



Office of  
Mental Health

# **COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM (CPEP) ANNUAL SUMMARY**

**APRIL 2025**

# COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM (CPEP)

## 2024 ANNUAL SUMMARY

The Comprehensive Psychiatric Emergency Program (CPEP) is a set of hospital- and community-based services that include emergency observation, evaluation, and care and treatment. Emergency visit services include provision of triage and screening, assessment, treatment, stabilization and referral or diversion to an appropriate program. Triage and referral emergency visits require a psychiatric diagnostic examination and may result in further evaluation or treatment activities, or discharge to another level of care. Full emergency visits, which result in a CPEP admission and treatment plan, must include a psychiatric diagnostic examination, psychosocial assessment and medication examination.

Program objectives include: providing timely triage, assessments, and interventions; controlling inpatient admissions; providing crisis intervention in the community; and providing linkages to other services. CPEPs are designed to directly provide or ensure the provision of a full range of psychiatric emergency services, seven days a week, for a defined geographic area. Triage and referral emergency visit services and full emergency visit services are Medicaid reimbursable.

CPEP services consists of three distinct components: hospital-based crisis intervention services; extended observation beds; and crisis outreach services.

### **Hospital-Based Crisis Intervention Services**

The psychiatric emergency room is the setting for CPEP hospital-based crisis intervention services and is available 24 hours per day, seven days a week. Services offered in the emergency room include triage, referral, evaluation and assessment, stabilization, treatment, and discharge planning. These services are provided by a multi-disciplinary team consistent with CPEP regulations. Enhanced staffing is necessary for timely and thorough assessments and more appropriate clinical decision making, especially as high risk or high cost decisions are frequently made. CPEPs help ensure individual and community safety and appropriate inpatient admissions and outpatient referrals.

### **Extended Observation Beds**

These beds are intended to provide recipients a safe environment where staff can continue to observe, assess, diagnose, treat, and develop plans for continued treatment as needed in the community or in a hospital or other setting. By regulation, the total number of extended observation beds (EOBs) must be approved by OMH. The number of beds per site varies based on geographical need and the CPEP's physical plant. Extended observation beds are usually located in or adjacent to the psychiatric emergency room, allowing recipients to remain in the emergency room area for up to 72 hours. Extended observation beds enable staff to assess and treat recipients who need short term care and treatment rather than inpatient hospitalization. In addition, the availability of extended observation beds assists in diverting avoidable short term inpatient admissions.

