



**Office of
Mental Health**

OMH Town Hall

NYAPRS Virtual 2021 Conference

**Ann Marie T. Sullivan M.D.
Commissioner**

September 21, 2021

Critical Future Directions for OMH

- Prevention
- Statewide Crisis System
- Criminal Justice: Prevention, Jail Diversion and Community Supports
- Decreasing Disparities in Care
- Recovery and Peer Innovations
- COVID Enhanced Funding and Initiatives
- Statewide MISCC Initiatives

Prevention

Stage of Disease

Pre-Disease

Latent Disease

Symptomatic Disease

Primary Prevention
reducing the incidence of disease by risk factor reduction well before onset of illness

Secondary Prevention
reducing prevalence via early identification and treatment during the latent stage

Tertiary Prevention
reducing morbidity, disability, and mortality by treating established disease

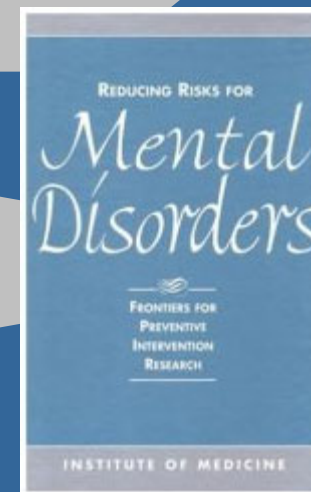
Universal Intervention
targeting the general population

Selective Intervention
targeting a select group at higher risk

Indicated Intervention
targeting a group at very high risk

Target Population

► Level of Risk ►



CDC Studies of the Impact of COVID19 on Mental Health

- 40% of adults had **at least one** adverse mental health or behavioral health condition.
- Symptoms of anxiety disorder or depressive disorder **30%;** **3 times** that reported for anxiety and **4 times** that for depression for same time last year.
- Started or increased substance use **13%**
- Deaths due to overdoses nationwide **93,331 in 2020**

United Hospital Fund Study (March-July 2020)

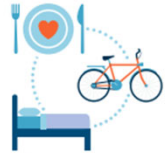
- 4,200 youth lost a primary caretaker in NY State as of July 2020, twice the number in black and Hispanic communities

Supporting New York during COVID-19

Reminders When Coping With Grief

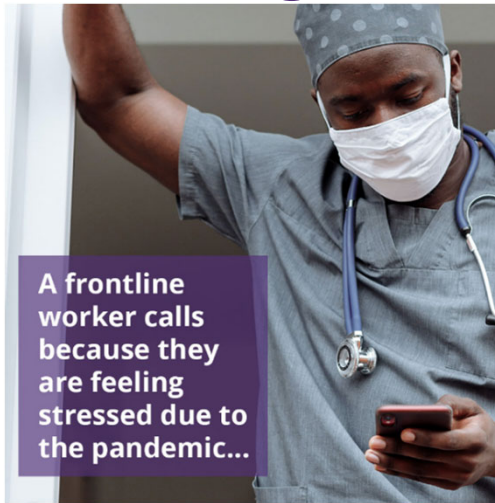


- 1** There is no right or wrong way to grieve. Some people need to distract themselves with work or hobbies. Others need to take time and space to be alone.
- 2** There is no universal timeline for grief. Try not to put expectations on yourself about when you "should" stop grieving.
- 3** Accept that grief can trigger many emotions. Acknowledge whatever you are feeling. Grief can appear as sadness, anger, shock, guilt, relief, loneliness and so much more.
- 4** Take care of yourself physically, so you can take care of yourself emotionally. Sometimes our basic needs are most neglected as we grieve. Keep nutritious snacks out in plain sight so you don't forget to eat. Prioritize sleep and make sure to move and stretch your body.
- 5** Practice self-compassion. Release all expectations on how you think you "SHOULD" feel.
- 6** The initial grieving period may feel exhausting. You may even feel distracted and forgetful. Don't set big goals. Help yourself by writing things down or asking others to help.
- 7** Stay active. Exercise can help you release emotional energy in a healthy way.
- 8** Grief can feel isolating. Reaching out to a support group, friend or family member can help.
- 9** Plan ahead for upcoming dates that may trigger grief. Anniversaries, holidays, and birthdays may be particularly challenging. Finding a way to stay supported and mindful on these days can help.
- 10** Try calming strategies. Consider deep breathing, prayer, yoga, meditation— whatever may fit for your lifestyle.
- 11** Reach out to a professional if you are feeling overwhelming depression. Tele-therapy options can help you process emotions from the comfort of home.



COVID-19 EMOTIONAL SUPPORT HELPLINE
8 AM - 10 PM, 7 days a week

1-844-863-9314



A frontline worker calls because they are feeling stressed due to the pandemic...

Our Emotional Support Helpline

Trained crisis counselors provide free and confidential support to help callers understand and manage their emotions during these uncertain times.

Immediate on-line assistance to New Yorkers feeling overwhelmed by the events surrounding COVID-19, the Emotional Support Helpline serves all of New York State from 8am-10pm, every day.

1-844-863-9314

Always confidential, anonymous and free



NYProject HOPE Coping with COVID

Here to talk | Here to listen | Here to support



Telehealth and In-person Crisis Counseling



Office of Mental Health

Project Hope Services and Contacts

- Emotional Support Helpline
 - Over 12,000 encounters lasting 15 minutes or more since capturing data for the FEMA grant
 - Nearly 20,000 calls were received by voluntary workers between March 25 – August 31, 2020
- Community Provider Individual and Group Contacts
 - 103,343 individuals encountered
- 839,961 materials distributed
- 105,893 mass media and social networking messages
- Community Provider racial/ethnic reach*:
 - 6% Asian, 44% Black, 31% Hispanic, 1% Native American/Alaska Native, 21% White

*only first encounters were included to avoid double-counting Individuals.
More than one race/ethnicity category can be selected.

O-agency Link-Outreach-Vaccinate (O-LOV)

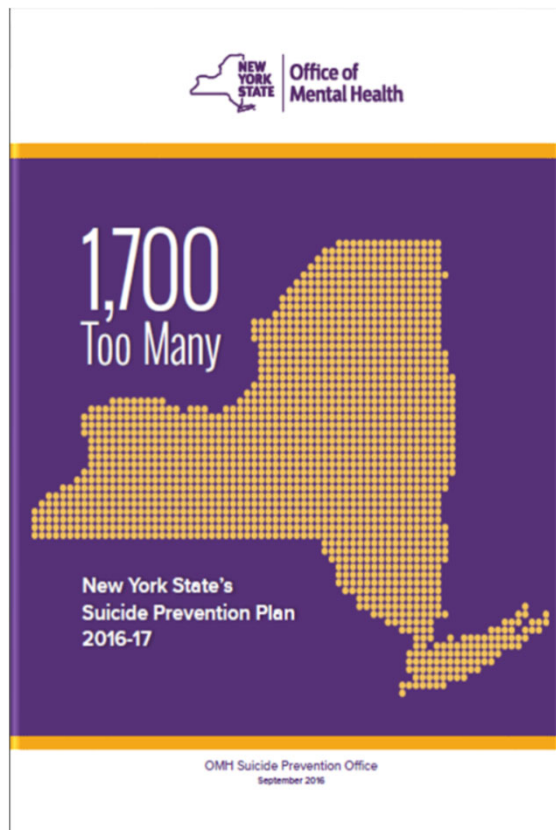
The New York State Office of Mental Health (**OMH**) and Office of Addiction Services and Supports (**OASAS**) collaborated with the Office for People with Developmental Disabilities (**OPWDD**), the Office of Temporary and Disability Assistance (**OTDA**), and the Office for Children and Families (**OCFS**) to improve access to COVID-19 vaccinations for eligible individuals within their purviews.

