Coordinated Behavioral Health Crisis Response System

November 2024

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OMH Coordinated Crisis Response System

The New York State Office of Mental Health (OMH) Coordinated Crisis Response System is charged with providing a comprehensive, coordinated behavioral health crisis response continuum to every New Yorker regardless of their ability to pay. Successful delivery of such a system will save more lives while improving access to critical services during and after a behavioral health crisis, such as a mental health or substance use crisis.

Expected outcomes of a cohesive crisis response system include:

- Improved safety for individuals experiencing a crisis
- Decreased suicide, overdose, and early death
- More referrals to affordable community support services
- Lowered costs as a result of reducing the use of hospital emergency departments and long-term hospital stays
- Reduction of law enforcement and encounters with the criminal justice system for those experiencing a behavioral health crisis

New York State's Current Crisis Response System

New York State's crisis system has several key components in place to create a coordinated crisis response system for all New Yorkers. This includes 988, Mobile Crisis services, Crisis Residence programs, Home Based Crisis Intervention, Crisis Stabilization Centers and Comprehensive Psychiatric Emergency Programs (CPEPs). These services will be fortified through funding opportunities and coordination efforts.

Together, these programs provide all the components necessary to create an effective behavioral health crisis response system. The task at hand is coordinating all aspects of crisis response to build a robust continuum of care that effectively responds and provides supports to all New Yorkers.

The goals of the coordinated crisis response system are to:

- Maintain people safely in the community
- Reduce unnecessary emergency room visits and inpatient hospitalizations
- Reduce risk of future crises
- Coordinate information sharing among clinicians, recipients, and involved family members to reflect recipients' preferences

As New York State develops a coordinated crisis response system, data reporting is also receiving special focus. OMH is currently working with data experts within the Office of Population Health and Evaluation on tracking key data elements across the crisis care continuum. Currently, there are identified data reporting elements for 988, mobile crisis, crisis stabilization centers, HBCI, and CPEPs. In the coming year, crisis residence data reporting will be implemented.

The Future of Behavioral Health Crisis Response in New York State

OMH is committed to providing a high-quality crisis response system to all New Yorkers with strong supports that can assist individuals when an emergency occurs, quickly respond to and stabilize a person when they experience a crisis and connect them to community-based treatment and support services. These are critical components of a successful crisis system and improving the way we address behavioral health crises in New York. By providing all New Yorkers with a robust, coordinated behavioral crisis response system, OMH hopes to save more lives while improving access to critical services during and after a behavioral health crisis.

This crisis system relies on the fortification of the three pillars of crisis care:

- Someone to Contact
- Someone to Respond
- Somewhere to Go

When an individual is experiencing a mental health or substance use crisis, these three components are vital to that individual's immediate safety and a healthy recovery. New York State's crisis system includes: telephonic, chat, and text triage and support through the 988 Suicide and Crisis Lifeline, connection to Mobile Crisis and follow-up services, Home Based Crisis Intervention (HBCI), Residence programs, Crisis Stabilization Centers, CPEPs, and access to community treatment and services. All crisis services are delivered in a trauma-informed, recovery-oriented, and culturally and linguistically humble way. While New York State focuses on strengthening the components of our crisis care system, OMH is also in ongoing conversations with local governmental units (LGUs), community advocates, individuals who utilize behavioral health services, providers, and other stakeholders to identify opportunities for continued crisis service development.

In 2018, OMH required county mental hygiene directors to create Mobile Crisis Response plans that identified providers who would be eligible for reimbursement through the 1115 Medicaid Managed Care Crisis Intervention benefit. In addition, the implementation of the Children's Crisis Intervention Benefit through Children and Family Treatment and Support Services (CFTSS) was coordinated with this effort to allow for consistency in response and access. This planning has laid the foundation for future Comprehensive Crisis Response development including 988, the ongoing expansion of Crisis Residential programs, HBCI programs and expansion of CPEPs's, and implementation of Crisis Stabilization Centers. In 2024, the Centers for Medicare & Medicaid Services (CMS) approved a State Plan Amendment that authorized the reimbursement of Crisis Intervention services including Mobile Crisis, Crisis Residence Programs and Crisis Stabilization Centers through Medicaid. Reimbursement by commercial plans is in development and is currently allowable for Crisis Stabilization Centers and will be available for Mobile Crisis providers beginning 2025.

