



**Office of  
Mental Health**

# **OMH Town Hall**

**September 22, 2020**

**4:00pm-5:00pm**

**NYAPRS Virtual 2020 Conference: Rise Up! Community, Connection, Culture**

**Ann Sullivan, M.D.  
Commissioner, Office of Mental Health**

**Amanda Saake, LMSW, CPRP, NYCPS-P  
Special Assistant to the Commissioner,  
Office of Mental Health**

# Office of Mental Health's (OMH) Experience During COVID-19

**A tremendous spirit of sacrifice and cooperation to keep our clients safe and cared for.**

- Clinics and ambulatory programs remained open throughout the pandemic, while using a major shift to telehealth and telephonic services: but also continued in person when necessary.
- Residential services cared for clients using best infection control practices and continued to ensure safety and access for clients.
- Hospitals repurposed some beds, but worked well to coordinate acute needs across all systems; some have reopened repurposed beds.
- Number of prescriptions filled comparable to same time last year.

# Infection Control: Stopping the Spread

- Department of Health (DOH) and OMH issued extensive infection control guidance for all treatment and residential programs based on the most current Centers for Disease Control and Prevention (CDC) recommendations for prevention of the spread of (COVID-19). This guidance is designed to keep individuals served and staff safe and healthy during the pandemic and is regularly updated as needed.
- All essential workers, direct care staff can access and be prioritized for testing.
- **PPE- Personal Protective Equipment**
  - Local offices of emergency management worked with county mental health departments to supply agencies with PPE; additionally the HANES corporation provided 750,000 cloth masks for all individuals receiving mental health services; agencies purchased PPE.
  - OMH will have a stockpile of PPE to meet needs for at least 45 days of peak use in the event of another surge.

# Infection Control: at the peak of the pandemic

## State Facilities Response

- Hospitals and residences followed strict guidelines for infection control including restricting all visitors, while utilizing virtual visitation and monitoring staff and employees.
- In general, infection curve within inpatient and residential programs followed trends in larger community.

## State and Community Operated MH Outpatient and Residential Settings

**Reducing Exposure** – No visitation was allowed except under certain circumstances.

- All staff are screened before each shift. Staff must wear facial coverings or masks properly.
- Programs must work with behavioral health and primary care providers to promote telemental health.

**Reducing Spread** - Increased cleaning protocols in residential programs, with focus on high-touch surfaces.

- Ongoing education and encouragement of hand hygiene.
- Promote facial coverings and social distancing for individuals served
- Screening all new clients and participating in contact tracing activities for positive cases with local health departments.

**Complete guidance can be found:** <https://omh.ny.gov/omhweb/guidance/covid-19-guidance-infection-control-public-mh-system-sites.pdf>

# Staying Connected NOW During COVID

## State Operations efforts to keep people engaged and connected:

- WebEx, video conferencing (via iPads) and conference calls (i.e. virtual birthday celebrations)
- Patients have access to cell phones for use in their bedrooms for privacy
- Phone hours extended
- For individuals on ACT teams, cell phones were purchased and doped off to them; minutes pre-paid as needed
- iPads are being provided to every inpatient unit for recreational, educational and socialization use, even beyond the COVID crisis. The use was intended to fill in the gaps created by COVID risk mitigation but will be valuable going forward to improve the inpatient experience and prepare people for today's world.
- We have safely re-instituted visitation with appropriate infection control protocols. We are developing protocols for the sharing of personal items and outside food, which we know is important, but needs to be done safely.
- Client leaves from the facility have been approved for a limited circumstances, which will expand as recommendations for re opening change and COVID rates remain low.

# OMH Telemental Health Flexibility During the Pandemic

- **Telehealth claims from licensed OMH clinics increased from 35% of claims in March 2020 to 90% of claims in April 2020.**
- OMH has extended waivers to allow greater flexibility, including:
  - Streamlined approval process to enable rapid initiation of tele-mental health;
  - Allowing services to begin without an initial in-person visit;
  - Expanding the types of providers able to provide services; and
  - Allowing New York State (NYS) licensed providers living outside of NYS to provide telemental health services in NYS.
- One of the most significant expansions is allowing for services to be able to be provided over the telephone and other audio/visual platforms, including common smartphones.

## OMH Plans for Making Telemental Health Permanent

- Make permanent the above changes including telephone only.
- New York State recently modified the definition of telehealth, including telephonic in Public Health Law so both will be reimbursed by Medicaid.

