NEW YORK STATE | Office of Mental Health

An Introduction to New York's Public Mental Health System

July 10, 2023

OMH Mission and Goals

- **Mission Statement:** to promote the mental health of all New Yorkers, with a particular focus on providing hope and recovery for adults with serious mental illness and children with serious emotional disturbances
- **Key Goals**
  - Prevention
  - Timely Access to all levels of care when and where needed
  - Services that ensure diversity, equity, and inclusion
  - Services that provide integrated care for the whole person and family

Array of Comprehensive Services

- Prevention
- Ambulatory/Community
- Emergency and Crisis
- Inpatient
- Residential
- Care Coordination/Wrap Around Services
- Intensive/ High Need community-based continuum of care supports/services

System Transformation - Budget Initiatives

Critical Implementation Goals:

- Integrated Care: physical health, mental health, substance use, and developmental disabilities
- Equity and Diversity
- Services across the lifespan, including at least 25% for youth
- Community based recovery and full integration into community life; peer services throughout the continuum

Prevention Services:

- Increase School-based clinics
  - Including increasing Medicaid rate & Commercial Insurance coverage at the increased rate
- Expansion of Healthy Steps
- New Resources to expand Suicide Prevention programs for high-risk youth
- Expansion of Individual Placements and Supports (IPS)

Community Access:

- 26 New Certified Community Behavioral Health Centers (CCBHC) (tripling the capacity from 13 to 39 to expand access)
- Expansion of Article 31 Mental Health Clinics by 20 new sites
- Expansion of Home-based Crisis Intervention for youth
- 12 New Comprehensive Psychiatric Emergency Programs (CPEPs)
- 42 New Assertive Community Treatment (ACT) teams
- Expansion of Intensive and Sustained Engagement Team (INSET) program
- FarmNet – permanent funding
- Funding for Eating Disorders

System Transformation – Budget Initiatives

Highest-Need Individuals:

- Additional 150 State inpatient beds and reopening 850 offline Art. 28 acute beds
- New Inpatient and ER Discharge Protocols and Responsibilities
- Capital and Operational resources to develop 3,500 new Housing Units
  - *Capital for 2,150 beds:*
    - 900 transitional step-down
    - 500 Community Residence SROs
    - 750 permanent supportive housing beds
  - *Additional support for:*
    - 600 licensed apartment treatment beds
    - 750 scattered site supportive housing units
- 50 new Critical Time Intervention (CTI) teams including Medicaid and insurance coverage
- Expansion of High-Fidelity Wrap Around Services for children and families
- Increase Health Home Plus capacity for high-need individuals
- Commercial and Medicaid payment for all crisis and intensive wrap-around services

Chronically Unsheltered Homeless:

- Approval for 10 additional Safe Options Supports (SOS) teams
- Specialized Inpatient Services
- Funding for 60 step-down units to serve formerly unhoused individuals transitioning from inpatient care
- Housing First and Specialized Transitional Housing with supports
- Long-term social, skills and employment supports

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Prevention Innovations

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OMH Office of Prevention and Health Initiatives (OPHI)

OPHI initiatives work towards the reduction of risk factors and the enhancement of protective factors for individuals, with a special emphasis on meeting the needs of underserved communities.

- OPHI is charged with proposing new policy and programs emphasizing primary and secondary prevention efforts.
- The office oversees initiatives targeting populations across the lifespan, with the goal of advancing a robust and comprehensive prevention agenda.
- The office also works to consider and address social determinants of mental health that are increasingly recognized as critical to overall health and wellness of individuals.

Primary Prevention for Kids

OPHI and the OMH Division of Integrated Community Services for Children and Families are involved in:

- **Increasing school-based mental health clinics** and capacity for implementing trauma-responsive training and social-emotional curriculums to allow early intervention and help reduce school absenteeism. Will collaborate with OASAS to offer SUD treatment and prevention.
- **Expanding the HealthySteps program** to support healthy development in infants and toddlers through pediatric practices.
- **Supporting Project TEACH**, which offers real-time, telephonic consultation to pediatricians caring for children and families with mild to moderate mental health concerns. Also offers consultation to primary care providers caring for pregnant individuals with mental health concerns.

Primary Prevention through the Lifespan

- OMH is expanding **Individual Placements and Supports** to help individuals with complex needs in NYS find employment, build community, and achieve meaningful life goals.
- **The Suicide Prevention Center of New York** sponsors numerous programs to **educate** the wider community and professionals in diverse industries to **identify and intervene** with individuals at higher risk of self-harm.
- NYS OMH continues to lead the nation in the adoption and scaling of the **Psychiatric Collaborative Care Model.**
- Care managers across the system (e.g., HH+, CMAs, SOS, IMT, ACT) are **trained to recognize risk factors** for opioid use disorder and overdose, anxiety, and depression.

Secondary and Tertiary Prevention

OMH is committed to ensuring access to **harm reduction** services throughout the mental health service system, including specific resources for adolescents and young adults:

- OMH issued "**Guidance for OMH State-Operated Services Providers on Naloxone and Fentanyl Test Strips for Consumers**" on May 30, 2023, to all OMH State-Operated Services outpatient clinics and residential treatment facilities
- OMH is building upon a 2019 requirement for all direct care staff employed in OMH state-operated residential and MHOTRS programs to be **trained to administer intranasal naloxone** and has been **stocking every residential and MHOTRS program with a naloxone kit** to facilitate rapid overdose reversal.

OMH is also expanding programs that address co-occurring conditions, including by offering pharmacologic treatment for SUD.