Diversity and Inclusion in Crisis Response

New York State is committed to providing culturally and linguistically humble care to all individuals who contact crisis service providers while addressing the needs of high-risk populations such as Black, Indigenous, Hispanic, Asian and Rural communities. OMH's Office of Diversity and Inclusion (ODI) has worked with crisis system stakeholders through the 988 Coalition to ensure these care training standards were in place for all 988 Contact Centers. These same standards are expectations for all crisis services programs in the continuum. All crisis services programs are required to demonstrate the following:

- Commitment to equity and the reduction of disparities in access, quality, and treatment outcomes for marginalized populations
- Organizational equity structure
- Equity training activities and topics related to diversity, inclusion, cultural humility, and the reduction of disparities in access, quality, and treatment outcomes for marginalized/underserved populations
- Workforce Diversity and Inclusion
- Language access, including efforts to meet the language access needs of the client's served by crisis programs(e.g., limited English proficient, Deaf/ASL)

Trainings have focused on topics such as implicit bias, diversity recruitment, creating inclusive work environments, and providing language access services. This includes the use of data to identify the most prevalent language access needs, availability of direct care staff who speak the most prevalent languages and the provision of best practice approaches to provide language access services (i.e., phone, video interpretation). Crisis programs will also include information about efforts to ensure all staff with direct contact with clients are knowledgeable about using these resources. Additionally, crisis service programs provide information about how they provide key documents and forms in the languages of the most prevalent cultural groups of its service users (consent forms, releases of information, medication information, rights, and grievances procedures).

In 2023, OMH was a recipient of a Transformation Transfer Initiative (TTI) Grant through the National Association of Mental Health Program Directors (NASMHPD) under the "Building Crisis Services that Serve Under-Resourced Communities Project". This grant is funding the training of 988 Contact Center staff in responding to the needs of Intellectually and/or Developmentally Disabled individuals experiencing a mental health crisis. The training is provided by the University of Rochester via a Project ECHO format, a dynamic and interactive model with an interdisciplinary team of experts.

In 2024, OMH was awarded another TTI Grant through NASMHPD to train the crisis workforce on anti-racism practices. The training program provides webinars, in-person programs, resource guides, and educational modules to work with the crisis workforce to increase self and cultural-awareness and build in strategies for behavior change as needed.

The Office of Mental Health has contracted with Center for Practice Interventions to create an online training platform that will be made available to all crisis workers. This learning management system will incorporate activities related to the grants received through the TTI and the creation of new training resources. The implementation of this learning management system will ensure all crisis workers across the state have access to high quality, evidenced based, culturally competent training for the delivery of crisis services.

The 2024-2025 Executive Budget allotted $100,000 for the development of Maternal Mental Health training for 988 crisis counselors to provide support and referrals.

Someone to Contact

The first step of the crisis care system was to provide a telephonic triage and response line that New Yorker's can call when experiencing a behavioral health crisis. This was a crucial first step, as 80% of behavioral health crises can be resolved over the phone without the need for a higher level of care.[1]

[1] Balfour, M. E., Hahn Stephenson, A., Delany-Brumsey, A., Winsky, J., & Goldman, M. L. (2021). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies. *Psychiatric services (Washington, D.C.)*, appips202000721. Advance online publication. https://doi.org/10.1176/appi.ps.202000721

988 –The Three-Digit Number for New York's Suicide and Crisis Hotline

In October of 2020, the National Suicide Hotline Designation Act was signed into law, designating 988 as the three-digit crisis line for immediate access to the National Suicide Prevention Lifeline (Lifeline). The intention of this transition is to easily connect callers with trained behavioral health counselors that can help defuse a crisis and link individuals to mental health and substance use services in their own community. The Lifeline provides emotional support, information, and resources to callers looking for immediate assistance for mental health crises and suicide prevention.

