



**Office of
Mental Health**

Transforming and Strengthening New York State's Mental Health System: Improving access, quality, and opportunities for recovery

NYSTEC Population Health Innovation Summit | June 6, 2023

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Chief Medical Officer**

Learning Objectives

1. Gain an understanding of the current state of mental health services in New York State and the comprehensive plan to transform the continuum of care and reduce the number of individuals with unmet mental health needs.
2. Apply the information presented to your own professional work and enhance the ability to provide evidence-based mental health services and programming to individuals in New York State.

Competency Measures

- 1.3.4 Assess existing and available resources, policies, programs, practices, and interventions.
 - 6.2.1 Describe the intended outcome of the communication (e.g., raise awareness, advocacy, behavioral change, and risk communication).

Outline:

- 1. OMH Overview**
- 2. Mental Health Trends and Priorities**
- 3. NYS Transformation Plan**



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OMH Overview

Mission: Promote the mental health of all New Yorkers, with a particular focus on facilitating hope and recovery for adults and children with serious mental illness or emotional disturbances.

- The NYS **Office of Mental Health (OMH)** is a regulatory agency and service provider that **oversees, licenses, or funds** ~10,000 community inpatient beds, 650 ambulatory programs, and more than 43,000 residential beds across 4,500 agencies.
- OMH operates **24 state hospitals** for civil, forensic, and research populations.
- The NYS mental health system **serves more than 700,000 individuals annually** with inpatient, outpatient, crisis, and residential services through:
 - not-for-profit community hospitals
 - county public hospitals with psychiatric services
 - community non-profit agencies and
 - the state-operated mental health system.

2. Mental Health Trends and Priorities

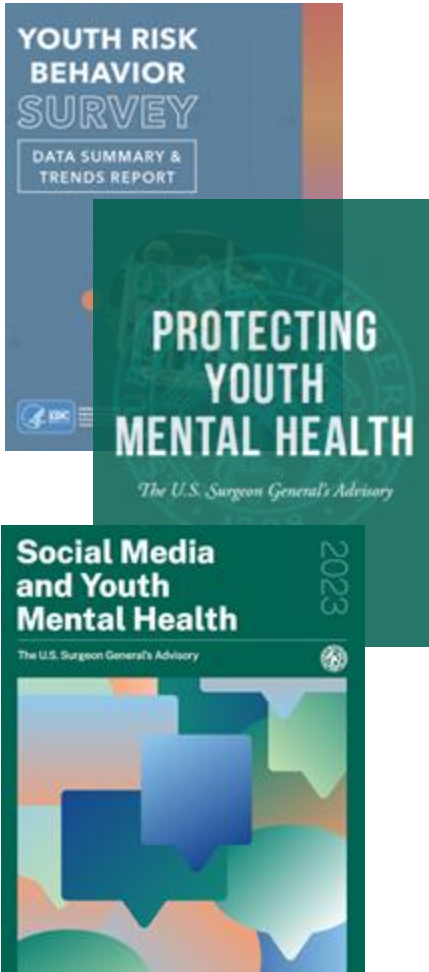


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Mental Health and COVID-19

- According to the WHO, the global prevalence of anxiety and depression increased by 25% in 2020, with the highest increases occurring in the areas hardest hit by the pandemic.
- The COVID-19 pandemic itself disrupted daily life, contributed to isolation and loneliness, and caused significant loss. It also, however, drew attention to emerging and existing mental health issues, disparities, and epidemiologic trends.

Youth in Crisis: Recent Data



CDC's Youth Risk Behavior Survey Report: 2011-2021

- High school students surveyed in 2021 reported experiencing **persistent feelings of sadness or hopelessness** during the past year:
 - 42% overall; 57% of female students and 69% of LGBTQ+ students; 29% of male students and 35% of heterosexual students
 - 22% **seriously considered attempting suicide** during the past year; 18% made a **suicide plan**; and 10% **attempted suicide**
 - LGBTQ+ students were most likely to report having suicidal thoughts and behaviors compared with their peers.