Comprehensive System of Services

Public MH System Services in NYS: 5,000 Programs

Inpatient (~8,600 beds)

- State Psychiatric Center
- Psychiatric unit of general hospital/Art.28
- Private psychiatric hospital/Art.31
- Residential Treatment Facility (Children youth)

Outpatient (~785 programs)

- Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
    - *formerly "Mental Health Clinic "*
- Partial Hospitalization
- Personalized Recovery Oriented Services (PROS)
- Assertive Community Treatment (ACT)
- Continuing Day Treatment (CDT- Adult)
- Day Treatment (Children & youth)
- Certified Community Behavioral Health Clinics (CCBHC)

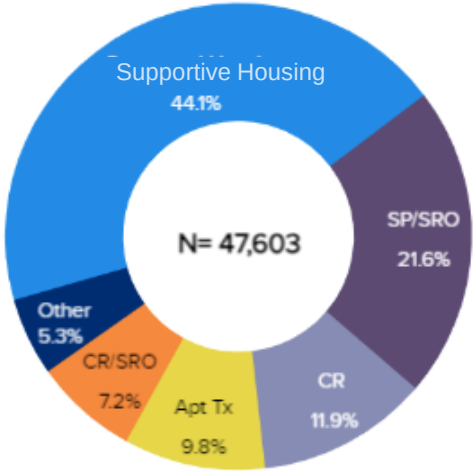
Public MH System Services in NYS (Cont'd)

Emergency (~220 programs)
- Comprehensive Psych. Emergency Program (CPEP)
- Crisis Intervention Programs/Residences

Residential (~47,600 beds)
- Treatment (Congregate and scattered site)
- Support (Congregate and scattered site)
- Unlicensed (Supported Housing)

Support (~3,000 programs)
- Care coordination (Health home, care mgmt.)
- Education
- General support (outreach, mobile community services, family/peer supp
- Self-help (advocacy, psychosocial club, peer wellness ctr.)
- Vocational
- Adult and child HCBS (Medicaid version of many above support progs)

Residential beds statewide



Prevalence and Utilization

Public MH System Utilization:

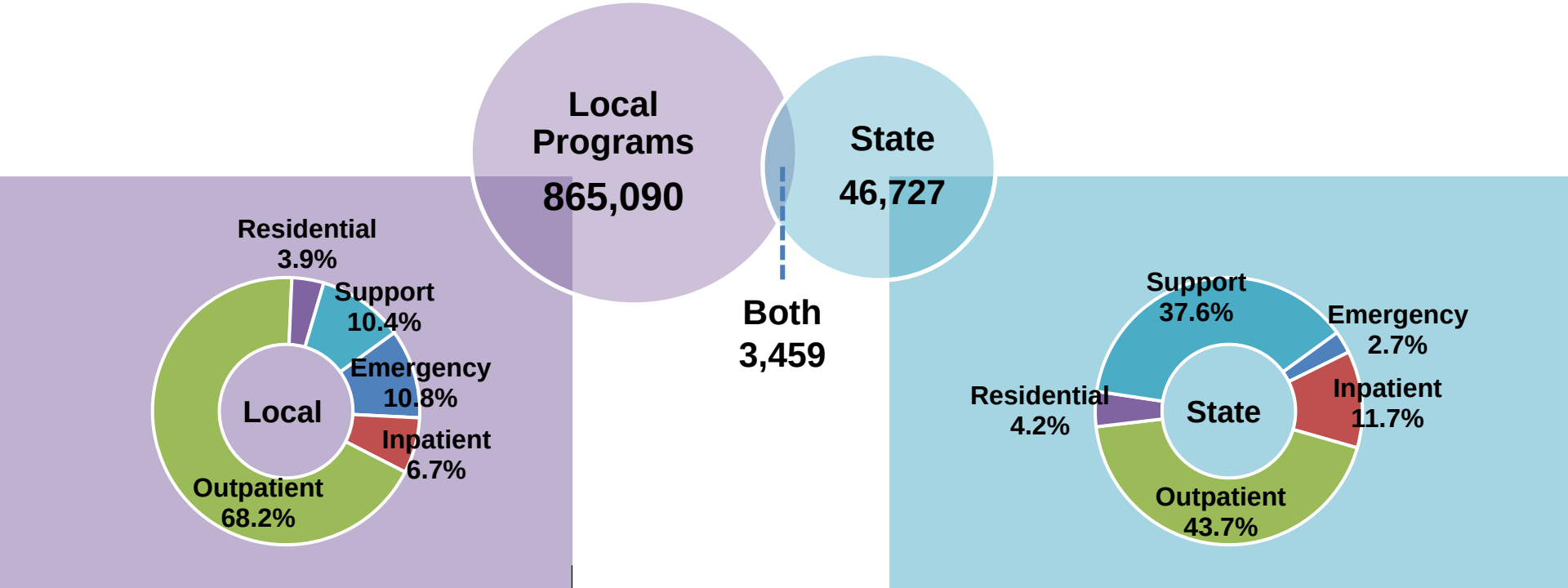
- Based on estimations generated through the annualization of the week-long OMH Patient Characteristics Survey, nearly 900,000 people were served in the public MH system in 2022.*
- Of those served, the following prevalence is estimated:
    - Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED) (across all ages): ~86%
    - SMI (adults 18 and older): ~89%
    - SED (ages 9-17): ~79%
    - 17% (105,805) of the 628,790 Medicaid Mental Health clients received an SUD service in the same year (CY 2021) (under-reported due to claims data)**

*https://omh.ny.gov/omhweb/tableau/pcs.html

**https://omh.ny.gov/omhweb/tableau/county-profiles.html

Public Mental Health System: Utilization

Nearly 900,000 people were served by the public mental health system in 2022, according to Patient Characteristics Survey data.



