NEW YORK STATE | Office of Mental Health

OMH Statewide Town Hall

Ann Marie T. Sullivan, MD
Commissioner, New York State Office of Mental Health

DECEMBER 3, 2025

OMH Statewide Town Hall

How to share comments, questions, and testimony:

- **Virtual attendees** may submit comments in the webcast "**Enter Comments or Questions**" box
- **In Person attendees** may speak during the public comment period if you indicated in your registration that you want to provide testimony; please keep speaking time to **3 minutes maximum**
- OMH will accept submission of additional testimony through December 31, 2025, sent to **planning@omh.ny.gov**

Today's Agenda

The New York State Office of Mental Health (OMH) welcomes attendees to the 2025 OMH **Statewide Town Hall**, where we will discuss agency updates and recent initiatives and hear directly from **New Yorkers** about their priorities for the public mental health system.

2:00 p.m. to 3:00 p.m. – OMH Commissioner Dr. Ann Sullivan and her panel will provide updates on initiatives across agency priorities

3:00 pm. to 4:00 pm – Public comment period

Accessibility, Event Recording, and Slides

Closed Captioning / SUBTÍTULOS

Within the webcast page, select “Overview” icon to view subtitles in English or Spanish

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ASL Interpretation / Interpretación de ASL

American Sign Language interpretation is available for this event on screen for all attendees

La interpretación de ASL está disponible para este evento en pantalla para todos los asistentes

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The Town Hall recording, transcript, and presentation slides will be provided on the OMH website shortly after the event

La grabación, la transcripción y las diapositivas de la presentación del Ayuntamiento se proporcionarán en el sitio web de la OMH poco después del evento

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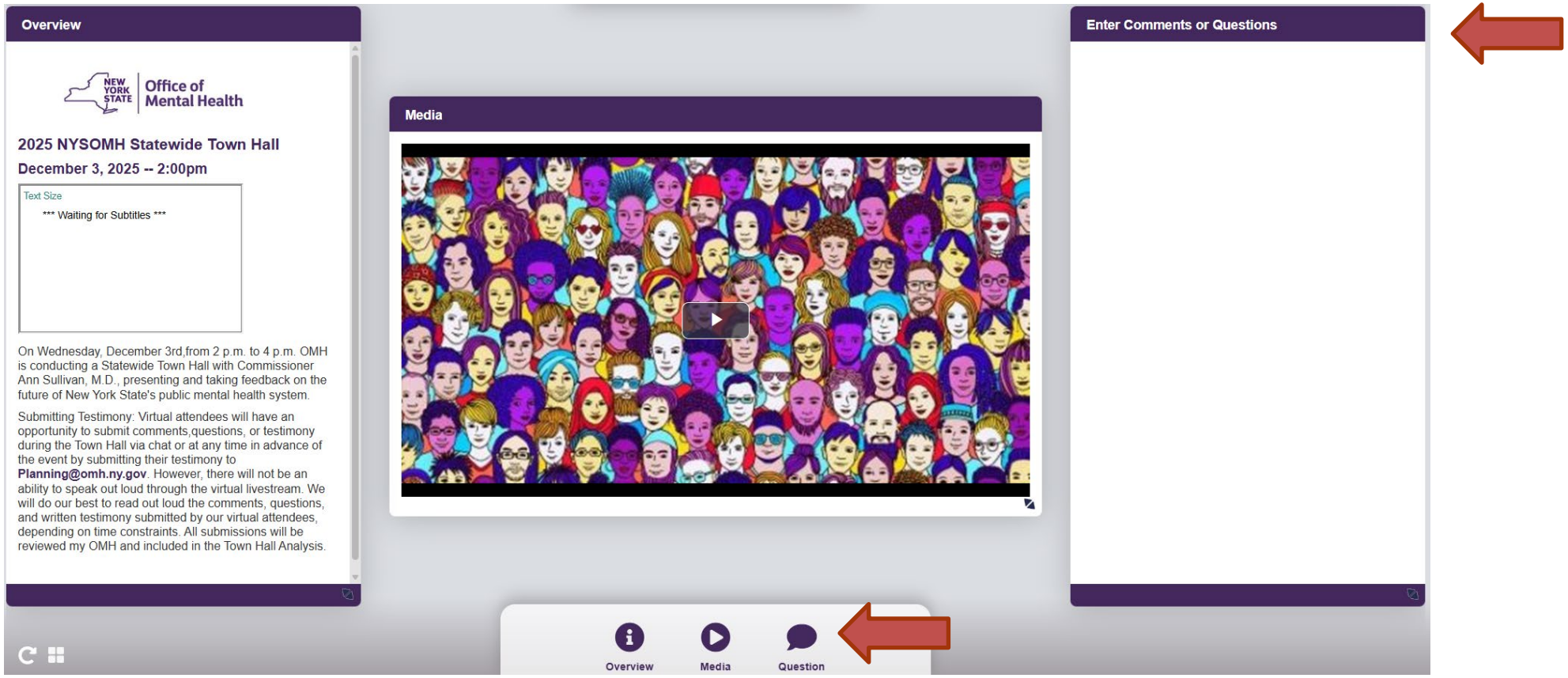
- Select the **“Question”** icon in the webcast page to open the **“Enter Comments or Questions”** box
- Enter your comments, questions, or testimony into the box and then send



Today's Panelists

- **Ann Marie T. Sullivan, MD, Commissioner**
- Benjamin Rosen, Executive Deputy Commissioner
- Sarah Kuriakose, PhD, BCBA-D
- Sam Fletcher, PhD
- Liz Breier, MAHAP, CPRP, NYSCPS-P
- Erica Van De Wal
- Janine Perazzo, LCSW
- Imari Wilson
- Miriam Tepper, MD
- Bob Moon
- Tracey Wilson
- Christopher Smith, PhD

Today's Presentation Topics

- OMH Leadership Guiding Principles & Key Priorities
- Update on Governor Hochul's Commitment to Mental Health
- Budget Investments & New Outcomes: Prevention, Access & Specialized Services
- Health-led Community Behavioral Health Crisis Response: Daniel's Law Pilot Program
- Services & Initiatives for Children, Youth & Families
- Training & Workforce Initiatives
- Peer Services Procurement Updates
- Ongoing Feedback Collection from Communities: Individuals, Families, Providers, Advocates
- Progress on Facing System Challenges: Transitions & Access for Complex Care Populations
- OMH Office of Diversity & Inclusion
- Federal Actions: Planning for Impact on Mental Health System
- Progress on New Insurance Reform: Expanded Coverage and Holding Insurers Accountable
- 988 & BeWell Campaigns

OMH Leadership Perspective: Guiding Principles

The Future: A Culture of Comprehensive Integrated Care

Integrated	**Whole person** care needs to be **integrated** and include treatment, recovery, and support services for mental health, addiction, intellectual and developmental disabilities, and physical health and wellness
DEIB	Planning must be guided by **Diversity, Equity, Inclusion, and Belonging** principles
Lived Experience	**Lived experience** and **peer work** are a major emphasis in program and initiative design
Individualized	Care that is **individualized** to the person means it is designed and implemented with **special populations** in mind as needed
Community Engagement	**Community engagement** informs program and initiative design, delivery & implementation

OMH Leadership Perspective: Key Priorities

Developing a continuum of care from prevention to intensive services that help New Yorkers to thrive!

Ensure that New Yorkers are mentally healthy – prevention is a priority

Ensure access to care and treatment when and where individuals need it

Ensure a comprehensive continuum of inpatient and community care, including a crisis system with a full range of services

Ensure a continuum of intensive services for those with Serious Mental Illness or youth with Serious Emotional Disturbance, that are specialized, wrap-around care for those with complex system needs when and where individuals need it

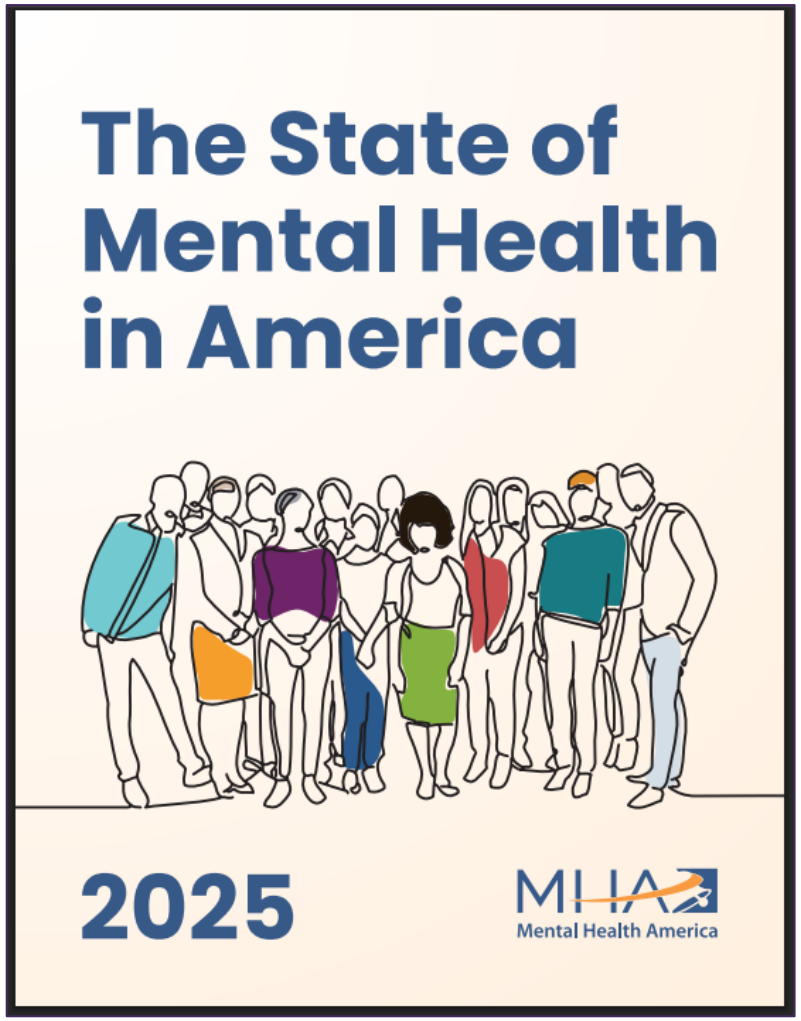
Ensure individuals living with mental illness have the resources to live full lives and thrive, work and succeed in their communities

Transforming New York's Mental Health System

- Updates on **funding allocated** is available on the OMH website HERE
- Current and future **procurement opportunities** continue to be posted HERE

NYS Ranked #1 in Mental Health America

- New York State was recently **ranked #1** in Mental Health America's 2025 report* on "The State of Mental Health in America"
- Rankings based on 17 indicators that measure **prevalence** of mental illness and **access** to care
- Some of the specific measures that had the largest effect on New York's overall ranking were:
  - Youth with serious thoughts of suicide (11.30%, ranked 1)
  - Youth with a Major Depressive Episode in the past year (16.88%, ranked 5)
  - Adults with Any Mental Illness who are uninsured (4.20%, ranked 6)
- This is good news, and **we still have more to do!**



*Full Report: https://mhanational.org/wp-content/uploads/2025/09/State-of-Mental-Health-2025.pdf

Budget Investments: Vision for New York's Mental Health System

Prevention

Access to Care

Complex Care Specialty Services

Investments in Prevention

Investments in Prevention

- ✓ Expansion of HealthySteps for children and youth
- ✓ Establish a School-based Mental Health Clinic in Any School that wants one
- ✓ New resources to expand Suicide Prevention programs for high-risk youth
- ✓ Expansion of Individual Placements and Supports (IPS) Employment Program
- ✓ Expand Peer-to-Peer Support Programs
- ✓ **Expand Clubhouses and Youth Safe Spaces**
- ✓ **Expand Teen Mental Health First Aid**
- ✓ **Improve Maternal Mental Health by integrating behavioral health in OB-GYN offices**
- ✓ Expand collaborative care in Adult and Pediatric practices

Investments in Prevention: Healthy Steps

HEALTHYSTEPS

The HealthySteps program integrates a child development specialist into pediatric primary care to support families with young children by addressing behavioral, emotional, and developmental needs early in life as well as incorporating the needs of the entire family.