U.S. Surgeon General's Advisories on Youth Mental Health

- **May 2023:**
 - Focus on impact of **social media**
- **December 2021:**
 - Broader focus on youth mental health
 - "In early 2021, **emergency visits** in the U.S. for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys compared to the same time period in early 2019"

Youth in Crisis: Contributing Factors

Multiple factors account for the increase in youth presenting to acute care for mental health reasons and reporting their mental health concerns:

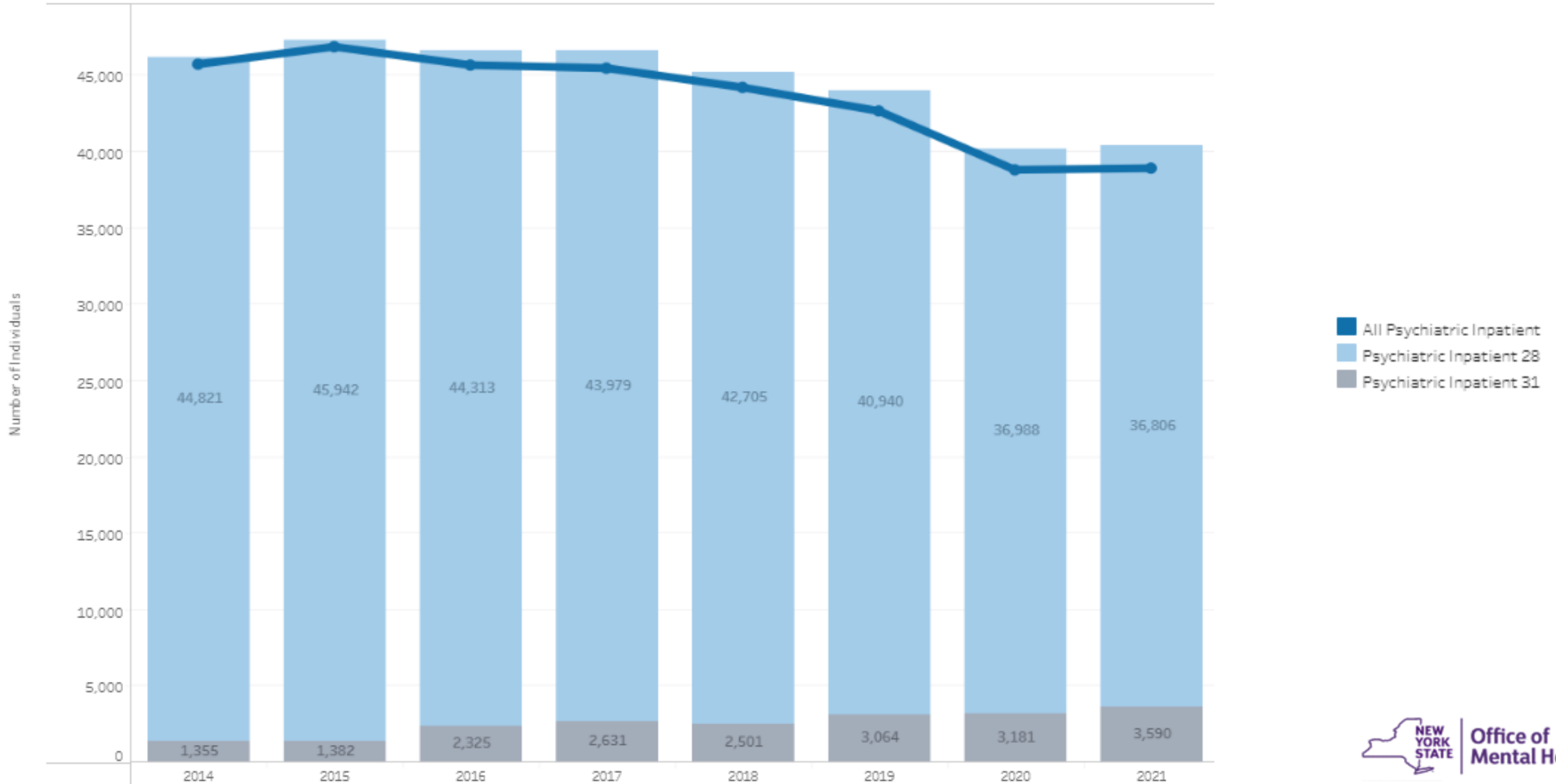
- Pressure and self-comparison from **social media**
- **Isolation** and **loneliness**, exacerbated by the pandemic
- Increased **awareness** of symptoms and **decreased stigma** around help-seeking
- Better **screening** and early **detection**