# Survey Results Show High Satisfaction With Telehealth

## COVID-19 Impact Survey for Recipients & Families:

- 6,004 responses from across the state
- 85.6% found telehealth/telephonic easy and effective

## Respondents described telehealth as:

- Eliminating some barriers to services (e.g. transportation issues)
- Worked as well as in-person services for regular or routine visits

# COVID-19 Impact on New Yorkers' Mental Health



**Office of  
Mental Health**



# CDC Study of the Impact of COVID19 on Mental Health ( June 24-30, 2020 )

- 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.
- Symptoms of trauma, stress related to pandemic **26%**.
- Started or increased substance use **13%**.
- 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%**.

# Mental Health Impacts of COVID Pandemic

- China, Italy, and United States all report incidence of **50%** of healthcare workers experiencing one or more mental health issues including depression, anxiety, post traumatic stress and insomnia.
- Kaiser Study reported **50%** of adults who lost income or employment due to COVID had adverse mental health impacts.
- CDC Study found that unpaid caregivers for adults had higher incidence of mental health adverse impacts than other adults, including **30%** suicidal ideation.
- The risk for school age youth is estimated at **25%** overall impact based on data six months-post the 9/11 disaster.
- Estimated that each percentage point increase in unemployment result in 1.6% increase in the suicide rate or 775 Americans per year.

# OMH's Response Initiatives



**Office of  
Mental Health**

# Project Hope & Emotional Support Helpline



**NY Project Hope** uses a public health approach to mitigate the adverse psychological effects of COVID-19 :

- **Emotional Support Helpline** staffed by trained crisis counselors; 8 a.m. -10 p.m. daily. Received over 28,000 calls to date.
- **Website** with educational materials and resources that translate into nine languages and includes an accessibility button for visually and hearing impaired visitors.
- A strong **social media** presence that offers coping tips and psychoeducational materials and also promotes the website and the Emotional Support Helpline. Much of the media messaging targets those most severely impacted including healthcare workers, parents, unemployed, as well as, high risk minority/marginalized populations. More general messaging blankets the entire state.
- Grassroots **outreach campaign** that connects with organizations who post NY Project Hope messaging tailored for their audience, ranging from PEF to NY FarmNet.
- Applied for 100 million dollar **FEMA grant** to provide crisis counseling and treatment for New Yorkers affected by COVID

# Coping Circles and Crisis Texts

**Coping Circles** – a free, virtual group support facilitated by a volunteer licensed mental health professionals: six NYers, six weeks, coping together. Any NYS resident 18+ eligible. This included General Circles as well as Specialized Circles (loss of a loved one, job loss, survivor of COVID-19 infection, healthcare workers and first responders).

- 900+ participants in 187 Circles, program ran from June – August 2020.
- Publicized in parts of the State with high minority/marginalized populations and materials to publicize. Coping Circles were available in multiple languages and ASL.

## **Crisis Texts – Got 5 741-741**

- Mid-March 2020 to Mid-May 2020: 15K conversations, 10K unique texters.
- Mid-March 2019 to Mid-May 2019: 10K conversations, 6K unique texters.

## **NYFrontline 741-741: new, over 500 Texts**

# Suicide Risk and Prevention Strategies

- CDC survey in June found : individuals who had seriously considered suicide in the 30 days before completing the survey was **10%**; individuals 18-24 years **25%**; Hispanic respondents **18%**; Black respondents **15%**; and essential workers **21%**.
- NYS was awarded a two-year grant from Vibrant Emotional Health for \$2,066,562 to increase Lifeline capacity from in-state answered calls from **45% to 70%**, starting October 1, 2019.
- **The FCC has approved the use of 988 for individuals in mental health distress to connect with the National Suicide Prevention Lifeline. Implementation of this number is planned for no later than July 2022.**
- OMH partnered with the NYC DOHMH to convene a group of suicide prevention experts with the goal of developing strategies to mitigate suicide risk related to COVID-19 specifically through public awareness campaigns targeting those most impacted, including frontline workers, communities of color, and those experiencing significant economic dislocation resulting in a partnership between OMH and DOH on a CDC funded public awareness campaign, with an emphasis on economically distressed individuals at greater risk for suicide.

# OMH Suicide Prevention and Supporting Wellness throughout COVID

- DOHMH issued guidance for Peer Specialists supporting individuals coping with thoughts of suicide, OMH adapted and distributed for a state-wide audience: <https://omh.ny.gov/omhweb/covid-19-peer-suicide-prevention.pdf>
- OMH provided QPR (Question, Persuade, and Refer) training for NYC EMS – to develop trainers – with a potential for information to reach 6,000 members.
- OMH staff continued to provide support and training to school-based personnel – with over 2700 individuals trained through the middle of the calendar year.
- Launched the Black Youth Suicide Prevention Workgroup.
- Suicide Prevention Office is currently adapting the Latina Engagement Project to be conducted virtually.
- Launching a virtual summit in September focused on suicide prevention for veterans, law enforcement, first responders, fire fighters, and corrections in lieu of the previously planned in-person event.
- Robust Media Campaign for National Suicide Prevention Month.
- OMH and State and local partners are participating in the Governor’s Challenge focused on veterans.

