in Phase 1
 - Moving into Phase 2 - resiliency trainings
- One of only 6 states awarded 5-year (2022-2026) Comprehensive Suicide Prevention Grant (\$1M/year) from Center for Disease Control (CDC)
- Suicide Prevention Pilot with construction industry concluding in 2022
 - Industry has one of the highest industry suicide rates
 - Consistent with Surgeon General's recent report on making workplace the engine of mental health and wellness (10/2023)

How can we improve prevention efforts?

What prevention strategies have you found most successful, and why?

What additional prevention strategies or best practices should OMH consider?



Expanding Access to Mental Health Services

Comprehensive Crisis Response System



Someone to Call: 988-Regional Crisis Call Centers



Someone to Come: Crisis Mobile Teams Response



Somewhere to Go: Crisis Residences and
Crisis Stabilization Centers



Crisis Peer Advisory Board

- The Peer Advisory Board (PAB) began convening in February 2022. Meetings are ongoing and occur monthly for 1 hour
- This advisory board brings both mental health and substance use peer professionals together to advise on New York State's comprehensive crisis response continuum
- The PAB provides guidance and recommendations to the NYS Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) on peer services and engagement within the crisis response continuum
- Board members abide by guiding principles, including but not limited to: recovery, autonomy, engagement, collaboration, trauma-informed, and person-centered care

What Happens When I Contact 988?





Contact Centers - NYS Volume: August 2021 vs. August 2022

Data provided by Vibrant Emotional Health

KPIs	August 2021	August 2022	
Routed	11,565	16,964	<i>5,399 increase!</i>
Received	11,565	16,059	<i>4,494 increase!</i>
Answered In-State	7,629	13,230	<i>5,601 increase!</i>
In-State Answer Rate	66%	82%	<i>16% increase!</i>
Average Speed to Answer	32 seconds	27 seconds	<i>5 second reduction!</i>

Routed: Number of calls that waited past the IVR greeting to be routed to a center. Metric used for network-wide and historic reporting, includes calls that abandon quickly after entering routing.



Mobile Crisis Services

Mobile crisis services are currently provided in 50 of the 62 counties in NYS to be expanded to all counties. Moving towards the standard of 24/7/365 – including rural areas, but not yet there

While the goal is immediate response, for active teams, the average response time currently varies between 30 minutes and 3 hours across the State – goal to reduce response time to 2 hours or less statewide by 2024

Telehealth can be utilized as consultation with licensed professionals or as a member of a responding mobile crisis team

OMH is working with CCSI to provide technical assistance to NYS Mobile Crisis Response Teams, particularly around billing guidance

OMH plans to issue an RFA to support the development of additional Mobile Crisis Teams in NYS – increase capacity, expand access to high-need communities

Extensive training on I/DD and SUD

CPEP and Inpatient Services

Learning Collaborative for Comprehensive Psychiatric Emergency Program (CPEP) Directors was established to:

- Identify barriers to best practices for assessment, discharge and admission
- Convene cross system meetings to outline current resources and address barriers
- Create a resource for clinicians that facilitates systems literacy and rapid connections to existing and future resources in the community, and define unmet needs

Peer Bridger Services – each CPEP will work with OMH to employ at least 2 CPEP Peer Bridgers to engage with individuals who are at risk of not engaging with services following discharge

OMH convening meetings with CPEPs and Housing providers to improve communication

OMH issued *“Interpretative Guidance for the Involuntary and Custodial Transportation of Individuals for Emergency Assessments and for Emergency and Involuntary Inpatient Psychiatric Admissions”* on 2/18

\$27.5 million investment will support an increase of the current Medicaid rate for inpatient psychiatric beds by 20% to facilitate opening currently closed acute community beds

- Currently, ~850 acute community beds offline, with a recent occupancy rate of 88%.
- Pre-pandemic, the occupancy rate was ~70%.



Crisis Stabilization Centers

Stabilization Centers provide behavioral health urgent care by addressing imminent mental health and/or substance use disorder needs.

