



ANDREW M. CUOMO  
Governor

ANN MARIE T. SULLIVAN, M.D.  
Commissioner

CHRISTOPHER TAVELLA, Ph.D.  
Executive Deputy Commissioner

## New York State Behavioral Health Crisis Response System

The New York State Office of Mental Health has been in dialogue with county leadership to develop a shared vision of a coordinated behavioral health crisis response system available to all New Yorkers, regardless of ability to pay. This system will integrate existing crisis infrastructure (state-, local- and Medicaid-funded) with newly available resources in managed care, DSRIP, and VBP. To inform this vision, an interagency workgroup comprised of State and local government subject matter experts received input from relevant stakeholders, including people with mental illness, people in recovery from substance use disorders, family members, the advocacy community, behavioral health providers, hospital systems, managed care plans, the child welfare system, and other states.

The crisis response system goals are to reduce unnecessary emergency room visits and inpatient hospitalizations, maintain people safely in the community, reduce risk of future crises, and coordinate information sharing among clinicians, recipients, and involved family members to reflect recipients' preferences. These services are meant to be delivered in trauma-informed, recovery-oriented and culturally and linguistically competent ways.

The crisis response system will vary by region due to differences in local resources and variations in local approach to crisis response within the State of New York. Crisis services will be time-limited and will ensure that an appropriate referral for ongoing crisis stabilization is made to crisis residential programs or other community services. The crisis response system will be funded by Medicaid, commercial insurance, and state and local funding sources, as applicable.

Local and/or regional crisis response systems will be integrated with existing mobile crisis services, psychiatric emergency rooms, Comprehensive Psychiatric Emergency Programs (CPEPs), respite centers, the existing behavioral health service structure, health homes, and Performing Provider Systems (PPSs). The systems will involve coordination with law enforcement, community-based organizations, schools, and other entities.

The Crisis Intervention benefit will support the larger vision of an integrated, statewide crisis response system.