Office of
Mental Health

Statewide OMH All Provider Meeting
Hospital & Community Connections

Moira Tashjian, MPA
Executive Deputy Commissioner

December 12, 2023

Today’s Presenters

Moira Tashjian, MPA

Executive Deputy Commissioner

Flávio Casoy, MD

Medical Director, Adult Community Services and Managed Care

Erica Van De Wal, MA

Director, Office of Planning

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How to Send Questions & Comments

- All phone lines are muted
- In the WebEx menu, use the “Q&A” box to ask a question and the “Chat” box to send a comment; submit to “all panelists”
- Slides will be emailed to attendees soon
- Questions and feedback may also be sent to the Office of Planning at Planning@omh.ny.gov

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Agenda

1. OMH System Transformation Initiatives Recap
2. Review New Hospital Guidance
3. Discuss Guidance for Community-Based Mental Health Programs
4. Introduce Hospital & Community Connection
5. Collecting Feedback from Individuals and Families
6. Next Steps

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System Transformation

System Transformation

- This year marks an opportunity for our state's public mental health system like nothing we've seen in over 40 years!
- We want to transform and strengthen our mental health system in a way that reduces pressure on acute services, increases timely access to ambulatory services, and meets the needs of the people we serve
- It is critical that we have ongoing dialogue and feedback from all of you – *OMH providers across the continuum and county leadership* – as well as from individuals and families, as we strategize and create change at the local level
- Today we'll be reviewing new guidance and standards of care to support this work, with a particular focus on how we can improve transitions in care between acute and ambulatory services

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System Transformation

New Services for Individuals with Highest Need:

- Capital and operational resources to develop 3,500 new Housing Units: 900 transitional step down; 500 Community Residence SRO’s, 600 licensed apartment treatment units, and 1,500 supportive housing units
- Adding 150 state-operated inpatient beds and reopening 850 offline article 28 acute beds
- Capital for inpatient MH expansion as well as Residential Treatment Facilities (RTF) expansion
- 50 new Critical Time Intervention (CTI) teams including Medicaid and insurance coverage
- 8 Additional Safe Options Supports (SOS) teams
- Statewide access to High-Fidelity Wrap Around Services
- Increase Health Home Plus capacity
- Commercial and Medicaid payment for all crisis services and intensive wrap around services

New Services to Increase Community Access:

- 26 New Certified Community Behavioral Health Clinics (CCBHC); triples programs from 13 to 39 to expand access)
- Expansion of Article 31 Mental Health Clinics
- 12 New Comprehensive Psychiatric Emergency Programs (CPEPs)
- 30 New Home-Based Crisis Intervention (HBCI) teams for youth
- 42 New Assertive Community Treatment (ACT) teams
- Expansion of Intensive and Sustained Engagement Team (INSET) program

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Where to find more information!

- OMH webpage on Transforming and Strengthening NYS Mental Health System
- 2023 OMH Statewide Town Hall
- Procurement Opportunities & Schedule of Upcoming RFPs

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New Hospital Guidance

Background

- Governor Hochul's vision to transform the mental health system in NY included plans for establishing standards of care for evaluating and discharging individuals with behavioral health conditions in psychiatric inpatient programs, emergency departments, and CPEPs
- Many themes from the 2023 OMH Community Engagement Sessions, reaching nearly 2,000 participants throughout the state, called for an emphasis on communication between hospital and community-based mental health programs
- The Behavioral Health High Risk Quality Collaborative (HRQC) with Emergency Departments (2019-2023) resulted in best practices recommended by hospital participants, which informed the new hospital guidance
- Feedback from hospitals and other organizations was collected on the draft guidance and changes were made based on that feedback before the guidance was finalized

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New Hospital Guidance

- In October 2023, OMH and the Department of Health (DOH) issued guidance for psychiatric inpatient programs, emergency departments and CPEPs
- Based on the setting type, the guidance establishes expected standards for:
    - Screening and assessment
    - Communication and collaboration with non-hospital individuals
    - Coordinated discharge planning
    - Pre-discharge interventions to improve discharge outcomes
- OMH is currently developing regulations which align with this guidance
- As part of this effort, our goal is to deepen the connections between hospital clinicians and surrounding ambulatory and residential programs