988

OMH received a planning grant in 2020 through Vibrant Emotional Health and the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop an implementation plan for 988.

The top five priorities of New York's 988 implementation were:

1. Assigning in-state 988 coverage for the remaining uncovered counties in NYS through an RFA process
2. Ensuring primary and back-up centers have capacity to operate 24/7 with capacity to be able to meet the needs of NYS callers, chatters, and texters contacting 988
3. Ensuring all 988 Call Centers have access to a database of culturally and regionally competent resources spanning NYS to be able to seamlessly assist callers, regardless of their geographical position
4. Programming the new operational and start-up funding resources to support the launch of 988 in July 2022 for call center volume growth and 988-related crisis services
5. Ensuring that 988 is a service for all New Yorkers, regardless of age, race, ethnicity, religion, sexual orientation, or socioeconomic status

Leading up to the national launch of 988 in July 2022, New York successfully achieved the top five priorities for 988 implementation. All 62 counties in New York State had 24/7 primary coverage of an in-state contact center by July 2022. Each of the 988 Contact Centers had developed a database of resources and referrals to seamlessly connect individuals to community programs. In additional to funding received through SAMHSA for the support of 988, Governor Kathy Hochul dedicated $35 million dollars to 988 in the first year of operation, growing to $60 million dollars annually. This historical dedicated funding ensured that 988 is a service for all New Yorkers, regardless of age, race, ethnicity, religion, sexual orientation, or socioeconomic status.

988 successfully launched nationally on July 16, 2022. New Yorkers are able to reach the 988 Lifeline via call, chat, or text and be connected with trained crisis counselors right here in New York State. When individuals dial 988, their call is routed to the 988 Contact Center that is programed to receive that particular area code. Although calls are currently routed by area code, the Federal Communication Commission (FCC) has proposed the implementation of geo-routing for 988 calls. This vicinity based routing will ensure that callers are connected to the 988 Contact Center closest to them while still protecting their privacy without disclosing their exact location. The implementation of geo-routing for 988 calls will further protect the investments made into the 988 system while ensuring individuals are connected to local resources.

As of April 2024, there are currently 15 active 988 Lifeline Contact Centers in New York State. These 15 contact centers ensure there is 24/7 primary in-state 988 coverage to all 62 counties in New York State. There are also 54 out of 62 counties in New York State that have in-state back-up 988 coverage. This means that if the primary in-state center is unable to answer the 988 call, it will first route to an in-state 988 Contact Center before routing to the national back-up system. This back-up system safeguards the likelihood of calls flowing to 988 centers outside of New York State. There are plans in place to secure in-state back-up coverage for the remaining 8 counties. Additionally, there are 6,988 Contact Centers in New York State who collectively provide 24/7 in-state chat and text coverage.

In 2019, there were 137,481 calls to the Lifeline that originated from a New York State area code – a 73 % increase from 2016. Since the inception of 988 in July 2022 through present day (April 2024), New York State has received 460,608 calls, 48,046 texts, and 38,309 chats from New Yorkers seeking support through 988. Call volume is expected to steadily increase over the next five year, particularly when geo-routing is implemented. Therefore, continuing to enhance contact center capacity is a crucial step of New York State's evolving 988 planning process. Creating additional 988 Contact Centers as demand increases, hiring more crisis staff, and ensuring a strong network of backup centers is in place continue to strategically place New York State as a national leader in 988.