# 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).

## OMH COVID-19 Impact Survey for Recipients & Families (6,004 response)

- 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%).



# OMH Survey Results and Moving Forward

% 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

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.
- Strategies for Behavioral Health Equity Webinar Series.
- Including the Strategies to Promote COVID-19-Related Mental Health Equity In New York State's Mental Health System.
- Coordinated Disparities Research Workgroup Disparities Data.

# Community and State Provider Readiness

- Increased availability of telemental health services to increase access to mental health services.
- CCBHC array of services and access to crisis intervention provide immediate and open access to treatment and support.
- OMH, through the Center for Practice Innovations (CPI) and with the Community Technical Assistance Center of New York (CTAC) provides trainings, in the context of the pandemic, for crisis intervention and treatment and wellness and self-management
- Introducing Assertive Community Treatment Teams for Youth.
- Expansion of Medicaid Managed Care and Medicaid State Plan reimbursement for Crisis Residences for support and treatment of individuals experiencing a mental health crisis for children and adults.
- Expanded availability of mobile crisis services including telephonic triage and response, mobile crisis response and mobile and telephonic crisis follow-up services.
- Availability of CPEP outreach services for mobile crisis intervention and follow up after discharge to link individuals to community services and programs.
- The development of crisis stabilization programs to provide no-wrong door for individuals needing urgent behavioral health crisis intervention services.

# Crisis System Expansion

## Mobile Crisis Programs

- Identification of county or regional crisis response providers with goal of 24/7/365 response and less than 3 hour response time.
- Reimbursement for state-approved providers by Medicaid Managed Care Crisis Intervention benefit has been implemented.
- Continual collaboration with local county directors for the coordination of efficient and effective immediate behavioral health services.

## Residential Crisis Programs

- Crisis Residential Regulation (589) update includes Residential Crisis Support, Intensive Crisis Residence for Adults and Children's Crisis Residence.
  - **Next steps:** Licensure of existing crisis respite programs, implementation of crisis residential portion of Medicaid Managed Care Crisis Intervention benefit, \$50M RFP for the acquisition, renovation and rehabilitation of crisis residences

## Crisis Stabilization Programs

- Individualized programs based on needs of community as determined by PPS initiatives and community stakeholders.
  - 23 hour models include: freestanding Crisis Stabilization Centers, Behavioral Health Urgent Care Centers, expanded clinic models
  - Peer-run living room models

**988 Lifeline coming by 2022:** Streamline access to crisis intervention and suicide prevention

# Adult BH HCBS to Community-Oriented Recovery and Empowerment (CORE) Services

- OMH and OASAS have submitted an application to CMS to transition the current Adult Behavioral Health Home and Community Based Services to **a new adult rehabilitation services demonstration** under the 1115 Waiver
- These new services will be called:  
**Community-Oriented Recovery & Empowerment (CORE) Services**
- This transition will eliminate many of the barriers to access while preserving the heart of **individualized, community-based rehabilitation** services



For More Information about CORE, please  
attend Nicole Haggerty's presentation  
**“Transforming Recovery and  
Rehabilitation Services in New York”**  
in Round 4 on  
Thursday, September 24, at 2:45-4:00

# Future Challenges

- Continue to monitor, prepare for and provide services for the expected increase in adults, frontline workers and youth who experience trauma, depression, anxiety and PTSD during and after the pandemic subsides.
- What should the best practice mix of telehealth and in person services for individuals served in the future? How can it increase access and how can it be made available to all individuals?
- Increase prevention and outreach efforts during the opening of our schools, for individuals experiencing loss of income or employment, and for our black and brown and Hispanic communities most affected by the pandemic.

# Budget Context

- The final 2020-21 Budget bills includes ‘budget control’ authority to navigate the uncertainty caused by State revenue loss and the economic impact of COVID-19.
- The Financial Plan April 2020 update projects a \$10 billion shortfall in the current year which may require significant budget control actions to balance the budget in the absence of sufficient Federal stimulus for state and local governments.
- Without Federal stimulus, the 2020-21 Budget will require \$8.2 billion in local assistance reductions impacting a wide range of programs.