There is a need for:

- **Suicide prevention**: suicide is a leading cause of death among young people in the U.S., with rates of youth suicide deaths rising even before the COVID-19 pandemic.
- **School-based services**
- **Non-acute resources and spaces of support** that are welcoming to youth

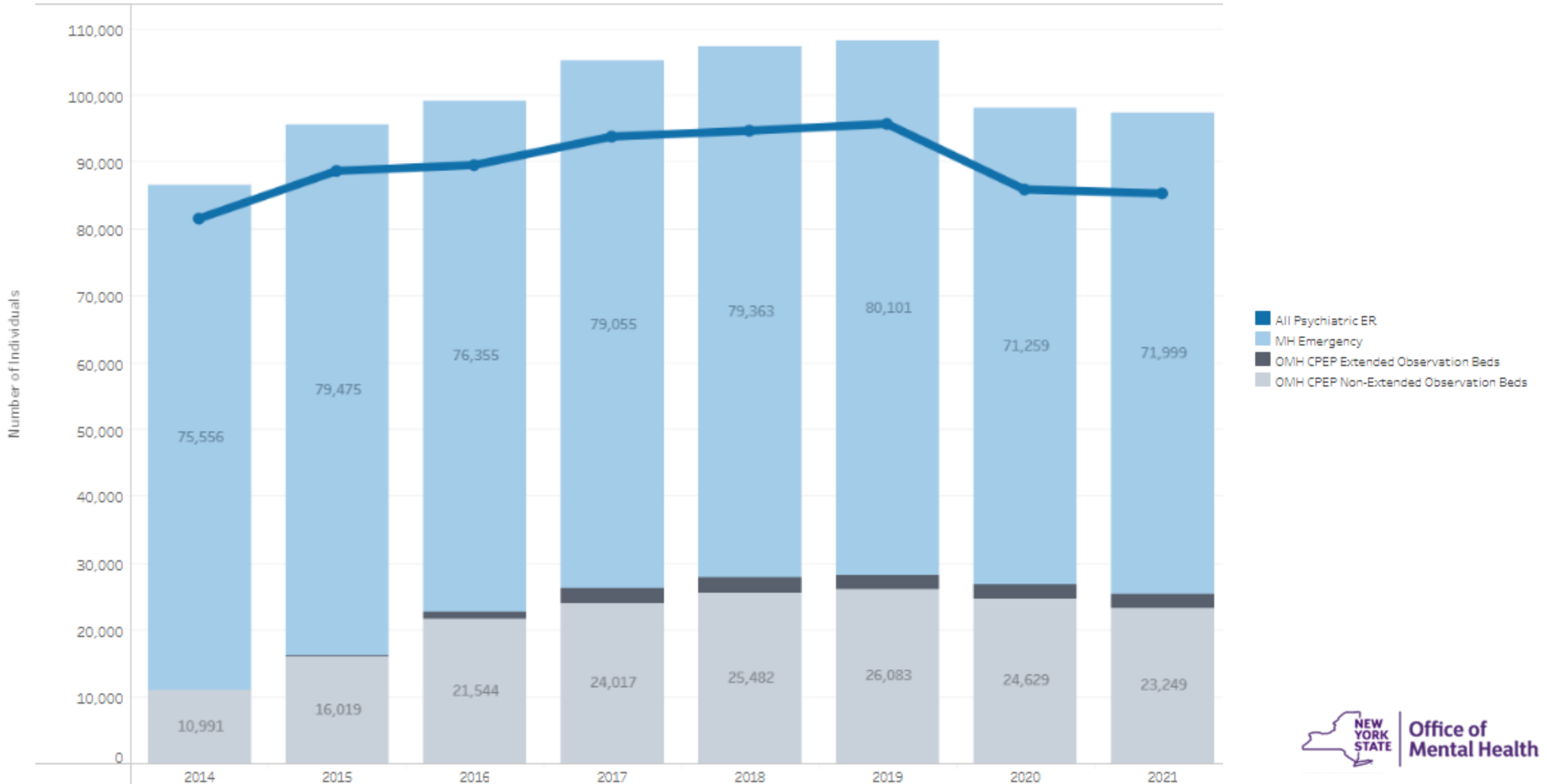
Inpatient Services Over Time: Psychiatric Inpatient