Outpatient/ Ambulatory

Mental Health Outpatient Treatment and Rehabilitative Services

- Formerly known as Article 31 Mental Health Clinics
- ~500 programs, ~700k individuals served per year, ~2,000 sites (satellite and main clinics), including 1,000+ satellite sites in schools
- Mostly run by non-profit agencies and hospitals
- Providing psychotherapy, group psychotherapy, and medication management; now able to provide peer support services and off-site services
- Significantly impacted by the workforce crisis
- Changes on the horizon will allow for more peer services, services beyond providers' walls
- Regulations prohibit admission policies that exclude individuals with co-occurring substance use disorders
    - Ongoing effort to improve capacity to treat tobacco and opioid use disorders
- Transformation due to telehealth; providing telehealth and in-person services

Integrated Outpatient Services (IOS)

IOS Regulations (10 NYCRR Part 404 and 14 NYCRR Parts 598 and 825) allow a provider licensed or certified by more than one agency to add services at one of its sites (the “host” site) without additional license or certification, so long as it is licensed or certified to provide such services at another site.

- Primary Care Host Model (DOH licensed providers adding mental health and/or substance use disorder services)
- Mental Health Behavioral Care Host Model (OMH licensed providers adding primary care and/or substance use disorder services)
- Substance Use Disorder Behavioral Care Host Model (OASAS certified providers adding primary care and/or substance use disorder services)

Integrated License Benefits and Challenges

- OMH, OASAS and DOH are actively working on updating integration regulations and policy to improve quality and accessibility of integrated care
- **Benefits**
  - Expands the availability and quality of services
  - Reduce redundant assessments, documentation, etc.
  - Can bill for peer services and intensive outpatient services for co-occurring clients
  - Integrated EMR
  - Reduce administrative burden
  - Single oversight agency and recertification survey
  - All services billed under IOS rate code
  - Eliminates the 10% discount for multiple behavioral health services in the same day
- **Challenges**
  - Statutory limits don’t allow for full integration
  - Peer service rate is 50% less than the OASAS rate

Integrated Outpatient Services

Integrated Outpatient Services	
Host Agency	**Number of Sites**
DOH Hosted (Article 28)	**20**
Add-on MH	20
OASAS Hosted (Art. 32)	**54**
Add-on PC	3
Add-on MH	23
Integrated Co-Located Art. 31 & Art. 32	28
OMH Hosted (Art. 31)	**111**
Add-on PC	17
Add-on SUD	50
Integrated Co-Located Art. 31 & Art. 32	44
Grand Total	**185**

Integrated under DSRIP 3.a.i. Waiver	
Host Agency	**Number of Sites**
DOH Hosted (Article 28)	**32**
Add-on MH	23
Add-on SUD	9
OASAS Hosted (Art. 32)	**13**
Add-on PC	4
Add-on MH	9
OMH Hosted (Art. 31)	**30**
Add-on PC	14
Add-on SUD	16
Grand Total	**75**

260 IOS Sites Statewide

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Assertive Community Treatment (ACT)

- “Hospitals without walls” for patients who are the most difficult to engage in ambulatory services
- Typical caseload of 48 or 68 patients
- Staffed by MD/NP, RN, SW, vocational specialist, designated SUD specialists
- Staff trained in integrated dual disorder treatment (IDDT)
- NYC Shelter ACT Teams required to prescribe MAT
- Mobile
- May include Assisted Outpatient Treatment, Kendra’s Law
- Specialized teams include: Youth, Young Adult, Shelter, Forensic, Geriatric

Personalized Recovery Oriented Services (PROS)

- Focus on psychosocial rehabilitation with the primary objective to improve functional capacity
- Whole-health, person-centered model
- Primarily group based, and services provided on site
- Some have a MH clinic to also provide treatment services
- Future redesign plans to incentivize more 1:1 and off-site services interventions
- Staff trained in integrated dual disorder treatment (IDDT)

Community Oriented Recovery and Empowerment (CORE)

- Providers Designated by OASAS+OMH
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Peer Services
- Family Support and Training
- Available only to patients enrolled in special needs plans for individuals with mental health or substance use disorder conditions

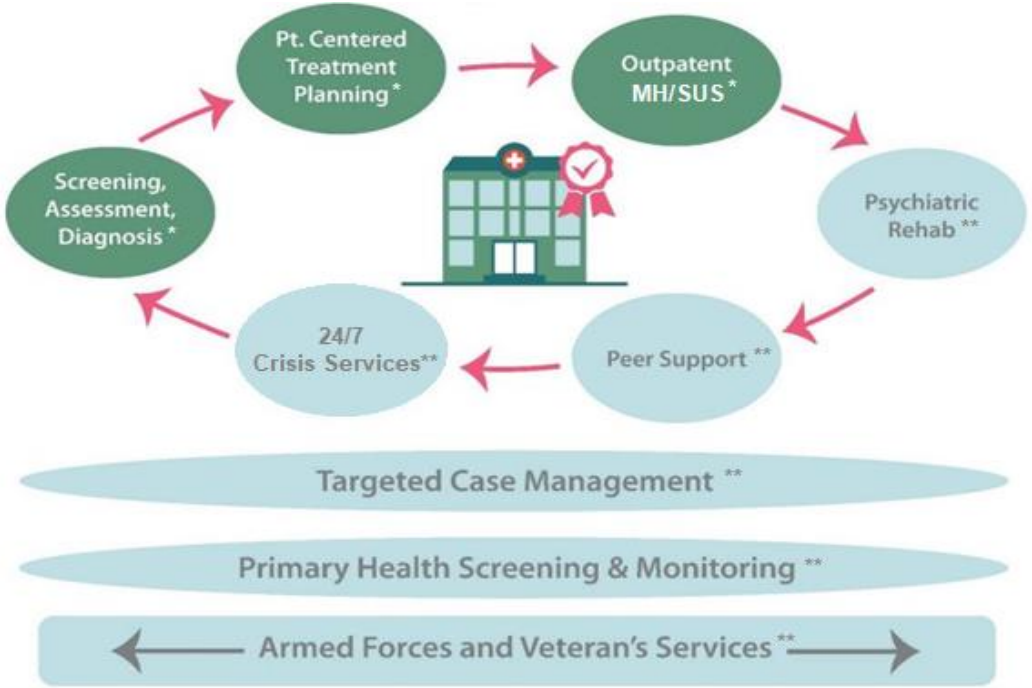
Definition of a Certified Community Behavioral Health Clinic (CCBHC)

