

Designing a Continuum of Care for Individuals and Families with Complex Mental Health Issues

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Ann Sullivan has no real or apparent financial relationships to disclose.

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Challenges Going Forward

Resource Gaps in the Care Continuum:

long standing gaps in prevention, services, supportive housing and community integration

Workforce:

recruitment and retention; training; burnout

• Parity:

Appropriate medical necessity criteria; network adequacy; timely access to care; adequate commercial payment for services

Equity vs Stigma and Discrimination Education, prevention and outreach and early intervention



Department Office of of Health Mental Health

A Billion Dollar Investment in Mental Health: Building a Comprehensive Continuum of Care

> **PREVENTION**

EXPAND ACCESS FOR ALL

INTENSIVE SERVICES FOR THOSE WITH CHALLENGING MENTAL HEALTH ISSUES



Enacted Budget: Prevention Services

- Increase School-based clinics
 - Including increasing Medicaid rate (july2023) & Commercial Insurance coverage at the increased rate by Jan 2024
 - \circ 1,000 clinics currently, double in 2 years
- Expansion of Pediatric Healthy Steps to 350,000 families and youth
- New Resources to expand Suicide Prevention programs for high-risk youth
- Expansion of Mental Health First AID for adults and youth
- Expansion of Individual Placements and Supports (IPS): Employment

Enacted Budget: Community Access

- 26 New Certified Community Behavioral Health Centers (CCBHC) (tripling the capacity from 13 to 39 to expand access)
- Expansion of Article 31 Mental Health Clinics
- Expansion of Home-Based Crisis Intervention for youth to 4600 slots
- 12 New Comprehensive Psychiatric Emergency Programs (CPEPs)
- 42 New Assertive Community Treatment (ACT) teams
- Expansion of Intensive and Sustained Engagement Team (INSET) program
- Farmnet permanent funding for rural peer mental health services
- Funding for Eating Disorders Centers



CCBHCs Increase Access to Care for All

With rapid access to comprehensive and integrated care in CCBHCs, cross-trained staff are successful at engaging individuals with SMI and co-occurring disorders:

- 24% of individuals new to a CCBHC had not received a BH service from any provider in the previous year
- 62% of individuals served in CCBHCs were SMI and 66% had a co-occurring diagnosis
- CCBHCs have increased the percentage of OUD clients receiving MAT each year of the demonstration: 2018: 64%, 2019: 70%, 2020: 71%

Inpatient Hospitalizations for Behavioral Health (MH and SUD)

- Year one of the demo saw a 27% reduction in utilization of BH inpatient services for CCBHC clients
- Year two a further 19% reduction from the first year

ER Visits for Behavioral Health (MH and SUD)

- Year one of the demo saw a 26% reduction
- Year two a further 7% reduction from first year



Integrated Care for Complex Needs

- CCBHCs integrated mental health care, substance use, developmental disabilities and primary care
- Specialized services across clinics, intensive services, wrap around teams that serve individuals with dual diagnosis of substance use, developmental disability, criminal justice involvement
- Integration with all crisis services
- Training and practice that ensures successful integration
- Peer Services integrated throughout



Enacted Budget: Highest Need Individuals

- Inpatient Expansion: 150 new State inpatient beds and reopening 850 offline Art. 28 acute community beds
- New Inpatient and ER Discharge Protocols and Responsibilities
- 50 new Critical Time Intervention (CTI) teams including Medicaid and commercial insurance coverage linked directly to hospitals and emergency rooms
- Capital and Operational resources to develop 3,500 new Housing Units: 900 transitional step down; 500 Community Residence SRO's; 600 licensed apartment treatment; 1,500 supportive housing units
- OMH/OPWDD Inpatient and stepdown unit Kings County NYC
- Increase Health Home Plus capacity for high-need individuals
- Commercial and Medicaid payment for all crisis services and intensive wrap around services by 2025

Additional Services Complex/Challenging Needs

Forensic

- Center for Diversion from Incarceration
- Mobile Access Program (MAP)
- Crisis Intervention Team training expansion
 - o Sequential Intercept Mapping
- Housing with supports
- Specialized Forensic Act and CTI teams, and training staff in CCBHCs and clinic expansion