Measure: Number of Individuals || Year: All || Time Unit: Year || Age: Adult (21-64) || OMH Region: Statewide || Coverage Type: All



Emergency Room Services Over Time: Psychiatric ER

Measure: Number of Individuals || Year: All || Time Unit: Year || Age: Adult (21-64) || OMH Region: Statewide || Coverage Type: All

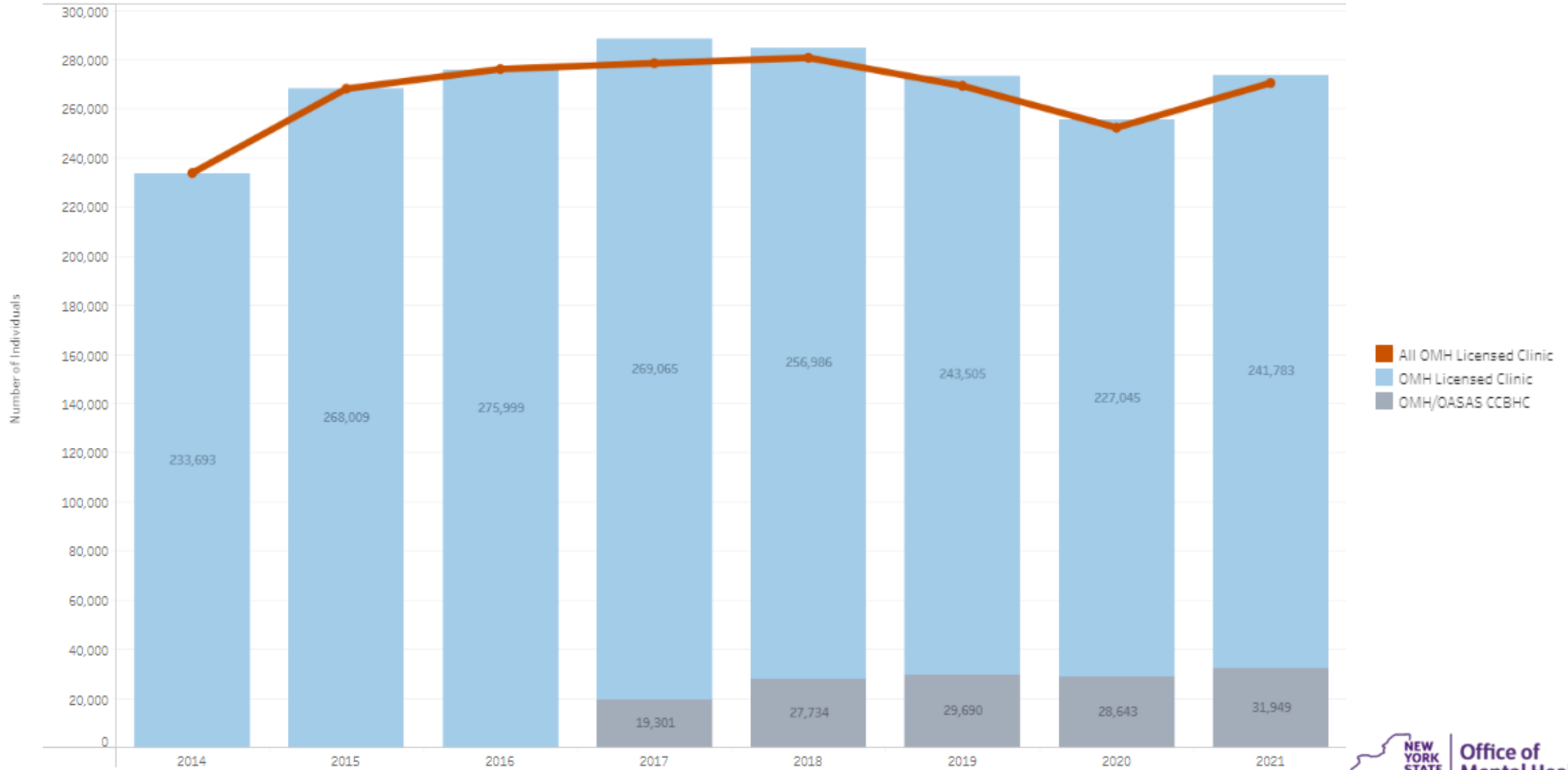


Access Issues: Inpatient System

- Hospitals and clinics are often at capacity, with regular reports of emergency department “boarding” as patients await inpatient bed availability.
 - The pandemic exacerbated scarcity as hospitals closed or reallocated psychiatric beds to combat the influx of COVID-19 patients and simultaneous staffing shortages.
- There are also gaps in access to other types of care (e.g., residential programs) to which hospitals could otherwise refer patients not suitable for inpatient admission.

Non-Acute Services Over Time: --OMH Licensed Clinic

Measure: Number of Individuals | Year: All | Time Unit: Year | Age: Adult (21-64) | OMH Region: Statewide | Coverage Type: All | Detailed Service Category: All



Access Issues: Community Care System

- Inadequate network of community behavioral health providers to meet demand
- Inadequate resources for prevention and wellness in schools and for responding to youth in need
- Lack of non-acute sources of support, including "third places" that are welcoming to youth – especially LGBTQIA+ youth, and youth from marginalized and rural communities
- Ongoing workforce shortages across the mental health field

3. NYS Transformation Plan



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Investments and Policy Changes

The NYS Enacted Budget for Fiscal Year 2024 reflects more than \$1 billion in new investments for mental health services, including:

- Comprehensive expansion of outpatient and community-based services, including employment supports
- Additional mental health services for school-aged children
- Increased operational capacity for inpatient programs
- Improved processes and systems accountability for evaluation, admission and discharge from inpatient and emergency programs
- New housing units for individuals with mental illness
- Expanded insurance coverage for mental health services
- Strengthening of the mental health workforce

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

Increase Operational Capacity for Inpatient Psychiatric Treatment by 1,000 Beds