A CCBHC is a community-based provider that offers a comprehensive range of integrated outpatient mental health and substance use services, as well rehabilitative services to individuals – regardless of their age, location, and ability to pay.

CCBHC Core Principles

- **Open access and immediate availability of services**
- Person-centered, recovery focused, whole person care
- **Integrated MH/SUD services**
- Respond to the opiate epidemic and reduce overdose rates
- Primary care screening/active connection to **primary care**
- Expanded access to crisis services, peer support, and psych rehab
- **Care Coordination** agreements with community providers including law enforcement and social services
- Services available in the community outside the four clinic walls
- Consumer-informed governance

CCBHC Service Continuum



*Under current certification criteria the CCBHC must directly provide this service

**Under current certification criteria the service may be provided by the CCBHC directly and/or a Designated Collaborating Organization (DCO)

***Services must be available to all individuals regardless of their age, location, and ability to pay

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NYS CCBHC Demonstration

- On **July 1st 2017**, 13 providers in **NYS began participating** in the SAMHSA Federal CCBHC demonstration. 8 states were chosen for the original demonstration.

- On June 25th 2022, SAMHSA extended the Federal demonstration for an additional two years through **September 30, 2025. New York State's demonstration is currently in year 6.**

- **63,084 participants were served in demonstration year 4** (between 2020-2021), according to the most recent Annual Metrics Reporting providers submitted

- **OMH & OASAS work closely with the 13 demonstration providers**– offering TA, data monitoring, and fiscal and programmatic oversight

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CCBHCs Increase Access to Care for All

With rapid access to comprehensive and integrated care in CCBHCs, cross-trained staff are successful at engaging individuals with SMI and co-occurring disorders:

- 24% of individuals new to a CCBHC had not received a BH service from any provider in the previous year
- 62% of individuals served in CCBHCs were SMI and 66% had a co-occurring diagnosis
- CCBHCs have increased the percentage of OUD clients receiving MAT each year of the demonstration: **2018: 64%, 2019: 70%, 2020: 71%**

Inpatient Hospitalizations for Behavioral Health (MH and SUD)

- Year one of the demo saw a 27% reduction in utilization of BH inpatient services for CCBHC clients
- Year two a further 19% reduction from the first year

ER Visits for Behavioral Health (MH and SUD)

- Year one of the demo saw a 26% reduction
- Year two a further 7% reduction from first year

CCBHC Demo Expansion Planning

- The **2023-2024 Enacted NYS Budget and the Governor's State of the State priorities** included language to **expand** New York State's CCBHC Demonstration.

- In March 2023, SAMHSA also released guidance to Demonstration States on how to add new providers.

- NYS is planning to add 26 new providers to the Demonstration, **tripling the number of CCBHCs in NYS from 13 to 39 in the next two years**.

- NYS will **jointly license** CCBHCs (i.e., through OMH and OASAS).

Housing Units in NYS

48,088 operational units of housing currently:

- Apartment Treatment: 4,650
- Community Residence (CR): 5,728
- CR-SRO: 3,432
- SP-SRO: 10,325
- Scattered-Site Supportive Housing: 21,155
- Other: 2,798

OMH projects almost 3,000 more beds to open this FY, with over 8,500 beds in the pipeline total over the next 5 years.

Addressing Homelessness

- Safe Options Support (SOS) Teams
  - 11 teams operational, 7 teams in development
  - Approval for 10 additional teams
- Transition to Home Units
  - Two 25-bed inpatient units at Manhattan PC
- Transitional Step-down Housing Units
  - 60 units in development
  - 900 units to be awarded

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Employment and Health Outcomes

Research shows…

- Employment is a key social determinant of health
- A direct correlation between employment and improved behavioral/physical health outcomes
- Profoundly negative consequences of long-term unemployment related to an individual's functioning and long-term health outcomes

Investments in Employment Infrastructure

The 2023-2024 Enacted NYS Budget includes:

- State Aid to support full IPS implementation for CORE, ACT and CCBHC providers (PROS programs already funded)

… and investments in:

- Enhancing data systems to monitor and track employment outcomes by program type
- Improving partnerships with Disability Resource Coordinators and OMH rehab programs to engage underserved populations
- Increasing training and technical assistance for all providers of Individual Placement and Support (IPS)

Specialty Mental Health Care Management

There are currently 200 specialty mental health care management agencies (MH CMAs) in NYS.

These are adult-serving Health Home CMAs with NYS OMH designation to serve the HH+ SMI population.