# Budget Update

The latest information in the Supplement to the Annual Information Statement issued July 8, 2020 is as follows:

- Congress was originally expected to consider another Federal stimulus package in July/August 2020.
- If there is no Federal stimulus for state and local governments, DOB expects to transmit a detailed Aid-to-Localities reduction plan to the legislature in Fall 2020.
- In the interim, DOB has begun withholding a minimum of 20 percent of local aid payments to achieve cash flow savings. For OMH, the DOB withholds were applied to the July 2020 State Aid Letter payments to the counties excluding supported housing.



# Most Integrated Setting Coordination Council (MISCC)



**Office of  
Mental Health**

# 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

# The Most Integrated Setting Coordinating Council (MISCC)

- The Most Integrated Setting Coordinating Council (MISCC) was established by Chapter 551 of the Laws of 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
- Education Department inclusive of the Adult Continuing Education Services – Vocational Rehabilitation
- Office of Alcohol and Substance Abuse Services
- 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

# 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 23<sup>rd</sup>, from 1:00-3:00pm**. Members of the public can access and submit public comment here:  
<https://totalwebcasting.com/view/?func=VOFF&id=nysomh&date=2020-09-23&seq=1>

# OMH's Survey on Impact of COVID-19 for Recipients & Families



**Office of  
Mental Health**

# Introduction

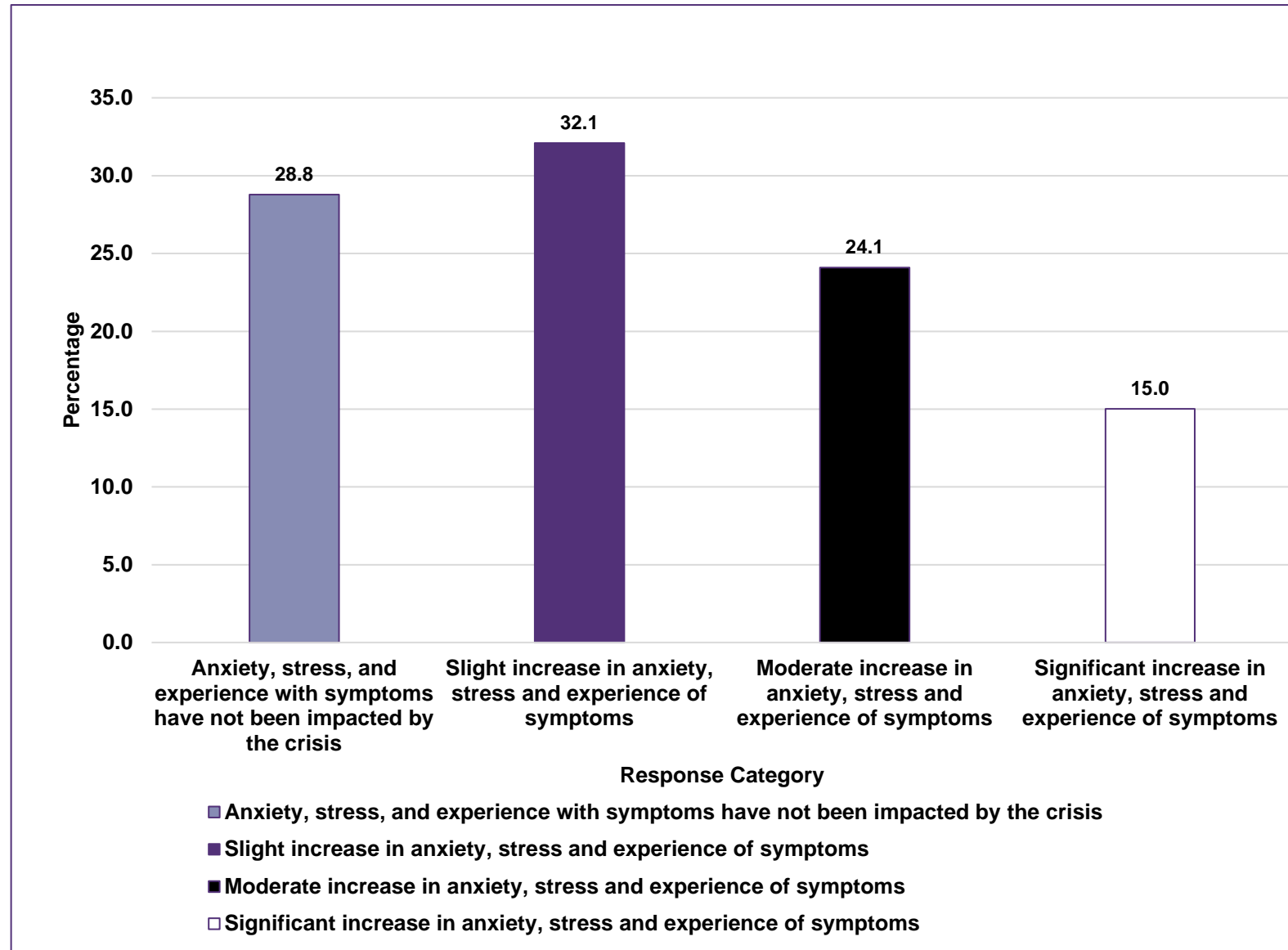
**Target Audience:** individuals who participate or receive OMH services or services from OMH-licensed programs, and/ or their family members. The survey was also extended to programs that are funded by OMH and monitored by local government units.