NEW INVESTMENT SINCE 2022

OVER $13 MILLION ANNUALLY awarded to increase the number of program sites and capacity

105 NEW SITES incorporating HealthySteps into pediatric practice

91,661 CHILDREN & FAMILIES served by pediatric practices newly providing HealthySteps

PROGRESS TO GOAL: 105 NEW SITES

41 of the 105 (39%) pediatric practices newly providing HealthySteps to New Yorkers

TOTAL CAPACITY

154 SITES will be available, including **105 newly funded sites**

132,066 CHILDREN & FAMILIES are anticipated to be served per year

QUARTERLY PROGRAM STATISTICS

13,816 TOTAL DEVELOPMENTAL SCREENS

11,130 MATERNAL DEPRESSION SCREENS

11,629 SOCIAL-EMOTIONAL DEVELOPMENTAL SCREENS

6,799 AUTISM SCREENS

for children age 0-3 and their families in Q2 2025

SCREENING FOR SOCIAL DETERMINANTS OF HEALTH AND FAMILY NEEDS

An important component of HealthySteps is screening and referral for Social Determinants of Health/Family Needs. Family Needs Screens completed in Q2 2025 included:

- 11,630 **Food Insecurity**
- 9,819 **Housing Instability/Homelessness**
- 8,096 **Interpersonal Safety**
- 6,781 **Substance Misuse**
- 9,059 **Tobacco Use**
- 8,949 **Transportation needs**
- 9,615 **Utility needs**

Investments in Prevention: MHOTRS Expansion & School-Based Sites

MENTAL HEALTH CLINIC PROGRAM EXPANSION & ENHANCEMENTS

Mental Health Outpatient Treatment and Rehabilitation Services (MHOTRS) clinics provide a range of person-centered outpatient mental health services, including assessment, therapy, medication management, and peer support to promote recovery and community integration.

School-Based Mental Health Satellite Clinics deliver assessment and treatment services directly within schools to improve access to care, enhance coordination with school personnel, help reduce absences by addressing needs without students needing to leave for off-site treatment, and support student well-being.

NEW INVESTMENT SINCE 2022

OVER $15 MILLION awarded: $4 million to address service coordination & engagement, $7 million to enhance access in underserved areas, and $5 million to expand school-based satellites

107 AWARDS were made for clinics to increase engagement, service coordination, and timely access

410 SCHOOL SATELLITES OMH has funded 410 new school-based mental health satellite sites

PROGRESS TO GOAL: 410 NEW SCHOOL SATELLITES

374 (91%) of the 410 new school-based satellites are open and serving New Yorkers

TOTAL CAPACITY

MHOTRS CLINICS

510 MHOTRS Clinics are serving NYS, including **285 (56%) in NYC and LI regions** and 225 (44%) Upstate

SCHOOL-BASED SITES

1,296 School-Based Satellite Sites are serving NYS, including **346 (27%) in NYC and LI regions** and 950 (73%) Upstate

PROGRAM OUTCOMES

600,000+ INDIVIDUALS served by mental health clinic programs in 2024:
- **76% adults, 24% children**
- **62% Medicaid enrolled**

75% DECREASE IN NUMBER OF CLINICS WITH INDIVIDUALS PLACED ON A WAITLIST *2022 to 2025*

57% INCREASE IN NUMBER OF CLINICS OFFERING PEER SERVICES *2024 to 2025*

46% INCREASE IN NUMBER OF CLINICS WHO ASSESS PATIENT ACCESS TO FOOD, HOUSING & TRANSPORTATION *2024 to 2025*

Investments in Prevention: Suicide Prevention

SUICIDE PREVENTION

OMH funds a number of Suicide Prevention initiatives, including:

Connecting Youth to Mental Health Supports **(CYMHS)** & Connecting Youth to Mental Health Supports – Trans Leadership, Staff, and Youth **(CYMHS-T)** serve at-risk youth.

Changing the Conversation: Awareness, Resilience, Empower Peers, Skills Building for Uniformed Personnel (CARES UP) focuses on improving the mental health and wellness of uniformed personnel and veterans via promotion of organizational change.

Teen & Youth Mental Health First Aid (tMHFA, YMHFA) training programs educate youth and adults about how to assist youth and support peers who may be experiencing a mental health crisis.

NEW INVESTMENT SINCE 2022

OVER $14 MILLION ANNUALLY includes **over $9 million** for the CYMHS teams, **over $2 million** for MHFA, and **over $3 million** for CARES UP

51 NEW PROGRAMS OMH has awarded 51 suicide prevention programs: **8 for CYMHS** and **43 for CARES UP**

STATEWIDE TRAININGS Expansion of **Teen and Youth Mental Health First Aid (MHFA) training** program statewide

PROGRESS TO GOAL: 51 PROGRAMS

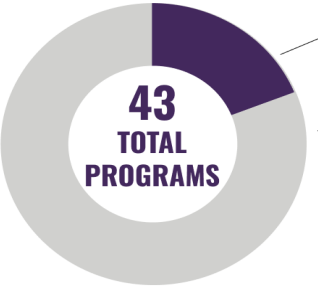
51 (100%) of 51 suicide prevention programs are open and serving New Yorkers. Teen & Youth MHFA trainings are ongoing statewide

CONNECTING YOUTH: CAPACITY

3 (38%) CYMHS-T
programs dedicated to supporting transgender, gender non-conforming, and non-binary youth

5 (62%) CYMHS
programs dedicated to supporting at-risk youth

CARES UP: CAPACITY



8 (19%) VETERAN-SERVING ORGANIZATIONS

35 (81%) UNIFORMED PERSONNEL AGENCIES

CARES UP served **8,104 Total Uniformed Personnel Members** in 2025

MHFA PROGRAM EXPANSION

Expansion of Teen & Youth Mental Health First Aid (tMHFA, YMHFA) trainings has certified **6,369** individuals statewide:

+80	YMHFA INSTRUCTORS
+37	tMHFA INSTRUCTORS
+2,644	YMHFA TRAINED ADULTS
+3,608	tMHFA TRAINED TEENS

SUCCESS STORIES & TESTIMONIALS

"It helped me understand how important it is to check in on friends and take struggles seriously." – tMHFA participant

Investments in Prevention: Maternal Mental Health

- Governor Hochul recently announced the release of **New York's first-ever maternal mental health report** detailing the challenges birthing persons are facing and recommendations for improvements statewide
- Drafted by the **Maternal Mental Health Workgroup** led by OMH, the report provides a detailed pathway to improve the mental health of birthing persons statewide, including training to help providers identify specific conditions and improved mental health screening procedures for birthing persons
- In addition to the report, OMH has also made **available funding** to help OBGYN and family medicine practices implement the **Collaborative Care model** to support perinatal individuals with behavioral health needs
- Up to **17 awards** will be distribute to practices with total funding of up to **$850,000**

Investments in Access to Care

Investments Expanding Access to Care

- ✓ 26 New Certified Community Behavioral Health Centers (CCBHC) (tripling capacity)
- ✓ Expansion of Article 31 Mental Health Clinics (MHOTRS)
- ✓ **Expansion of Intensive and Sustained Engagement Team (INSET) program**
- ✓ 42 New Assertive Community Treatment (ACT) teams
- ✓ Establish Youth Assertive Community Treatment (Youth ACT) teams Statewide
- ✓ 12 New Comprehensive Psychiatric Emergency Programs (CPEP)
- ✓ Expansion of Home-based Crisis Intervention (HBCI) for youth
- ✓ **Introduce pilot Aging in Place program for OMH licensed residential units**
- ✓ Funding for Eating Disorders treatment
- ✓ Expand Access to Partial Hospitalization and Children's Day Treatment programs
- ✓ Expand Loan Repayment Program for Children's MH Practitioners and all practitioners
- ✓ Strengthen Mental Health and Substance Use Parity Enforcement
- ✓ Increase Access to Care through Behavioral Health Network Adequacy regulations
- ✓ **Workforce Targeted Inflationary Increase**

Investments in Access to Care: CCBHC

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHCs)

CCBHCs are community-based clinic programs offering a comprehensive range of integrated outpatient mental health and substance use services across the lifespan, as well as rehabilitative services and primary health screening and monitoring. To support service integration, CCBHCs are jointly overseen by OMH and the Office of Addiction Services and Supports (OASAS).

NEW INVESTMENT SINCE 2022

OVER $6 MILLION

awarded to fund expansion of new CCBHCs statewide

26 NEW PROGRAMS

awarded, tripling the number of CCBHC programs to 39 statewide

PROGRESS TO GOAL: 26 NEW PROGRAMS

All 26 new programs are open and serving New Yorkers, for a **total of 39 CCBHCs** statewide

TOTAL INDIVIDUALS SERVED

CCBHCs serve a higher need population, including more than twice as many individuals with opioid use disorder and homelessness than other clinics.

in the past year, of which approximately **26% were youths** and **74% were adults**

2X+

INCREASE IN THE NUMBER OF INDIVIDUALS

receiving CCBHC services from 2022 to 2025

PROGRAM OUTCOMES

Compared to individuals served in other treatment settings, adults and children served in CCBHCs had:

32% — **HIGHER RATES OF FOLLOW-UP** within 7 days of an emergency department visit

30% — **BETTER ENGAGEMENT IN OUTPATIENT TREATMENT** after discharge from MH inpatient

22% — **HIGHER RATES OF FOLLOW-UP FOR CHILDREN** beginning ADHD medication treatment

2X — **HIGHER RATES OF INITIATING MEDICATION ASSISTED TREATMENT** for Opioid Use Disorder

SUCCESS STORIES & TESTIMONIALS

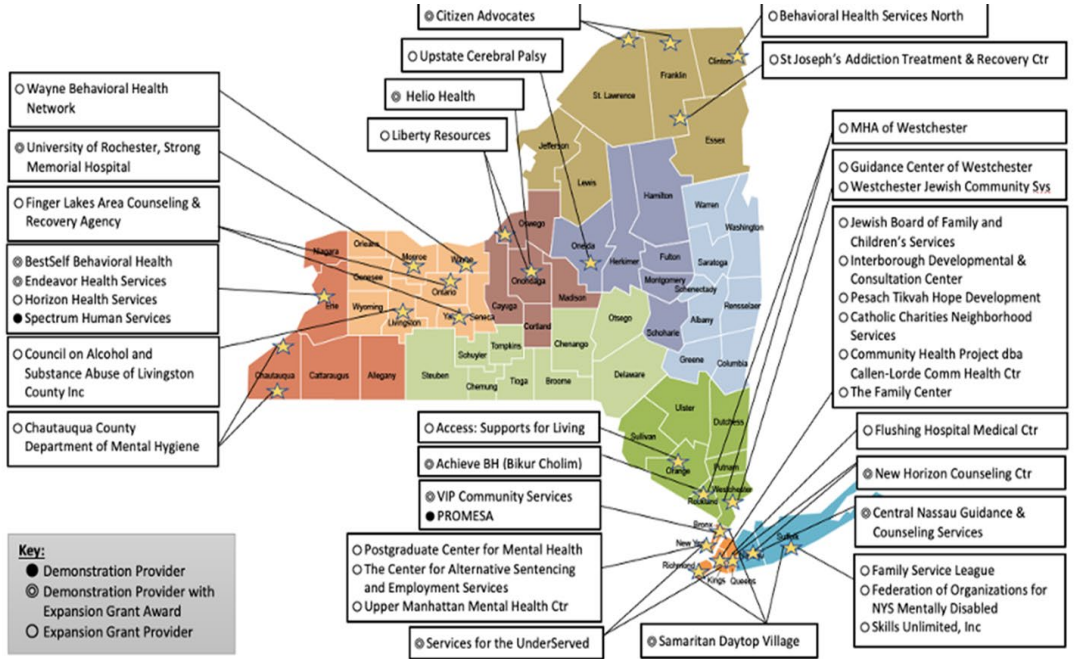
"We appreciate the amazing services that we are getting, with quality clinicians and great support."