- **HH+ SMI population** - fulfill the local need to adequately support the **highest need** individuals living with SMI
- Often have **co-morbid physical and SUD needs**
- **Enhanced level of care management** within the Health Home program
- Care managers with **expertise, experience and knowledge of critical services**
- **OMH Oversight** of Specialty MH CMAs

Youth Services

Community-Based Care

Expansion Clinics, CCBHCs and School Based Clinics

Child Health Plus Expansion (Health Home for Youth)

- Increased access to 370,000 youth statewide

Project TEACH

- Rapid access to consultation from c/y psychiatrists, specialty consultation including 0-5, problematic sexual behaviors, non medication SU intervention, LGBTQ+, ASD/IDD
- Over 25k consultations to over 5k providers
- Access to training and education
- Access to referral and linkage

Project TEACH Maternal Mental Health

- Rapid access to consultation from reproductive psychiatrists
- Referral and linkage
- Web resources for assessment and treatment

Intensive Community Based Care

Intensive Outpatient Programs

- Start-up support for 11 new programs and 1 expansion
- Provider workgroup on exploring new models, including school district based

Children's Day Treatment

- School-based mental health intensive treatment in community and state operated settings
- Modernization of Children's Day Treatment (NYSED)

Partial Hospital Programs

- 2 new PHPs and 1 expansion
- New PHP, with specialized tracks, to be studied

Youth ACT

- New model with 6-8 multidisciplinary team members serving 26-48 youth
- Youth ACT Technical Assistance Center and evaluation
- Up to 30 funded teams statewide

Intensive Community Based Care

High Fidelity Wraparound

- Evidence based care management intervention including peer support
- Being expanded statewide

Home and Community Based Services for youth with SED

- 25% permanent rate increase (State Partners)

First Episode Psychosis Teams

- 25 OnTrack teams throughout NYS, 3 new
- Provide comprehensive services to young individuals late teen to mid twenties living with schizophrenia with a first episode of psychosis; Emphasis on education, employment and social supports; over 70% remain on track for education and work.

Home-Based Crisis Intervention

- 40 teams serving families for 4-6 weeks
- 2 new DD/MH teams (DDPC, OPWDD)

Residential/Inpatient Treatment

- **Youth Crisis Residences and Transitional community beds**
- **Children's Community Residence**
  - 34 CCRs with average enhancement of 30% in FY 21
  - Pilot 14-21 program with independent living supports (ACS)
- **Residential Treatment Facilities (Inpatient Care)**
  - 274 RTF beds
  - 26M investment including clinical/direct care rate increase, addition of staff including permanency specialist, additional therapist, additional transition coordination, intake specialist
- **Inpatient**
  - Neurobehavioral unit (SUNY Upstate)
  - Exploring specialty unit for youth with high assaultive/aggressive behavior
  - Returning offline bed capacity
  - Exploring new c/y capacity in needed areas

Emergency and Crisis Services

988 Launched in July 2022: Data from the first year

July 2022 – May 2023

- 169,166 calls received
- Average answer rate – 80%
- Primary reasons for calling
  - Suicidal thoughts
  - Depression
  - Family/other relationship issues

May 2023

- 16,323 calls received
- 14,059 calls answered
- 86% in-state answer rate (all-time high!)
- Primary reasons for calling include suicidal thoughts, family/other relationship issues, and loneliness

General Information

- 14 active NYS 988 Contact Centers (1 in development)
- 24/7 primary in-state coverage for all 62 counties (July 2022)
- 24/7 in-state chat and text coverage for entire state (June 2023)
- 48/62 counties with in-state backup coverage (77%)

Governor's budget includes permanent, full funding for 988

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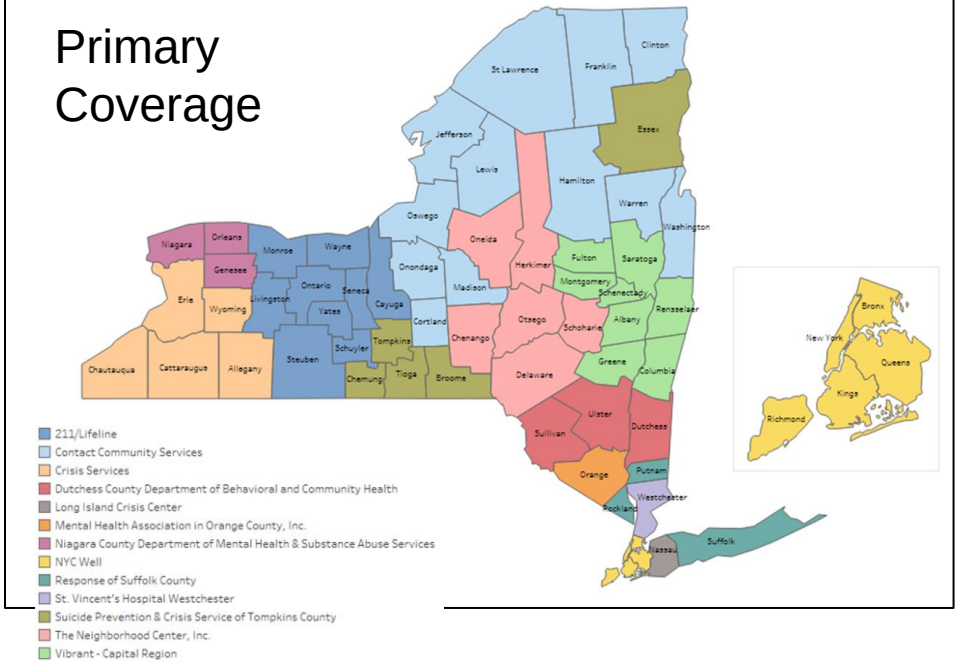
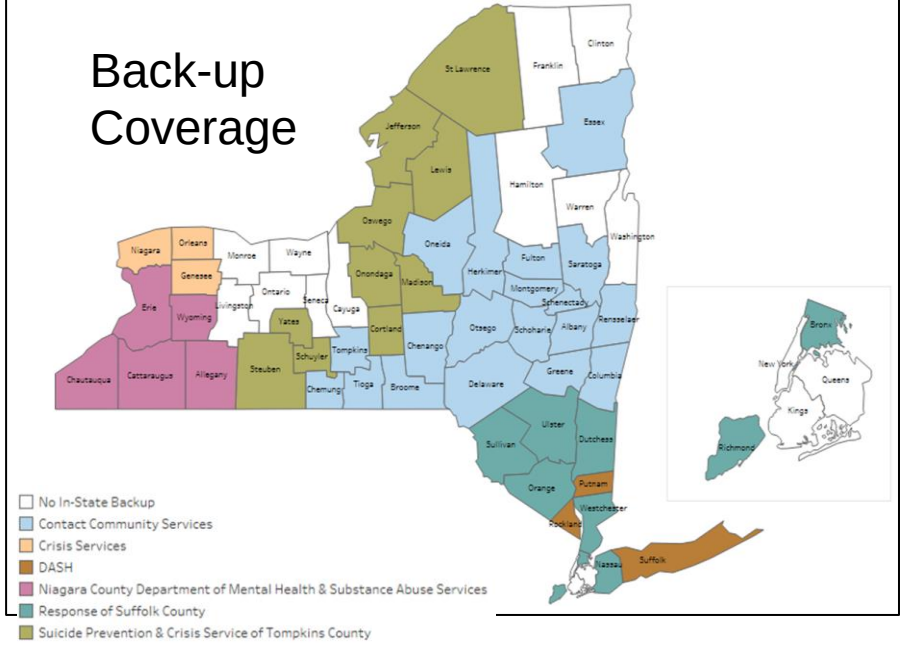
Current Landscape: June 2023