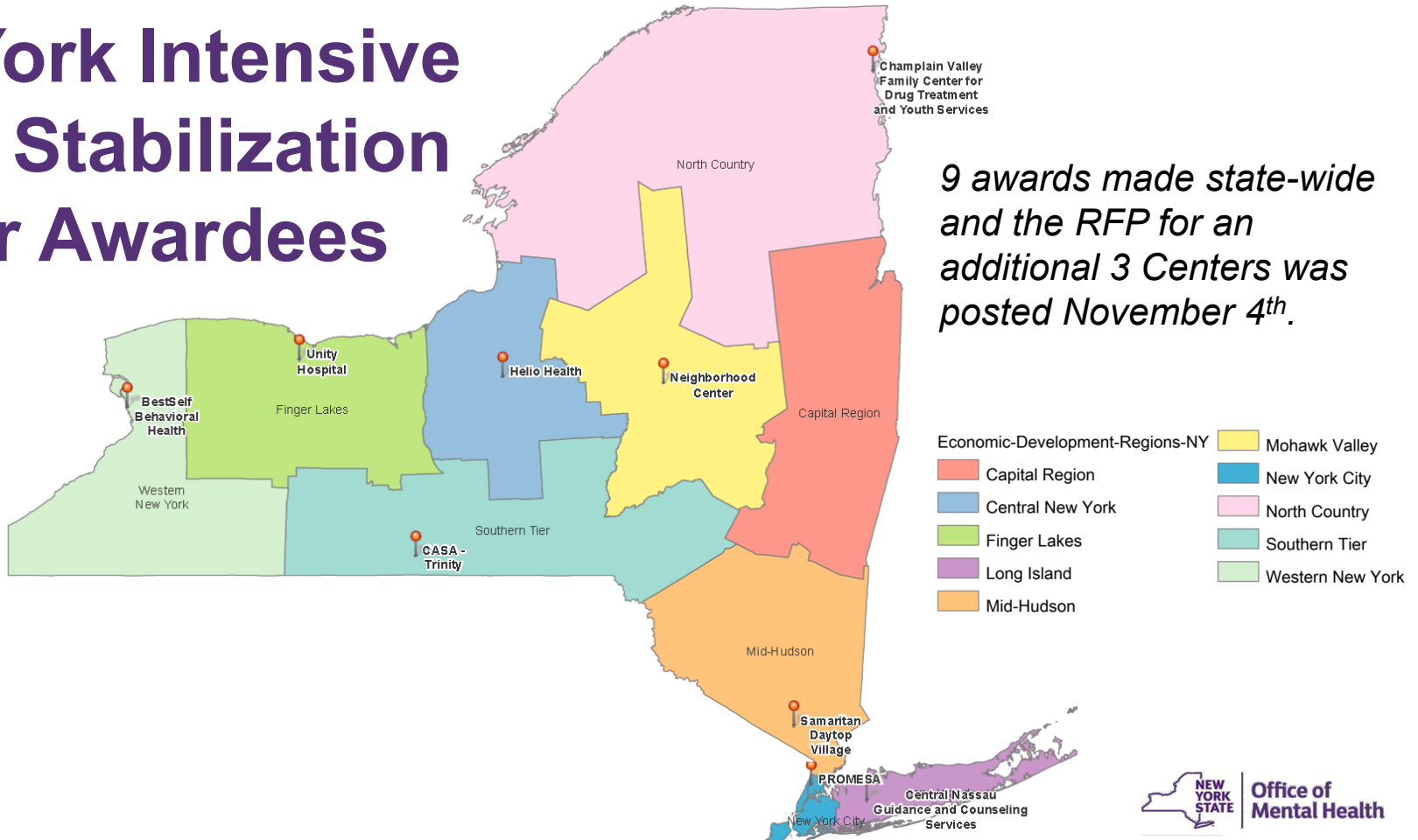
- Available 24/7 in a welcoming peer supported environment
- Provide an alternative to emergency department care
- Provide the necessary referrals and connections to enhanced community services designed to assist individuals in successfully meeting their behavioral health needs in an outpatient setting
- Effective in diverting individuals from the criminal justice system
- Training will be provided in integrated care - serving MH, SUD, I/DD
- Equity training to include LGBTQ+

Collecting feedback from customers of the crisis stabilization centers at the point of service will help assess their experience and find ways to make improvements

- OMH is developing a brief electronic survey for customers to take in real-time on site, such as when they are on their way out of the center

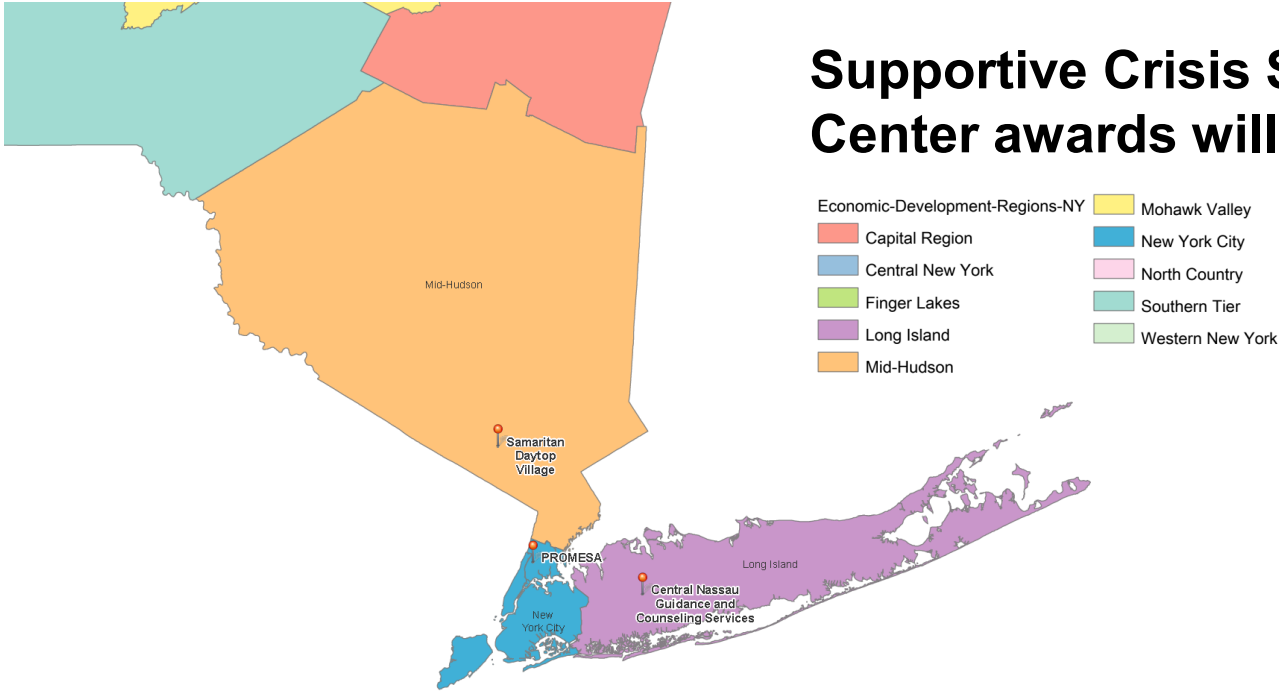
New York Intensive Crisis Stabilization Center Awardees