"Helping me through my addiction and mental health [was one of the most helpful services provided by this program]."

"I feel that everyone is doing what they need to help you while you're with them."

"The help my child has received from [the CCBHC] has saved her life!"

CCBHCs Increase Access to Care for All



With rapid access to comprehensive, integrated care in CCBHCs, cross-trained staff engage 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 demonstration saw a 27% reduction in utilization of BH inpatient services for CCBHC clients
- Year two saw a further 19% reduction from the first year

ER Visits for Behavioral Health (MH and SUD)

- Year one of the demonstration saw a 26% reduction in utilization of ER visits for Behavioral Health
- Year two saw a further 7% reduction from first year

Investments in Access to Care: INSET

INTENSIVE AND SUSTAINED ENGAGEMENT TEAMS (INSET)

Intensive and Sustained Engagement Teams (INSET) use a peer-led approach to support individuals on their recovery journey, providing voluntary, flexible, and continuous support to people diagnosed with a mental health condition.

NEW INVESTMENT SINCE 2022

OVER $4 MILLION ANNUALLY awarded to create new INSET teams including a specialized forensic team

5 NEW TEAMS OMH has funded **5 new teams** including **1 Forensic INSET program** (F-INSET)

300 NEW SLOTS OMH has funded teams with capacity for serving a **minimum of 300+** INSET participants

PROGRESS TO GOAL: 5 NEW TEAMS

All 5 (100%) new INSET teams are open and serving New Yorkers

TOTAL CAPACITY

are available, including **1 (20%) forensic** team, **4 (80%) standard** teams

are available, including **60 (20%) forensic slots**, **240 (80%) standard slots**

PROGRAM OUTCOMES

data from Jan. 2025 - Sept. 2025

345 **INDIVIDUALS SUPPORTED BY INSET EACH MONTH** on average in 2025

20% **CONNECTED TO PERMANENT HOUSING** among enrolled individuals

1.2 **AVERAGE MILESTONES* ACHIEVED PER PARTICIPANT** among enrolled individuals

***Milestones included:** completing wellness goals, re-connecting with parent(s) and/or sibling(s), engaging in substance use treatment, celebrating sobriety milestones, completing a job orientation, started receiving benefits, completing parole/ probation, etc.

SUCCESS STORIES & TESTIMONIALS

"INSET has been life-changing, offering a complete supportive addition to my mental health treatment and recovery. It has really filled in the gaps left by other treatments, giving me hope and a sense of stability."

"Being with INSET has helped me tremendously. I went from four hospitalizations a year to currently none for over a year. Before INSET, I couldn't maintain that type of stability. I am grateful for them. They're my buddies, my peers."

Investments in Access to Care: Assertive Community Treatment (ACT)

ASSERTIVE COMMUNITY TREATMENT (ACT)

ACT is an intensive, team-based approach to helping people with serious mental illness live independently in their communities. ACT uses a multidisciplinary team to provide ongoing, 24/7 support - meeting individuals and families where they are to assist with medication, housing, employment, and daily living needs. Some ACT teams are specialized to serve different populations and communities including rural, youth, young adult, older adult, sheltered homeless, and forensic.

NEW INVESTMENT SINCE 2022

OVER $31 MILLION — newly awarded to fund ACT teams, **$16 million** for adult teams and **$15 million** for youth teams

72 NEW TEAMS — OMH has funded 72 new teams: **30 adult teams** and **42 youth teams**

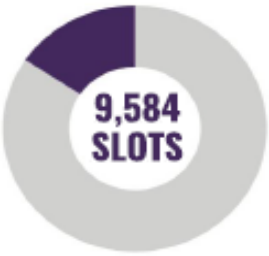
2,900 NEW SLOTS — OMH has funded 2,900 new slots: **1,492 adult slots** and **1,408 youth slots**

PROGRESS TO GOAL: 72 NEW TEAMS

40 (56%) of 72 new ACT teams are open including 23 of 42 new youth teams and 17 of 30 new adult teams

TOTAL CAPACITY

142 ADULT TEAMS



142 adult teams will be available, including 30 new teams with **1,492 (16%) new adult slots**

42 YOUTH TEAMS

42 new youth teams will be available with **1,408 total youth slots**

PROGRAM OUTCOMES

7,823 INDIVIDUALS currently receiving ACT services, **7,381 adults** and **442 youth**

55% **FEWER PSYCHATRIC INPATIENT ADMISSIONS** among adults after 1 year of ACT services

43% **DECREASE IN SELF HARM** among adults after 1 year of ACT services

44% **FEWER YOUTH HAD ELEVATED SUICIDE RISK** after 1 year of ACT services

28% **FEWER YOUTH HAD ATTENDANCE CHALLENGES** at school, after 1 year of ACT services

SUCCESS STORIES & TESTIMONIALS

"Youth has moved from never leaving the home, no school for almost 2 years, to [enrolling in] virtual school-4 classes, passing with high grades, taking the Regents … Working toward graduation from Youth ACT upon successful attainment of in-person school schedule adherence in the Fall."

Investments in Access to Care: CPEP

COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAMS (CPEPs)

Comprehensive Psychiatric Emergency Programs (CPEPs) provide 24/7 emergency psychiatric evaluation, care and treatment for individuals experiencing a mental health crisis. CPEPs have 3 components: psychiatric emergency services, extended observation beds, and crisis outreach.

NEW INVESTMENT SINCE 2022

OVER $48 MILLION to establish 9 additional CPEPs over the next 5 years and to expand mobile crisis coverage including 8 new CPEP Mobile Crisis Teams

9 NEW CPEPs will expand behavioral health services across 7 counties in NYS including 3 new CPEPs in rural counties

PROGRESS TO GOAL: 9 NEW CPEPs

5 (56%) of the 9 new CPEPs have their construction plan approved or under review

TOTAL CAPACITY: 31 CPEPs

9 NEW CPEPs
OMH funding is increasing the number of CPEPs by more than **40%,** from **22** to **31** total CPEPs

22 EXISTING CPEPs

INDIVIDUALS SERVED

from October 2024 - September 2025

110,180 TOTAL CPEP PRESENTATIONS

14,783 EXTENDED OBSERVATION BED (EOB) ADMISSIONS

PROGRAM OUTCOMES FOLLOWING DISCHARGE

Medicaid enrollees who visited a CPEP in 2023 had improved outcomes compared to those who visited a non-CPEP emergency room (ER):

21% LESS LIKELY TO HAVE AN INPATIENT ADMISSION
In 30 days after discharge

45% LESS LIKELY TO RETURN TO AN ER WITH A MENTAL HEALTH EMERGENCY
In 30 days after discharge

30% MORE LIKELY TO HAVE A MENTAL HEALTH OUTPATIENT VISIT
In 30 days after discharge

Access to Care: NYS Insurance Reforms

Reimbursement and Access Insurance Reforms	Date Implemented
Mandate commercial coverage of school-based mental health clinics and require reimbursement at Medicaid rates or higher	January 1, 2024
Mandate commercial insurers to reimburse in-network OMH and OASAS licensed/certified providers at Medicaid rates or higher	January 1, 2025
Establish new network adequacy regulations for Medicaid and commercial insurance requiring appointment wait time standards (10-day appointment), creation of an access complaint process, and ability to go out-of-network if needed to meet appointment wait time standards	July 1, 2025
Mandate commercial insurance coverage of OMH and OASAS licensed/certified services: Commercial insurers are currently required to cover outpatient services provided by OMH and OASAS licensed/certified facilities, with the following exceptions: Coverage mandates for ACT, CTI, Mobile Crisis, and sub-acute care in a residential facility remain to be determined, as those requirements will take effect 90 days after DFS and OMH determine that there is sufficient provider capacity to meet network adequacy standards	Current & Ongoing

Coming Soon! MHOTRS Capacity Survey: Background and Purpose

Background

- OMH needs timely and accurate data on mental health services access and capacity
- Clinic programs serve the largest number of individuals, but we know the least about them

Purpose: Community Access for all, including Complex Care

- Historically, OMH has relied on PCS and Medicaid, but both have limitations
- Understand and monitor the demands on and capacity of the mental health service system
- Support mental health referrals and increase timely access to mental services
- Monitor impact of new investments and other state and federal initiatives
- Support planning and program development
- **Pilot: OMH** is piloting the capacity survey with a small group of MHOTRS programs and will use information learned to refine approach

Investments in Complex Care Specialty Services

Investments in Complex Care Specialty Services

- ✓ Expand implementation of fully integrated Crisis System
- ✓ New hospital discharge protocols and other responsibilities
- ✓ **Implement Peer Bridger programs in additional hospitals**
- ✓ Over 3,500 new Housing Units; 51,000 total across the state
- ✓ Additional 350 state hospital beds
- ✓ Safe Options Support (SOS) teams for individuals who are homeless; **street medicine and psychiatry**
- ✓ **Welcome Center for mobile outreach teams to work with unhoused individuals in subways**
- ✓ 50 new Critical Time Intervention (CTI) teams
- ✓ Increase Health Home Plus capacity through Specialty Mental Health Care Management (SMHCM)
- ✓ Commercial and Medicaid payment for all crisis services and intensive wrap around services
- ✓ **Implement health-led community BH crisis response based on Daniel's Law Task Force**
- ✓ **Bolster the Enhanced Voluntary Agreement (EVA) associated with AOT**
- ✓ Fund Court-Based Mental Health/Integrated Care Navigators
- ✓ Fund New Community-based Forensic ACT teams
- ✓ Fund Specialized Housing for People with Serious Mental Illness and history of justice involvement
- ✓ Provide Crisis Intervention Team Training for Law Enforcement

Investments in Specialty Services: Housing

ADDRESSING HOMELESSNESS AND HOUSING INSTABILITY

PERMANENT HOUSING PLACEMENTS

through NYS OMH provide stable, supportive housing opportunities for individuals with serious mental illness to promote recovery, independence, and community integration.

TRANSITIONAL HOUSING PLACEMENTS

through NYS OMH offer time-limited, transitional housing that helps individuals with serious mental illness build skills and stability as they prepare to move into permanent housing.

HOUSING FIRST PROGRAMS

provide permanent, affordable housing with flexible, voluntary support services for individuals experiencing homelessness, offering immediate access to housing without requiring a psychiatric diagnosis, to promote stability and recovery in the community.

NEW INVESTMENT SINCE 2022

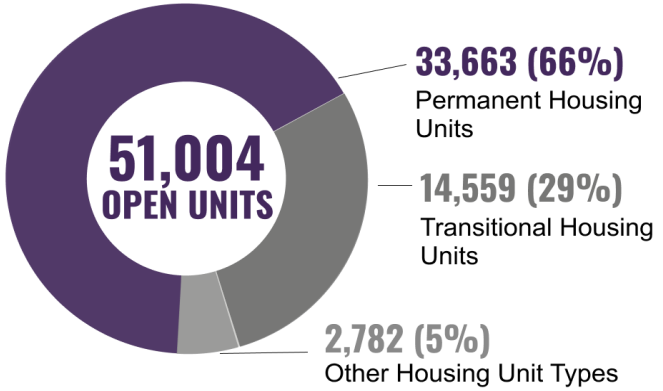
OVER $786 MILLION invested to help New Yorkers with mental illness to reside safely within their community

1,301 NEW HOUSING UNITS are **open and available** for New Yorkers, including **705 permanent units** & **596 transitional units**

2,300 PLANNED HOUSING UNITS in addition to the 1,301 new units, are in the development pipeline

OPEN OMH HOUSING

OMH currently has over 51,000 housing units available for individuals across NYS. These units include permanent, transitional, and other types of housing.