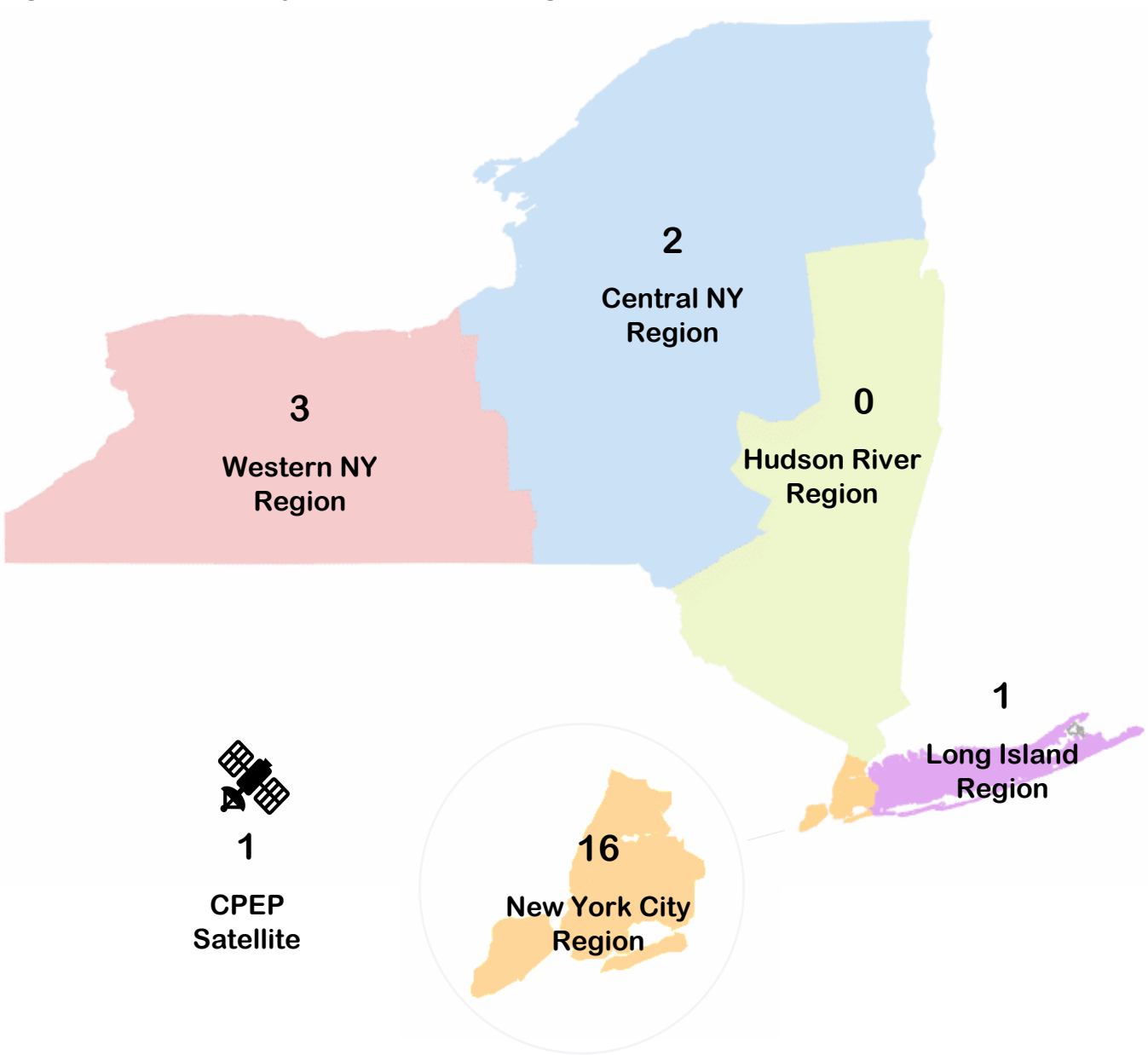
### **Crisis Outreach Services**

These services are designed to provide mental health emergency services in the community. The objectives of this component of service are to provide initial evaluation, assessment and crisis intervention services for individuals in the community, and to provide crisis follow-up services for individuals discharged from CPEPs. Crisis follow-up services are mental health services provided in the community for recipients who are discharged from a CPEP emergency room and/or EOB, and include immediate face-to-face contacts with mental health professionals to facilitate and support a successful transition to and appropriate engagement in ongoing services and supports.

In 2024, OMH published update CPEP part 590 regulations. The adopted regulations include increased evaluation and discharge provisions to strengthen services for individuals requiring psychiatric emergency services and to provide a level of uniformity and consistency throughout CPEPs statewide. Part 590 details evaluations that should be completed at each patient encounter and interventions that will improve patient outcomes; reduce the risk of overdose, self-harm, and violence; and reduce the risk of readmission and disconnection from care. OMH has partnered with CPEPs to successfully implement Peer Bridger staff at CPEP to support individuals in connecting or reconnecting to their community and relationships following a CPEP visit. CPEPs are currently implementing episode level data reporting to strengthen the accuracy and quality of data OMH receives.

There are 22 CPEPs and 1 CPEP satellite operating in four OMH Field Office regions; there are no CPEPs in the Hudson River region.

**Figure 1. CPEP Count by OMH Field Office Region**



## CPEP PROVIDER PERFORMANCE DATA

In addition to providing or ensuring the provision of required services, each CPEP is also responsible for submitting monthly reports to OMH, including: the number of visits or admission to each of the three required components of service; timeliness/length of stay and disposition data related to emergency room evaluations and extended observation beds; disposition data related to crisis outreach; discharge diagnoses; and recipient demographic characteristics.

### Statewide Aggregated CPEP Data, 2024

#### *CPEP Component Use*

**Table 1a. ER**

Description	Total Annual Visits
Brief Visits	24,345
Full Visits	93,819
Total Visits	109,264

**Table 1b. Extended Observation Bed (EOB)**

Description	Total Annual Admissions
Admissions	17,939

**Table 1c. Crisis Outreach**

Description	Total Annual Visits
Initial Visits	22,709
Interim Visits	10,048
Total Visits	32,757

#### *Waiting and Retention Times*

**Table 2a. 1<sup>st</sup> Contact with Clinical Staff**

Description	Total Annual Visits
Less than 1 Hour	66,651
1 to 2 Hours	18,764
More than 2 Hours	17,284

**Table 2b. 1<sup>st</sup> Contact with MD**

Description	Total Annual Visits
Less than 2 Hours	52,351
2 to 4 Hours	16,150
4+ to 6 Hours	16,628
More than 6 Hours	19,184

**Table 2c. Entry to Discharge (Non-EOBs)**

Description	Total Annual Visits
Less than 8 Hours	38,707
8 to 16 Hours	15,512
16+ to 24 Hours	13,695
More than 24 Hours	21,747

**Table 2d. Entry to Discharge (EOBs)**

Description	Total Annual Visits
Less than 24 Hours	3,033
24 to 48 Hours	5,868
48+ to 72 Hours	4,273
More than 72 Hours	1,847

### ***Diagnosis on Discharge from CPEP***

**Services Table 3. Diagnosis Category**

<b>Description</b>	<b>Total Annual Diagnoses</b>
Schizophrenia, Other Psychotic Disorders, and Mood Disorders	49,253
Substance-Related Disorders	15,946
Personality Disorders	4,864
Dementia and Other Cognitive Disorders	666
Other	46,072
<b>TOTAL</b>	<b>116,801</b>

### ***Client Demographics***

**Table 4a. Age Reported for All CPEP Components**

<b>Description</b>	<b>Total Annual Visits</b>
Under 18 Years Old	17,061
18 - 34 Years Old	41,275
35 - 64 Years Old	47,543
65 Years Old or Older	5,721

**Table 4b. Gender Reported for All CPEP Components**

<b>Description</b>	<b>Total Annual Visits</b>
Male	66,415
Female	47,232