- The O-LOV program has administered over **~77k doses** of COVID-19 vaccines since December 2020
- OMH's psychiatric centers have held **more than 400 mobile events** across the state

Suicide Risk and Prevention Strategies

- 44,834 Individual lives lost to suicide in 2020
- Individuals who had seriously considered suicide in the 30 days before completing the survey **10%**; individuals 18-24 years **25%**; Hispanic respondents **18%**; Black respondents **15%**; and essential workers **21%**. (**Survey June 24-30 2020**)
- **31%** increase in adolescent visits to the ED in 2020, **51%** increase in adolescent girls presenting at ED due to suspected suicide attempt (Feb-March 2021 as compared to Feb-March 2019)
- CDC Study found that unpaid caregivers for adults had higher incidence of mental health adverse impacts than other adults, including **30%** suicidal ideation.
- Estimated that each percentage point increase in unemployment result in 1.6 increase in the suicide rate or 775 Americans per year.

NYS Suicide Prevention: 3 Core Strategic Domains



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 13,000 trained in 2020
- Community Coalitions
- Gatekeeper Training – over 1,800 trained in 2020
- 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

What is the Office of Mental Health doing around prevention to foster mental wellness?

Community Interventions: Youth

- Primary Care Settings- HealthySteps & Project TEACH
- Maternal Depression Screening
- Educational Settings- ParentCorps, Promise Zones, working to implement the new Mental Health in Education Law
- Increasing School Based Clinics

Advancing Family and Youth Knowledge and Skills

- NYSPEP
- Families Together
- Youth Power

- **Fully Integrated Mental Health, Substance Use and Physical Health: Body and Mind**
- **Assisting State Ed and schools with implementing the Mental Health Education bill statewide**
- **Suicide Prevention efforts, Zero Suicide, Safer Schools, Sources of Strength**
- **On Track NY Teams for young people with Schizophrenia**

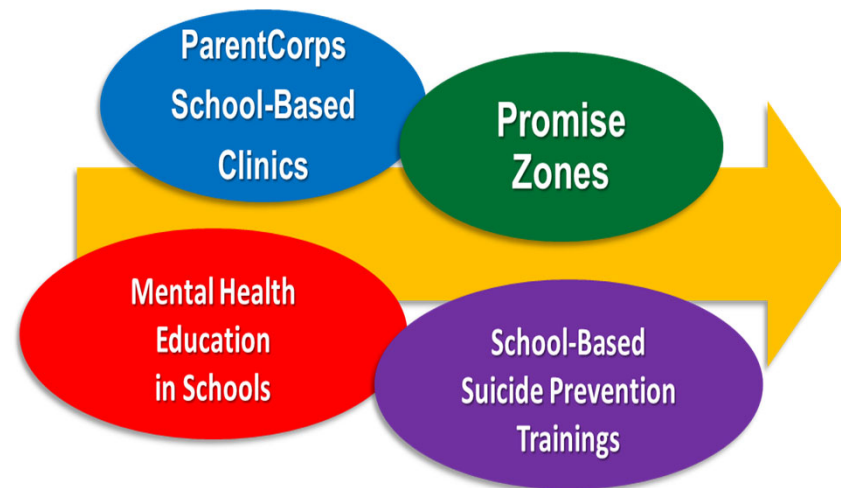
Primary Prevention in Primary Care

- **OMH HealthySteps-** is an evidence-based, team-based pediatric primary care program that promotes the health, well-being and school readiness of babies and youth. There are currently **14 OMH funded sites** that are distributed across the state and represent diverse populations in high need communities where children are disproportionately at risk for social and emotional concerns.
- **Project TEACH-** Project TEACH provides consultation, education, training, and referrals and linkages to other key services for pediatricians, family physicians, psychiatrists, and nurse practitioners. Recently expanded, Project TEACH is set to enroll an **additional 3,800 providers**, and provide **an additional 24,500** New York children with behavioral health consultations. Maternal depression initiative.
- **Collaborative Care Model/Collaborative Care Medicaid Program-** Builds capacity to treat behavioral health issues in Primary Care practices. OMH launched the Medicaid program in 2015, **~350 sites** currently participating, provide care for **over 11,000 patients** each year.



Primary and Secondary Prevention in Schools

- **Mental Health Education-** As of 2018-2019-schools across the state are required to teach about mental health as part of a broader health/emotional social wellness curriculum.
- **ParentCorps-** ParentCorps is a universal prevention intervention for all children in Pre-K attending the selected school, with no admission criteria. All families of students can participate in the program.
- **School Based Satellite Clinics-** 910 school-based clinic satellites across NYS. Increased from less than 300 4 years ago.
- **Promise Zones-** A strategy that utilizes a partnership framework to improve student engagement, academic achievement, dropout prevention, social and emotional competence, establishing positive school culture and school safety in 5 regions/districts.
- **Suicide Prevention Trainings-** trainings and technical assistance to NY schools from basic to in-depth: Suicide Safety Training (SST), Helping Students At-Risk (HSAR), Creating Suicide Safety in Schools, Lifelines Postvention, Sources of Strength. **Nearly 13,000 school personnel trained last year!**

NEW
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OMH School-Based Mental Health Clinic Satellites



- MH clinics based in or linked to schools leads to better utilization of services, reductions in stigma and provides better access to services.
- Increased by 40 % across NYS in the last three years
- Currently over 900 SBMH Clinics in NYS

CFTSS

Service Design:

The **Right** Services
at the **Right** Time
in the **Right** Amount



- **Earlier identification** of child and family's needs
- **Earlier intervention**
- Keeps children and youth in their homes and community



Interventions occur in the child's **natural environment** (e.g., school, home, community, etc.)

CFTSS

Service Composition:

Six services comprised of **clinical** and **rehabilitative** supports including:

- **Individual and family psychotherapy**
 - **In-home supports for family**
- **Skill building through hand-on activities**
 - **Family and youth peer support**
- **Crisis Avoidance and intervention**

Services can be accessed/provided individually or in a coordinated comprehensive manner, depending upon the unique needs of the child.