ADDITIONAL CAPACITY

NEW HOUSING UNITS COMING SOON!

6 AWARDS FOR MOBILE SHOWER UNITS

COMING SOON: AGING IN PLACE PILOT PROGRAMS

Investments in Specialty Services: Safe Options Support (SOS)

SAFE OPTIONS SUPPORT (SOS)

SOS Teams connect with people experiencing homelessness to help meet their needs and support their access to housing. They provide person-centered care and support during this critical period of transition.

TOTAL SUPPORT FOR SOS

$37 MILLION ANNUALLY invested to create and support SOS teams in NYS

31 TOTAL TEAMS OMH has 31 total SOS teams serving individuals both in NYC and across the state

2,170 TOTAL SLOTS OMH has capacity to serve 2,170 individuals on traditional and specialty SOS teams statewide

PROGRESS TO GOAL: 31 TOTAL TEAMS

31 (100%) of the 31 total SOS teams are open and serving New Yorkers

TOTAL CAPACITY

SOS TEAM LOCATIONS

31 total SOS teams are providing services across the state

- 20 (65%) NEW YORK CITY
- 11 (35%) UPSTATE NY

SOS TEAM TYPE

NYS has developed SOS teams to serve individuals with diverse needs

- 25 (81%) ADULT
- 3 (10%) OVERNIGHT
- 2 (6%) YOUNG ADULT
- 1 (3%) OLDER ADULT & MEDICALLY FRAGILE

PROGRAM OUTCOMES

1,242 INDIVIDUALS receiving SOS services, **694 in NYC** and **548 in upstate**

1,468 HOUSING PLACEMENTS made for individuals served by SOS teams

ADDITIONAL EXPANSION: STREET PSYCHIATRY

In January 2025, **SOS Teams expanded their services to include street psychiatry** one day per week for each team. The psychiatric clinicians provide mental health and substance use disorder care to individuals in shelters and outdoors who may not otherwise access services in traditional settings as well as offering psychiatric evaluation for housing applications. In addition, clinicians provide training to SOS team staff to help them better serve individuals experiencing homeless.

SUCCESS STORIES & TESTIMONIALS

"Today, [Young Adult SOS client] remains actively engaged...[and] continues to attend housing interviews, maintain employment, and work toward his long-term goals—all with a multidisciplinary team behind him advocating, coordinating care, and walking beside him every step of the way."—SOS Team Member

Investments in Complex Care Specialty Services: THU

- The **Transitions to Home Unit (THU)** is a 50-bed inpatient program at Manhattan Psychiatric Center that opened in November 2022
- The THU accepts referrals from emergency departments and CPEPs for individuals who are homeless or have unstable shelter, have severe mental heath needs and are appropriate for inpatient-level psychiatric care
- Person-centered informative assessments provide the basis for provision of **individualized treatment** that meets individuals where they are at, restores hope, and helps them strive toward where they want to be
- Out of the individuals discharged from the THU:
  - **63% remain in permanent housing**
  - **75% remain connected to teams and services** even if they leave housing (including 7% readmitted to an inpatient program)
  - Majority of clients have significant substance use and serious chronic medical conditions that **need intensive follow up over time**

Investments in Specialty Services: Critical Time Intervention (CTI)

CRITICAL TIME INTERVENTION (CTI)

CTI teams provide care management services and support to help individuals during transitions in care, such as leaving inpatient settings. For youth, CTI is a component of the new Critical Time Transition Program (CTTP), which supports the youth who are boarding in emergency departments and their families to return to the community.

NEW INVESTMENT SINCE 2022

OVER $47 MILLION has been awarded to establish 49 new CTI/CTTP teams across NYS

49 NEW TEAMS OMH funded 49 new teams: 41 adult CTI teams and 8 youth CTTP teams

3,908 NEW SLOTS OMH funded 3,908 new CTI/ CTTP slots across NYS

PROGRESS TO GOAL: 49 NEW TEAMS

24 (49%) of the 49 new CTI teams are open and serving New Yorkers

TOTAL CAPACITY

ADULT CTI TEAM TYPES

41 CTI teams for adults, serving **3,780 total individuals**, including:

- 49% DOWNSTATE
- 12% UPSTATE RURAL
- 12% I/DD
- 27% UPSTATE

YOUTH CTTP TEAMS

8 CTTP teams for youth are geographically distributed around NYS with 1 program in 8 of the 10 NYS economic development regions with the capacity to serve:

128 YOUTH

PROGRAM OUTCOMES

353 ADULTS receiving **CTI services**

SUCCESSFULLY LINKING HIGH RISK CLIENTS TO NEEDED SERVICES

in the first months of CTI services

81% of adults linked to outpatient mental health services

70% of adults linked to primary care services

Investments in Specialty Services: Inpatient Care

IMPROVING ACCESS TO INPATIENT CARE

INCREASING PSYCHIATRIC INPATIENT BEDS

To provide quality acute treatment for individuals in crisis and to link them to outpatient treatment and support services they need to continue their recovery in the community.

1,000 NEW BEDS
made available statewide between 2021 and 2025

NEW LAWS & REGULATIONS

To improve emergency and inpatient services: risk assessment, care coordination with community providers, admission, and discharge planning. Mental Hygiene law amended to clarify and modernize rules for involuntary transportation and admission.

LAW AMENDED
Mental Hygiene law updates active August 2025

HOSPITAL & COMMUNITY CONNECTIONS PLANNING

Launched in January 2024, the Hospital and Community Connections Project leverages the local planning process to support cross-system coordination between hospital and community providers to improve care for individuals in crisis.

21 LOCAL PLANS
to support communication and coordination among hospitals, outpatient programs and county officials

OFFICE OF HOSPITAL CARE & COMMUNITY TRANSITIONS

OHCCT is a newly created OMH office to provide support specifically to hospitals. OHCCT aims to partner with hospitals to strengthen mental health admission, treatment, and discharge practices and outcomes in emergency departments and Inpatient Psychiatric Units.

6 REGIONAL TEAMS
established by OHCCT to partner with local hospitals across NYS

IMPROVING ACCESS TO BEDS OVER TIME

+642 INCREASE IN THE NUMBER OF ARTICLE 28 INPATIENT PSYCHIATRIC BEDS
from 2021 to 2025

+358 INCREASE IN THE NUMBER OF STATE PSYCHIATRIC CENTER INPATIENT BEDS
from 2021 to 2025

+3,000 7% INCREASE IN THE NUMBER OF ADULT INPATIENT ADMISSIONS
in 2025 compared to 2024

OUTCOMES

13% REDUCTION IN PSYCHIATRIC INPATIENT READMISSIONS
within 30 days of discharge, from 2021 to 2024

31% DECREASE IN NUMBER OF CHILDREN WAITING IN EMERGENCY ROOM FOR 72+ HOURS FOR A PSYCHIATRIC INPATIENT BED
from an average of **11.2 children** per day in 2024 to **7.8 children** per day in 2025

15% DECREASE IN NUMBER OF ADULTS WAITING IN EMERGENCY ROOM FOR 72+ HOURS FOR A PSYCHIATRIC INPATIENT BED
from an average of **14.9 adults** per day in 2024 to **13.5 adults** per day in 2025

988 and Other Comprehensive Crisis System Updates

988

- 988 Crisis Contact Centers answered 1,047,734 calls, 206,986 chats/texts (7/22-10/25)
- 90% in-state answer rate for 1/25-10/25
- Primary reasons for calling include family/other relationship issues, suicidal thoughts, anxiety, and loneliness (7/22-10/25)
- 96,839 follow-up calls offered to callers (7/22-10/25)
- 71,031 referrals provided to community and outpatient services (7/22-10/25)

Mobile Crisis

- 57 Counties with Designated Mobile Crisis Teams; State Aid to “uncovered counties”
- Designated jointly by OMH and OASAS
- Average response time is 2 hours

Crisis Stabilization Centers

- Joint license between OMH and OASAS
- 18 Crisis Stabilization Centers (CSCs) awarded funding are in development across NYS
  - -10 Supportive Crisis Stabilization Centers
  - - 8 Intensive Crisis Stabilization Centers
- Additional 4 CSCs are independently in development (without state funding)
- As of 9/15/25, 4 CSCs are fully operational

Crisis Residences

- Crisis Residence Bed Capacity
  - Residential Crisis Support – 21 (17 in development)
  - Intensive Crisis Residence – 7 (7 in development)
  - Children’s Crisis Residence – 20 (3 in development)

Health-Led Community BH Crisis Response: Daniel's Law Pilot Program

- OMH announced funding for the expansion and/or creation of community behavioral health crisis response pilot programs to implement **health-led response** protocols for mental health and substance use disorder crises.
- The procurement was posted on 10/28/2025 and seeks to establish at least three pilot programs: one urban area program, one suburban area program, one rural area program
- The programs must be consistent with the **Daniel's Law Task Force** Behavioral Health Crisis Response Program.
- Applications are **due 1/12/2026**
- Additionally, this work will establish a **Statewide Behavioral Health Technical Assistance Center** to support the health-led crisis response pilots as well as additional communities across the State

Services & Initiatives for Children, Youth & Families

Youth Mental Health Advisory Board

- **The Youth Mental Health Advisory Board (YMHAB)** was formed in 2024 to inform policy and program development within OMH and OASAS and for advising the Governor. The Board's membership represents the diversity of New York State and children served in the system.
- Recruitment was completed in early 2025, to seat new members for those rolling off due to graduation from high school. Nearly **150 applicants** were considered.
- Board members are **youth ages 12 to 17** and represent all five OMH defined regions - 10 members from NYC region and 5 members from each of the four other regions. In 2026, members will learn facilitation skills so that the May in-person meeting breakout groups are led by youth.
- So far, the Board contributed to the development of the new Safe Spaces Program model, and provided **input on mental health stigma**, support access, **school mental health supports**, and mental **health/addiction** intervention and prevention.

Family Advisory Board

- **The Family Mental Health Advisory Board (FAB)** was formed in 2024 to inform policy and program development within OMH. The Board's membership represents the diversity of New York State and includes family members and caregivers whose children under 18 have been or are served in the system.
- So far, the Board contributed feedback on information parents and caregivers need to understand the service systems and how to access care and experiences with crisis and emergency services across the state.
- The members have spent several meetings in 2025 discussing how to identify children and youth with high needs and respond to those needs.