Primary Coverage



Back-up Coverage



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Mobile Crisis

- Co-designated by OMH and OASAS
- 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
    - Mental Health, SUD intervention
- Currently organized by county and regional planning
    - Reviewing current coverage and development needs

Crisis Stabilization Centers (CSC)

- RFP issued, programs under development statewide
- Joint licensure and oversight by NYS OASAS and OMH
- Voluntary crisis treatment services, with an emphasis on peer and recovery support for up to 24 hours in a safe therapeutic environment
- Urgent treatment for adults, children/adolescents, and families
- Rapid access to services to assist in diversion from a higher level of care
- Two types of Crisis Stabilization Centers are being developed under Part 600:
    - Supportive Crisis Stabilization Centers (SCSC)
    - Intensive Crisis Stabilization Centers (ICSC)

Crisis Stabilization Centers (CSC)

All Crisis Stabilization Services (included in Supportive Model):

- Peer-forward, integrated focus on addictions and mental health crisis stabilization
- Triage and assessment
- Therapeutic interventions, including crisis counseling, psychoeducation, crisis de-escalation/intervention, harm-reduction
- Care collaboration with the recipient's friends, family, or care providers (with consent)
- Discharge and aftercare planning

In addition to previously-described services, ICSCs include:

- Psychiatric Assessment
- Initiation or adjustment of medication treatment for psychiatric or substance-related disorders, such as initiating buprenorphine for opioid use disorder

Crisis Residences

Crisis residences:

- Licensed by OMH
- Currently available for all Medicaid beneficiaries under age 21, but only available to Medicaid managed care beneficiaries age 21+
- State to expand and align the benefit this year
- Licensed Crisis Residences:
    - 12 Children's Crisis Residences, 1 Intensive Crisis Residence, 14 Residential Crisis Support

Emergency Departments

- Regulated by the NYS Department of Health
- Medical EDs sometimes have a separate section designated for patients with acute psychiatric illness, often called Psychiatric Emergency Services (PES).
- EDs with a 9.39 designation are in hospitals that also have an OMH-licensed inpatient MH unit (and can involuntarily admit individuals on an emergency basis). These EDs generally have more psychiatric expertise on site.
- EDs in non-9.39 hospitals may have limited psychiatric services available.

Comprehensive Psychiatric Emergency Programs (CPEP)

- Jointly regulated by DOH and OMH.
- Patients can be admitted to an extended observation bed (EOB) for up to 72 hours from CPEP admission.
- Extra linkages in other components of the public mental health system
- 22 CPEPs
- CPEPs include Emergency Room Services, Extended Observation Beds, and Mobile Crisis Outreach services.
    - Follow-up after a CPEP ER visit and/or outreach are included in outreach.
- CPEPs are regulated under Chapter 8 OMH Parts 590 and 591
- New initiative will provide Peer Bridgers to provide transitional services for up to 60 days for connection to community supports and services.

Inpatient Services

Inpatient Service Types

- **Acute Inpatient Units in General Hospitals**
  - ~95 units, ~5,000 beds in NYS
  - Average Length of Stay is 1-2 weeks
  - Admissions come via ERs and CPEPs
- **6 Stand-Alone Psychiatric Hospitals**
  - Article 31 hospitals
  - ~790 beds
  - Average length of stay 1-2 weeks
  - Admissions come from general hospitals' inpatient units, as well as ERs and CPEPs
- **23 State Operated Psychiatric Centers**
  - 14 adult, 11 child, 3 forensic centers
  - ~3,200 beds
  - Average length of stay varies, but can be over 1 year
  - Admissions come from psychiatric units in general hospitals, jails, and prisons (not ERs or CPEPs)

