



Office of
Mental Health

COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM (CPEP) ANNUAL SUMMARY

MAY 2026

2025 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 must include a psychiatric diagnostic examination, psychosocial assessment and a medical examination. Full visits may result in admission to the CPEP for further evaluation and care, admission to an inpatient psychiatric unit, or discharge to the community. CPEPs can service children, adults, or both.

Program objectives include: providing timely triage, assessments, and interventions; reducing unnecessary psychiatric 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.

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.

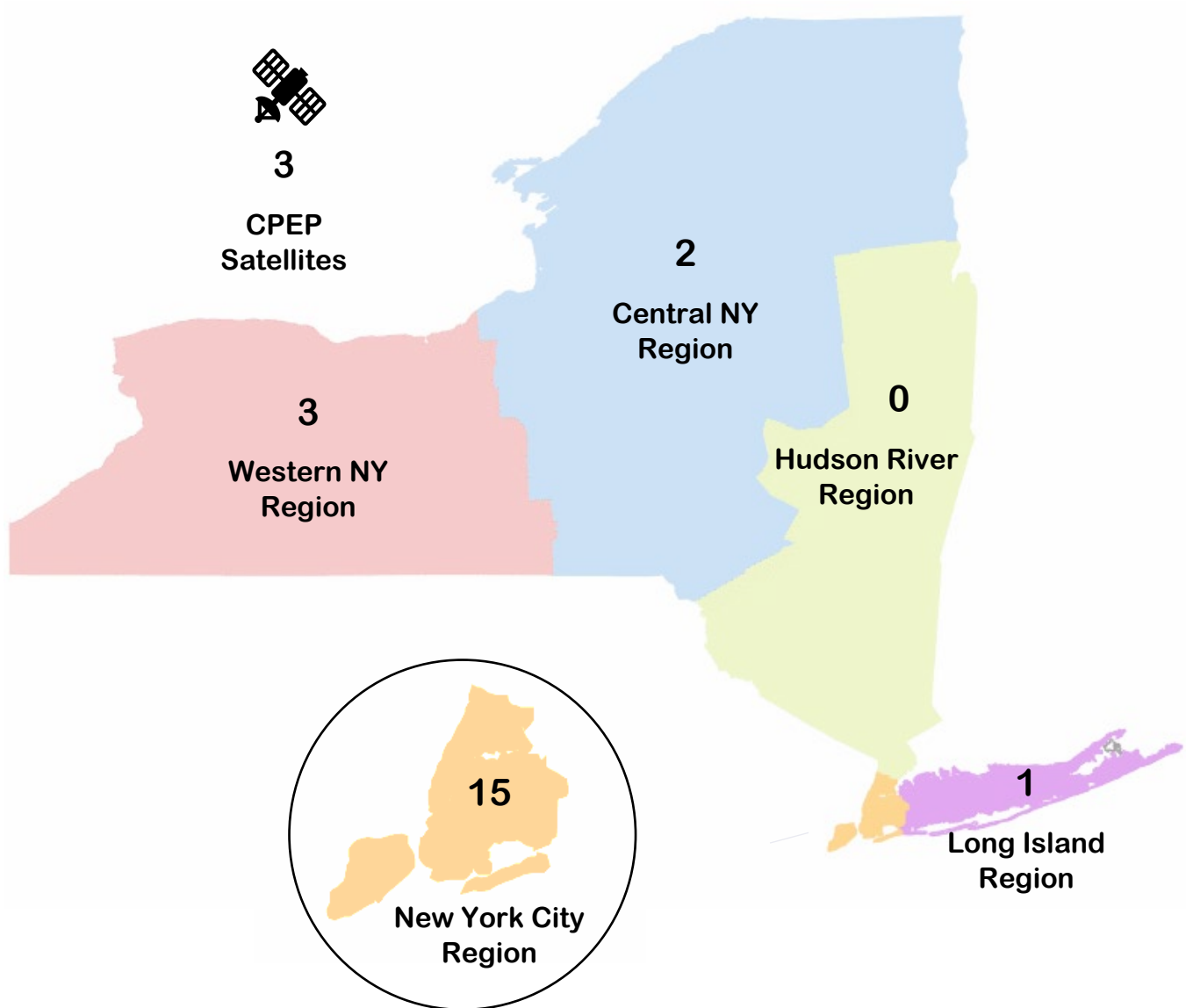
EXTENDED OBSERVATION BEDS