9 awards made state-wide and the RFP for an additional 3 Centers was posted November 4th.



New York Intensive Crisis Stabilization Center Awardees – Downstate

Supportive Crisis Stabilization Center awards will be made soon!



Crisis Residential Programs - A Place to Go

Residential Crisis Support (RCS)* - 10 awards made

- 18+ years old
- Assessment, safety planning, crisis counseling, peer support, connections to natural supports and community services

Intensive Crisis Residence (ICR)* - 9 awards made

- 18+ years old
- All RCS services and treatment services including medication therapy, psychotherapy, supports for co-occurring conditions

Children's Crisis Residence (CCR)* - 13 awards made

- 5 – 18 years old
- Assessment, health screening, counseling, service coordination, engagement and support for families, behavior support, respite

OMH capital awards will result in over 200 new beds statewide by 2025

*Services within these programs include, but are not limited to

Expanding Access to Children's Mental Health Services



**Office of
Mental Health**

2022-23 Budget Highlights: Children & Families Service Expansion

- Home-Based Crisis Interventions (HCBI)
 - \$7.5 million in 22-23, \$10 million full annual; double family enrollment to 2,600.
 - 10 new teams, 8 to focus on MH/IDD
- Other Children's Investments
 - \$8 million funding for evidence-based practices, to start an EBP Center of Excellence for Kids
 - \$10 million School based MH initiatives
- Rate increases for children's services (e.g., Youth ACT, CFTSS, RTF, CCR, Clinic)
- Expand Systems of Care with 22 System of Care Planning Mini-Grants to County Mental Health Departments in addition to ongoing SOC SAMHSA grant
- Additional service expansion across the State. For example:
 - 12 Intensive Outpatient, 2 Partial Hospital Programs, 31 Clinic Expansion, 8 HBCI Teams, 136 New School-based clinics

Youth Assertive Community Treatment (ACT)

- 20 Youth ACT Teams statewide
 - MHBG/Reinvestment for startup funding (as well as 2 Young Adult ACT)
 - 19 recent awards; one is currently in procurement
- Serves children ages 10 to 21 and their families, providing services and support in the home and community setting
- Allows young people who are at risk of entering residential or inpatient psychiatric treatment to receive services while remaining with their families and in their communities
- Delivers intensive, highly coordinated, individualized services and skilled therapeutic interventions to ensure the child and their family have the level of treatment and services to support their recovery – peer(s) are a required part of every team!
- Highly responsive and flexible to meet the individualized, changing needs of the child and family, and they offer support 24 hours a day, 7 days a week

Redesigning Children's Residential Programs

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

To achieve these goals, OMH is:

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

Cross Systems Work and Collaborations

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

- Collaboration with OPWDD and SUNY Upstate Medical University – specialized inpatient unit for children 12-17 years old – allowing them to stay closer to home and avoiding out-of-state placements (Fall 2023)
- Collaboration with OPWDD, State Education Department, and Baker Victory (now Our Lady of Victory) to establish a residential treatment program (opened 2018)