Available to children/youth, **birth to 21**, enrolled in **Medicaid** with a mental (behavioral) health need who meets eligibility criteria.



CFTSS Utilization Summary

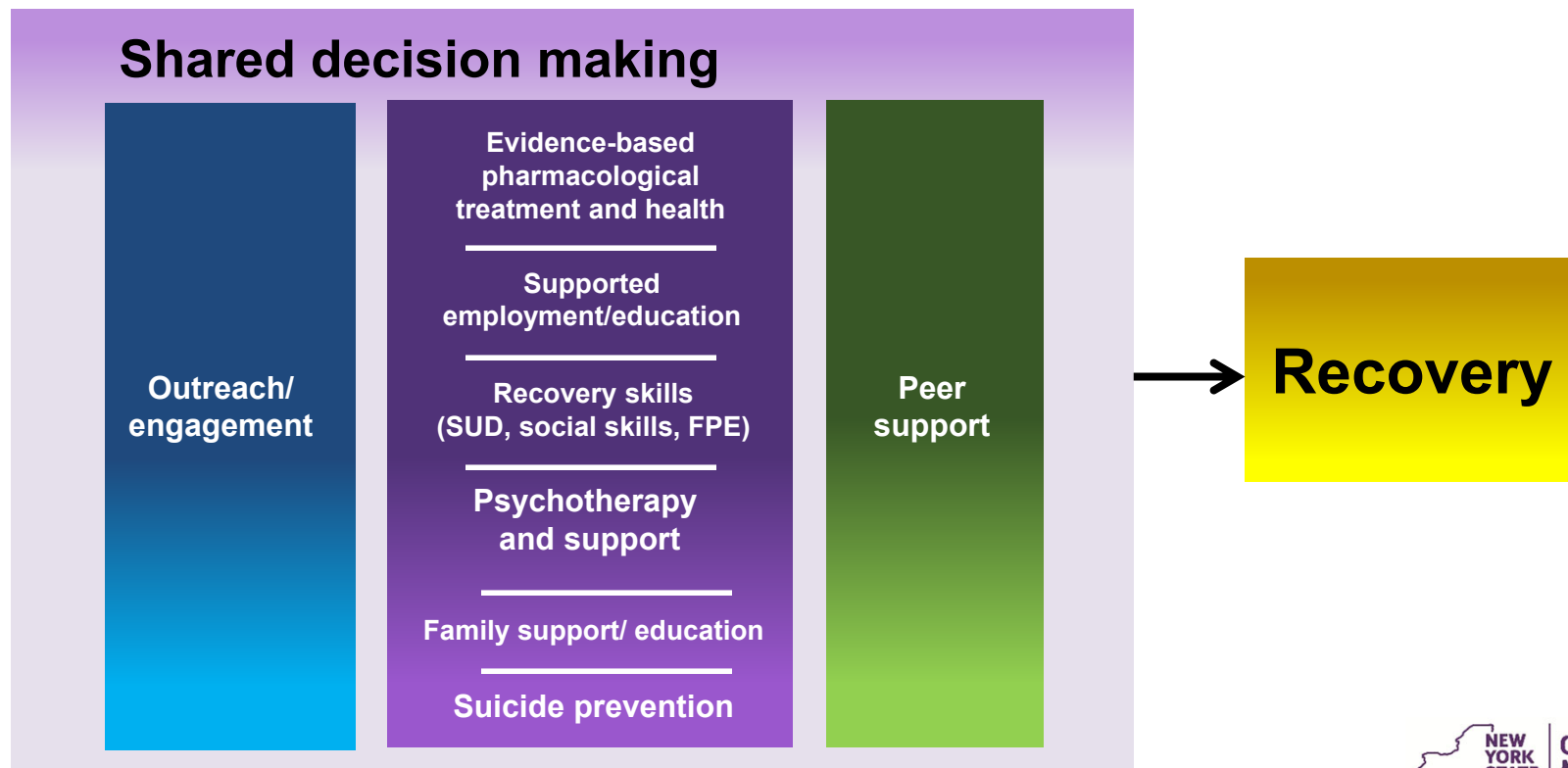
As of April 2021, approximately 9,100 individuals had received at least one service via CFTSS, according to claims data.

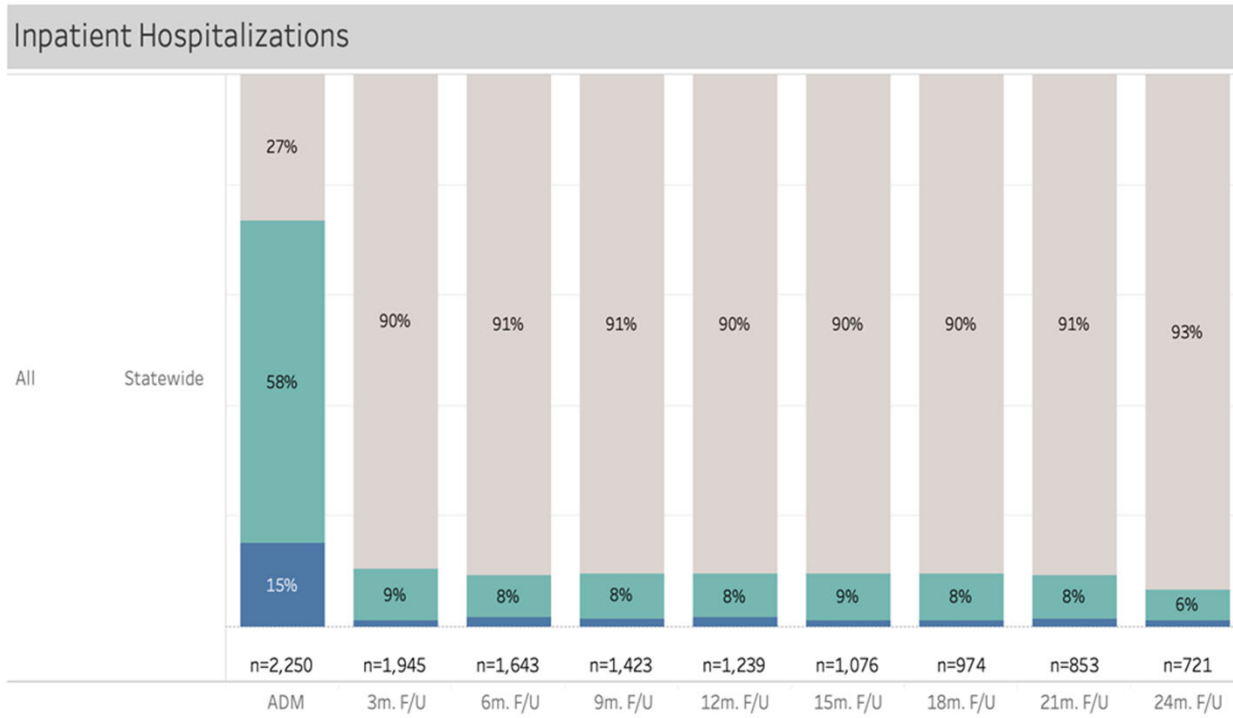
Challenges facing CFTSS:

- State-wide Staffing Issues: Finding and retaining qualified staff
- Service Access and Capacity: Overall, CFTSS is experiencing delays in service access and capacity growth, state-wide, especially due to recruitment issues.
- Fiscal Viability: Working with providers on improving overall fiscal viability of youth services

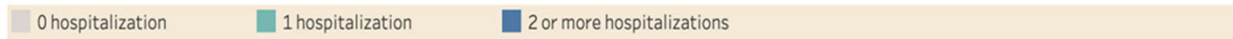


OnTrackNY team intervention

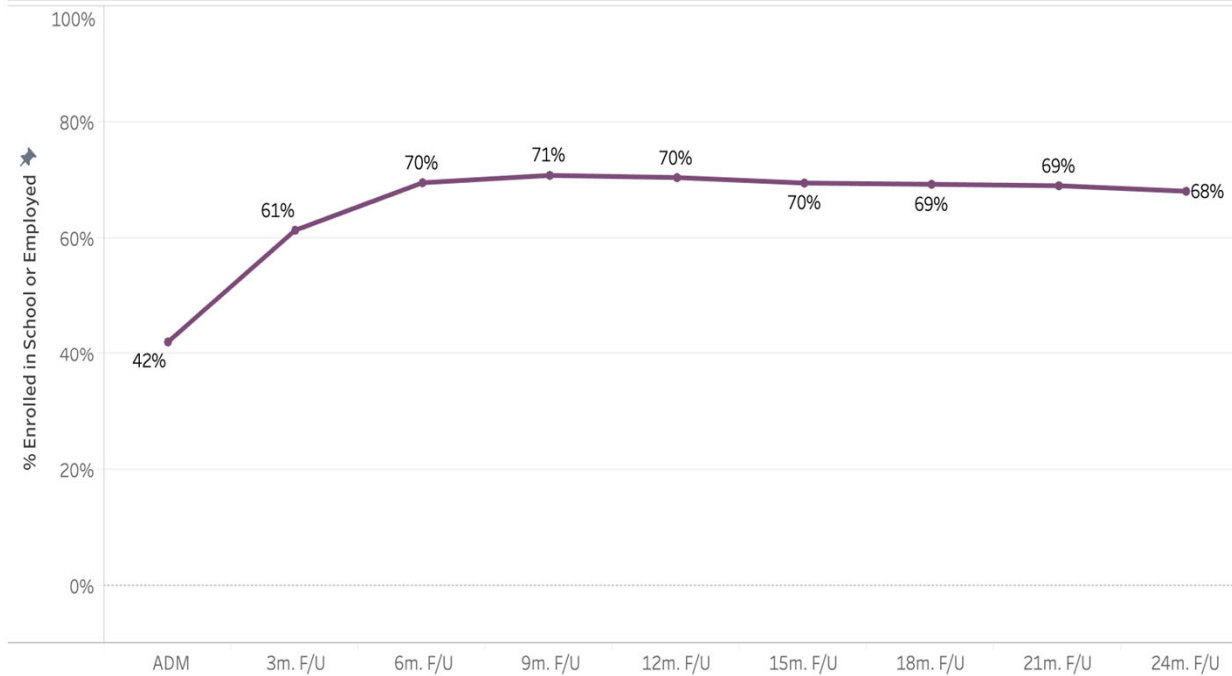




If Select cohort="All Clients", "All Discharged" or "Currently Active", F/Us with small n (<25% of n at ADM) are not shown.



% Enrolled in School or Employed



If Select cohort="All Clients", "All Discharged" or "Currently Active", F/Us with small n (<25% of n at ADM) are not shown.

Statewide



Office of Mental Health

Comprehensive Crisis System



**Office of
Mental Health**

Comprehensive Crisis Response System

- **Someone to call:** Regional Crisis Call Center Hubs



- **Someone to come:** Crisis Mobile Teams Response



- **Somewhere to go:** Crisis Residence and Crisis Stabilization Centers



Elements of a Comprehensive Crisis Response System for Children, Adolescents and Adults

Services

- **988-Single Point of Access**
- Mobile Crisis Services
- Crisis Residences
- Crisis Stabilization Center – BH Urgent Care
- Comprehensive Psychiatric Emergency Programs/Emergency Rooms
- Community treatment and community services

Coordination

- **Workforce**
- Follow up services
- **Integration and expansion of peers in service delivery**
- “Care traffic control’ capability
- **Cultural competence and racial equity**
- Access to services
- Collaboration with law enforcement

Telephonic Triage and Response

Telephonic Crisis Triage and Response

- Initial point of entry and assessment for type of response needed by individuals requesting help.
- Individual connected with identified need by triage which can include, but are not limited to telephonic response, mobile crisis response, referral and connection to a community service, connection to a mobile crisis follow-up service, ambulance.

Care Traffic Control

- Development of identified telephonic crisis triage and response calls centers to triage, de-escalate, dispatch mobile crisis response, or provide connections to community supports and services.

988 Nationwide Mental Health Crisis Hotline

- The FCC has designated 988 as a mental health crisis line, to be implemented by July 2022. Will eventually replace the current 10-digit number: **1-800-273-TALK**



Mobile Crisis Response

Program Components

Mobile Crisis Response

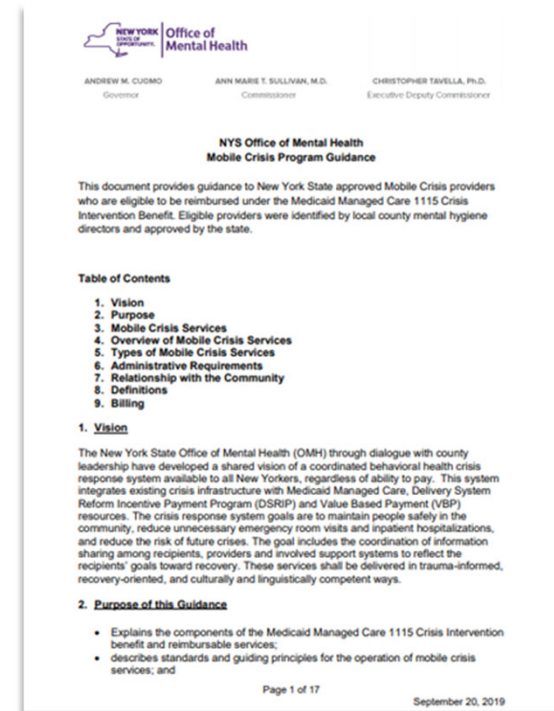
In community response by mobile crisis teams, co-response teams, CPEP outreach teams.