Youth and Teen Mental Health First Aid

- Youth MHFA is for adults who work with youth 12-18 and Teen MHFA trains teens in 9th grade and up on how to identify, understand, and respond to signs of mental health challenges
- **2,242** adults have been trained in Youth MHFA and **3,532** via OMH Funding from January 2023-June 2025
- **73** adults have been trained as instructors for Youth MHFA, and **35** for Teen MHFA from January 2023-June 2025
- Following this success, OMH invested **$10 Million** for both Youth and Teen MHFA
- With this award, MHANYS is on track to certify **25,000** adults in Youth MHFA, and an additional **25,000** Teens in Teen MHFA
- Currently offered **in all 5 OMH Regions**; in schools, Boys & Girls Clubs, after school programs, 4H, and other community organizations

Expand Youth Safe Spaces

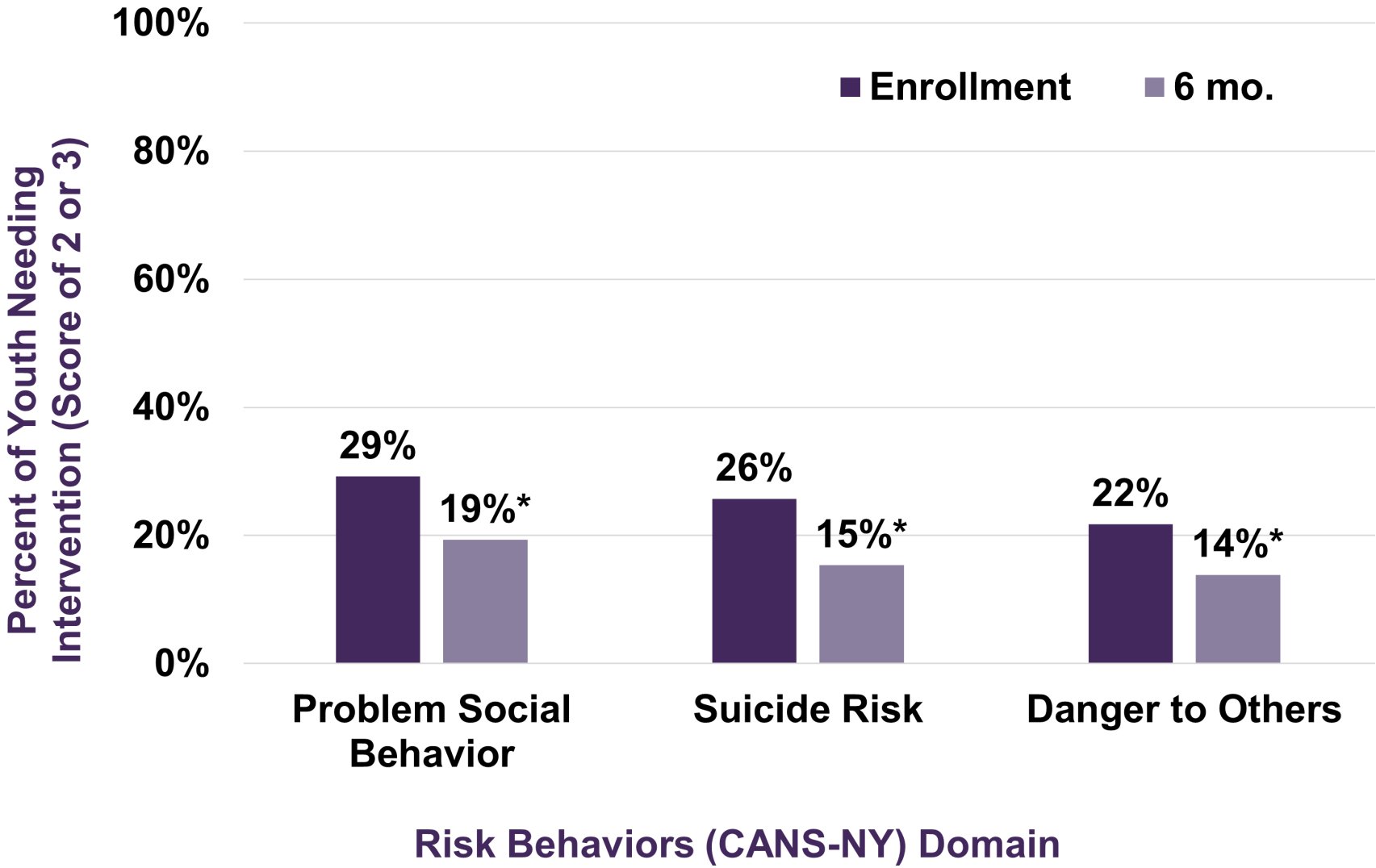
$1.5 Million invested to create an additional 3-6 Youth Safe Space Programs targeting individuals ages 12-24; OMH to develop training and technical assistance plan to support all providers with training and understanding of the Youth Safe Spaces framework

What is it?	Foundational Principles	How it Works	Why it's different
A multifaceted approach to youth mental health. 1. Voluntary Participation 2. Peer & Youth-led decision making 3. Non-clinical mental wellness programming	1. Positive youth development 2. Recovery-oriented principles 3. Civic engagement and advocacy 4. Mental health awareness and education 5. Social equity and justice	5 Core Services 1. Essential Needs 2. Mental Health Support 3. Self-Referral Support & Linkages 4. Community Workshops 5. Recreational Activities	1. Designed by young people with guidance from community members 2. Preventive + restorative, not just crisis response 3. Youth-led decision-making; 4. Rotating Youth Peer Advisory Board 5. Self-referral support 6. Partnership with a local Behavioral Health Provider

Impact of Youth Listening Sessions: Youth Said → We Did

“Let’s discuss teachers educating and not scaring. Talk about risks.”	Built in Community Workshops & Forums to train adult allies
"We want staff that look like us. That know what we been through and can just relate."	Required the Staffing Plan include Youth Peer Advocates & trusted community organizations
“Teachers needing more training about addictions. Teachers should stray away from telling students the only way not to get addicted is to never do it.”	Required the service components include the use of evidence-based non clinical prevention programming
“I would feel safe in a place where I could take a nap, eat my favorite snacks, and my mom didn’t have to worry about picking me up.”	- Built in program design, staffing plan, and location requirements for safe drop-in center model - 2% of budget to food & transportation
“We don’t always know where to go for help. 988 will just send you to the hospital.”	- Required 2 FTE Youth Peer Advocate - Required Youth & Staff Trainings - Community Partnership
“I don’t want the place to feel like I’m in school or a hospital… all the papers and stuff.”	Required low barrier enrollment and youth designed space with flexible engagement options

Youth Assertive Community Treatment (Youth ACT) Outcomes (N=202)



Children's Home-Based Crisis Intervention (HBCI)

CHILDREN'S HOME-BASED CRISIS INTERVENTION (HBCI)

Children's HBCI programs provide short-term, intensive, in-home support to children and families to manage a mental health crisis and prevent hospitalization. Traditional HCBI teams serve families for 4-6 weeks, and specialized teams for children with both Mental Health and Intellectual or Developmental Disabilities needs (MH-I/DD) serve families for 6-9 weeks.

NEW INVESTMENT SINCE 2022

OVER $24 MILLION ANNUALLY awarded to increase HBCI teams including traditional and MH-I/DD teams

25 NEW TEAMS OMH has funded **25** new teams: **17 traditional** teams and **8 MH-I/DD** teams

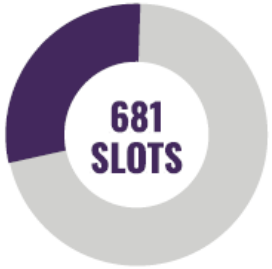
270 NEW SLOTS New teams can serve **270 or more families** at any given time, with **198 traditional** slots and **72 MH-I/DD** slots

PROGRESS TO GOAL: 25 NEW TEAMS

12 (48%) of the 25 new HBCI teams are open and serving New Yorkers

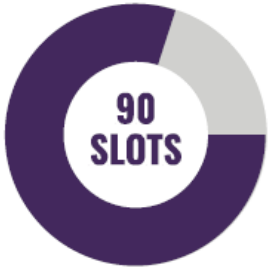
TOTAL CAPACITY

TRADITIONAL TEAMS



will be available within **traditional teams**, including **198 (29%) newly funded slots**

MH-I/DD TEAMS



will be available within **MH-I/DD teams**, including **72 (80%) newly funded slots**

PROGRAM OUTCOMES

1,116 CHILDREN receiving HBCI services in the past 6 months (April-September 2025)

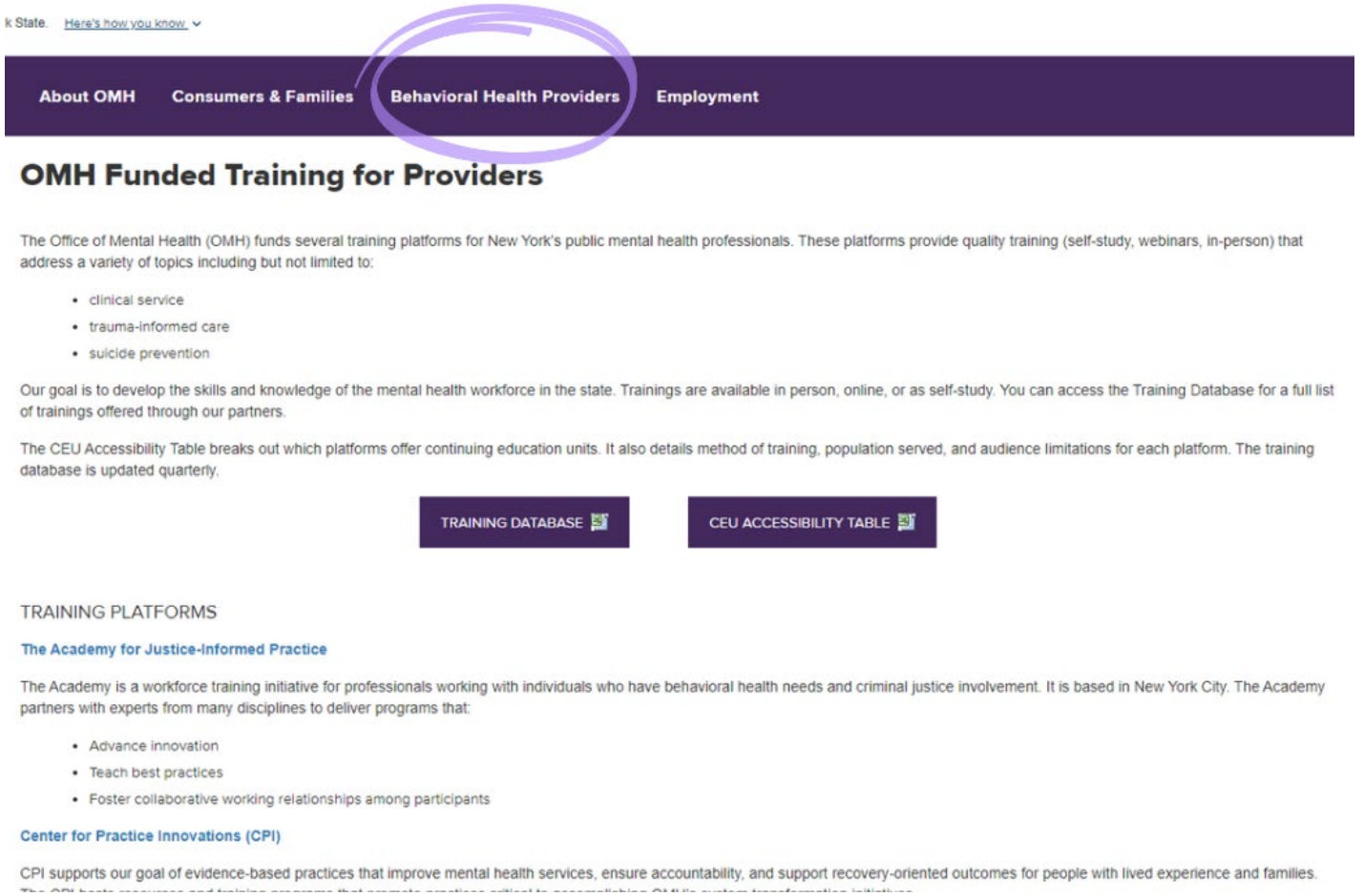
94% STAYED IN COMMUNITY with their families, avoiding residential and hospital treatment