UPSTATE
MEDICAL UNIVERSITY



Office for People with
Developmental Disabilities



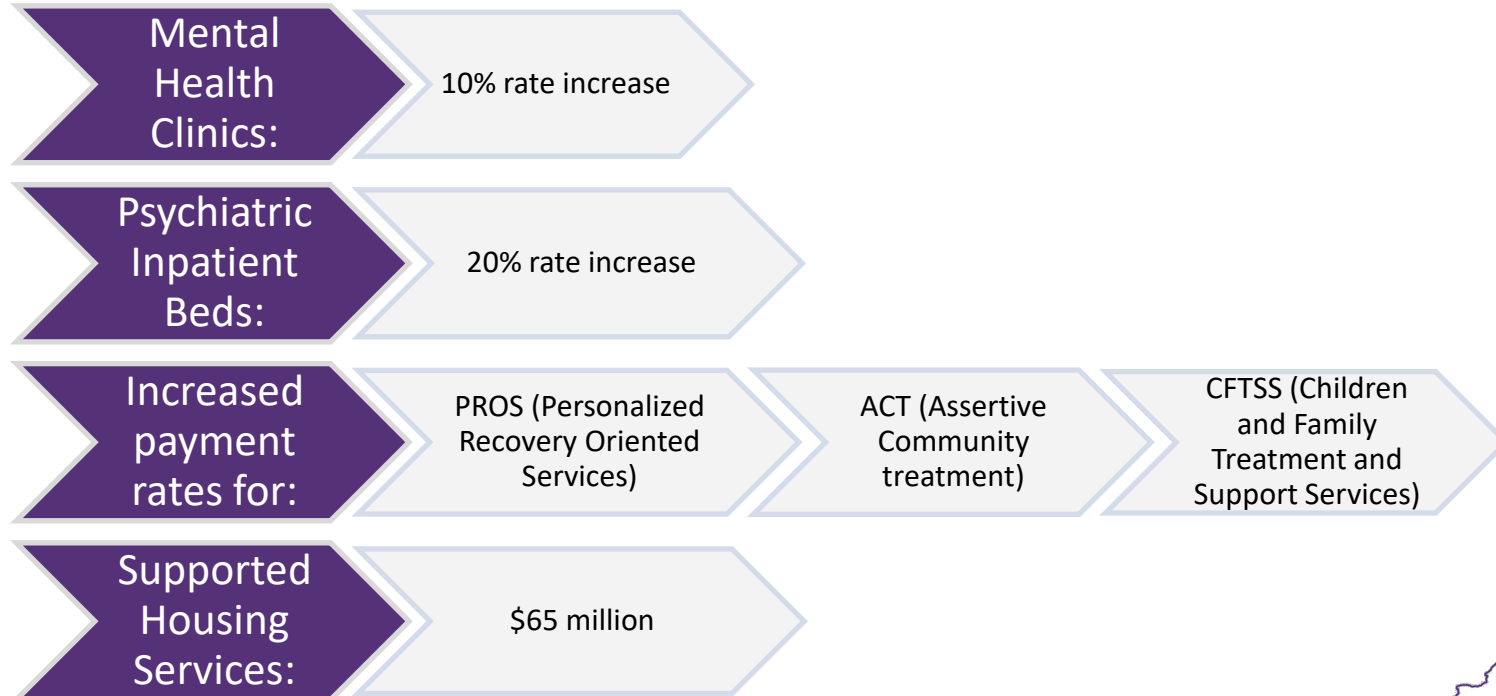
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Strengthening Community-Based Care for Adults



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Funding Stability and Expansion of Critical Treatment Services

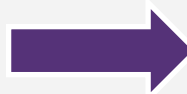


Outpatient Services Redesign

PROS Redesign

OMH is working closely with stakeholders in the community and within the agency to redesign and modernize the PROS program and reimbursement model.

To achieve a 360 perspective on how to rebuild and strengthen PROS moving forward, the stakeholder engagement effort involves the following:



- Participant workgroup
- Provider workgroup
- Provider listening sessions
 - Participant survey
 - Staff survey
- Additional feedback forums

Clinic to Rehab Option

OMH is redesigning licensed clinic regulations to have the capability to provide more flexible services under Rehabilitative Services as 'Mental Health Outpatient Treatment and Rehabilitative Services'. Youth, Family, Adult, and Older Adult Peer Support Services will be an optional service at Mental Health Outpatient Treatment and Rehabilitation Services, and these programs will be able to bill Medicaid for these services.

Telehealth Expansion

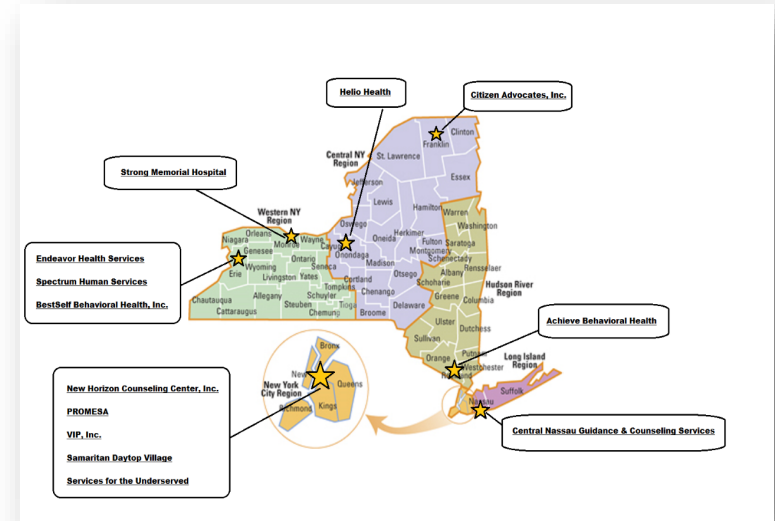
Telehealth regulation changes have been made permanent. OMH will issue program guidance and provide technical assistance to support the broad implementation of telehealth in communities across New York.



Certified Community Behavioral Health Clinics (CCBHC)

CCBHC's provide an array of mental health and substance use disorder services, including crisis stabilization and the ambulatory services needed for aftercare, via same or next day access.

- 13 CCBHC demonstration sites statewide
- 25% of CCBHC clients are new to behavioral health services
- 23% of CCBHC clients were age 0-17
- 81% of CCBHC clients receive care coordination
- CCBHCs show promise for improving client outcomes
 - 27% reduction in inpatient psychiatric billing
 - 26% reduction in behavioral health emergency billing



In addition to the 13 demonstration sites, New York State has received 44 CCBHC expansion grant awards.