Telephonic Crisis Follow-Up

Follow-up by telephone for individuals identified as needing follow-up services by telephonic triage and response provider or mobile crisis response provider for up to 14 days after initial crisis call.

Mobile Crisis Follow-Up

Follow-up in the community for individuals identified as needing follow-up services by telephonic triage and response provider or mobile crisis teams for up to 14 days after initial crisis call.



Crisis Stabilization

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 more costly 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 and have been greatly supported by law enforcement.
- Current NY programs in operation, looking towards development and expansion.



Residential Crisis Programs

Residential crisis programs provide short-term stabilization for individuals experiencing or at-risk of experiencing a mental health crisis.

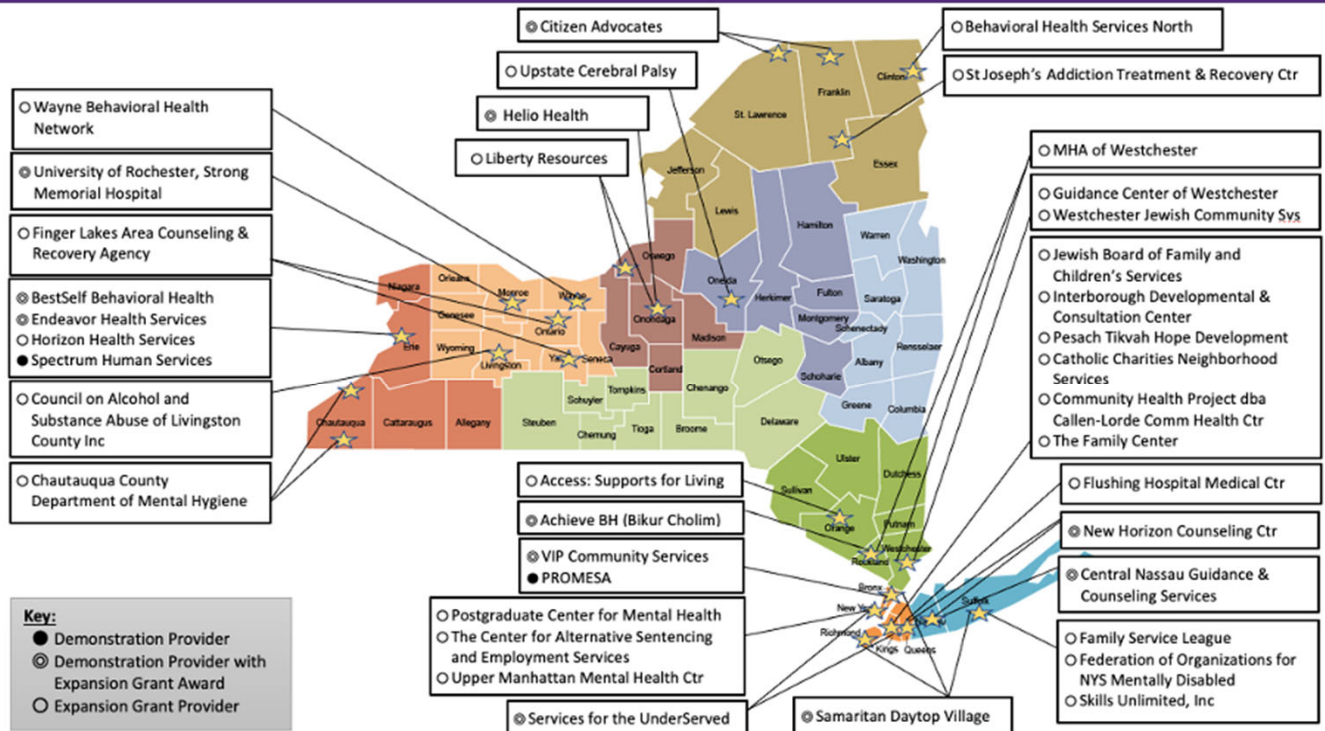
- Part 589 Crisis Residence regulations published July 2019.
- Three program types: Residential Crisis Support (RCS), Intensive Crisis Residence (ICR) & Children's Crisis Residence (CCR).
- Licensing for crisis residential programs has begun. New York-identified BH HCBS short- term crisis respite providers have been designated to begin contracting with Medicaid Managed Care Plans prior to licensure.
- Medicaid Managed Care Plan claims paid starting December 1, 2020
 - Reimbursement Authorities:
 - Medicaid Managed Care: Age 21+
 - EPSDT State Plan Amendment: Children/youth up to age 21



Certified Community Behavioral Health Clinics (CCBHC)

CCBHC Demonstration and Expansion Grant Providers

Provide an array of services including crisis stabilization and the ambulatory services needed for aftercare.



Jail Diversion, Law Enforcement, and Re-Entry Initiatives



Office of
Mental Health

Jail Diversion

- Original 6 pilot sites: Erie, Monroe, Nassau, Onondaga, Westchester, Suffolk – included an array of diversion programs reliant on collaboration between law enforcement, probation, and mental health
- CMHS Block Grant, \$2,100,000 allocated for expansion of jail diversion
- 9 counties have submitted proposals which are under review now - models include FACT, system of care development, training, crisis stabilization
- Quarterly Statewide Diversion Meetings

Crisis Intervention Team (CIT) training

- Started 2015
- As of 2020, 39 jurisdictions in 24 counties, with 709 individuals trained
- In 2021, Offered to re-visit sequential intercept mapping results with all jurisdictions and conducted virtual meetings with 10 different localities to review progress related to crisis system transformation and facilitated a discussion of “next steps”
- MHBG funding 9 counties, total \$400,000
- At implementation 33 counties will have received CIT

Mobile Access Program (MAP)

- Connecting individuals to resources for mental health consultation while avoiding unnecessary transports to hospitals
- Police officers and mental health professionals are each equipped with iPads that can be used by officers when responding to calls
- Includes training and ongoing technical support for equipment, equipment purchase/monthly contracts, and staff time for data collection and reporting
- Started August 2019 – as of December 2020, 5 counties funded
- MHBG \$100,000 being used to fund expansion to 18 counties
- Increasing total to 18 mental health providers serving 39 law enforcement jurisdictions, utilizing approximately 170 iPads

Law Enforcement Training (non-CIT or MAP related)

Delivering 21 trainings in 2021:

- Fundamental Crisis Intervention Skills for Law Enforcement Instructor Course
- Fundamental Crisis Intervention Skills for Law Enforcement Academy Course
- Suicide Prevention In County Jails and Police LockUps Instructor Course
- Suicide Prevention In County Jails and Police LockUps Instructor Course-Recert
- In-Service MH Trainings upon request and availability
- Community Corrections On-Line Learning Modules (Academy of Peer Services)