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

Crisis outreach 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. A component of crisis outreach services are crisis follow-up services. These are provided in the community, in a designated space within the hospital, and/or via telephone for recipients who are discharged from a CPEP emergency room, EOB, or those who received an initial crisis outreach visit. Crisis outreach and crisis follow-up services include both face-to-face and telephonic contact with mental health providers to facilitate and support a successful transition to and appropriate engagement in ongoing services and supports.

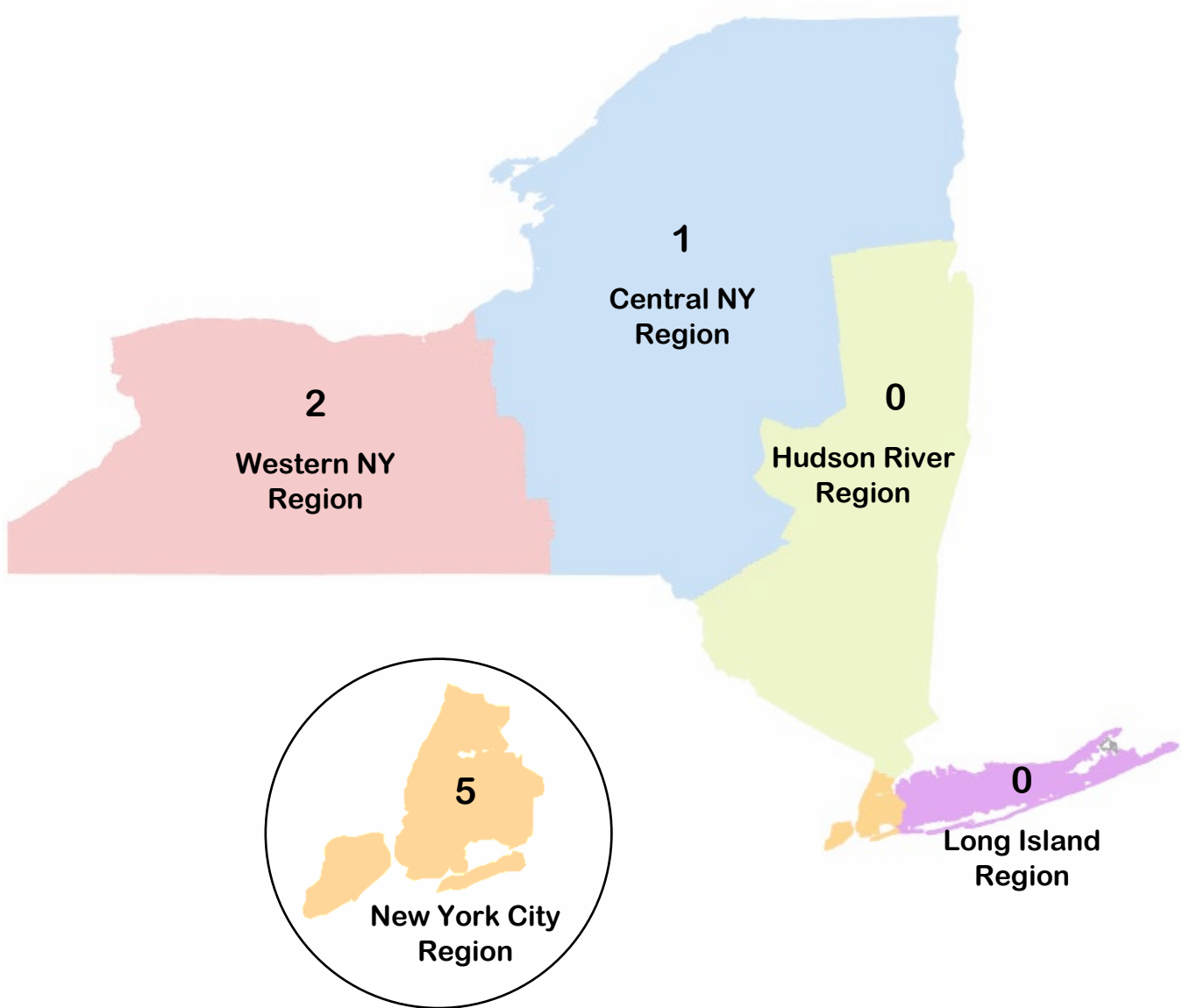
Figure 1. Count of CPEPs by OMH Field Office Region