Inpatient Discharge

- Admission and Discharge Standards
- Critical Time Intervention Teams
- Community Transitional Beds
- Working Collaborative with community-based providers
- Required Insurance Payment for post-discharge aftercare follow-up services beginning in 2025

OMH Office of Population Health & Evaluation:

Opioid Initiatives

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Office of Population Health & Evaluation: Opioid Initiatives

- **Goal:** To increase identification and treatment of OUD in mental health clinics and for individuals presenting to emergency departments

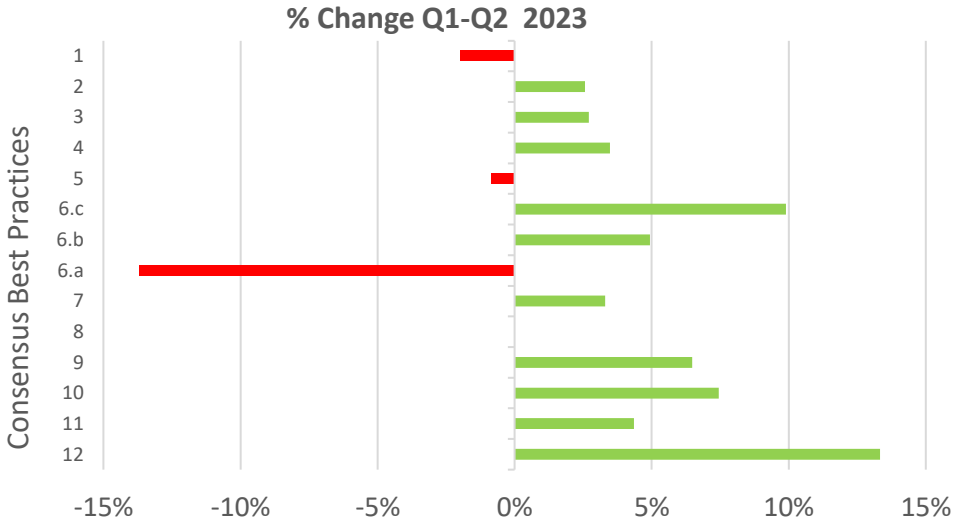
Project	Program Type	Program #	Dates	Project Aims
Enhance PSYCKES OUD related content	All PSYCKES Program Types (providers, LGUs, MCOs)	All PSYCKES Users	2018 - ongoing	Support clinical decision-making and quality improvement for OUD in BH treatment settings
High Risk Quality Collaborative	ED (voluntary) & CPEPs (mandatory)	n ≈ 50 EDs	Jan 2019 – Dec 2023	Improve ED identification and management of high-risk BH clients
Overdose Prevention QIC	A31 Clinics (voluntary)	n ≈ 139	April 2021 – Dec 2023	Improve screening, treatment and MAT for clients with OUD
Clinic OUD Capacity Building Initiative	A31 Clinics (mandatory)	n ≈ 485	March 2019 - ongoing	Enhance clinic capacity to identify & treat clients w/ OUD

Office of Population Health & Evaluation: Opioid Initiatives

- **Goal:** To incorporate OUD-related content into PSYCKES to improve clinical decision making and quality improvement by providers, counties, and MCOs
- **Partners:** DOH and OASAS
- **Activities**: Development and testing of new content, incorporating new quality measures, managing OUD related releases, and ongoing monthly data refresh.
- **Enhancements in PSYCKES (for all users and programs with consent, or in aggregate for quality improvement):**
  - OUD Overdose Risk Alerts:
    - Concurrent use of opioid and benzodiazepine medications
    - History of overdose risk
  - Six OUD-related Medicaid performance measures (from DOH and OASAS)
    - Initiation of OUD treatment
    - Engagement in OUD treatment
    - Initiation of MAT for new episode
    - MAT following opioid related ED discharge
    - MAT for OUD (any)
    - Sustained MAT for OUD (6 months)

High Risk Quality Collaborative for EDs

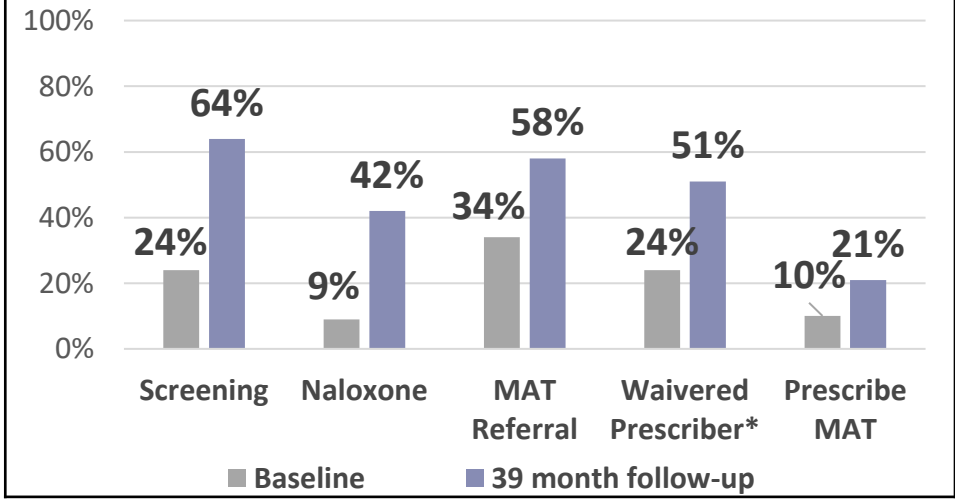
- **Goal:** Implement best practices for identifying/managing high BH risk in ER, including suicide, violence, opioid overdose, high utilization
- **Partners: DOH, OASAS, GNYHA and HANYS, Columbia/ NYSPI CPI, 39 Hospitals/ 50 EDs**
- **Timeline:**
  - Phase I (2019 - 2021): EDs implement PSYCKES and develop consensus best practices
  - Phase II (2022 – 2023): EDs implement ER best practices