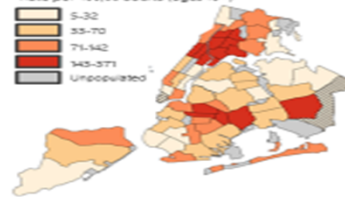
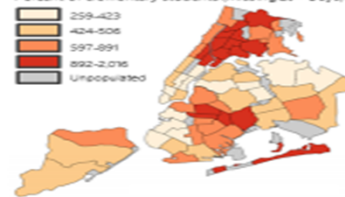
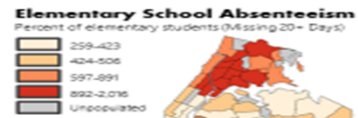
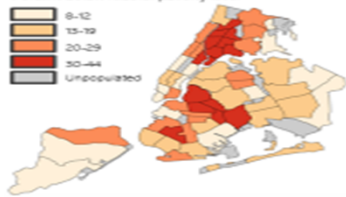
Community Re-Entry Initiatives

- OMH provides corrections-based MH services to approximately 10,300 inmates (currently lower due to COVID)
- Annually, approximately 5000 individuals with mental illness are released each year and 900 are living with serious mental illness.
- Goals of Re-entry
 - Reduce risk of return to prison through evidence-based interventions
 - Successful community reintegration through enhanced discharge planning services, education, support and community partnerships
- Parole Diversion Program

Addressing Disparities

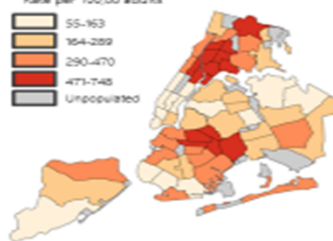
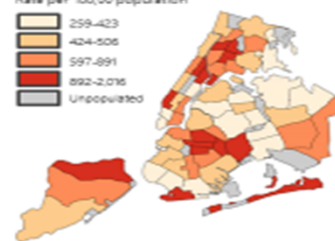
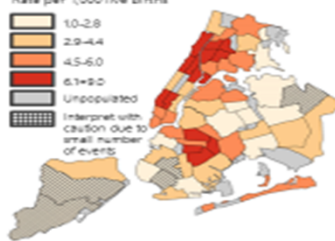
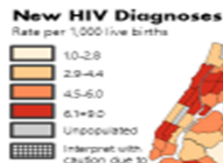
Zip Code vs. Genetic Code

Across Neighborhoods DIFFERENCES IN SOCIAL CONDITIONS



Source: NYC Dept Health: Community Health Profile — 2016 Atlas

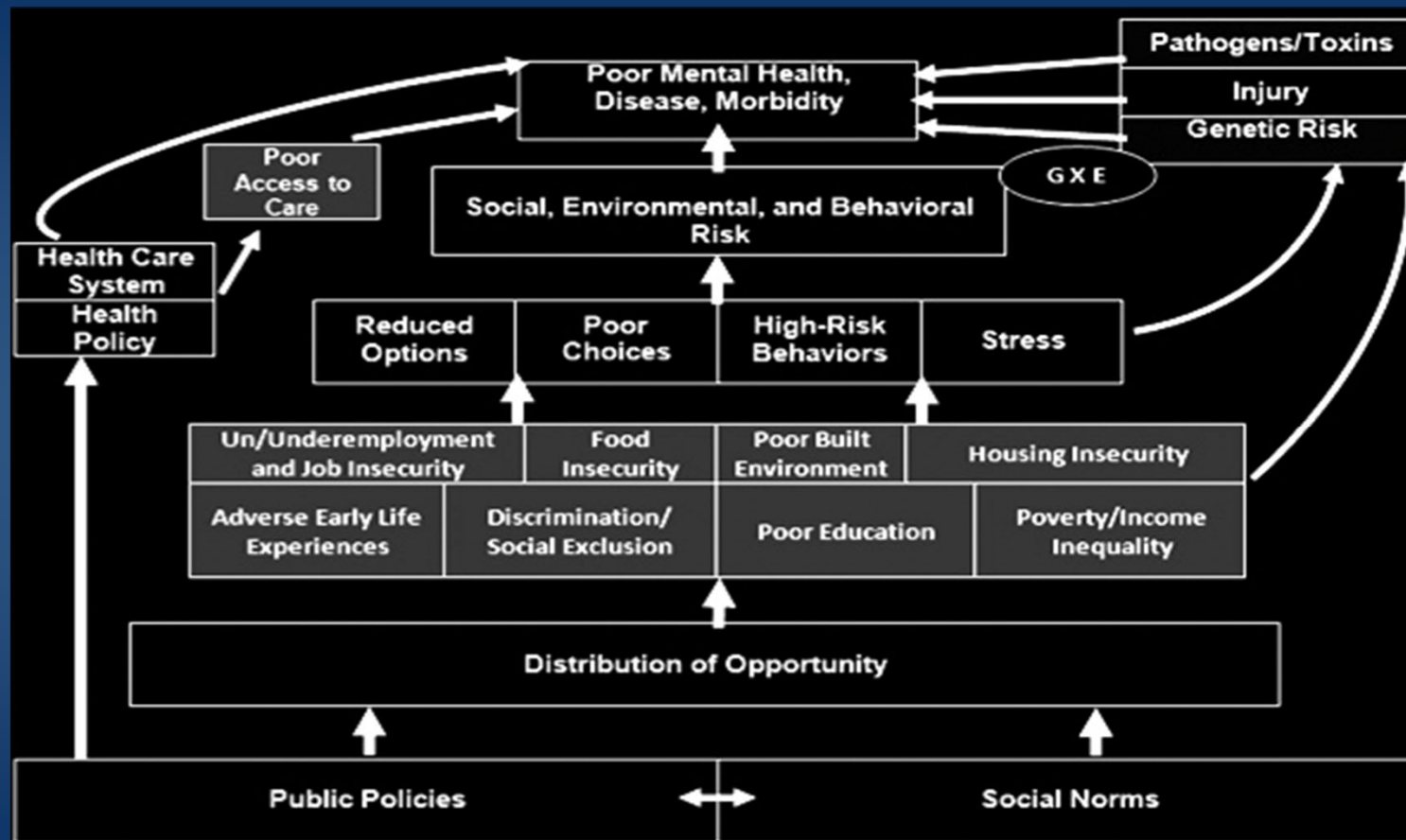
Across Neighborhoods DIFFERENCES IN HEALTH OUTCOMES