The State continues to collaborate and strengthen relationships with 911 coordinators, law enforcement, and emergency responders to help identify areas for strategic partnership and provide even more support to those experiencing a crisis. Such collaborations can lessen the response of unnecessary law enforcement dispatch and reduce the burden on hospital emergency departments, where individuals experiencing a behavioral health crisis are often sent.

988 - More Than Just A Number

988 is a resource that any New Yorker can access 24/7 to be connected to the most appropriate and least restrictive behavioral health crisis care. In its advanced state, 988 will serve as the single point of access for support and connection to the expanded crisis services continuum in New York. 988 crisis counselors receive training in how to interact with special populations, with both a specialized Veterans crisis line and a Spanish language line available.

Each month, the New York State 988 Contact Centers submit data on key performance indicators such as volume, answer rate, speed to answer, outcomes of contacts, primary presenting concerns, follow-up, and basic demographic information of any contact who chooses to share this detail. The collection of data directly from the 988 Contact Centers helps to identify challenges and opportunities within each region as well as understand how the 988 system is being utilized, or not, and by whom.

Funding

New York State is providing substantial funding for the development and implementation of 988. The Governor's Executive Budget for FY 2022-23 included $35 million dedicated to funding the 988-crisis response system, growing to $60 million annually. This critical investment more than doubled the funding available for NYS 988 in 2022-23 and further assisted the 988 Contact Centers in developing, sustaining, and expanding their ability to respond to the most vulnerable New Yorkers in their time of crisis and beyond, supporting operations and resources for enhanced technology, follow-up, and community linkages.

OMH also contributed $10 million in FY 2021-2022 start-up funds from the supplemental Mental Health Block Grant to assist the developing 988 Contact Centers with building capacity to be responsive to the projected volume increases of 988. This $10 million allocation was a critical investment for FY 2021-2022 as this one-time funding was dedicated to preparing for 988 implementation and assuring New Yorkers had access to the 988-crisis system. Using funds from this source, OMH released a 988 Contact Center Request for Applications (RFA) in February 2022 to establish up to two new contact centers in NYS, one in the North Country Region and the other in the Capital Region, to ensure expansive local coverage in areas without a current in-state contact center. These two 988 Contact Centers have been operational since 2023.

Additionally, New York State has been the recipient of two different grants through the Substance Abuse and Mental Health Services Administration (SAMHSA). In 2022, SAMHSA announced a Notice of Funding Opportunity (NOFO): "FY 2022 Cooperative Agreements for States and Territories to Build Local 988 Capacity" and subsequent supplemental funding opportunity for this same grant. Through this opportunity, NYS was awarded $9,280,460 over two years to support workforce capacity building at the local/state level. Again in 2023, SAMHSA released another NOFO, "Cooperative Agreements for States and Territories to Improve Local 988 Capacity"; in which OMH applied and was awarded $11,245,568 annually for three consecutive years (pending successful submission and approval of a federal continuation application) to support the developing 988 and crisis response system.

The implementation of 988 is a watershed moment in the history of crisis and behavioral health care in the United States. It presents an opportunity to reach millions in emotional distress while de-stigmatizing help-seeking. New York State seeks to be a national leader in coordinated crisis services during this pivotal point in time.

Someone to Respond

Mobile crisis services are the second pillar of a well-established crisis response system. The purpose of Mobile Crisis services is to deliver person-centered, trauma-informed, culturally and linguistically humble behavioral health crisis services in the community. These services promote resiliency, rehabilitation, and recovery, and aim to provide immediate support and offer alternatives to hospitalization when appropriate.

Mobile Crisis

Mobile Crisis teams offer community-based crisis intervention services to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a crisis. Ideally, Mobile Crisis services are available 24/7 in the community to children and adults who are experiencing or are at imminent risk of experiencing a behavioral health crisis. These services aim to provide immediate support and offer alternatives to hospitalization when appropriate. For safety and optimal engagement, Mobile Crisis teams consist of two people, usually a licensed staff member and a licensed or non-licensed staff member, that support the individual's emergent needs, as well as emergency department and justice system diversion, while partnering with EMS service as warranted.