76% ENGAGED IN OUTPATIENT MH TREATMENT after discharge from HBCI program

Training & Workforce Initiatives

Provider Training Page on OMH Website

- **Training helps with retention!**
- Dedicated webpage serves as a centralized resource, offering access to a variety of free training opportunities, materials, and tools for behavioral health providers
- The page features:
  - Links to free platforms (OMH funded)
  - Searchable database listing 1,700 unique trainings; updated quarterly
  - Live or self-study sessions tailored to the behavioral health field
  - Resources on various topics such as trauma-informed care, crisis intervention, and suicide prevention
  - Continuing education credits



Update on Investments in Training for Hospital Staff

- Training for staff not only helps with quality of care and client experience, but it also helps with staff satisfaction, **recruitment and retention**
- OMH has expanded access to **TRUST** training: Therapeutic Relationships and Universal Safety
  - TRUST approaches are trauma-informed, empathic, person-centered, recovery/resiliency- focused, proactive, and incorporate an integrated team
  - Over the course of 2025, OMH has offered **9** TRUST Train the Trainer programs to over **180** participants spanning **40** hospitals and **14** RTF/Outpatient providers
- Managing and Deescalating challenging Behavioral in Hospital and Congregate Settings ECHO
  - **Project ECHO** (Extension for Community Healthcare Outcomes) is a cost-effective, virtual training collaborative that provides case-based learning and information sharing
  - The goal is to create a **learning community** to discuss complex system needs and offer expert opinions and tools for practitioners to bring back to their practice settings; OMH awarded Westchester Medical Center to lead this project over the next five years
  - The first ECHO kicked off in **October 2025** with a cohort of 11 providers
  - Each hospital **across the state** will have the opportunity to participate

Update on Community Mental Health Loan Repayment Program

- Recruitment and retention tool for eligible community mental health programs and eligible employees; state aid grants to support student loan repayment over **3-year service commitment**.
- Agencies providing eligible mental health programs apply on behalf of p**sychiatrists, psychiatric nurse practitioners, physician assistants, and licensed mental health practitioners and other titles. Eligibility is determined in each RFP round and employers have options for how to distribute loan repayment funds**.
- OMH has made awards to more than **200 agencies** on behalf of more than **1,400 licensed professionals** who have committed to working in more than 400 individual mental health programs for at least 3 years. This includes **135** psychiatrists, **258** nurse practitioners and physician assistants, **786** social workers, **77** marriage and family therapists, creative arts therapists, and psychologists, and **189** mental health counselors.
- Contact OMH.CMHLRP@omh.ny.gov for more information
- **Next round** being announced this month on our OMH procurement website

Partnerships with SUNY/CUNY

- Community College **paid Mental Health internships** with SUNY
  - Students can choose between 10-20 hours per week for their **paid internship with mental health programs**; OMH assisting in matching with our mental health programs
  - Participating community colleges so far include Finger Lakes Community College, SUNY Niagara, and Monroe Community College; interest and support continues to grow
  - **50 students** in round one matched with providers in mental health system
- SUNY/CUNY Pathway Scholarship Program
  - In 2022, Governor Hochul appropriated $4 million in federal funding to support **underrepresented students enrolled in mental health degree programs** at SUNY or CUNY campuses; students can receive a maximum of $10,000 per year
  - As of the Spring 2025 Semester: **SUNY has 41 students** enrolled at 12 schools; **CUNY has 150 students** enrolled at 19 schools

Fellowships & Residencies

Psychiatric Physician Assistant Career Pathways Program

- Collaboration between NYC Health + Hospitals and OMH to build training and specialized career pathways for psychiatric PAs into the behavioral health workforce
- Program components include psychiatry rotations, behavioral health didactic, and 12-month fellowship with direct care, mentorship, and supervision from experienced psychiatrists
- Post-fellowship full-time employment; expectation to pass Certificate of Added Qualifications (CAQ)

Nurse Residency Program

- OMH offers a Nurse Residency Program designed to assist newly hired graduate nurses and nurses new to psychiatric nursing practice
- Specialized training, education, and mentoring to promote professional development and retention
- Curriculum covers aspects of nursing practice such as ethics, decision-making, clinical leadership, communication, conflict resolution, and evidence-based practices
- 184 graduates to date!

Coming Soon! Credentialed Mental Health Support Specialist

- OMH is designing a **Mental Health Support Specialist** paraprofessional credential for the mental health system in NYS
- OMH has held a **stakeholder sessions** to gather feedback from current paraprofessionals in the field, providers, advocates, county leadership, and individuals to help inform the core competencies, training curriculum, and other key decisions; **more sessions to come!**
- Next, we are identifying paraprofessionals to participate in **work groups** to identify tasks, knowledge, skills, and abilities at different career levels
- **Vision** for the credential:
  - Allow licensed professionals to work at the top of their scope
  - Multiple pathways to the credential
  - Multiple levels that will create a career ladder
  - Uniform training for all credential holders
  - Partnerships with SUNY/CUNY and other colleges and universities
  - Functions are the same as existing paraprofessionals in the field, with some additions

Coming Fall 2026! MH Workforce Marketing & Recruitment Website

- As part of our investment in the public mental health system, OMH will be creating a new website connecting job seekers to providers **across New York's public mental health system**.
- OMH's Community Workforce Development team has partnered with Brandemix, an experienced workforce marketing and website development firm to lead this project.
- The final product will be a website **describing various professions, programs and settings** in the state public mental health system with a **job search feature** and a marketing campaign that will drive individuals to the site to learn more about careers. The website will include:
  - information on the educational pathways to licensed & unlicensed professions
  - descriptions of various mental health programs and settings
  - videos explaining the jobs, with relevant educational requirements
  - job search feature allowing jobseekers to search for job opportunities by county and profession

Peer Services Procurement Updates

Intensive and Sustained Engagement Team (INSET) Updates

- INSET is a peer-led engagement approach that fosters **hope and connection** for individuals experiencing complex needs. Team members uphold that recovery is possible and probable.
- Aims to support individuals who may benefit from **intensive support early in their recovery journey**, to prevent negative systems involvement and/or upon transition from other services.
- INSET reduces repeat hospitalizations by providing **wrap-around support**, helping people access resources such as housing and food, and helping people **navigate** systems-involvement.
- There are currently 4 INSET teams, 1 Forensic INSET team, and an open RFP for another team.
- **778 people engaged** between Jan 2025-Sept 2025
- 20% connected to **permanent housing**
- Participants averaged **1.2 milestones per month**, including but not limited to wellness goals, re-connecting with parent(s) and/or sibling(s), engaging in substance use treatment, celebrating sobriety milestones, completing a job orientation, completing parole/probation, and more.

Expansion of Peer Bridger Services

- Peer support services **continue to demonstrate efficacy** in supporting wellness and recovery
- **Peer Bridger services** are designed to accompany individuals discharging from more restrictive environments that impact someone's ability to participate in their **community of choice**
- OMH is seeking proposals to contract with 3 Article 28 facilities committed to the **Peer Bridger** model. Facilities must have inpatient psychiatric units that support individuals transitioning from hospital to community through **Peer Bridger services**
- The model is a **person-first approach** that helps foster hope and independence. Bridger services include **skills training and mentorship**
- Each of the 3 awarded hospitals will receive **$300,000 per year for five years**
- Additional procurement opportunity for 1 grant to provide Peer Bridger **Technical Assistance** to Article 28 facilitates
- Each RFP was posted on 11/6/2025; **applications for each are due 1/15/2026**

Academy of Peer Services

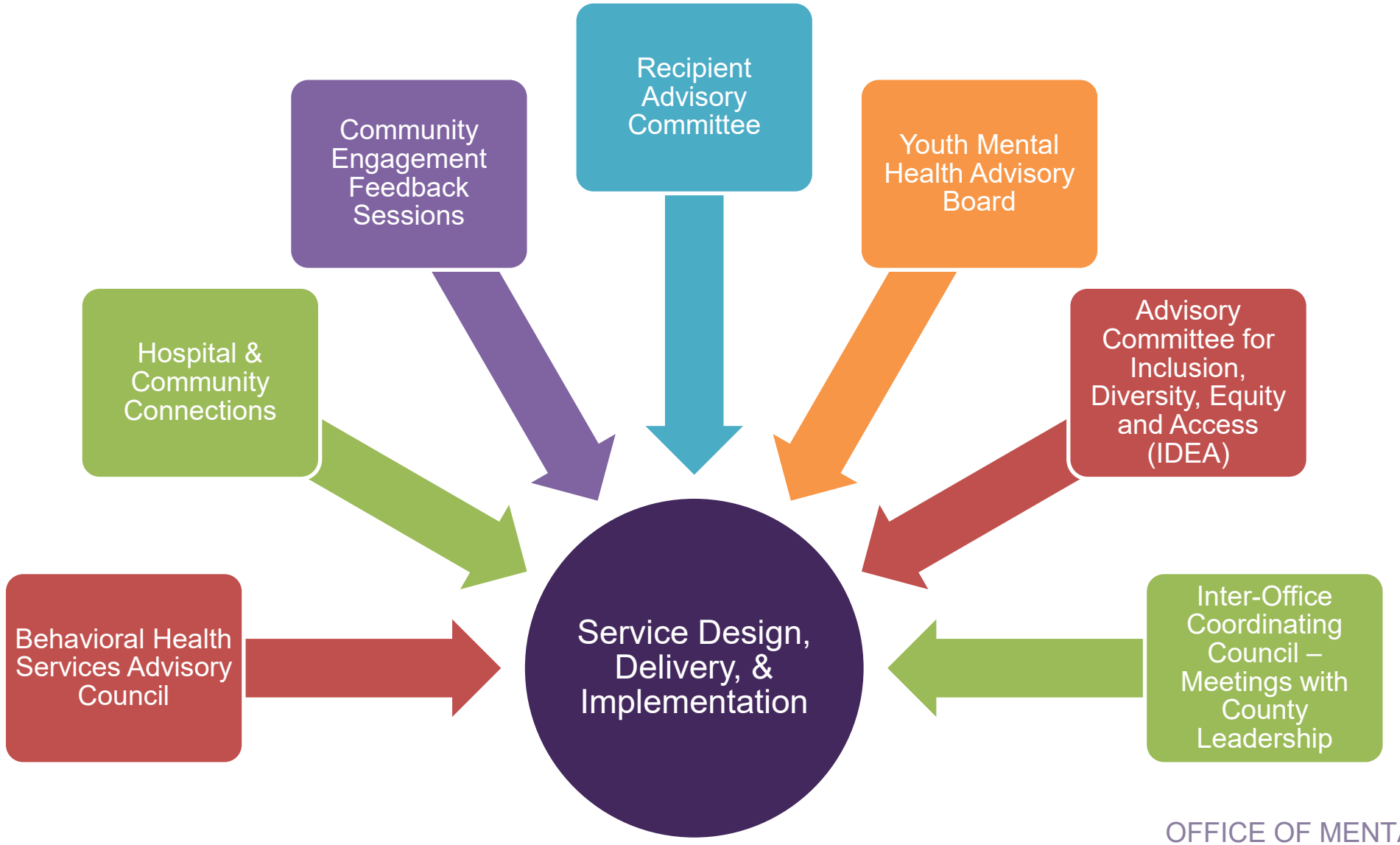
- OMH announced funding for the **Academy of Peer Services** (APS); The APS website will offer education and information for current or aspiring peer support specialists in New York State
- **In addition to hosting the platform, objectives of the APS include:**
  - Technical development
  - Instructional design
  - Project management
  - New course development
  - Learner Support
- Eligible agencies are colleges and universities located in New York State, New Jersey, or Connecticut
- The RFP was posted on 11/20/2025; **applications are due on 1/15/2026**

NY Peer Specialist Independent Practice Association (IPA)

- OMH announced funding to develop a New York **Peer Specialist Independent Practice Association (IPA)**
- The goal of the Peer Specialist IPA is to support **collaboration and professional development for the New York Peer Specialist workforce**
- The IPA will work with Partner Organizations to:
  - Identify shared goals
  - Stay current on the latest trends within the peer support industry
  - Maintain a strengths-based approach to relationships between organizations
- The RFP was posted on 10/7/2025; **applications are due 12/18/2025**