**Survey Development:** in collaboration with the Bureau of Cultural Competence, the Institute for Program and Policy Innovation, the Division of Integrated Community Services for Children and Families, and the Division of Adult Community Care Group, the Office of Consumer Affairs developed the survey.

**Survey Dissemination:** *via* consumer advocacy listservs, trade organizations, peer communities of practice, regional field offices, county mental health authorities, directors of consumer affairs in NYC and Westchester, Facebook, and county oversight agencies

**Data Collection:** responses were collected via the SurveyMonkey platform. The survey was launched May 8, 2020. The survey remained open until June 22, 2020, for a total of 6004 responses

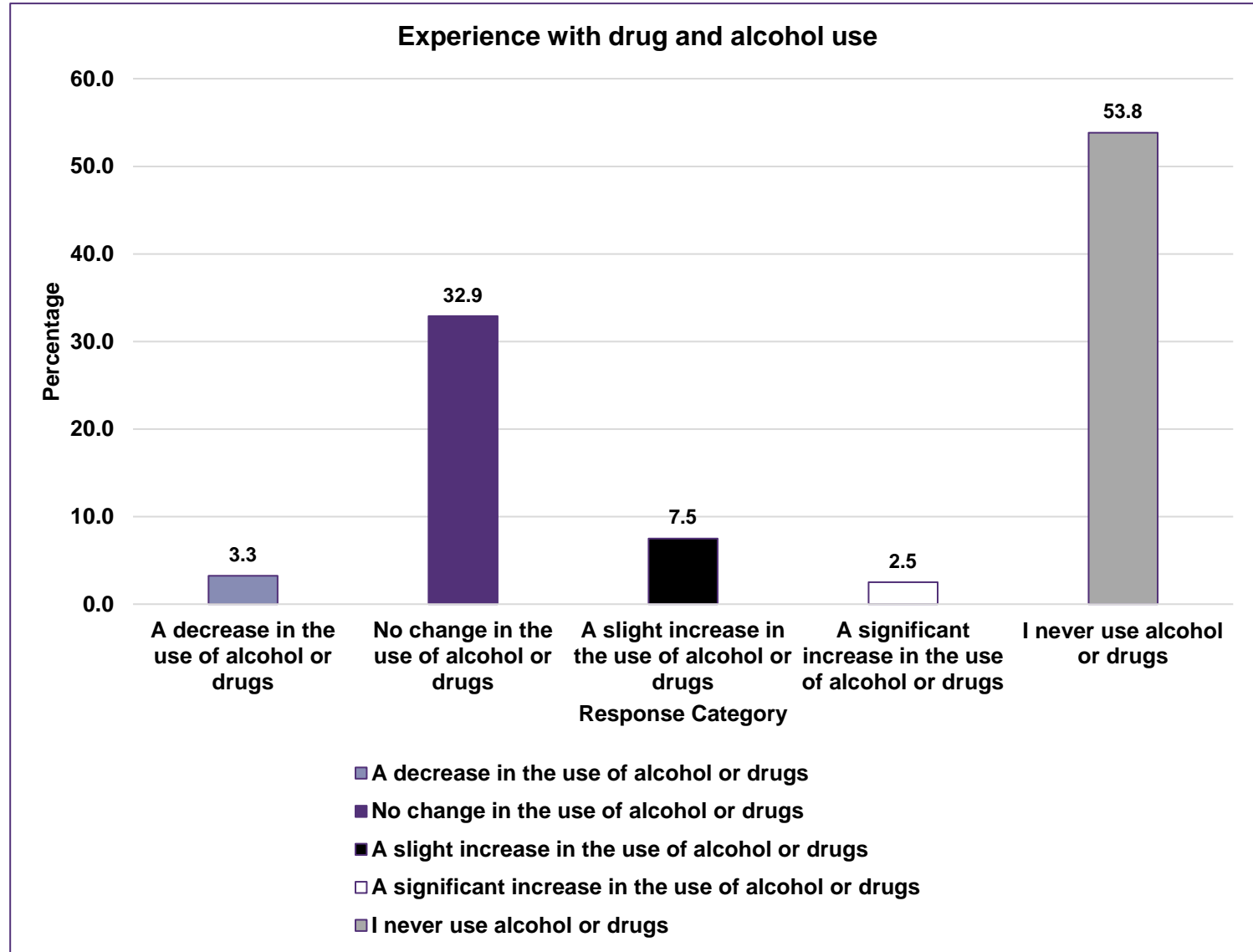
Please select the option that BEST describes your or your loved one's mental health during the COVID crisis:



Survey of OMH consumers and their families May 8-June22



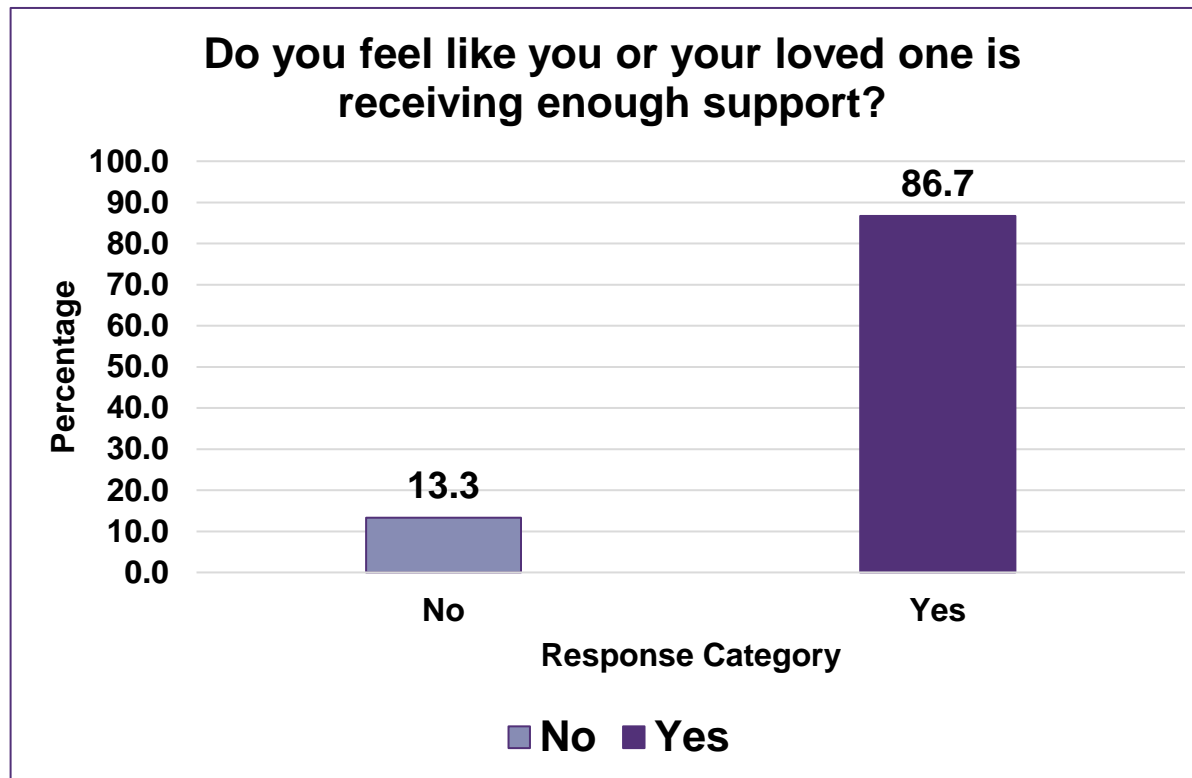
Many people have had difficulty coping with the COVID pandemic and may be drinking or using drugs more frequently than they did before the pandemic. Please select the option that best reflects you or your loved one's experience with drug and alcohol use.