Source: NYC Dept Health: Community Health Profile — 2016 Atlas



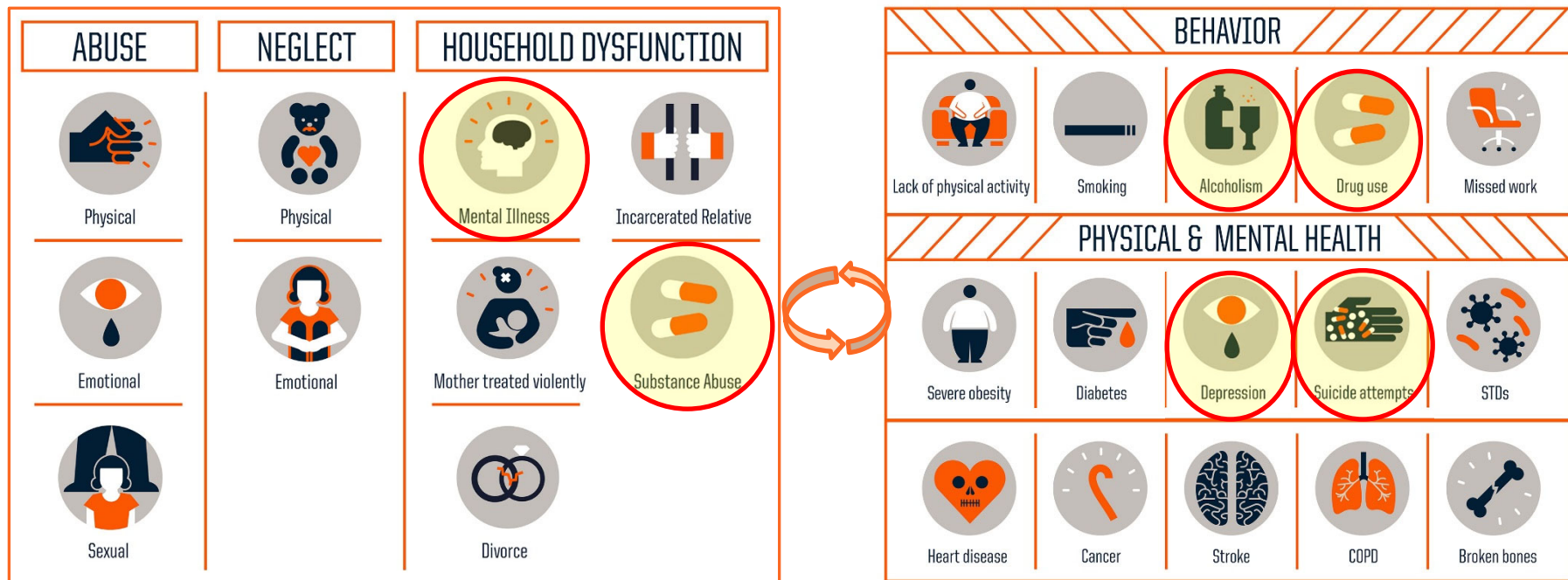
FIGURE 1. Conceptualizing the Social Determinants of Mental Health.



Compton and Shim, 2015

ACEs, Trauma-Informed Care, and Prevention

Adverse Childhood Experiences (ACEs)



Source: Centers for Disease Control and Prevention. Credit: Robert Wood Johnson Foundation, NPR

Health Care Disparities and the Impact of COVID-19

New York State – Estimated COVID-19 Related Fatalities by Race/Ethnicity as of August 30,2021

<u>Race/Ethnicity</u>	<u>NYC</u>	<u>NYS Excluding NYC</u>
• Hispanic	• 34% (29% of population)	• 14% (12% of population)
• Black	• 28% (22% of population)	• 17% (9% of population)
• White	• 27% (32% of population)	• 61% (74% of population)
• Asian	• 7% (14% of population)	• 4% (4% of population)
• Other	• 4% (3% of population)	• 4% (1% of population)

Disparities and the Impact of COVID-19

OMH Survey of 6,000 clients*

- 22.3% of Hispanics reported experiencing challenges in 3 more aspects of life among housing, income/benefits, employment, food, toiletries/clean clothes, transportation, and education due to COVID-19.
- Comparable numbers for the other race categories are; African American (13.5%), White (13.4%), and other (15.6%).

% Experiencing Challenges	Hispanic	African American	White	Other
Aspect of Life				
Housing	14.2	9.6	7.0	7.4
Income	30.5	17.4	16.5	25.1
Education	19.9	9.7	14.0	16.6

*Survey conducted May 8, 2021 – June 22, 2021

Health Care Disparities and the Impact of COVID-19

- Compared to non-Latino whites - racial/ethnic minorities in New York State have disproportionately **higher rates of COVID-19 infection and mortality.**
- Racial/ethnic minorities are more likely to experience **increased mental health burden** due to COVID-19 (i.e. trauma, grief). Twice the number of black and Hispanic youth lost a parent or caretaker to COVID.
- OMH is working to ensure that minorities and underserved populations have access to information and resources **to help prevent COVID-19 infection, mortality and the resulting psychological burden.**
 - Inclusive Public Messaging.
 - Leveraging Community Partnerships, using data and community based interventions
 - Strategies in Behavioral Health Equity Webinar Series and ongoing education
 - Implementing Strategies to Promote COVID-19-Related Mental Health Equity In New York State's Mental Health System.
 - Coordinated Disparities Research Workgroup Disparities Data.

Addressing Disparities

- OMH has included equity components into all Requests For Proposals released by the Agency
- OMH is pilot testing a 'Vital Signs Dashboard' to depict racial, ethnic, and gender-based disparities in NY's mental health system (currently in OMH clinics, full system release in early 2022)
- Working with the Center for Research on Cultural and Structural Equity in Behavioral Health to do a multi-level assessment of policies and practices at the Agency, both internal and external - for structural racism
- OMH's Bureau of Inspection and Certification, in close collaboration with the Office of Diversity and Inclusion, will be reviewing OMH licensed organization's diversity, inclusion, equity, cultural and linguistic competence plan on a regular basis, focusing on decreasing disparities in care.

Addressing Disparities - continued

- OMH has also created a number of resources and tip-sheets to increase information sharing and educate individuals on vital topics impacting our communities - topics include: African American's Mental Health, The Impact of Racism on Mental Health
- OMH's Office of Diversity and Inclusion has hosted a series of "Race Dialogues,"
- Partnered with the New York City Department of Health and Mental Hygiene to host a six-part webinar series, "Racism: A Public Mental Health Crisis," drawing in more than 5,000 individuals
- OMH's Office of Diversity and Inclusion also hosts a bi-monthly webinar series titled Strategies for Behavioral Health Equity, has reached thousands of providers in the past year alone.
- Although major strides have been made to be more inclusive and anti-racist, the work is far from done. OMH is committed to holding the mental health system accountable for making change and promoting equity and inclusivity at all levels.

New Federal Funding

CMHS Block Grant Supplemental Funding

- OMH received notification of award for supplementary CMHS block grant funding related to the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) on March 11, 2021, for \$46.3 million for the period of March 15, 2021 to March 30, 2023.
- OMH received notification of award for supplementary CMHS block grant funding related to the American Rescue Plan Act (ARPA) on May 18, 2021, for \$80 million for the period of September 1, 2021 to September 30, 2024.
- Federal CMHS funds must be used in accordance with standard requirements
 - Populations/Authorized Activities: Community services for adults with SMI or children w/SED
 - Set-Asides Apply: Children's services, First Episode Psychosis programs and Crisis services
 - Restrictions: Funds can not be used for inpatient, residential services, capital or provider losses

CMHS Block Grant Supplemental Funding cont.