CORE Update

- **Over 100** fully designated CORE providers across New York State
- Preliminary claims data is showing an **increase in CORE Services**
- Feedback from programs, MCOs, and care managers has been overwhelmingly positive
- OMH-hosted CORE providers can be found on our website using the **Find A Mental Health Program** search feature (<https://my.omh.ny.gov/bi/pd/saw.dll?PortalPages>)

Improving Employment Outcomes

According to national research from Columbia University, approximately 66% of individuals with serious mental illness want to work. In New York, only 19.9% are competitively employed.

- OMH is improving access to employment supports for individuals with serious mental illnesses via a targeted investment of \$2.8M into the Personalized Recovery Oriented Services (PROS) Vocational State Aid to provide evidence-based supported employment services and work directly with employers to increase employment opportunities for individuals with SMI
- OMH will additionally be adding two regional employment coordinators to act as a liaison between supported employment providers and other state agencies that support employment initiatives, including NYSED ACCES-VR and NYS DOL
- OMH is partnering with NYS Department of Labor (DOL) on various initiatives including New York Systems Change and Innovation Opportunities Network (NY- SCION)
 - NY SCION Disability Resource Coordinators work out of DOL Career Centers and One Stops throughout the state connecting people with disabilities to necessary supports and workforce resources
- OMH is leading the New York Employment Services System (NYESS), a statewide collaborative network, in partnership with Workforce (DOL); NYESS promotes Employment 1st principles to practice

Developing Services and Housing for Homeless New Yorkers



**Office of
Mental Health**

Decreasing Homelessness in NY State

Focus on individuals living on the streets and also living with serious mental illness.

- It is estimated that 4,000 individuals are living on the streets in NYC and approximately 2,000 of them are also living with serious mental illness. Further, it is estimated that an additional 1,500 individuals with serious mental illness are living on the streets across the rest of New York State
- Enhanced services and supports will include:
 - Safe Options Support Teams to provide intensive wrap around services
 - 500 additional supportive housing units funded by the state and additional safe-haven and stabilization beds funded by the city using a housing first approach
 - Learning collaborative with hospitals and CPEPs/EDs on how to best engage and serve these individuals

New Inpatient Capacity, Housing, Wraparound Care and Training

As part of Governor Hochul's plan to address homelessness in New York City, OMH is implementing a multifaceted strategy to assist New York's most vulnerable individuals living with mental illness

Transition to Home Units (THU)

OMH is opening two new inpatient units for street and subway-dwelling homeless individuals with severe mental illnesses and poor community tenure, offering specialized multidisciplinary inpatient care and recovery-focused treatment to facilitate discharges to the community.

One 25 bed unit opened on November 1, 2022, and a second unit will open by early 2023.

Community Residential Step-Down Program

OMH will be issuing an RFP for four, 15 bed community residential programs which will serve individuals being discharged from the THUs.

These programs will provide housing, skill development, and other services need to support successful community integration.



Wraparound Care Post-Discharge

Individuals served in the THU will receive individualized assessments to best align services needed to foster stability in the community, and will be connected to Safe Options Support, Assertive Community Treatment, and Intensive Mobile Treatment teams to support their transitions back into the community and into permanent supported housing.

Enhanced Training for Law Enforcement and First Responders

OMH will expand trainings for MTA police, NYPD and EMS/EMT on statutory authorities and best practices for engaging the street homeless population experiencing mental illness.

New York's Safe Option Support Teams

Focused Outreach. Coordinated Care. Housing Assistance.

SAFE OPTIONS SUPPORT

A New Team-Based Approach
Offering Comprehensive Community Care to
People Experiencing Homelessness

**For Information & Support:
Call 1-866-SOS-4NYC**



Meeting You— Where You Are

Services On Offer

- ✓ Immediate Needs Support (Food/Clothing) Resources
- ✓ Medical/Wound Care
- ✓ Linkage to Medication-Assisted Treatment for Substance Use
- ✓ Entitlement Support
- ✓ Housing Support
- ✓ Behavioral Health Counseling
- ✓ Ongoing Supportive Care & Skills-Building

In Collaboration With







**For Information & Support:
Call 1-866-SOS-4NYC**

Safe Option Support Team Update

20 teams are planned throughout the state by end of 2022.

10 SOS Teams are currently active in NYC

- 6 in Manhattan
- 2 in Brooklyn
- 1 in Queens
- 1 in the Bronx. An additional Bronx team will be launching this year.

As of October, SOS staff have conducted **3,071** total outreach encounters and placed **154** individuals in Safe Haven or shelter beds through DHS. Teams operate Mon-Fri from 7AM-9PM and are actively recruiting for weekend staffing.

The SOS Hub has received **470** referrals from hospitals, SPOA, DHS, Street Outreach Teams and community stakeholders.

467 individuals have been enrolled in SOS services.

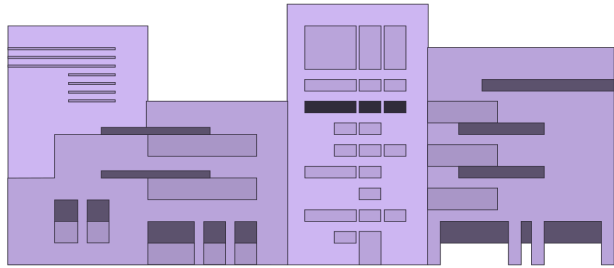
- Services provided include:
 - Assistance with basic needs (food, clothing, toiletries)
 - Shelter/Safe Haven placement
 - Linkage with medical/behavioral/SUD treatment
 - Benefits assistance
 - Identification
 - Medicaid enrollment



Investing in OMH Housing

The FY 2022-23 OMH budget authorized OMH to proceed with a \$65 million additional investment into existing residential programs, bringing OMH's annualized total housing investment to over \$135 million.

