



**Office of Addiction
Services and Supports**

**Office of
Mental Health**

Reimagining Behavioral Health Services Stakeholder Listening Sessions

Overview and Discussion Questions

Systems Overview

Reimagining Behavioral Health Services
Stakeholder Listening Sessions



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Mission

OASAS

The Mission of the New York State Office of Addiction Services and Supports is to improve the lives of New Yorkers by leading a comprehensive system of addiction services for prevention, treatment, and recovery.

OMH

The Mission of the New York State Office of Mental Health is 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.

Prevalence and Treatment Population

OASAS

- 7.7% of New Yorkers (1.3M) have an SUD.
- 50% (over 100K) of non-crisis admissions to an OASAS treatment program have a co-occurring mental health disorder.

OMH

- 18% of adult New Yorkers (~2.7 million) with any mental illness in past year; 3.7% (~570,000) living with serious mental illness.
- Estimated 12% of Youth ages 9-17 (~240,000) live with a serious emotional disturbance
- 21% (114,000) of the 542,000 Medicaid MH clients received an SUD service in the same year (CY 2018).

OASAS Service System

Treatment

Crisis (Part 816)

64 programs – 1,423 clients

Inpatient Rehabilitation (Part 818)

64 programs – 2,382 clients

Intensive Residential (Part 819)

35 programs – 2,253 clients

Community Residential (Part 819)

66 programs – 1,361 clients

Supportive Living (Part 819)

31 programs – 805 clients

Residential (Stabilization, Rehabilitation, and Integration) Programs (Part 820)

72 programs – 2,904 clients

Opioid Treatment Program (OTP) (Part 822)

100 clinics – 42,215+ clients

Outpatient – (Part 822)

450 programs



OASAS Service System

Prevention

- 347 prevention programs.
- In the 2018/19 school year, prevention programs delivered recurring/direct services to 430,000 kids in 1800 schools.
- Over 4 million served in population based prevention services.

Recovery

- Over 100 Recovery based providers including Recovery Centers, Youth Club houses, Peer Engagement Specialists, and Family Navigators.

Gambling Treatment

- 19 OP programs, 12 ATCs and 325 authorized private practitioners.
- 694 admissions in 2019

Housing

- Over 2700 permanent supportive housing units.
- Hundreds of other units for families, single adults and reentry populations.

OMH Service System Serves > 800,000 Individuals Each Year

- **Inpatient** (~10,000 beds)
 - State Psychiatric Center
 - Psychiatric unit of general hospital/Art.28
 - Private psychiatric hospital/Art.31
 - Residential Treatment Facility (Children & youth)
- **Outpatient** (~800 programs)
 - Mental Health Clinic (incl. Integrated Outpatient Services)
 - Certified Community Behavioral Health Clinics (CCBHCs)
 - Partial Hospitalization
 - Personalized Recovery Oriented Services (PROS)
 - First Episode Psychosis Programs (OnTrackNY)
 - Assertive Community Treatment (ACT)
 - Continuing Day Treatment (CDT- Adult)
 - Day Treatment (Children & youth)
- **Emergency** (~200 programs)
 - Comprehensive Psych. Emergency Program (CPEP)
 - Crisis Intervention Programs/Residences
- **Residential** (~44,000 beds)
 - Treatment (Congregate and scattered site)
 - Support (Congregate and scattered site)
 - Unlicensed (Supported Housing)
- **Support** (~2,400 programs)
 - Care coordination (Health home, care mgmt.)
 - Education
 - General support (outreach, mobile community services, family/peer support)
 - Self-help (advocacy, psychosocial club, peer wellness center)
 - Prevention/early intervention (Healthy Steps, Project TEACH)
 - Vocational
 - Adult and child HCBS

What OASAS and OMH Already Share

- Mission alignment: Promoting the health of New Yorkers.
- Shared populations served: Treating the whole person.
- Both agencies have regulator, operator, and funder roles.
- Advancing evidence-based practices (Medication Assisted Treatment, Housing First, Assertive Community Treatment).
- Combined Advisory Councils (BHSAC and IOCC).
- Continuum of services: Prevention, Education, Crisis, Inpatient, Residential, Outpatient.
- Co-Located Psychiatric Center (PC) and Addiction Treatment Centers (ATCs).
- Using Third Party Reviewers for Quality Assurance (The Joint Commission).

How OASAS and OMH Work Together Now

- Utilization of the DASNY MH capital bond program.
- Research Grants and RFMH.
- Joint oversight for behavioral health activities of Medicaid Managed Care Organizations.
- Outpatient clinic as core service line, co-regulated Integrated Outpatient Services.
- Certified Community Behavioral Health Clinics: Partnered in overseeing these integrated pilot programs across the state.
- Shared goals for Parity and the CHAMP program.
- Consistent Managed Care Contract protections and coverage (no prior authorization, use of approved tools, HARP benefit).

Foundational Principles in Creating Integrated Services

Mission: Provide integrated prevention, treatment and recovery services meeting the needs of the whole person, including mental health, substance use disorder, and physical health needs.

- Initial work will be focused on creation of the OBHS state agency.
- OASAS and OMH state budget appropriations will be separate.
- Current program financing structures (i.e. direct contracts vs. local allocation) will be maintained.
- Current certifications/licenses, reimbursement structures and unique programming (e.g. OASAS residential treatment, prevention, recovery) will be maintained.
- After the OBHS is created, work on certifications/licenses, reimbursement structures and unique programming will occur with stakeholder workgroup input and guidance.

Discussion Questions

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Questions and Discussion Points

1. The outcome of the last series of agency integration sessions, held in 2015, was that NYS wait to see the results of managed care and other system transformation implementation efforts, which were in process at that time. How have these transformation efforts worked or not worked to integrate services and systems, and to support the treatment of people who access both addiction and mental health services in the following:
 - a) Integrated treatment program development
 - b) Recovery outcomes
 - c) Service and program efficiencies

Questions and Discussion Points

2. What are the organizational strengths, and/or growth opportunities among the two agencies?
3. What could be the advantages and disadvantages of a unified behavioral health services agency?
4. How do people seeking treatment for addiction, mental health concerns, or both access services now? What would be the ideal?
5. How would agency integration impact delivery of or access to services, if at all? Should service delivery and access remain the same, or change, and in what ways?

Questions and Discussion Points

6. Local Governmental Units already combine administrative oversight and operation of mental health and SUD services. What can be learned from this organizational structure and how it supports integrated service planning, delivery, and access?
7. Should some types of specialty or unique services/programs go unchanged?
8. Discuss “prevention” approaches between mental health and addictive disorders. Are they unique to each field? Where are their commonalities?