Appendix 2: Key Points: Regional Centers of Excellence

- 1. First and foremost, the redesign of the public mental health system must be good for the children, adults and families we serve.
- 2. We know how to promote resiliency in young people with serious emotional disturbance and how to promote recovery from serious mental illness for adults.
- 3. Through providing access to early care across the lifespan we can reduce suffering and improve health with the best return on our investment.
- 4. Behavioral health services are provided by primary care, specialty community providers, the Department of Veterans Affairs, county government and New York State. Services are financially supported through private insurance, Medicaid, Medicare, philanthropy, private grants as well as Federal, State and County funds. None of us stand in isolation and our system of the future must come together to seamlessly meet the needs of the individuals and families we serve. Improving the health, resiliency and recovery of those with mental illness through a high return on investment is our collective responsibility.
- 5. Improved access to safe and affordable housing for individuals with a mental illness is essential and will require action on the part of OMH and others.
- 6. The role for OMH state-operated services in the future is as a highly specialized provider focused on the treatment and support of individuals and families who encounter the most complex and challenging forms of mental illness.
- 7. Choice in health care is paramount. This plan includes the elimination of catchment areas, allowing individuals and families to make their own choices about where they will receive specialty behavioral health treatment.
- 8. OMH staff are ready to change. We heard about very innovative and effective services while on the Listening Tour. Across the State, staff are leading the way with Community Support Teams, Wellness Centers, integration of care with pediatricians and partnerships with local housing providers.
- 9. Continuity of employment for our workforce will be supported by:
 - Transferring continuing inpatient positions to the Regional Center of Excellence where services will be located.
 - Prioritizing voluntary transfer of current OMH employees to vacant positions within the OMH system.
 - Offering transfer to other State Agencies.
 - Retraining impacted OMH employees for alternative employment.
- 10. Accountability and transparency in the implementation of this plan is essential to successfully shift the State's behavioral health services from inpatient to community-based services. OMH will establish an implementation structure for Regional Centers of Excellence that mirrors the Medicaid Redesign Team plan. There will be a statewide leadership team and an operations team in each of the five (5) OMH regions. Membership on each Regional Centers of Excellence Team (RCE Team) will be by invitation, including representation from peers and family, providers, labor unions, Regional Economic Development Councils, the Dormitory Authority of the State of New York, and stakeholders with a membership limit of 15 people. These teams will be charged with overseeing the implementation of the Regional Centers of Excellence plan.