- County-specific Supportive Housing increases applied 4/1/22 to advance the goal of funding at FMR + Services
- SP-SRO and CR-SRO Increases
- Apartment Treatment and Community Residence Increases
- \$15M to support the implementation of Medicaid billing in Supportive Housing
- 5.4% Cost of Living Adjustment included in FY 2022-23 budget compounds rates effective April 1, 2022



Housing: Year in Review

- **OMH now licenses, funds and/or operates 47,688 residential beds in New York State**
- 377 supportive housing beds opened in 2022 – with 222 more expected to open through the end of year
- Upcoming ESSHI awards – 597 supportive beds in the pipeline for 2023
- Housing bureau is coordinating with Intensive Crisis Stabilization Center awardees for access to transitional beds – we know that housing is a vital partner for the success of these programs
- 500 Additional housing units for street homeless in NYC
- OMH is working on implementation of property pass-through for unlicensed housing

Innovation in Peer Services



**Office of
Mental Health**

The Promise of Hope, Resiliency and Recovery for All New Yorkers

Peer Support Services are essential to the behavioral health system

- OMH is committed to continually evaluating and evolving the integration and utilization of Peer Support Services in mental health programming
- OMH values the partnership and feedback from the peer community, service recipients, families and advocates to further inform policy and program development and enhancement

OMH's Peer Workforce and Service Investments

- Expand Certified and Peer Capacity Grants
 - **117** agencies receiving a combined total of **\$5,771,268**
- Mental Health Community Partners (MHCP)
- CORE Peer Navigators
- Specialty Training for Peer Workers & Supervisors
- Benefits & Work Incentives Training Investments
 - **39** agencies/counties with a combined total of **\$330,000** in awards
- Peer Support Services Technical Assistance Center (Peer-TAC)
- Peer Specialist Workforce Advancement & Mentoring Network
- Creating a sustainable and expanded credentialed Peer Workforce
 - **3,540** New York Certified Peer Specialists
 - **417** Credentialed Family Peer Advocates
 - **99** Credentialed Youth Peer Advocates



Expanding Peer Support Services

Training, technical assistance, and ongoing support to agencies to ensure successful inclusion of Peer Support Services across the lifespan including support for children, families, youth, adults, and older adults.

OMH funded and operated by NYU McSilver Institute for Poverty Policy and Research (McSilver) and Rutgers University's Academy of Peer Services (APS).

Support for inclusion of Peer Support Services in the mental health service delivery system, including services provided by New York Certified Peer Specialists (NYCPS), Credentialed Family Peer Advocates (FPA-C), and Credentialed Youth Peer Advocates (YPA-C).



Ongoing Efforts from OMH's Office of Consumer Affairs

- **Suicide Prevention and Lived Experience** – Supporting the OMH Suicide Prevention Center of New York with the 2022 Suicide Prevention Conference by bringing several panelists who are survivors of suicide attempts to speak to providers.
- **Support for Discharging Long Stay Patients at State Psychiatric Centers** – Providing technical assistance and support around the use of Peer Bridgers, Compeer, applying for benefits, and support recipients in their return to community living.
- **State Psychiatric Center White Paper** – Convening multi-session meetings with service recipients in state psychiatric centers to elicit information on their experiences and recommendations on a variety of topics. Next steps will be to facilitate focus groups in the community.

Improving Outcomes for Justice-Involved Individuals



**Office of
Mental Health**

Diversion, Intervention, and Re-Entry

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

- **Jail Diversion Pilots:** 6 original pilot counties included an array of diversion programs reliant on collaboration between law enforcement, probation, and mental health. Nine new counties have submitted proposals which are under review now - models include Forensic Assertive Community Treatment teams, system of care development, trainings, and crisis stabilization services
- **Community Re-Entry Initiatives:** OMH provides services to over 10,000 incarcerated individuals in DOCCS settings. Annually, approximately 5,000 individuals with mental illness are released each year, including 900 with serious mental illness. OMH's re-entry goals are to reduce recidivism and promote successful reintegration through enhanced discharge planning services, education, support, and community partnerships, as well as Parole Diversion programming
- **Crisis Intervention Team (CIT)**
- **Mobile Access Program (MAP)**

Crisis Intervention Team (CIT) Program

1st Goal

- Transform crisis response systems to minimize the times that law enforcement officers are the first responders to individuals in emotional distress.

Done via Sequential Intercept Model (SIM) Mapping at the county level

- 28 mapping workshops completed

2nd Goal

- Ensure that when police are the first responders – that they have the knowledge, skills and support to de-escalate situations and divert individuals from the criminal & juvenile justice systems, when possible.

- 37 CIT trainings conducted (in 30 counties)

Mobile Access Program (MAP)

Provides iPads to police & local mental health clinicians. At police request, clinicians provide a remote face-to-face evaluation to help plan for appropriate disposition.