Mobile Crisis encompasses three specific crisis services:

1. **Telephonic Crisis Triage:** Telephonic crisis response services include 988, local call centers, behavioral health providers, Mobile Crisis staff, and other emergency lines. This service includes triage, preliminary screening and/or assessment to determine the need for further evaluation and to make treatment recommendations and/or referrals to other health and/or behavioral health services as clinically indicated.
2. **Mobile Crisis Response:** Mobile Crisis staff is dispatched to an individual's home or any community setting following the preliminary telephonic triage when it is determined a face-to-face comprehensive crisis assessment is warranted. It is expected that Mobile Crisis teams arrive as soon as possible from an initial referral.
3. **Mobile and Telephonic Follow-up:** These services consist of reassessment of symptoms via therapeutic communication, engagement with the individual and collaterals, making linkages to ongoing services to maintain stabilization in the community. Follow-up contact between the Mobile Crisis staff and the recipient, service providers, and identified supports must be initiated as soon as possible or within a time frame agreed upon between the provider and recipient.

Currently, State-designated Mobile Crisis providers use the Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) as a tool for data sharing and mobile access to individuals' medical history, treatment information, and crisis response plan, when available. PSYCKES is a HIPAA-compliant web-based application designed to support clinical decision making, care coordination, and quality improvement in NYS.

In January 2023, data collection began from state approved mobile crisis teams to identify volume of in-person mobile services provided to children and adults, average response time, primary reason for call, outcome, referrals, demographics of individuals served, interaction with law enforcement and follow-up services.

As of January 2024, 51 out of 62 counties in New York have access to Mobile Crisis services and there were a total of 57 approved Mobile Crisis programs throughout the state. In 2023, the NYS OMH provided funding to 11 uncovered counties to develop and expand mobile crisis services to all NY counties. Development will be expected to address disparities in access, staffing demands and needed levels of expertise, technology, equipment, integration with local services and each county and/or region's developing system of crisis intervention and care.

In 2021, OMH began a unique three-year relationship with Coordinated Care Services, Inc. (CCSI) to promptly respond to the complexities and challenges of existing and developing Mobile Crisis services across the state. CCSI and OMH are completing a partnership to provide comprehensive, inclusive and program-specific technical assistance regarding program design and billing practices (including revenue cycle management, financial modeling 1:1 program consultation) that focus on the enhancement of an integrated system of crisis services statewide while assuring person-centered, trauma-informed timely and effective response and intervention. This partnership will continue past 2024 with its collaboration with OMH crisis services, provide support with implementations of recommendations from Daniel's Law Task Force, provide fiscal evaluation of mobile crisis services and continued technical assistance and data analytics. CCSI is an organization uniquely positioned to understand the complexities of billing in a mobile crisis environment outside of the traditional office setting due to its extensive experience in designing, implementing, and managing community-based behavioral health services, including mobile crisis.

In August 2023, Daniel's Law Task Force was created via Chapter 57 of the laws of 2023, in memory of Daniel Prude, who was killed by law enforcement while experiencing a behavioral health crisis. The Task Force must:

- identify potential operational and financial needs to support trauma-informed, community and public health-based crisis response and diversion for anyone in the state experiencing a mental health, alcohol use, or substance use crisis.
- review and recommend programs and systems operating within the state or nationally that could be deployed as a model crisis and emergency services system.
- identify potential funding sources for expanding mental health, alcohol use and substance use crisis response and diversion services.

The process of the Task Force allows NYS the opportunity to examine the current provision of mobile crisis services and provide recommendations for the identification of best practices, evaluation and expansion of current mobile crisis services and sustainability.