Outcomes Phase I	Outcomes Phase II
PSYCKES Implementation: Significant increases in ER users and % of cases reviewed	Preliminary findings suggest increased % ERs implementing best practices Q1 v Q2 2023
Hospital Consensus Statements Endorsed ✓ 1. Universal screening ✓ 2. Assessment process ✓ 3. Assessment content ✓ 4. Contact collaterals & coordinate care ✓ 5. Aggression protocol ✓ 6a. ED Safety Planning, ✓ 6.b Buprenorphine initiation, ✓ 6c. Naloxone and OD prevention ✓ 7. Consider EOB/Inpatient stabilization ✓ 8. Identify & support basic needs ✓ 9. Share discharge & Safety plans ✓ **10. Transition Support/ Warm Handoff** ✓ **11. Rapid follow-up appointment** ✓ **12. Follow-up call/ contact within 72 hours**	

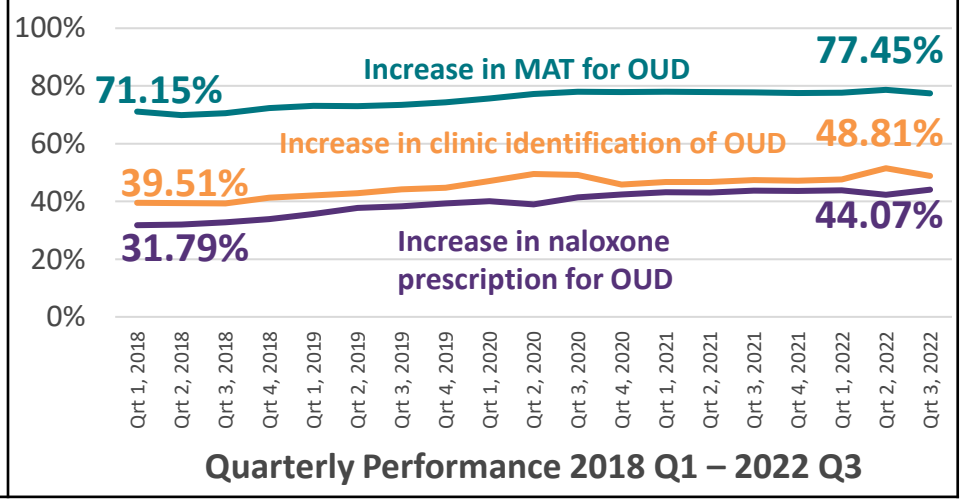
OUD Capacity Building Initiative (mandatory)

- **Goal:** To build capacity for MH clinics to deliver 5 OUD best practices: screening, naloxone, supported MAT referral, Buprenorphine prescribers on staff, MOUD
- Clinics began implementing 5 OUD best practices in 2019 (n ≈ 485)
  - Biannual webinars to support implementation: 98% attendance at Jan 2023 calls
  - Biannual self-assessment and BP selection for implementation: 99% submission Jan 2023
- **Next steps:** Summer webinar focus on MAT workflows; xylazine education.
- **Impact:** Significant increases in fidelity and quality measures; 56 clinics have graduated to date

% Clinics with High Fidelity to 5 Best Practices



Performance on 3 Medicaid Measures

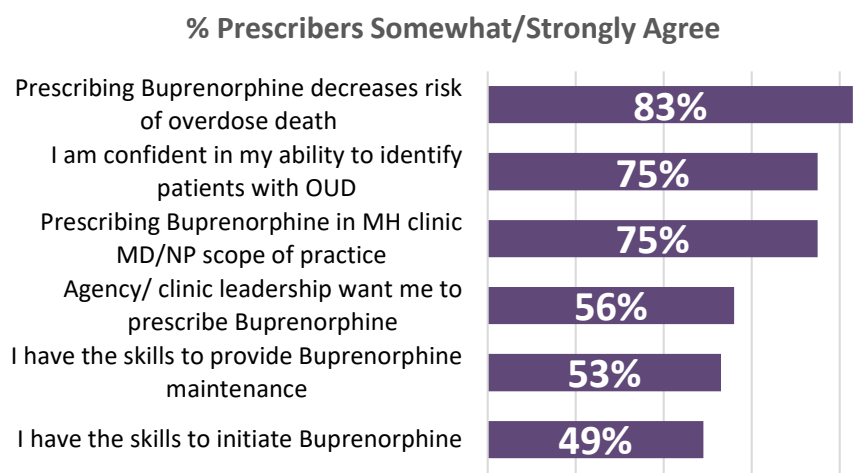


*Note: Waivered prescribers redefined after change in federal regulation to those willing to initiate and maintain buprenorphine

Overdose Prevention QIC – Accelerating MOUD Access

- **Goal**: To accelerate implementation of MOUD and other OUD best practices in mental health clinics beyond rate of improvement in the OUD Capacity Building Initiative.
- **Participants**: 139 clinics (of the 485 in the OUD Capacity Building Project)
- **Implementation supports**: action planning, quarterly individual consultation meetings, dissemination of innovations, prescriber training, monthly progress reporting
- **Next Steps**: Partnered with Mt. Sinai Clinical Education Institute to develop Buprenorphine for Beginners. Training and expert panel office hours begin in July.

MH clinic prescriber survey finds high support but lower skills for buprenorphine prescribing (n=384)



Impact: Increased % of clinics providing high fidelity to OUD best practices in OP QIC (as of Feb 2023)