Ongoing Feedback Collection from Communities

Community Input for Service Design, Delivery & Engagement



Community Engagement Sessions

- OMH Office of Advocacy & Peer Support Services, Office of Planning, Field Offices, and County Directors of Community Services partnered to complete **23 in-person Community Engagement sessions over the past year**
  - New York City
  - Central New York – the North Country – 6 locations
  - Western New York – 4 locations
  - Virtual statewide session
  - Survey with middle and high school respondents
- **Recommendations** from these sessions were organized in **themes** such as: Increasing service awareness and access, youth mental health, peer support services, crisis services, employment for people with disabilities, community mental health resources, transportation, culturally informed services, and cross-agency collaboration
- Next sessions to be held in **Long Island** and in **Hudson River** regions

Hospital & Community Connections Action Planning Meetings

- Launched in January 2024, the **Hospital and Community Connections** work leverages local planning processes to support cross-system coordination between hospital and community providers to improve care for individuals with mental health crisis who go to the hospital
  - 20 sub-regional calls with **over 1,200 attendees** to identify local barriers and solutions to improve communication and care transitions
  - Engaged critical local leaders, providers, advocates, stakeholders
  - **100% of county Directors** of Community Services
  - Pre-meetings engaging **100% of hospitals** statewide
  - Regional DOH, OMH, OASAS leadership
- Established 21 cross-system Action Planning groups (called “Tables”) based on local hospitals and their catchment area providers including mental health clinics, housing programs, care management, mobile crisis, and other partners

OMH Regional Forums: Planning for Impact of Federal Actions

- OMH, in partnership with NYS Department of Health (DOH) and NYS Office of Temporary and Disability Assistance (OTDA), provided an overview and updates on recent federal actions in July, August, and October
- OMH conducted **6 regional forums in November** to plan together with providers, advocates, and county leadership on **how changes will impact our mental health system**
  - **5 virtual forums** were hosted, one for each of the OMH regions: Western NY, Hudson River, NYC, Long Island, Central NY; **1 in-person forum** was hosted in Albany
- Each forum began with an opening presentation, followed by **small-group breakout sessions**
- **Discussions centered around**: Existing services and resources to help individuals with Medicaid eligibility, supported employment, and non-clinical supports; information needed for public messaging; supporting immigrant and LGBTQIA+ populations; and more!
- Notes from the forums are being analyzed into themes to inform **planning, policy**, and future discussion and to inform **collaboration** with other state agency partners

NYS Suicide Strategy: Hearing from Individuals with Lived Experience

Creation of the **New York State Strategy for Suicide Prevention**, being released soon, was done with review and feedback from:

- **24 subject matter experts** provided feedback on omissions, issues, elements for strategy and action planning and suggested resources
- **86 individuals with suicide-centered lived experience**
  - Individuals who have had thoughts of suicide or attempted suicide, lost a loved one to suicide, or provided substantial support to a person with direct experience of suicide
  - Feedback survey distributed with the help of New York State chapters of AFSP, NAMI, MHANYS, Families Together, and county suicide prevention coalitions
  - Reviewed strategy overview and shared perspectives on “what success looks like”
  - **Results showed strong support for the plan**: Viewed as meaningful, relevant, and critical; emphasis on person-centered, compassionate, culturally sensitive approaches

Progress on Facing the System Challenge of Transitions & Access for Complex Care Populations

New! Promoting Community Safety Conference

- On **November 7th** OMH and NYC Department of Health and Mental Hygiene convened a conference called Promoting Community Safety: The role of Mental Health Theory and Practice
- The first convening of **peers, providers, and researchers** to identify the **opportunities** to support both **recovery and safety** for the subset of individuals with serious mental illness at risk for aggressive behavior, who often need a more **specialized and integrated approach**

96% of violence is NOT committed by people with a serious mental illness

94% of people with a serious mental illness do not commit violence

Individuals with SMI are more likely to be VICTIMIZED

Updates on OMH Office of Hospital Care & Community Transitions

- OMH created a **new office and new regional teams** to closely partner with hospitals that have a licensed inpatient mental health program as well as community-based programs
- Goal is to strengthen admission, treatment, and discharge practices and related outcomes with a population-based approach
- **New guidance and regulations based on best practices:**
  - Joint Guidance to support Hospital Regulations for inpatient mental health programs and Emergency Departments will be coming soon
  - New guidance is available for outpatient MHOTRS programs, housing/residential programs, and care management on communicating with hospitals on admissions and discharges
- New opportunities to train staff, including **TRUST training** and ECHO series
- Tools to streamline and improve efficiency, including **financial best practices**
- **Capacity and access** monitoring and support
- Regional teams are offering **on-site** technical assistance, including support with implementing the new regulations, education on resources, linkages between systems and system navigation

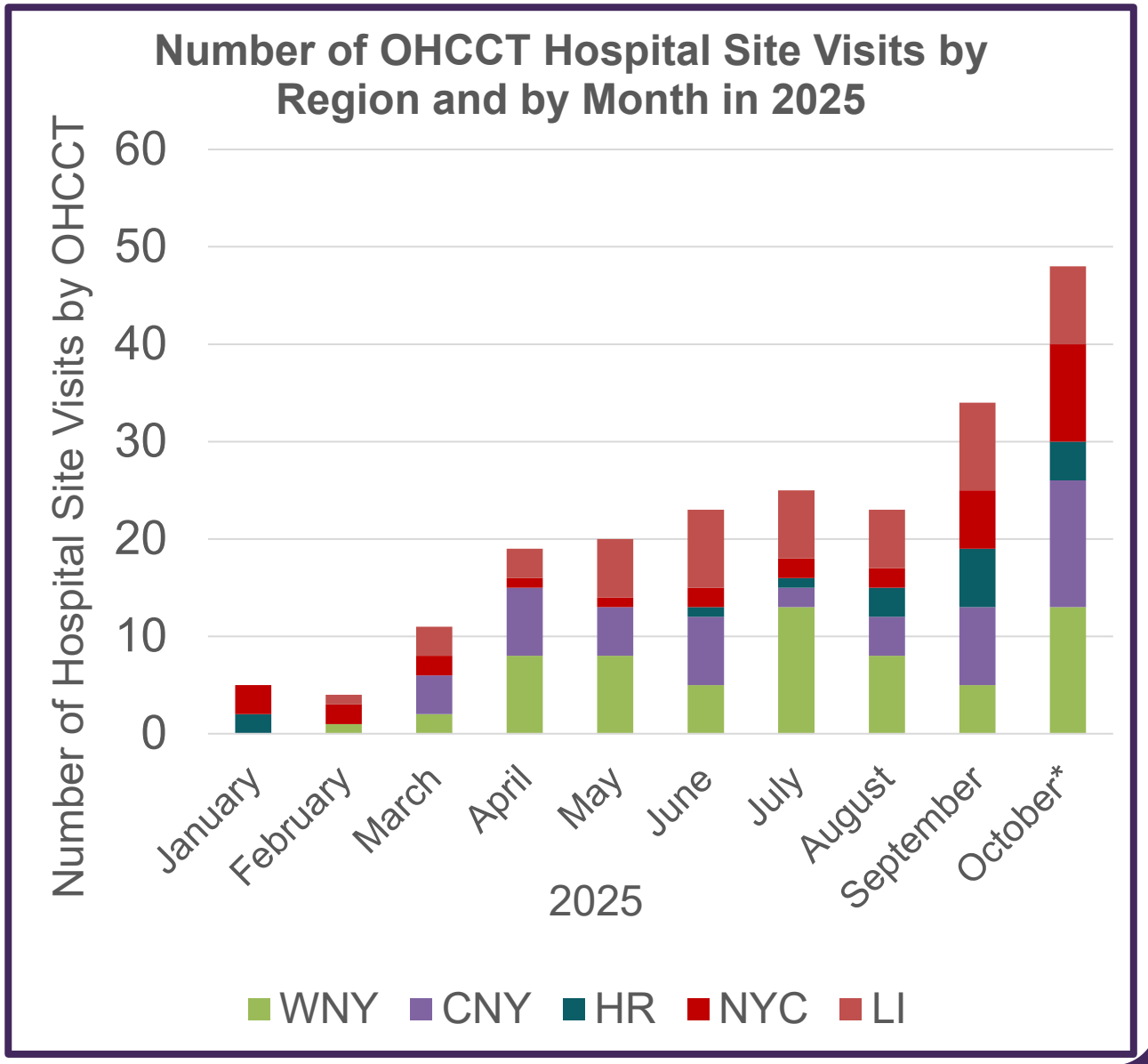
OHCCT Ramping up Number of Site Visits to Hospitals Statewide

Office of Hospital Care and Community Transitions (OHCCT) **regional teams** actively support hospitals

- Offer on-site guidance and technical assistance
- Support implementation of updated Statute, Guidance and Regulations
- Develop tools to improve efficiency, sharing innovations across the state
- Education on resources, linkages between systems, navigation for complex care needs

70% of NYS Hospitals Visited in 2025 (to date)

- Western NY Region: 12/12 (100%)
- Central NY Region: 16/16 (100%)
- Hudson River Region: 15/22 (68%)
- NYC Region: 14/36 (39%)
- Long Island Region: 11/11 (100%)



Timeline of Statute, Guidelines & Regulations for Hospitals

FEBRUARY 2022
Interpretive Guidance for Transport

FEBRUARY 2023
Guidance on Information Sharing

OCTOBER 2023
Guidance on Discharge Practices for CPEP, 9.39 EDs, Inpatient

OCTOBER 2024
Guidance for Outpatient Providers for Collaborating with Hospitals

DECEMBER 2024
Regulations updated for Psychiatric Inpatient units (580, 582) & CPEP (590)

JANUARY 2025
DOH Regulations for Emergency Department updated (405.19)

May 2025
MHL Amended, including Inability to Meet Essential Needs
(effective 8/25)

AUGUST 2025
Updated Guidance on Transport for Emergency and Admissions

2025 Q4
Joint Guidance Document with DOH for ED, CPEP, Inpatient
(Pending Approval)

Timeline of TA & Training for Hospitals

JANUARY 2024
Connections Kickoff:
20 sub-regional meetings to identify local barriers, solutions, priorities (1,200 participants)

SPRING 2024
Office of Hospital Care and Community Transitions (OHCCT) formed

SUMMER 2024
Connections Action planning starts with hospitals, providers, LGU's, other stakeholders

2024-2025
Meeting with hospitals across the state to better understand the needs and challenges

2024-2025
TRUST Training to Article 28/31 Hospitals on De-escalation (40 hospitals)

MARCH 2025
PSYCKES Training to ED Staff and Hospital Leadership (597 attendees)

SPRING 2025
OHCCT Regional Teams begin visiting hospitals statewide (70% of hospitals visited to date)

JUNE – OCTOBER 2025
Chart Reviews in CPEPs to assess fidelity to regulations, guidance, & best practices for removal order presentations

OCTOBER 2025
Began ECHO Training on Managing and De-escalating Challenging Behaviors (11 hospitals)

Hospital & Community Connections: Planning Meetings with Providers

- Cross-system provider groups aimed at implementing local solutions to improve communication and collaboration across the system for an individual in crisis when the hospital is involved

Background

- Fall 2023 planning on how to implement new Guidance on Discharge Practices for CPEP, 9.39 EDs, Inpatient and how to incorporate new Critical Time Intervention teams with hospitals
- Statewide and regional "All Provider" webinars to share OMH vision for crisis and transition services and obtain feedback – clear community input that a cross-systems approach is needed

Approach

- County Directors of Community Service as primary stakeholders and partners
- Align with new Office of Hospital Care and Community Transitions for needs assessment
- Participate within existing cross-systems structures and
- Learn from Children's System of Care approach for cross-system collaborative planning

Activities (2024-2025)

- 20 sub-regional calls to begin identifying communication and care transition barriers & solutions
- Met with all 9.39 hospitals to assess experience and needs
- Engaged OASAS, OPWDD & DOH
- Established 21 Action Planning "tables" and held 10 Action Planning meetings

OMH Office of Diversity & Inclusion

OMH Office of Diversity and Inclusion

- **Policy Change:** Supports, coordinates, and implements policies aimed at reducing disparities in access, quality, and treatment outcomes for OMH operated, licensed and funded programs

- **Training and Technical Assistance:** Conducts comprehensive trainings and provides technical assistance on the importance of infusing cultural and linguistic competence throughout Agency policies and clinical practices

- **Language Access:** Works to ensure people who are limited English proficient, Deaf/Hard of Hearing or have tother communication needs have access to high quality mental health services in OMH State Operated, licensed and funded programs

- **Workforce Diversity:** Oversees OMH's efforts to plan for and implement activities to recruit and create a diverse workforce and to maintain an inclusive environment across OMH's offices and facilities, including ensuring compliance with Executive Order 31

Health Equity Summit: Addressing MH Inequities in Rural Communities

OMH hosted a Health Equity Summit on **November 17th & 18th, 2025**

Over **160 registrants** gathered to hear from leaders, practitioners, and advocates as they explored how social drivers and socio-economic factors shape access to care, quality of services, and treatment outcomes for New Yorkers living in **rural areas**.