Home Based Crisis Intervention

Home Based Crisis Intervention (HBCI) programs were established as a short term, intensive service to avert unnecessary psychiatric hospitalizations and to help children and youth and their families to establish stability within the community. Youth ages 5 years to 20 years 11 months and their families or caregivers are typically enrolled for a period of 4 to 6 weeks with a single identified clinician that meets with the recipients multiple times a week. This intense, in-home, in-community level of involvement and collaboration is utilized to help youth and their support systems create and practice de-escalation skills, identify a support network and to ensure connection to needed community- based services. During the time the recipients are enrolled, they are provided with 24/7 access to staff for crisis de-escalation and support.

The FY23-24 Executive Budget includes an increase in funding for HBCI programs; a total of $16.5 million with the goal of increasing the volume of individuals served. Other plans for HBCI include the development of 11 new HBCI teams, 2 of which will focus on the I/DD population, provide technical assistance and increased uniformity amongst existing HBCI teams. There will be additional training supported in part by the Council on Developmental Disabilities. Current HBCI programs and LGUs will assist in the revitalization of HBCI and the development of unified service delivery across the State.

Somewhere to Go

When someone is experiencing a behavioral health crisis and requires further assistance, crisis facilities like Crisis Stabilization Centers and Crisis Residences programs provide these individuals with a safe place to go. Crisis Stabilization Centers provide short-term (under 24 hours) observation and stabilization services to all New Yorkers experiencing a behavioral health crisis in a safe, comfortable, and welcoming environment. Meanwhile, Crisis Residences provide individuals with short-term (up to 28 days) residential support to individuals who are exhibiting symptoms of mental illness or experiencing a psychiatric crisis. These programs are critical components of the comprehensive crisis response system, providing New Yorkers with safe places to go for emotional support and stabilization during a moment of crisis.

Crisis Stabilization Centers

In 2021, Mental Hygiene Law (MHL) Article 36 established the authority for the development of Crisis Stabilization Centers (CSC) to be jointly licensed by OMH and the Office of Addiction Services and Supports (OASAS). Since then, OMH and OASAS have worked collaboratively to develop CSC Regulation, Title NYCRR Part 600, Program Guidance, Billing Guidance, a Certification Application, and other joint processes for the development and successful implementation of CSCs. Currently, CSC Telehealth Regulation, Title 4 NYCRR Part 602, has been developed and is pending promulgation. CSCs provide voluntary rapid access to services for individuals experiencing symptoms of mental health and/or substance use crises that need immediate stabilization or treatment. Centers will be operational 24/7/365 and available to children, adolescents, adults, and families. Services may be provided to each individual for up to 24 hours. All services are person-centered, and trauma-informed, with an emphasis on using peers and recovery-oriented support. CSCs will coordinate and collaborate with local Mobile Crisis providers, law enforcement, 988 Call Centers, and community treatment and support services. If further treatment is needed, staff will connect individuals to resources within their community to provide continued support, including Crisis Residences. All Crisis Stabilization Centers serve children, youth and adults.

There are two types of Crisis Stabilization Centers in New York:

- **Supportive Crisis Stabilization Centers (SCSC)** are similar to the living room model[1], providing support and assistance to individuals with mental health and/or substance use crisis symptoms. Services are for recipients experiencing challenges in daily life that do not pose the likelihood of serious harm to self or others.
- **Intensive Crisis Stabilization Centers (ICSC)** provide urgent treatment to recipients experiencing an acute mental health and/or substance use crisis. ICSCs offer all services provided at an SCSC while also providing rapid access to services for acute symptoms, assisting in diversion from a higher level of care, and prescribing medications to manage substance use and mental health symptoms.