- During the COVID-19 public health emergency, the State allowed Article 28 community hospitals to repurpose psychiatric beds for medical use. OMH will work with hospitals to bring those beds back online as quickly as possible.
- NYS will also open 150 new beds in state-operated psychiatric hospitals. These beds are in addition to 50 new beds the Governor announced last November in New York City.
- Support three existing Comprehensive Care Centers for Eating Disorders (CCCED).

Improve Admission and Discharge Planning

- Improve hospital admission and discharge processes using evidence-based methods and tools.
- Create a system where outpatient programs provide immediate access to initial and ongoing appointments for people with a higher need for support during the discharge process.
- Ensure emergency departments and inpatient hospital providers have the tools and services they need so immediate wrap-around services are available to people with higher needs.

Expand Outpatient and Community-Based Mental Health Services



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Expand Outpatient & Community-Based Services

The new plan includes a dramatic expansion of community-based mental health services, including:

- 12 new **Comprehensive Psychiatric Emergency Programs (CPEPs)** to provide hospital-level crisis care across the State. *New total = 34.*
- 42 additional **Assertive Community Treatment (ACT)** teams to provide mobile, high-intensity services for people who need them the most. *New total = 186.*
 - 8 new **Safe Options Support (SOS)** teams to provide outreach and connection to services for individuals who are homeless (5 NYC, 3 rest of the state).
- 50 new **Critical Time Intervention (CTI)** teams to provide time-limited intensive care management.
- 26 new **Certified Community Behavioral Health Clinics (CCBHC)** to provide walk-in, immediate integrated mental health and substance use disorder services for New Yorkers of all ages and insurance statuses. *New total = 39, serving approximately 200,000 New Yorkers.*

Expand Outpatient & Community-Based Services

continued

- Increased capacity at 20 Article 31 **mental health clinics**, which often serve as a front door to mental health services in communities across the state.
- Additional funding to support the **988** Suicide and Crisis Lifeline.
- Expansion of the **Intensive and Sustained Engagement Treatment (INSET)** program, which is a model based on national best practices of peer support services.