There are 21 CPEPs and 3 CPEP satellites operating in four OMH Field Office regions; there are no CPEPs in the Hudson River region.

In 2024, \$39.1 million in state funding was awarded for the development of eight new CPEPs across New York State. In 2025, OMH worked with hospital providers to plan the implementation of these programs. Additionally, in 2025, OMH planned the further investment of \$20 million in capital funding and \$3 million in start-up funding available for hospitals to develop at least three new CPEPs, to be procured in early 2026. Existing programs may also apply for funding to increase the number of extended observation beds, improve unit safety, or expand the footprint of treatment, waiting or group activity areas.

Figure 2. Count of New CPEPs in Development 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 admissions 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. CPEPs are currently implementing episode-level data reporting to strengthen the accuracy and quality of data OMH receives.

The tables on the following pages represent statewide aggregated CPEP data collected throughout the calendar year between 1/1/2025-12/31/2025.

CPEP COMPONENT USE

Table 1a. ER

Description	Total Annual Visits
Triage and Referral Visits	17,415
Full Visits	68,501
Unreported ^a	25,249
Total Visits	111,165

^a Electronic Health Record for several CPEPs do not categorize visits as Triage and Referral or Full visits. These visits may be categorized after the fact during claim submission. OMH is improving the data collection process to capture this information.

Table 1b. Extended Observation Bed (EOB)

Description	Total Annual Admissions
Admissions	17,809

Table 1c. Crisis Outreach

Description	Total Annual Visits
Initial Visits	23,060
Follow Up Visits	24,420
Total Visits	47,480

WAITING AND RETENTION TIMES

Table 2a. 1st Contact with Clinical Staff

Description	Total Annual Visits
Less than 1 Hour	63,274
1 to 2 Hours	12,655
More than 2 Hours	15,972
Unreported ^b	19,264

Table 2b. 1st Contact with Physician

Description	Total Annual Visits
Less than 2 Hours	42,618
2 to 4 Hours	16,955
4+ to 6 Hours	9,986
More than 6 Hours	18,828
Unreported ^b	22,778

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

Description	Total Annual Visits
Less than 8 Hours	43,432
8 to 16 Hours	13,576
16+ to 24 Hours	12,864
More than 24 Hours	20,044
Unreported ^b	3,440

Table 2d. Entry to Discharge (EOBs)

Description	Total Annual Visits
Less than 24 Hours	5,471
24 to 48 Hours	5,237
48+ to 72 Hours	3,164
More than 72 Hours	2,098
Unreported ^b	1,839

^b Electronic Health Records for several CPEPs are in the process of optimization to provide episode level data for the entry to discharge metric.

DIAGNOSIS ON DISCHARGE FROM CPEP SERVICES

Table 3. Diagnosis Category

Description	Total Annual Diagnoses
Schizophrenia, Other Psychotic Disorders, and Mood Disorders	49,796
Substance-Related Disorders	8,509
Trauma and Stress Related Disorders	10,924
Neurodevelopmental Disorders	5,280
Other	28,806
Unreported/Unknown	7,850
TOTAL	103,315

CLIENT DEMOGRAPHICS

Table 4a. Age Reported for All CPEP Components

Description	Total Annual Visits
Under 18 Years Old	15,509
18 - 25 Years Old	16,742
26 - 44 Years Old	47,679
45-64 years old	24,904
65 years Old or Older	5,829
Unreported/Unknown	502

Table 4b. Gender Reported for All CPEP Components

Description	Total Annual Visits
Male	63,599
Female	42,348
Other/Unknown	5,218