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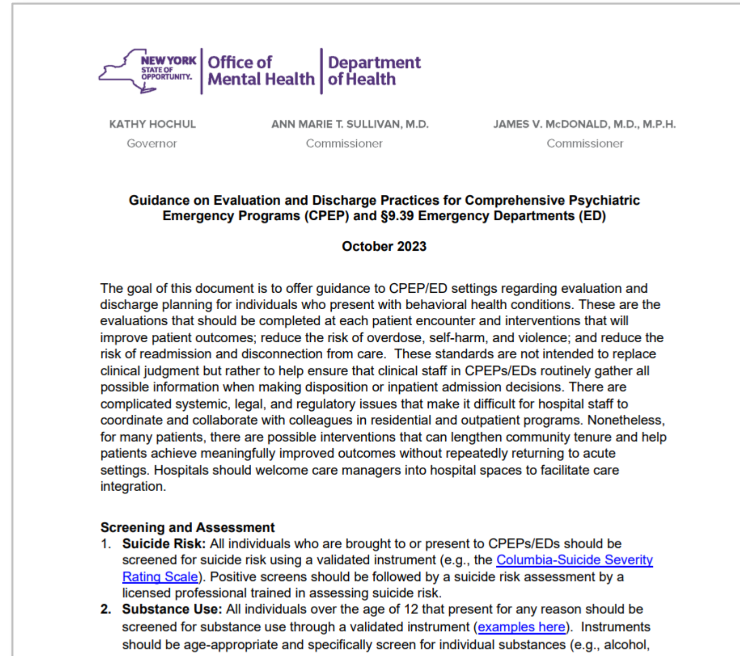
New Hospital Guidance



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KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

Guidance on Evaluation and Discharge Practices for Comprehensive Psychiatric Emergency Programs (CPEP) and §9.39 Emergency Departments (ED)

October 2023

The goal of this document is to offer guidance to CPEP/ED settings regarding evaluation and discharge planning for individuals who present with behavioral health conditions. These are the evaluations that should be completed at each patient encounter and interventions that will improve patient outcomes; reduce the risk of overdose, self-harm, and violence; and reduce the risk of readmission and disconnection from care. These standards are not intended to replace clinical judgment but rather to help ensure that clinical staff in CPEPs/EDs routinely gather all possible information when making disposition or inpatient admission decisions. There are complicated systemic, legal, and regulatory issues that make it difficult for hospital staff to coordinate and collaborate with colleagues in residential and outpatient programs. Nonetheless, for many patients, there are possible interventions that can lengthen community tenure and help patients achieve meaningfully improved outcomes without repeatedly returning to acute settings. Hospitals should welcome care managers into hospital spaces to facilitate care integration.

Screening and Assessment

1. **Suicide Risk:** All individuals who are brought to or present to CPEPs/EDs should be screened for suicide risk using a validated instrument (e.g., the Columbia-Suicide Severity Rating Scale). Positive screens should be followed by a suicide risk assessment by a licensed professional trained in assessing suicide risk.
2. **Substance Use:** All individuals over the age of 12 that present for any reason should be screened for substance use through a validated instrument (examples here). Instruments should be age-appropriate and specifically screen for individual substances (e.g., alcohol,

OMH - DOH Evaluation and Discharge Guidance (ny.gov)

Hospital Guidance – Screening & Assessment

Psychiatric inpatient units, EDs, and CPEPs screen/assess for:

- Suicide Risk
- Substance Use
- Violence Risk
- Complex Needs and Social Determinants
- Level of Care Determination

The guidance links to recommended, validated tools for each screening/assessment

Psychiatric inpatient units:

- Review screenings and assessments conducted in the ED or CPEP
- Consider appropriateness for Assisted Outpatient Treatment (AOT) for individuals with elevated risk or frequent admissions due to non-compliance

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Hospital Guidance – Communication and Collaboration with Non-Hospital Providers

- Look up individual's history in PSYCKES or other available information networks, such as SHIN-NY/QE
- Review prescription history in I-STOP/PMP for individuals who report using controlled substances
- Obtain collateral information from initiating party when assessing individuals brought to hospital by police
- Collateral information should be obtained for individuals with a behavioral health presentation whenever possible before making disposition decision

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Hospital Guidance – Coordinated Discharge Planning

- For patients with complex needs and repeated admissions, discharge treatment team provides verbal clinical update to receiving outpatient provider
- All patients have confirmed, scheduled appointment for psychiatric aftercare with an identified provider within 7 days of discharge
- For patients with complex needs or AOT orders, coordinate details with community-based or residential care managers
- Refer to intensive care management provider, such as HH+ for eligible patients
- Discharge plan reflects individual strengths and level of social support as well as consider available services in their community
- For psychiatric inpatient discharges, hospital staff should send a summary of history of present illness, hospital course, and other relevant information to outpatient, residential or LTC treatment program within 7 days of discharge

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Hospital Guidance – Pre-Discharge Interventions to Improve Discharge Outcomes