Expand Children's Mental Health Programs

- Expand access to mental health services in **schools** by increasing Medicaid payment rates for school-based clinics and school-based wrap-around services and requiring commercial insurance providers to pay for school-based services at a level equal to the higher-paying Medicaid rate.
- Enhance the **HealthySteps** program to support families through their pediatric primary care offices.
- Expand high fidelity **wrap-around programs**, which provide individualized planning for children and youth involved in multiple child services systems.
- Enhance **Home-Based Crisis Intervention (HBCI)** services, an intensive, short-term family therapy program that aims to prevent out-of-home placement.

Create 3,500 New Housing Units

Housing is the cornerstone of recovery for individuals with mental illness. NYS will expand mental health housing through:

- 500 new **community residence**-single room occupancy units to provide housing and intensive services for people at risk of homelessness.
- 600 new licensed **apartment units** to serve people who need an intermediate level of services to be able to live in the community.
- 1,500 new **supportive housing** units split between scattered-site rental units that can be opened quickly and new construction or renovated facilities over the next five years.
- 900 new **transitional step-down** units to help people transitioning from various levels of care to community-based living.
 - 60 community step-down housing units in NYC, which will serve formerly unhoused individuals transitioning from inpatient care.

Expand Insurance Coverage for Mental Health

Close critical gaps in insurance coverage for mental health services by:

- Prohibiting insurance companies from denying access to medically necessary, high-need, acute, and mental health crisis services for both adults and children.
- Requiring insurance companies to pay for mobile crisis services, ACT, critical time intervention, school-based mental health clinics, sub-acute eating disorder care in a residential facility, and crisis stabilization.
- Expanding commercial and Medicaid coverage for mental health services to improve the well-being and success of individuals once they leave hospitals or emergency departments.

Support the Mental Health Workforce

To support New York State's workforce, the Budget:

- Provides \$5 million for OMH's Community Mental Health Loan Repayment Program, expanding eligibility for the program to include licensed mental health professionals, and building on the \$9 million committed in 2023 for psychiatrists and psychiatric nurse practitioners.
- Includes a 4% cost of living adjustment, marking the second consecutive year a COLA has been in the Executive budget, and showing a commitment to supporting these critical programs and workers.
- Enhances the mental health workforce pipeline through investments in SUNY and CUNY nursing programs.

Using Data in Service Planning

- In addition to collecting feedback and insights from community members and providers **through recent “community engagement sessions”**, OMH will examine other regional and local data through its planning process.
- Data will be used to **examine current service utilization** within and between counties/municipalities and **assess needs in a community’s system of care**. Multiple sources will be used, such as Medicaid billing and service utilization, electronic health record data, and OMH Patient Characteristics Survey data.
- **Providers also have access to data tools to help with population health and quality improvement within their own programs**, such as PSYCKES, the OMH Vital Signs Dashboard, OMH Statistics & Reporting dashboards, and Electronic Health Record and Qualified Entity data.

The OMH Vital Signs Dashboard (VSD) visualizes the public mental health system's performance in select mental health programs and focuses on disparities in access, quality, and treatment outcomes among Medicaid individuals with mental health needs.

Select Region, County, Network, or Agency

STATEWIDE

Select Population

Full MH Population

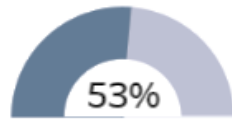


STATEWIDE Full MH Population Vital Signs Measure Distribution from Medicaid (Adult, July 2021 - June 2022)

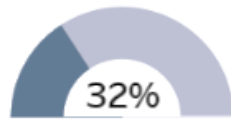
Hover over % for measure definitions (full list in 'Definitions' tab). All measures leverage Medicaid data.