Chronically Unsheltered Homeless

- Safe Options Support Teams: total 28
- Specialized Inpatient Services, longer stay units
- Housing First and Specialized Transitional Housing with supports
- Long term social, skills and employment supports



Ongoing Development of Critical Crisis Services

- 988 Fully Funded
- Mobile Crisis Expansion: at least one in every county
- Crisis Stabilization Centers
 - \circ Intensive: 12
 - Supportive: 12
- Crisis Residences expansion: across the state
- All Integrated services, with an emphasis on peer involvement



Children and Youth: Future Directions



Intensive Community-Based Care

Intensive Outpatient Programs

- Start-up support for 11 new programs and 1 expansion
- Provider workgroup on exploring new models, including school district based

Children's Day Treatment

- School-based mental health intensive treatment in community and state operated settings
- Modernization of Children's Day Treatment (NYSED)

Partial Hospital Programs

- 2 new PHPs and 1 expansion
- New PHP, with specialized tracks, to be studied

Youth ACT

- New model with 6-8 multidisciplinary team members serving 26-48 youth
- Youth ACT Technical Assistance Center and evaluation
- Up to 30 funded teams statewide



Intensive Community-Based Care

High Fidelity Wraparound

- Evidence based care management intervention including peer support
- Being expanded statewide

Home and Community Based Services for youth with SED

• 25% permanent rate increase (State Partners)

First Episode Psychosis Teams

- 25 OnTrack teams throughout NYS, 3 new
- Provide comprehensive services to young individuals, late teen to mid twenties, living with schizophrenia with a first episode of psychosis; Emphasis on education, employment and social supports; over 70% remain on track for education and work.

Home-Based Crisis Intervention

- 40 teams serving families for 4-6 weeks: 4600 families
- 2 new DD/MH teams (DDPC, OPWDD)



Residential/Inpatient Treatment

- Youth Crisis Residences and Transitional community beds
- Children's Community Residence
 - 34 CCRs with average enhancement of 30% in FY 21
 - Pilot 14-21 program with independent living supports (ACS)
- Residential Treatment Facilities (Inpatient Care)
 - 274 RTF beds
 - 26M investment including clinical/direct care rate increase, addition of staff including permanency specialist, additional therapist, additional transition coordination, intake specialist
- Inpatient
 - Neurobehavioral unit (SUNY Upstate): Fall 23 Youth with mental health and developmental challenges linked to stepdown at OLV Services
 - Exploring specialty unit for youth with high assaultive/aggressive behavior
 - Returning offline bed capacity
 - Exploring new capacity and capital to support



Key Services Available Now:

- Health Home Plus for Adults: more intensive care management and smaller caseload for serious mental illness
- Mobile Crisis Teams available to Emergency Rooms, increasing crisis respite and stabilization centers opening
- SOS Teams NYC and soon upstate
- Adult ACT expansion
- Regional Mental health offices available to problem solve and help manage complex cases: Call early on arrival in ED or inpatient.
- CCBHC's with outreach capacity and Intensive Outpatient programs
- Home-Based Crisis Intervention for youth to prevent or step down from inpatient /ED
- Youth ACT: 20 teams operational and 10 more coming

STATE OF

WORKFORCE



Workforce Development

- 4% COLA this year; 5.4% COLA last year
- Continuing Rate increases in ambulatory and inpatient services
- Continuing two-year \$104M investment in residential services
- Expansion of OMH Mental Health Loan Repayment (\$5M) for mental health professions in addition to the 9 million for physicians and nurse practitioners already being distributed



WORKFORCE DEVELOPMENT

- Expanding workforce training and support for Evidence Based Practices:
 - Social Work Masters Programs: stipend for participation in evidence-based practicum
 - State financed training for family/youth evidence-based practices in clinics
- Development of a recruitment pipeline with SUNY and CUNY including scholarships for recruiting a diverse workforce
- DOH Community Liaison Worker