Goals include increasing access to mental health evaluations and avoiding unnecessary transports to hospitals.

3 counties at pilot launch in 2019

20 counties currently participating

35 law enforcement jurisdictions

18 mental health agencies

153 iPads deployed

Peer Supporter Program

The Peer Supporter Program is a collaboration between OMH and the Department of Corrections and Community Supervision (DOCCS). It is designed to continue efforts in suicide prevention by providing support for those recently discharged from the Residential Crisis Treatment Program (RCTP) and returning to general population (GP), Intermediate Care Program (ICP), or the Special Needs Unit (SNU) in Level 1 facilities.

- Currently, this program is in a pilot phase in four correctional facilities (expansion to a fifth facility is underway). Phase one of this program has allowed specially-trained peer incarcerated individuals to connect with people upon discharge from the RCTP. The second phase of this program will allow for the addition of peer support on a self-referral basis for those housed in GP housing units.
- All Peer Supporters are selected through a comprehensive application and review process; a four-hour training program and passing an examination is required to become a Peer Supporter. In addition, Peer Supporters attend a bi-weekly group supervision, which is co-facilitated by OMH and DOCCS, to allow a place to debrief their work, review procedures, discuss issues, and provide supplemental training.



How can we best expand access to care?

What are we doing right? What do we need to improve and why?

What additional programs and/or strategies should OMH consider?

Ensuring Equity, Diversity, and Inclusion



Diversity, Equity, and Inclusion

- The OMH Office of Diversity and Inclusion continues to provide education and consultation to State and community partners
- OMH has included equity components into all Requests For Proposals released
- FMAP Funds are being used to support a collaboration between OMH, SUNY and CUNY to provide a pipeline program designed to encourage racially, ethnically, and/or multilingual students to enter mental health-specific degree programs. This program will provide students with direct financial assistance to support their degree completion
- The new **Vital Signs Dashboard** utilizes Medicaid data and Healthcare Effectiveness Data and Information Set (HEDIS) quality indicators, such as hospital readmission, engagement in treatment, or whether someone with schizophrenia has been screened for diabetes or has been taking their antipsychotic medications, and then breaks that information down by race, ethnicity, gender, and region to identify disparities between the various groups of individuals we serve

Select Disparity Population

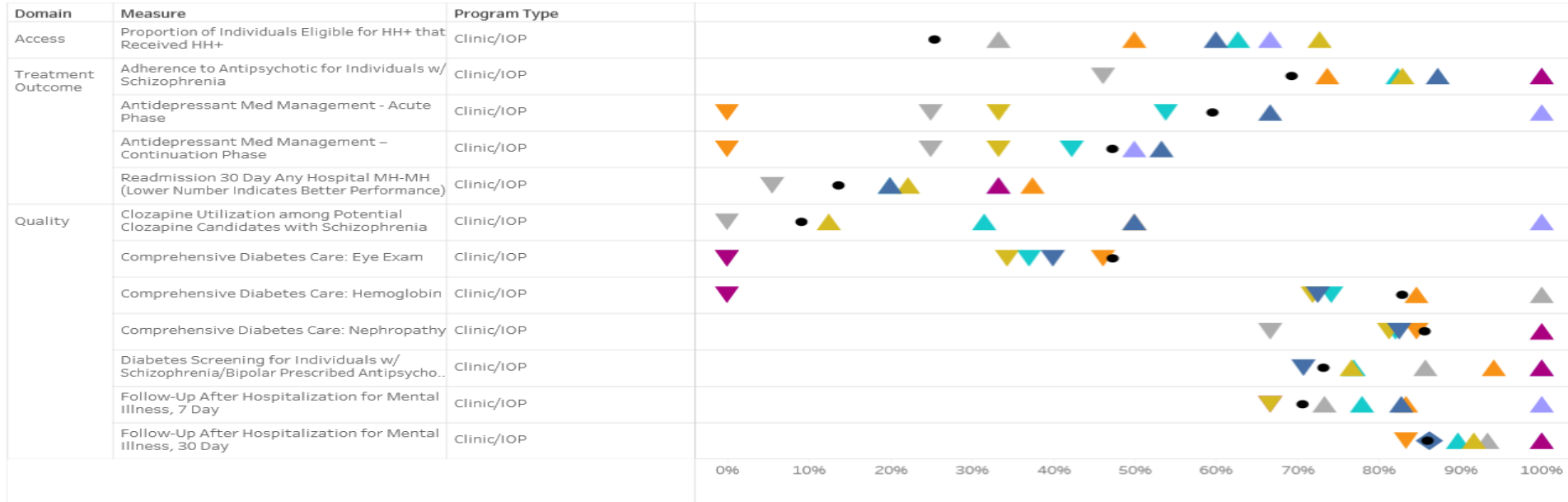
Race/Ethnicity

Select to View Chart/Table

Chart

OMH State PC Network - Main Street Psychiatric Center Clinic/IOP Disparities by Race/Ethnicity (2020)

Hover over points on graph to see rates.



Data is Critical!