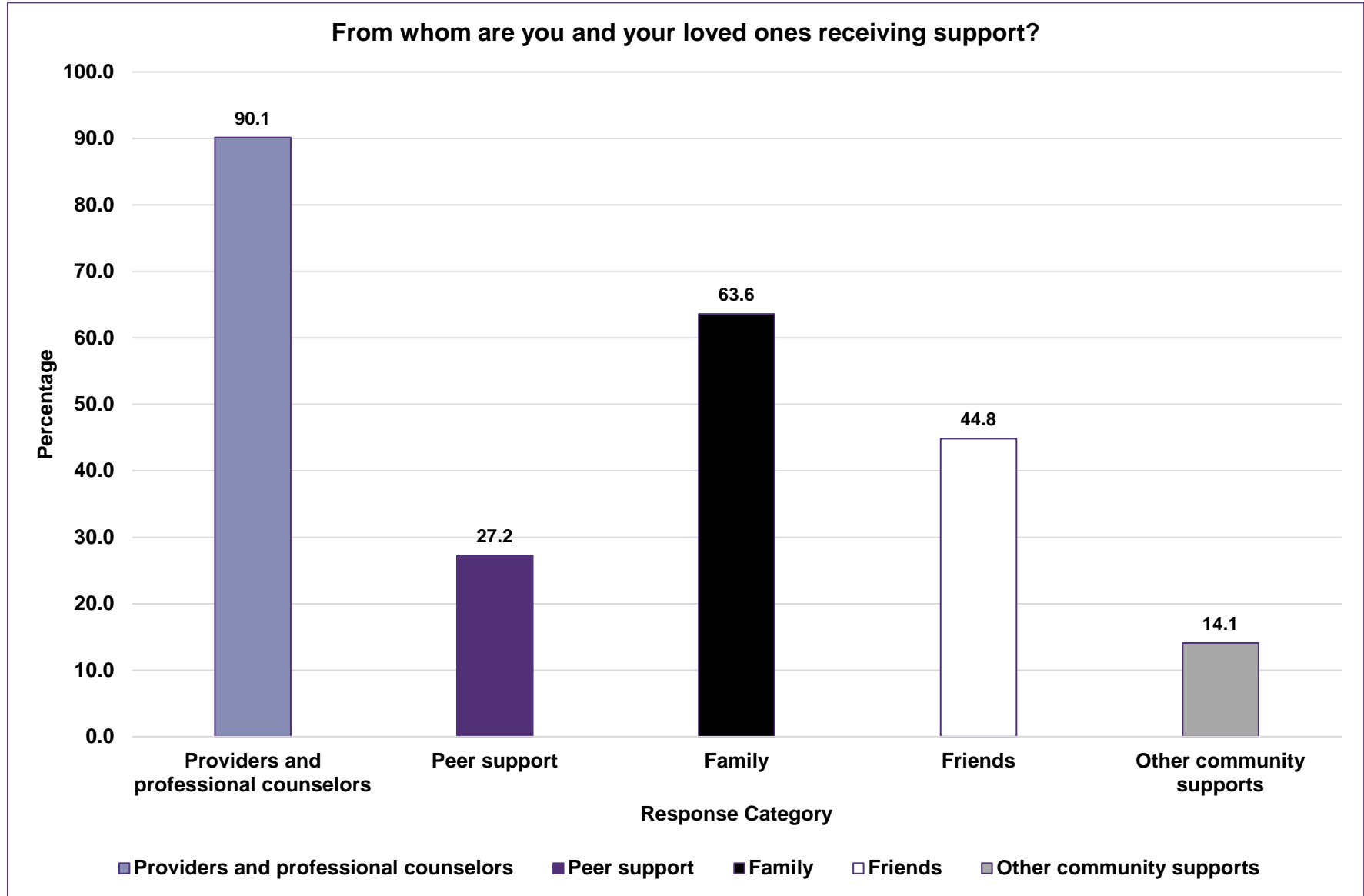
# Recipients & Families Felt Supported During the Pandemic