The conversations emphasized the importance of **building connections** to continue strengthening our **commitment to advancing mental health equity** across the state.

Panel discussions included the following topic areas:

- **Solutions for Rural Economic Stability**
- **Addressing Equity in Healthcare**
- **Addressing Equity in Education and Access**
- **Suicide Prevention in Rural Communities**
- **Equality in Justice**
- **Immigration, Rural Communities, and Equality**

Federal Actions: Planning for Impact on Mental Health System

Health Insurance Changes from HR1

- The **Congressional Budget Reconciliation Bill (HR1)** that was passed in July 2025 enacted changes to federal spending and tax policy that will impact both Medicaid as well as the Affordable Care Act Basic Health Program, known in New York as the "Essential Plan."
- Changes to **Medicaid eligibility** and cuts to the **Essential Plan** risk a reduction in access to mental health services and create uncompensated care financial burdens for providers.
- **Non-citizen populations** are particularly targeted in changes to health insurance from HR1.
- **Our shared goal**: Through planning, coordination, education, and support we hope to maintain access to care and services for as many people as we can, by:
  - Helping individuals maintain eligibility for their insurance when possible
  - Continuing to serve individuals in need of mental health services who no longer have health insurance when possible

Health Insurance Changes from HR1

- **Medicaid:** Beginning December 2026/January 2027, changes are being made to Medicaid specifically for Adults ages 19-64 who are in the Medicaid "**Expansion Population**," which is based on a "modified adjusted gross income" 100-138% the federal poverty level:
  - "Community engagement" work requirements of **80 hours per month**; includes working, community service, a work program, an educational program, or some combination of these activities
  - Eligibility redetermination of Medicaid **every 6 months** (twice as often as existing 12-month interval)
- **Affordable Care Act NYS Essential Plan:** Beginning January 2026, HR1 eliminated $7.5 billion in annual funding for the Essential plan, which would impact health insurance coverage for nearly 1.7 million New Yorkers
  - To preserve coverage for as many New Yorkers as possible, NY State of Health has submitted a formal phaseout plan to the Centers for Medicare & Medicaid to re-activate our Basic Health Program.
  - If successful, the transition to a Basic Health Program is anticipated to take effect by July 1, 2026, pending approval by CMS. Eligible individuals will be given 90 days notice and customer service.
- **Non-Citizen Populations:** Lawfully-present non-citizen individuals will no longer be eligible for the Essential Plan and effective October 2026, Medicaid eligibility will no longer be available for "qualified alien" populations with some exceptions.

SNAP Changes from HR1

- The Supplemental Nutrition Assistance Program (SNAP) issues benefits that can be used like cash to purchase food.
- As of November 2025, HR1 makes significant changes to the **work requirements** for so-called "Able-Bodied Adults Without Dependents" (ABAWDs)
  - Individuals identified as ABAWD can receive SNAP benefits for only 3 months in a three-year period if they do not meet certain work requirements.
  - The **population subject to the ABAWD time limit is expanding** and the federal rules on when a state can waive those time limits have become **more restrictive**.
- New applicants for SNAP will be screened to determine if they are subject to the ABAWD work requirements, and if so, will need to comply with those work requirements to retain SNAP for more than 3 months.
- Individuals currently in receipt of SNAP but not identified as ABAWD under prior rules, will be screened at recertification.
- The goal of OTDA and local social service districts is to make sure individuals can enter employment and that **no one loses benefits simply because they didn't understand** the new rules or didn't know where to turn for help.

Federal Funding Cuts for Housing & Homeless Services

- The US Department of Housing and Urban Development (HUD) provides billions in Federal funding to support housing and other critical services to help fight homelessness
- New restrictions outlined in HUD FY2025 Continuum of Care (CoC) Notice of Funding Opportunity (NOFO) were recently announced that **impact funds supporting permanent housing**
- 35% of permanent housing beds in New York are funded by the CoC program
- The new NOFO restrictions would **cap the amount of CoC funds to be utilized in New York for permanent housing** at 30%; Currently 90% of CoC funds go to permanent housing
- The changes impact the “housing first” model of providing homeless services and housing, as CoCs are expected to prioritize projects that have treatment requirements
- New York Attorney General Letitia James along with a coalition of attorney generals from other states have **filed a lawsuit** against the Federal administration and are seeking a court order blocking the cuts and new CoC conditions
- **OMH will conduct regional forums with OMH funded and licensed housing providers** to hear details about how these Federal changes are impacting them and plan together

Supporting targeted populations

- Despite messaging from federal actions and changes to SAMHSA strategic priorities, NYS **OMH remains committed** to:
  - Emphasizing **Diversity, Equity, Inclusion and Belonging** principles and practices
  - Supporting **LGBTQIA+ populations** and individuals seeking **gender-affirming** interventions
  - Providing mental health services and support for **non-citizen** and **undocumented immigrant populations**
- In addition to existing programs and initiatives, we are eager to hear from you about what you are hearing in your local communities and how we can best serve and support these populations

Office of New Americans: Know Your Resources, Know Your Rights

NYS Department of State's Office for New Americans Know Your Resources, Know Your Rights offers resources and action to all residents, including immigrants:

- Federal Action Reporting Form available to share information with NYS Attorney General regarding federal government actions occurring in New York State
- New Americans Hotline can be reached at **1-800-566-7636** for immigration legal help
- Family Preparedness Resources available from the New York Immigration Coalition
- Food & Nutrition Resources page links to information from NYS Office of Temporary and Disability Assistance and map to food resources
- Health & Family Services Resources links to statewide health directories and family care
- Employment & Other Vital Services links to information from NYS Department of Labor, State Division of Human Rights, and State Domestic Violence Hotline and other resources

Feedback from advocates & provider associations to plan for HR1

OMH recently met with the following provider associations, advocacy organizations, and membership groups for feedback on **what OMH can do** to help providers, individuals and families through the changes ahead:

- Federation of Mental Health Services
- InUnity Alliance
- NYS Council for Community Behavioral Healthcare
- NYS Coalition for Children's Behavioral Health
- NYS Care Management Coalition
- Association for Community Living
- The Network (formerly SHNNY)
- Greater NY Hospital Association
- Healthcare Association of NYS
- Iroquois Health
- Conference of Local Mental Hygiene Directors
- Alliance for Rights and Recovery
- Mental Health Association of NYS
- Mental Health Empowerment Project
- Families Together in NYS
- NAMI NYS & NYC
- Medicaid Matters NY

OMH responding to feedback in relation to HR1

The following are some of the **actions OMH is taking** to mitigate the impact of HR1:

Regulatory Relief

- Streamlining the project approval and licensing recertification processes to shorten timelines and reduce administrative burden
- After-hours telehealth services will receive expedited approval and not require staff to be on site outside of operating hours
- Collaboration with State agency partners to improve pre-employment background check process

Revenue Maximization

- Training and technical support around revenue cycle management and other fiscal topics
- Evaluate methods for utilizing CPT codes for billing

Program/Service Design

- Opportunities such as group psychotherapy and Intensive Outpatient Programs (IOP)
- Leverage existing programs and resources; create informational materials
- Enhance existing data systems to support benefit management needs

Health Insurance: Behavioral Health Network Adequacy Regulations

Department of Health (DOH) and Department of Financial Services (DFS) issued Behavioral Health (BH) provider network adequacy **regulations for health insurance plans**, which became effective July 1, 2025, and require all State-regulated health plans to:

- Have an **adequate BH provider network**, and ensure their enrollees can get an outpatient BH appointment within the following **wait time standards**:
  - 7 calendars days following a discharge from a hospital or emergency room
  - 10 business days for an initial appointment with an OMH/OASAS outpatient program or private practitioner
- Implement an access **complaint process** to help enrollees find an in-network BH provider with an appointment within the wait time standards
  - Must reflect enrollee preference for in-person or telehealth appointment
  - A designee can help submit an access complaint for an enrollee
- Allow enrollees to see an out of network provider if the insurer doesn't have an in-network provider with an open appointment within the wait time standards, at no additional cost to enrollee
- Maintain **accurate** and up to date **provider directories** that include a provider's scope of services

Health Insurance: Behavioral Health Network Adequacy Regulations

- The regulations affect an estimated 11.3 million (57%) New Yorkers, including:
  - **4.1 million** individuals in the fully insured NYS-regulated commercial market
  - **4.7 million** enrollees in Medicaid Managed Care
  - **2.5 million** individuals covered by Essential Plans, Child Health Plus & Qualified Health Plans
- OMH is partnering with OASAS, DFS, DOH and CHAMP to align efforts and strategy for consumer awareness and public messaging. **Public materials** currently include:
  - Governor's Press Release – July 8, 2025
  - Know Your Rights: Getting Treatment for Mental Health and Substance Use Disorders
- **CHAMP** can help individuals and providers with insurance issues, including submitting an access complaint
  - Visit https://champny.org/ for additional information
  - Call **888-614-5400** or email Ombuds@oasas.ny.gov to speak with an advocate

988: WE HEAR YOU

- **988** is the three-digit number that offers **24/7 free** and **confidential** access to trained crisis counselors to get support for:
    - any type of emotional distress
    - suicidal thoughts
    - substance use crisis
    - loneliness
    - worrying about someone else
- Contact 988 by **chat**, **text**, or **phone**
- Scan the QR code to visit **988.ny.gov** and learn more about 988 or start a chat

YOUR WELLNESS.
YOUR WAY.

Visit BeWell.ny.gov to:

- Learn how to use breathing to calm and reset.
- Practice mindfulness and gratitude.
- Foster resilience.
- Find strategies to cope.
- Understand how stress affects our bodies.
- Learn about the impact of trauma.

OMH Statewide Town Hall

Comments, questions, and testimony:

- **In Person attendees:** If you indicated in your registration that you would like to give testimony, we will call your name to come up. Please keep speaking time to a maximum of **3 minutes**.
- **Virtual attendees:** If you submitted comments, questions, or testimony into the webcast page **we will read as many entries as we can** out loud, time permitting.
- **Thank you for attending!** OMH will accept submission of additional comments or testimony through December 31, 2025, sent to **planning@omh.ny.gov**

THANK YOU!

Planning@omh.ny.gov