



**Office of
Mental Health**

Transforming OMH Services to Advance Recovery, Rehabilitation and Peer Support

Thursday, September 23, 2021 at 1:15pm.

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Reflection on Past Year, and Looking Forward

Transformational Impact of COVID: Recovery Innovations

- Expanded and enhanced telehealth opportunities
- State and federal funding for workforce incentives
- New crisis response system
- Focus on addressing health disparities and Social Determinants of Health
- Specialty Mental Health Care Management within Health Homes
- Wellness and Prevention
- Transforming and incorporating rehabilitation across the service spectrum



Fiscal Update

- I. Federal eFMAP for HCBS/Rehab
- II. Federal Block Grant Funds



OMH 2021-22 Budget: New Federal Resources

The New York State Office of Mental Health's (OMH) 2021-22 budget includes new Federal resources that present opportunities for investments in the community mental health system.

Two Key Sources:

- Federal Medical Assistance Percentage (FMAP) Rate Increase for Home and Community Based and Rehabilitation Services
- Community Mental Health Services (CMHS) Block Grant Supplements

OMH conducted extensive stakeholder engagement and continues to post all updates and latest information on opportunities for Federal funds to website below.

<https://omh.ny.gov/omhweb/planning/cmhsbg-fmap/index.html>



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 ~\$80M for reinvestment.
- The State's eFMAP plan is pending CMS review with approval anticipated shortly.

https://health.ny.gov/health_care/medicaid/redesign/hcbs/enhanced_funding/docs/2021-07-08_hcbs_spending_plan.pdf



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Summary of OMH eFMAP HCBS & Rehab Investments

- **Rate increases for** Assertive Community Treatment (ACT), Personalized Recovery Oriented Services (PROS), and rehabilitation services in Community Residences (CR) which will be continued in the out-years supported by reinvestment savings.
- **Workforce Investments** to support a wide range of provider strategies including targeted funds for workforce recruitment and retention, expanding capacity for peer and family support services and for cultural competence and workforce diversity.



Summary of OMH eFMAP HCBS & Rehab Investments Cont.

- **System Capacity Building** to support the development of the new CORE Services, training and implementation of evidence-based practices (EBP), and BHCCs for implementation of alternative payment methodologies to drive outcome based, quality-of-care oversight, and incentivize value-based payment.
- **DOH investments to expand Access to Children's Services** with temporary rate increases, workforce and infrastructure investments to strengthen and expand HCBS and Children and Family Treatment Supports and Services (CFTSS)



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 with 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.





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OMH Rehab and Recovery Program Innovations

Nicole Haggerty, LMHC

Director, Bureau of Rehabilitation Services and Care Coordination

Adult Services

Major Themes Across Rehab and Recovery Programs and Services

- Enhance community-based services: practical skills, community participation, whole-health wellness, and natural supports
- Choice of services types and program models
- Choice of modality: individual, groups, telehealth, on-site, in community
- Growing certified peer support services
- Improving access across services/programs
- Supporting psych rehab workforce expertise and evidence-based practices
- Rehabilitation services addressing social determinants of health
- Employment is recovery!



Modernizing Personalized Recovery Oriented Services (PROS)

Recipients of services and provider feedback driving the approach

- Wellness Center model- flexible, welcoming, accessible (how/when/where)
- Promotion of telehealth innovations
- Incentivizing 1:1 and off-site services to offer choice
- Considerations around workforce challenges
- Support for Evidence based practices (IPS, motivational interviewing, etc.)
- Expand to Families and natural supports
- Better ways to engage around Tobacco use and its effects on community integration/whole health
- Integration of rehab and treatment (clinic) services to support person-centered goals



Adult BH HCBS & CORE

Community Oriented Recovery and Empowerment (CORE) Services

- New rehab demonstration services; continues to target the HARP population as a part of the specialized HARP benefit package
- Will allow for up-front engagement, immediate access
- Expands referral/engagement points
- Funding incentives for ramp-up, Infrastructure Program Extension to support implementation

Adult Behavioral Health Home and Community Based Services (BH HCBS)

- Some services will remain in HARP benefit package under current HCBS authority. Health home as main access point.
 - Infrastructure Program Extension funding will apply



Service Transition from Adult BH HCBS to CORE

BH HCBS	Post-CORE Implementation
Community Psychiatric Support and Treatment Psychosocial Rehabilitation Empowerment Services – Peer Supports Family Support and Training	These services will transition to CORE Services.
Habilitation Education Support Services Pre-Vocational Services Transitional Employment Intensive Supported Employment Ongoing Supported Employment Non-Medical Transportation	These services will remain in BH HBCS.
Short Term Crisis Respite Intensive Crisis Respite	BH HCBS Crisis Respite Services are available in the Crisis Intervention Crisis Residence Services benefit, available to all Medicaid Managed Care members.