- Based on extensive stakeholder feedback, OMH prioritized four major areas for investment: Crisis System; Children, Youth and Family Services; Ambulatory and Peer Services; and Workforce as detailed further in the formal OMH submissions posted on website.
 - [Supplemental COVID-19 MHBG, April 5, 2021 \(ny.gov\)](#)
 - [OMH to SAMHSA CMHS MHBG Letter May 5, 2021 \(ny.gov\)](#)
 - [OMH ARPA CMHS Block Grant Funding Plan- July 9, 2021 \(ny.gov\)](#)
- OMH is preparing to implement the \$20.9M in Workforce Recruitment and Retention funds for grants to providers of eligible outpatient and community support programs. Similar to eFMAP resources, these funds will support a wide range of workforce strategies including recruitment and retention, educational expenses, career development and ongoing employee support.

Enhanced FMAP for HCBS and Rehab Services

- The 2021-22 OMH Budget also includes appropriations for enhanced Federal Medical Assistance Percentage (FMAP) of 10% for Home and Community Based Services (HCBS) and Rehabilitation Services, for one year, beginning April 1, 2021 and ending March 31, 2022.
- Enhanced FMAP is earned on all HCBS and Rehabilitation Services (ACT, PROS and CRs programs) which could generate \$40-80M for reinvestment.
- These funds present opportunities for one-time investments for workforce and infrastructure to improve access to HCBS and rehabilitation services in New York State.

Prioritizing the Peer Workforce

- Total number of active New York Certified Peer Specialists (Standard and Provisional): **2,973**
- Number of Credentialed Family Peer Advocates: **384**
- Number of Credentialed Youth Peer Advocates: **100**
- One of OMH's workforce priorities is to **expand certified and credentialed peer workforce (inclusive of adult, youth, and family) including resources for recruitment, retention, education/training, and career pipeline investments.**
- OMH has allocated \$1,000,000 to develop the Peer-to-Peer Supported Transition Program in New York State.
- More information about OMH's Peer Workforce priorities will be discussed during **"Transforming OMH Services to Advance Recovery, Rehabilitation and Peer Support"** presentation on 9/23/201 at 1:15pm!

Advancing Recovery and Rehab-Oriented Services

Major Goals Across Rehab and Recovery Programs and Services

- Enhance home and community-based services- practical skills, housing, community integration, wellness and natural supports
- Individualized planning and choice of services
- Choice of modality: individual, groups, telehealth, on-site, in community
- Growing Certified Peer Support services
- Improving access and continuity
- Supporting psych rehab workforce expertise, Evidence-based practices
- Rehabilitation services addressing social determinant of health needs
- Employment is recovery!

Reflection on Past Year, and Looking Forward

Transformational Impact of COVID: Recovery Innovations

- Telehealth opportunities
- Workforce incentives
- New crisis response system
- Focus on Social determinants of Health/Health disparities
- Specialty Mental Health Care Management within Health Homes
- Wellness and Prevention
- Transforming, incorporating and Rehab Services across the service spectrum

Innovations in Rehab and Recovery Oriented Services

- Modernizing Personalized Recovery Oriented Services (PROS) will incentivize the ability for off-site, 1:1, EBPs and the use of telehealth in the delivery of services. Stakeholder feedback is needed to reimagine this primarily site-based program that integrates clinic and rehab services
- Pursuing federal authority changes that will result in the increase in access to Peer and Family Support, Community Psychiatric Support and Treatment (CPST) and Psychosocial Rehabilitation (PSR) services for HARP enrollees; direct payment for Peer Services

Most Integrated Setting Coordinating Council (MISCC)

The Most Integrated Setting Coordinating Council (MISCC)

- In its 1999 [Olmstead v. L.C. decision](#), the U.S. Supreme Court ruled that States, in accordance with the Americans with Disabilities Act (ADA), have an obligation to provide services to individuals with disabilities in the most integrated setting appropriate to their needs
- The MISCC was established to serve as the oversight body for New York's Olmstead Implementation Plan in 2002.
- The MISCC is responsible for ensuring that New Yorkers of all ages with physical, intellectual, developmental, and mental disabilities receive care and services in the most integrated settings appropriate to their individual needs.

The Council is a cross-systems partnership consisting of representatives from multiple state agencies and nine appointed public representatives.

NYS Agency Council Members include:

- Office of Mental Health
- Office of People with Developmental Disabilities
- Department of Health
- Office for the Aging
- State Education Department inclusive of the Adult Continuing Education Services – Vocational Rehabilitation
- Office of Addiction Services and Supports
- Division of Housing and Community Renewal
- Department of Transportation
- Office of Children and Family Services inclusive of the Commission for the Blind
- Office of Temporary and Disability Assistance
- Justice Center for the Protection of People with Special Needs

Together, these agencies, in partnership and collaboration with public advocates and community-based partners, are working hard to ensure that all New Yorkers with disabilities are afforded the opportunity to live lives of inclusion where people live, work, travel, and engage in their community.

MISCC Subcommittees include:

- Employment Subcommittee
- Community Services Subcommittee
- Deinstitutionalization Subcommittee

Employment Subcommittee

- The Employment Committee is charged with reviewing progress to date and to work with advocates and representatives of selected state agencies to identify successful strategies to increase rates of employment in the most integrated settings for New Yorkers with disabilities.
- This includes identifying key barriers to employment and the identification of successful programs and models within NY and the nation and recommended policy changes.

Community Services Subcommittee

The focus of this committee will be to build synergy and collaboration among state, local government and community-based organizations with an emphasis on:

- Building the necessary infrastructure to effectively respond to people with disabilities and older adults experiencing long-term care needs
- Assisting individuals leave institutional settings and remain in the community
- Creating rapid response for individuals experiencing long-term care challenges and faced with losing tenure in the community

Deinstitutionalization Subcommittee

- Establishing a life in the community, when an individual has been institutionalized, requires planning, coordination and hard work
- The Deinstitutionalization Committee is charged with identifying specific measures to take that ensure New Yorkers in institutional and congregate settings are afforded their right to meaningful and full lives in their communities of choice

The Most Integrated Setting Coordinating Council (MISCC)

- For more information about the MISCC:
- <https://www.ny.gov/olmstead-community-integration-every-new-yorker/most-integrated-setting-coordinating-council-miscc>
- The next convening of the MISCC will be on **September 29th, 1:00-3:00pm**. Members of the public can access and submit public comment here:
<https://totalwebcasting.com/view/?func=VOFF&id=nysomh&date=2021-09-29&seq=1>

Thank You !