## COVID-19 Impact Survey for Recipients & Families:

- 86.7% felt they were receiving enough support during the pandemic

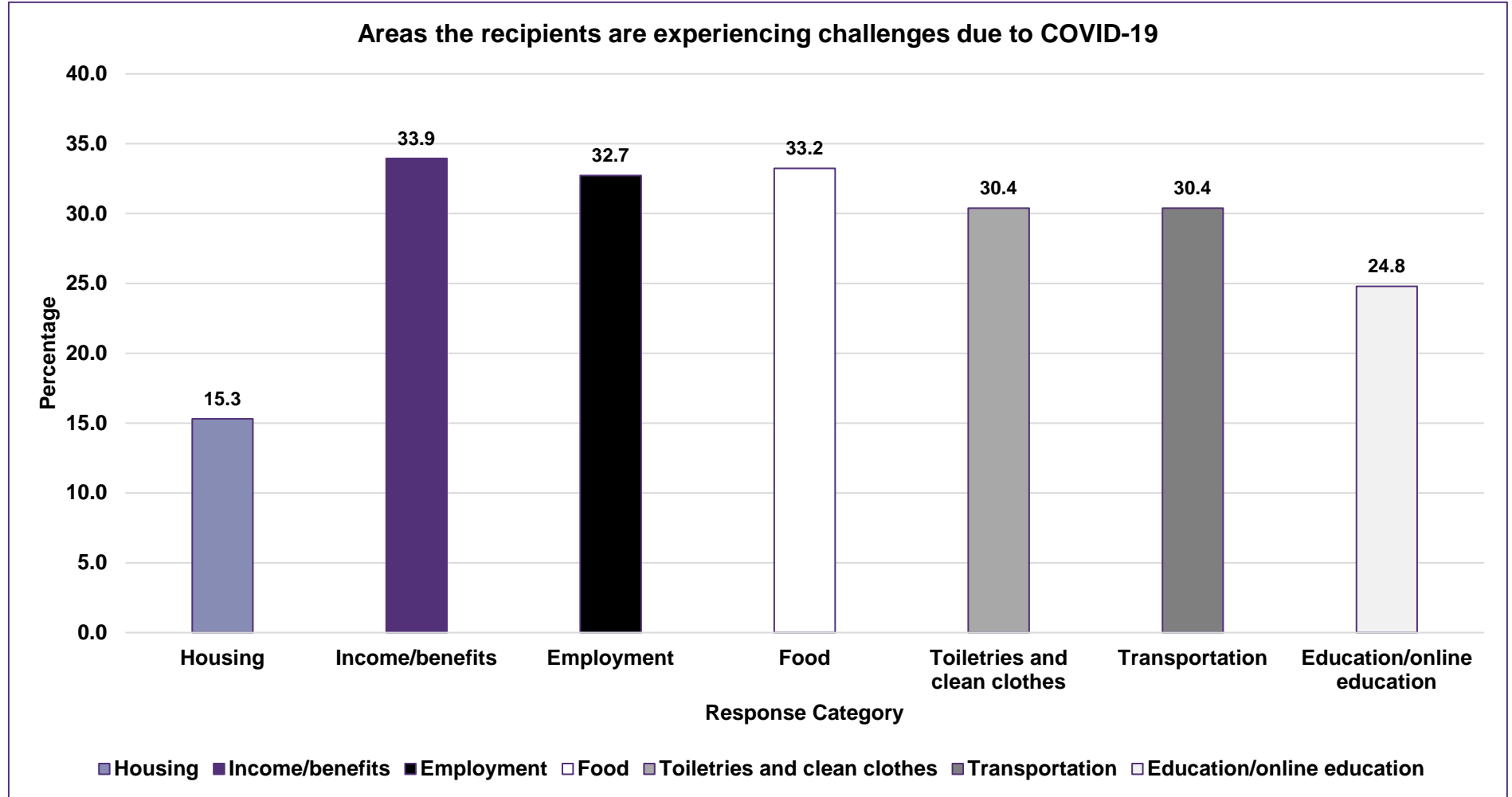


# From whom are you and your loved ones receiving support?



Survey of OMH consumers and their families May 8- June22

The COVID pandemic has affected many aspects of our lives. Please select areas where you or your loved one are currently experiencing challenges as a result of COVID.



Survey of OMH consumers and their families May 8- June22

# Preliminary Findings

- The survey found that there was widespread consistency among the challenges the recipients were experiencing due to the pandemic.
- Challenges selected by recipients (in descending order) were, income/benefits, employment, toiletries and clean clothes, food, transportation, education/online education, and housing.
- There were only slight deviations among the response counts for each of these challenges portraying that none of these challenges were stand-alone concerns, rather very tightly interconnected.
- Excluding the responses from recipients who were satisfied with OMH supports or did not find the question applicable (54.9%), the following top three themes were identified as what OMH could be doing for support during this challenging time;
  - programming resources (telehealth, PROS, ACT team or care manager visits)
  - social resources (phone calls, emails, zoom, information on COVID-19 as needed)
  - physical resources (food, money, transportation, PPE, technology)

# Preliminary Findings

- The recipients identified reaching out for support from friends and family, practicing mindfulness/ meditation, and accessing inner resources (**hope, resilience, strength**) as the top three strengths that have helped them cope with the pandemic
- The majority reported that the telehealth option was effective and hope that it will be remain available
- However, there was perhaps a preference for mixed methods noted by some recipients who appreciated in-person services and the social opportunities at programs such as Recovery Centers and PROS
- When asked what one might need in the coming months in terms of mental health services, close to half the recipients (48.2%) specified continued or increased access to telehealth support and general support

# Next Steps

- Data is currently being drilled down by region and demographics.
- Results from that analysis will be available for dissemination by October.
- In the interim, questions about the survey can be directed to Amanda Saake, [Amanda.saake@omh.ny.gov](mailto:Amanda.saake@omh.ny.gov)