Evolving Article 31 Clinics

Opportunities with CMS approval of clinic to Rehab State Plan

- Peer Support to be added with (pending) CMS approval
- Making employment and rehab supports a common discussion with individuals in clinic, either through the Peer or direct referral from clinician
 - synergy with new CORE services for direct referrals
- Off-site flexibility
- Increase Access and engagement
- Looking at streamlined assessment process to include Social Determinants Of Health

Currently

- Integrated Care through IOS waiver
- Telehealth allowances



Demonstration Services out of Clinic that Include Rehab and Peer Services

First Episode Psychosis “OnTrackNY” programs

- operate out of clinics and provide enhanced rehab and peer support services
- focus on youth and young adults experiencing initial psychotic symptoms

Certified Community Behavioral Health Clinics (CCBHC)

-13 Demonstrations continue across the State

-Include Integrated MH and SUD clinic, rehab, peer support, 24/7 mobile crisis (Peers are often part of the crisis team) and care coordination.



Assertive Community Treatment

- Evidence-based model with specialization and support for highest need populations include treatment, rehab and case management
- 108 Adult teams currently operating
- 8 new Adult teams - cultural competency standards, and focus on peer staffing
- Updating guidelines to increase Certified Peers across teams
- *Specialization of ACT in NYS:* Shelter, forensic, geriatric adult, and youth/young adult teams
 - New Youth (kids) ACT teams- approximately 15 by end of 2022
 - 2 new Young Adult teams- Focus on life skills including employment and rehab, shared decision-making



OMH Specialty Mental Health Care Management Agencies (SMH CMAs)

- In March 2021, OMH designated CMAs within the Health Home program serving highest need individuals (HH+ eligible)
- Eligible participants receive face to face care management, have experienced care managers with lower caseloads
- Focus on social determinants of health, engagement, integrated health and QOL outcomes



Employment is Recovery

- Employment supports can be found in rehab programs like PROS, BH HCBS, CORE Services, ACT, CCBHC and FEP.
- All providers should be talking about employment as a part of an individual's recovery journey
- The benefits of employment are numerous, including:
 - a reduction in the need for interventions and medical spend,
 - financial health,
 - improved quality of life/impact on social determinants of health challenges
- 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





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Peer Support

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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.
- DOH/OMH/OASAS & Peer Certification and Credentialing Entities Workgroup
- Youth Peer/Adult Peer Dual Certification/Credentialing (OMH)
- NYC Future of BH System – Integrated training with SUD (NYS DOHMH)
- Talking about Tobacco Series
- Racism: A Public Mental Health Crisis Series
- Telehealth Peer Support Survey & Training Series





SUCCESSFULLY
RUNNING THE
ACADEMY OF
PEER SERVICES
(APS)
FOR **10**
YEARS

2,000

UNIQUE
LEARNERS
REGISTERED
EACH TERM

20,000+
ANNUAL COURSE
REGISTRATIONS



15

ADVISORY
COUNCIL
MEMBERS

> 70

SMEs
DEVELOP
COURSE-
WORK

> 50
Online
Courses

> 15 CE
Offerings



50+

VOLUNTEER
APS LEARNERS
BETA-TEST
COURSES

5

WOMEN RUN
OUR TEAM,
REPRESENTING
A DIVERSITY OF
ETHNICITIES
& AGES

Academy of Peer Services



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TESTIMONIALS

"The training course was very useful and user-friendly... I thought it had great content of information to help me better understand the topic and to be able to apply it in my everyday life and to support the people I work with."

"Thank you! I enjoyed how solution oriented this module was!"

—
"This course was very useful for my own recovery as well as teaching me ways to be an excellent Peer Specialist."

"Thank you for such an organized easy to follow course, with lots of important information that is useful to becoming a certified Peer Specialist."