Access

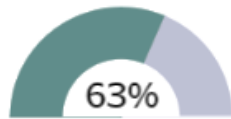
Statewide Medicaid: 46%[^]



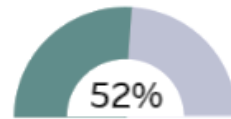
Colorectal cancer screening



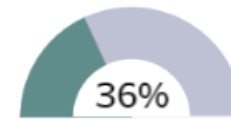
Received HH+ Service Among Individuals Eligible for HH+



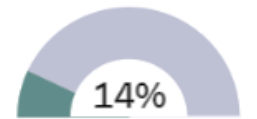
Adherence to Antipsychotic for Individuals w/ Schizophrenia



Antidepressant Med Management - Acute Phase



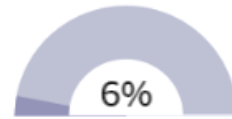
Antidepressant Med Management - Continuation Phase



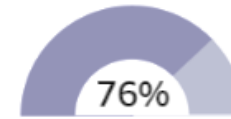
Readmission 30 Day Any Hospital MH-MH

Treatment Outcome

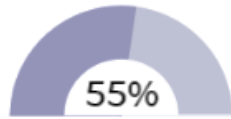
Quality Domain



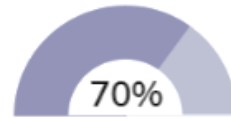
Clozapine Utilization among Potential Clozapine Candidates with Schizophrenia



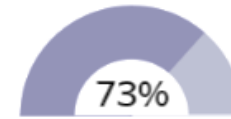
Diabetes Screening for Individuals w/ Schizophrenia/Bipolar Prescribed Antipsychotic



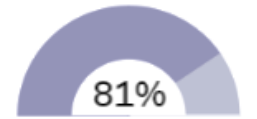
Follow-Up After Hospitalization for Mental Illness, 7 Day



Follow-Up After Hospitalization for Mental Illness, 30 Day



Follow-Up After MH ED Visit, 7-day



Follow-Up After MH ED Visit, 30-day

[^]Statewide Total Medicaid Population Average Rate.

^{^^}Health Home Plus eligibility has been expanded to include Medicaid and DOH MAPP individuals since March 2022

OMH Vital Signs Dashboard: Disparities by Race/Ethnicity

Measure	Population	Statewide Average Performance§	Disparity Category	Numerator	Denominator	Performance	Lower than Statewide**	Equal to Statewide**	Higher than Statewide**
Follow-up MH Hospitalization 7 Day	Full MH Population	55%	Total	12,624	23,084	55%		●	
			Asian/PI	609	1,013	60%			●
			Black	2,891	5,861	49%	●		
			Hispanic	2,063	3,654	56%			●
			Multiracial	2,466	4,602	54%	●		
			Native American	44	92	48%	●		
			White	4,131	6,975	59%			●
			Unknown	420	887	47%	●		
			Follow-up MH Hospitalization 30 Day	Full MH Population	70%	Total	16,167	23,084	70%
Asian/PI	737	1,013				73%			●
Black	3,883	5,861				66%	●		
Hispanic	2,628	3,654				72%			●
Multiracial	3,101	4,602				67%	●		
Native American	58	92				63%	●		
White	5,211	6,975				75%			●
Unknown	549	887				62%	●		
HH+ Service Received	Full MH Population	32%				Total	4,635	14,572	32%
			Asian/PI	102	467	22%	●		
			Black	1,430	4,861	29%	●		
			Hispanic	724	2,694	27%	●		
			Multiracial	366	1,779	21%	●		
			Native American	16	60	27%	●		
			White	1,932	4,403	44%			●
			Unknown	65	308	21%	●		
			Readmission 30 Day (Lower % is better)	Full MH Population	14%	Total	4,284	30,431	14%
Asian/PI	194	1,254				15%			●
Black	1,167	7,640				15%			●
Hispanic	764	4,979				15%			●
Multiracial	707	5,815				12%	●		
Native American	26	138				19%			●
White	1,292	9,497				14%		●	
Unknown	134	1,108				12%	●		

** Difference from statewide average performance is determined by 99% confidence interval of the statewide average performance. Data are suppressed where the total number of events (denominator) is less than 5, or the individual cell size (numerator) is less than 5 as well as the risk for re-identification (performance) is greater than 5%.

Questions?

Anyone can dial 988 for support during mental health distress, including thoughts of suicide, substance use crisis, or emotional distress. 988 is a national service; calls are routed according to the area code of the calling phone.



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