- Individuals with elevated risk of self-harm or suicide have safety plan completed before discharge that is shared
- Discharge of individuals with elevated risk of violence should include close collaboration with key community partners to address violence risk factors and access to weapons
- Individuals at risk for opioid overdose should be dispensed or prescribed naloxone, with education on how to use it and access it
- Individuals who meet criteria for OUD should be offered buprenorphine or long-acting naltrexone, if appropriate and referred to outpatient provider
- For psychiatric inpatient discharges, individuals who need antipsychotic medication and have known history of difficulty taking medications consistently should be considered for treatment with LAI medication

Guidance for Community-Based Mental Health Programs

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Guidance for Community-Based MH Programs

- Increased coordination with community-based mental health providers is critical for success of the new hospital guidance, as they can provide warm hand-offs when stepping up and down from higher levels of care
- A collaborative community system can lengthen post-discharge community tenure and help individuals achieve improved clinical outcomes, even those with the most complex needs
- OMH plans to issue draft guidance applicable to OMH licensed, designated, and funded programs that complements the guidance issued to hospitals
- Based on the type of program, this guidance for community-based mental health programs will detail expectations on communication and collaboration with hospitals, shared discharge planning responsibilities and responsibility around accepting referrals from hospitals
- We are interested in your review and feedback of this upcoming draft guidance and will provide multiple avenues to collect that feedback

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Hospital & Community Connections

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Hospital & Community Connections: Overview

- **Goal:** Approach for implementing locally identified solutions to increase collaboration between acute and ambulatory behavioral health programs and meet the needs of the people we serve
- **Participants:** Staff members from hospitals, outpatient treatment and recovery programs, residential programs, care management, county LGU Directors of Community Service (DCS)/Mental Health Commissioners, and OMH Field Offices
- **Platform:** Action-oriented planning meetings with providers at the county and sub-regional level to develop, monitor, and implement strategic and tactical work plans

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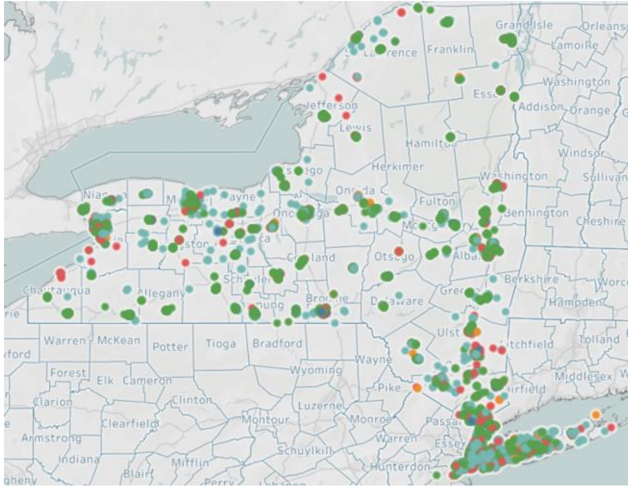
Hospital & Community Connections: Framework



- Participants identify the geographic catchment area for the strategic planning and where the hospital(s) and community-based mental health programs are located
- Gather the appropriate staff members from these organizations, gain consensus on the local challenges and barriers to the goal and prioritize which challenges to solve
- Identify local solutions and opportunities for the prioritized challenges and break down into specific, achievable action steps, point people, and timelines
- Identify the resources, tools, and innovations that are needed at the local level to achieve solutions

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H&C Connections: Resources from OMH

- Data at the local level to inform opportunities for improvement, challenges, solutions, and progress
- A statewide view of solutions and initiatives that worked in other, similar, parts of the state
- Tools such as protocols, workflows, scripts, and data dashboards
- Mobilize at the statewide level when change and support is needed from other state agencies

Feedback from Individuals & Families

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Collecting Feedback from Individuals & Families

- The OMH Office of Advocacy and Peer Support Services (OAPSS) and the Office of Planning are organizing feedback sessions with individuals with lived and living experience and family members to inform them on the hospital and community work discussed today and to collect their input

- During this year's 2023 OMH Statewide Town Hall we had strong representation from advocates and individuals with lived experience voicing the importance of including them in our planning of new and existing services and initiatives

- County LGUs also collect feedback from individuals, families, and community members via their Community Service Board (CSB) meetings

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Next Steps

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Next Steps

- Today's presentation slides will be sent to attendees
- Please join your applicable regional all provider meeting to participate in a discussion on the topics presented today
    - **Western NY:** Wednesday, December 13th, 11am-12pm
    - **Central NY:** Thursday, December 14th, 11am-12pm
    - **Long Island:** Monday, December 18th, 2pm-3pm
    - **NYC:** Tuesday, December 19th, 2pm-4pm
    - **Hudson River:** Wednesday, December 20th, 10am-11am
- More details about the Hospital & Community Connections work will be distributed soon

Thank You!

If you have questions or feedback, please reach out to us at:

Planning@omh.ny.gov