Data helps us see the full picture:

- Opioid Overdose data in 2019 showed an overall decrease, but when data is looked at by race and ethnicity, there was a clear increase in black communities
- Loss of life by suicide appeared unchanged - or decreasing prior to the pandemic, but if looked at by age, race, and ethnicity, there was a significant increase in loss of life by suicide for black youth under 12 and increase in suicide attempts for Latina girls under 21 years of age
- Higher percentage of black and Hispanic individuals are admitted to psychiatric hospitals, our state hospital system, and mandated by AOT
- Maternal mortality is higher in black women than white women in New York State

Diversity and Equity: Specialized Programs

Asian American Mental Health Workgroup

- To address the acute stress and long-standing barriers (i.e., language access barriers, lack of culturally appropriate clinical care) that make it difficult for Asian American New Yorkers to access quality mental health services

Buffalo Community SERG Grant

- Funding to be used for Non-Traditional Mental Wellness programs, A Black Mental Health Response Team, and a Psychological First Aid Train-the-Trainer program

Sawubona Healing Circles

- To provide culturally appropriate assistance and support to individuals and families in black communities dealing with elevated levels of grief, anxiety, and trauma

CARES UP

- Initiative designed to support veterans, first responders, and uniformed personnel through wellness and resiliency to lessen the stress inherent in their careers

DBT STEPS A (Skills Training for Emotional Problem Solving for Adolescents)

- An evidence-based and evaluating promising Social-Emotional Learning (SEL) programs to increase protective factors (being implemented in a NYC school with high immigrant and black enrollment)

How can we be more inclusive?

How have we been doing in reaching marginalized and underserved populations? What more can we do?

How can we best deliver culturally-competent care to all New York communities?



Supporting Workforce in the Public Mental Health System

Workforce: 2022-23 Budget Priorities

5.4% COLA for Community Mental Health Workforce

\$3,000 Healthcare Worker Bonus

Recruitment and Retention support from MHBG/FMAP for sign-on and retention bonuses, tuition assistance

Psychiatrists and Nurse Practitioners across NY: \$9 million loan forgiveness

Collaboration with CUNY and SUNY on diversity recruitment, fellowships and student recruitment

Workforce: 2022-23 Budget Priorities

OMH Residency Programs for psychiatrists

Pilots focused on increased use of paraprofessionals for mental health screening and coaching

Increased financial and educational support for peers

Training for integrated care for individuals with mental illness and developmental disabilities (including Project Teach expansion)

Salary enhancements for specific state psychiatric center titles

Developing the Mental Health Workforce Pipeline

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

- **Expand Existing Institutional Collaborations:** Schools of Social Work Deans' Consortium Project for Evidence-based practice in Mental Health. This program offers 2nd year Master's in Social Work (MSW) students training and education in recovery oriented, evidence-based practices for adults diagnosed with Serious Mental Illness (SMI). Participating students receive a certificate of completion and a small financial incentive award. Majority of MSW programs in New York are already participating, and OMH aims to recruit all remaining programs in 2022-23 academic year, as well as add a new child and adolescent track
- **New Institutional Collaborations:** Partnership with SUNY, CUNY, and BOCES to develop and build upon existing and new human services and mental health programs that train and encourage students to pursue careers in this field and empower the existing workforce to stay and pursue new roles within the field. Discussions with SUNY Orange Community College already underway and plans for system-wide collaboration with SUNY. OMH is also seeking to develop a new program, akin to the existing MSW program, designed to prepare Licensed Mental Health Counselors for careers in the public mental health system

Developing the Mental Health Workforce Pipeline

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

- **Establishing a Community Mental Health Worker Title:** Enabling paraprofessionals to provide basic community-based mental health services. The aim for this initiative is to enable these workers to provide services including non-clinical and non-case management outreach, engagement, support, and referrals to specific services that may be provided across a variety of mental health programs
- **Additional Workforce Priorities to Develop Pipeline:** Expand diversity, equity and cultural competency across the mental health workforce; expand the peer workforce across mental health service settings; and provide additional trainings aimed at assisting providers address the needs of underserved and emerging populations in need of care

How can we build a sustainable workforce?

Which recruitment and retention strategies have been most effective? What additional recruitment and/or retention strategies are needed?

How can OMH best leverage the national focus on mental health to build the mental health workforce?

Discussion, Comments, and Questions



Office of
Mental Health

Questions? Comments?

How to send questions or comments:

- Participants wishing to speak must select the “hand raise” 🙋 button located on the right side of their screen. Participants with their hands raised will be announced and unmuted as time allows. To maximize stakeholder participation, we ask that all participants limit their spoken comments to three minutes.
- Questions and comments will also be taken in the chat box by directing comments “To: All Panelists”
- OMH will also accept submission of additional comments through November 25, 2022, to transformation@omh.ny.gov

Prevention

- What prevention strategies have you found successful, and why?
- What additional prevention strategies or best practices should OMH consider?

Access

- What are we doing right? What do we need to improve and why?
- What additional programs and/or strategies should OMH consider?

Equity

- How have we been doing in reaching marginalized and underserved populations? What more can we do?
- How can we best deliver culturally-competent care to all New York communities?

Workforce

- Which recruitment and retention strategies have been most effective? What additional recruitment and/or retention strategies are needed?
- How can OMH best leverage the national focus on mental health to build the mental health workforce?

Thank You!

**Questions, comments and remarks
accepted through November 25, 2022**

transformation@omh.ny.gov