"What a fantastic experience! Even though it took me awhile to complete I enjoyed every part of it. I am so hungry for more that I can't wait until the next session starts... I learned not only about working with other people but I also learned things about myself. "

"This course was extremely powerful for me, as a trauma survivor myself...I connected deeply with it. The information provided is helpful and encouraging, and empowers me even more to perform my role as a peer supporter... overall a very important course and very well constructed "

Academy of Peer Services: Supervision Project

Supervision Focus Group Project

- 4 groups of participants
- Thematic Analysis
- 5 Functions of Supervision
- Competency Statement Survey

Findings will influence:

- APS Course Development & CoP activities



Telehealth Peer Support Training Series

- This training series is designed for PSS, supervisors of PSS, and anyone interested in learning more about Telehealth Peer Support (ThPS). Sessions will be presented by Subject Matter Experts from Peer Support programs across New York State.
- This 6-part series, developed by APS and collaborators, is approved by NYPSCB for ELEVEN total continuing education credits. These VIRTUAL interactive learning collaborative sessions include skills teaching, reports from PSS providing ThPS, and breakout groups for practice.
- **Sessions:**
 - Overview of Training Series
 - Competencies of Telehealth Peer Support (ThPS)
 - Outreach & Engagement Strategies
 - Communication Techniques
 - Providing/Linking to Needed Supports & Services
 - Documentation & Technology
 - Wellness Promotion & Health Literacy

Registration: <https://www.Eventbrite.com/e/166530189279>



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Five Competency Areas for

Telehealth Peer Support



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1

Outreach & Engagement

COMPETENCIES

1. Outreaching people who could benefit from peer support
2. Orienting people to peer support
3. Re-engaging with people less connected during COVID



Communication Techniques

COMPETENCIES

1. Demonstrating empathy
2. Using active listening & reflective responding skills
3. Asking open-ended questions
4. Summarizing the meeting/discussion
5. Planning for the next meeting/discussion
6. Scheduling the next meeting/discussion
7. Developing follow-up steps

2



3

Providing/Linking to Needed Supports & Services

COMPETENCIES

1. Referring people to crisis response teams
2. Referring people to warmlines/hotlines
3. Identifying healthcare providers
4. Referring people to healthcare providers
5. Connecting people to virtual support groups
6. Facilitating virtual support groups



Documentation & Technology

COMPETENCIES

1. Completing documentation
2. Submitting documentation online
3. Using technology to engage one-on-one
4. Supporting the person to engage one-on-one digitally/virtually
5. Accessing the Electronic Health Record

4



5

Wellness Promotion & Health Literacy

COMPETENCIES

1. Providing health information
2. Teaching others how to access health information
3. Teaching health promotion skills



Family and Youth Peer Support Training & Credentialing: Background

The FPA and YPA Training and Credentialing efforts are conducted through a partnership between the Community Technical Assistance Center (CTAC) and Families Together in New York State (FTNYS).

- Advisory groups consisting of YPA and FPA representatives from across the state meet monthly to inform and guide this work.
- Earning an FPA or YPA Credential combines Lived Expertise + Training + Work Experience to create a strong workforce who are well-suited to engage and empower youth and their parents/caregivers to find formal services and informal supports that work for them.
- Training consists of interactive online modules, in-person training and coaching calls.
- New continuing education modules are added every year.
- In 2021 this included a module on Kinship Care for FPAs and one focused on strategies for Working with Families for YPAs.



Family and Youth Peer Support Training & Credentialing: Update

- Together, CTAC and FTNYS were able to quickly pivot to virtual training in the Spring of 2020. This new approach has been effective and well-received by participants.
- The two advisory groups (Youth Peer Services Advisory Council and FPA Workforce Development Advisory Committee) met to ensure that this work meets the needs and priorities of the workforce.
- Additional resources (new modules, webinars, learning communities, tools) are added regularly in response to workforce needs.
- Supervisors who are not credentialed themselves are required per the CFTSS Provider Manual to complete training on the roles of advocates. CTAC established an online course for this purpose:
 - **44 YPA** supervisors have completed
 - **77 FPA** supervisors have completed

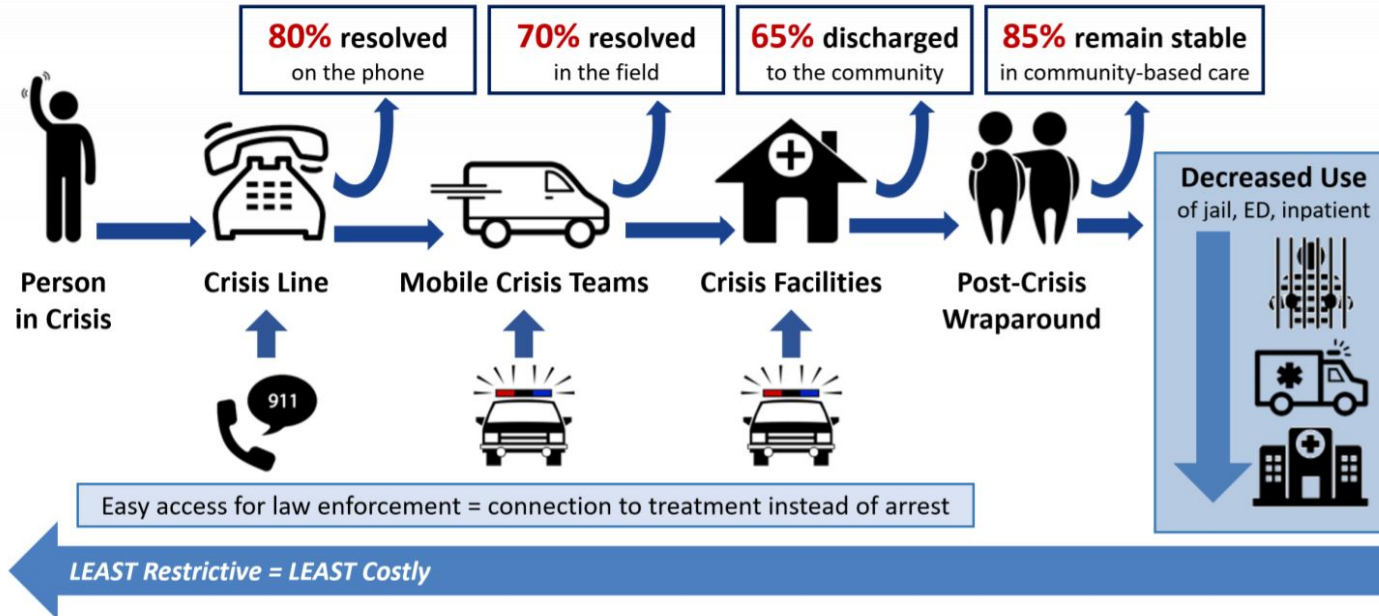


Comprehensive Crisis Response System for New Yorkers



Crisis System Alignment

Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

988 – Someone to Call

Behavioral Health Crisis and Suicide Prevention

- July 2022 – Go live with National Suicide Prevention Lifeline (NSPL) Call Centers
- 988 will supplant the current NSPL number
- Phased approach for implementation based on the development and availability of community crisis services
- ‘Connection to community treatment services/ambulatory care
- Provides follow up services to identify connections, service gaps and barriers
- Suicide Prevention expertise
- Crisis response partnerships with other first responders, including 911, law enforcement, EMS



Mobile Crisis-Someone to Come

Mobile Crisis models to respond to children, youth, families and adults:

- Licensed MH professional and peer/unlicensed staff
- EMS and MH professional
- Co-response: Law Enforcement and MH professionals

Services include:

- Assessment, safety planning, crisis counseling, linkage to community services, Peer services, Follow-up
- Includes Mental Health, SUD intervention

Currently organized by county and regional planning

- Reviewing current coverage and development needs



Crisis Residential Programs-A Place to Go

Provide an additional level of care for stabilization, treatment and support of individuals experiencing or at risk of experiencing a mental health crisis.

- Diversion from inpatient psychiatric hospitalization
- Stepdown from inpatient psychiatric hospitalization
- Respite

Residential Crisis Support (RCS)*

Assessment, Safety Planning, Crisis Counseling, Peer Support, Connections to natural supports and community services

Intensive Crisis Residence (ICR)*

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

BH HCBS Crisis Respite Programs will transition to licensed crisis residential programs through designation of existing programs for reimbursement under the 1115 Crisis Intervention benefit while in the licensing process.

Children's Crisis Residence (CCR)*

Assessment, health screening, counseling, service coordination, engagement and support for families, behavior support, respite

*Services within these programs include but are not limited to



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Crisis Stabilization Centers

All Crisis Stabilization Services:

- Triage and Assessment
- Therapeutic interventions including crisis counseling, psychoeducation, crisis de-escalation/intervention
- Peer Support Services
- Ongoing observation
- Care collaboration with recipient's friends, family or care providers (with consent)
- Discharge and aftercare planning
- Medical screening

Intensive Crisis Stabilization Services include:

- Psychiatric Diagnostic Evaluation and Plan
- Psychosocial Assessment
- Medication Management
- Medication for Addiction Treatment
- Medication Administration and Monitoring
- Mild to Moderate Detoxification Services



Crisis Stabilization Centers- A Place to Go

- Draft Part 600 Regulations are available for public comment in NYS Register
https://omh.ny.gov/omhweb/policy_and_regulations/
- OMH/OASAS Joint Regulation
- Serves individuals across the lifespan





Thank You!



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