Table 1. Services Provided by Crisis Stabilization Center Type

Services Provided	Supportive Crisis Stabilization Center (SCSC)	Intensive Crisis Stabilization Center (ICSC)
Triage, screening, and assessment	♦	♦
Therapeutic interventions	♦	♦
Peer support	♦	♦
Ongoing observation	♦	♦
Care collaboration with a recipient's identified collaterals	♦	♦
Discharge, aftercare planning and follow-up	♦	♦
Psychiatric diagnostic evaluation and plan		♦
Psychosocial assessment		♦
Medication management		♦
Medication for addiction treatment (MAT)		♦
Medication administration and monitoring		♦
Mild to moderate detoxification services		♦

[1] Saxon, V., Mukherjee, D., and Thomas, D. (2018). Behavioral Health Crisis Stabilization Centers: A New Normal. Journal of Mental Health and Clinical Psychology. https://www.mentalhealthjournal.org/articles/behavioral-health-crisis-stabilization-centers-a-new-normal.pdf

All certified CSCs will be required to report data to OMH and OASAS on a monthly basis. Collected data will be used to improve quality of care and recipient satisfaction, identify trends to inform community planning, analyze the effectiveness of CSCs within the overall crisis system, inform future policy decisions, and ensure coordination and utilization of services within the crisis services system.

In addition to establishing a CSC data set, OMH and OASAS are developing a Client Feedback Survey that will be distributed to all CSC recipients upon discharge. Certified CSCs will be eligible for one-time funding to support this initiative. Survey results will be collected, analyzed, and aggregated by OMH and OASAS to assist with quality improvement and community planning.

Article 9 of Mental Hygiene Law was amended on October 1, 2021, to authorize the diversion of individuals experiencing a mental health crisis to CSCs for an emergency evaluation instead of hospital emergency departments if they voluntarily agree and the Center determines care there is appropriate. OMH and OASAS continue to discuss plans for successful implementation as CSCs continue to develop.

OMH and OASAS have also partnered with the New York State Department of Health (DOH) and the State Emergency Medical Services Council (SEMSCO) to assist with successful implementation of diversionary methods. OMH presented at the SEMSCO and State Emergency Medical Advisory Committee (SEMAC) on September 13, 2023. This presentation provided a brief overview of CSCs to assist with regional planning as programs continue to develop. As a result, SEMSCO's Research and Innovations Subcommittee established a workgroup in February 2024 to develop guidelines that will help EMS providers determine when a CSC drop-off would be an appropriate alternative to an emergency department.

The development of CSCs was included in the Governor's Executive Budget for FY 2022-23(Part AA of Chapter 57 of the laws of 2021). Over $100 million was offered towards the development of twelve (12) ICSCs across New York State[1] and $71 million was made available for the development of twelve (12) SCSCs across New York State [2]. Requests for Proposals (RFP) for the development of these Centers were published January 2022 – March 2023 [3]. As of June 2023, twenty-two (22) awards have been made for the development of eleven (11) ICSCs and eleven (11) SCSCs. RFPs will be published to develop the two (2) remaining Centers in 2024. Helio Health received the first ICSC operating certificate and opened their doors on December 11, 2023. It is expected that the majority of these newly developed Centers will be active, certified, and providing services throughout 2024 and 2025.

In May 2023, the Crisis Stabilization Center Learning Collaborative began to unite providers developing Crisis Stabilization Centers across the state. This allows experts to not only discuss innovative plans and practices, but to create a homogeneous program model that is molded to the needs of each community. The learning collaborative continues to take place on a monthly basis for planning and implementation with plans to host the first ever regional in-person meetings in Fall of 2024 (https://esd.ny.gov/regions).

Table 2. Crisis Stabilization Centers by Region

Economic Development Region	Number of Awarded ICSCs	Number of Awarded SCSCs
New York City	2	3
Long Island	1	1
Mid-Hudson	1	1
Capital Region	1	1
Western New York	1	1
Finger Lakes	1	1
Southern Tier	1	1
North Country	1	1
Mohawk Valley	1	1
Central New York	1	0

[1] New York State Office of the Governor. (2022, February 2). Governor Hochul Announces $100 Million for Behavioral Health Crisis Stabilization Centers. https://www.governor.ny.gov/news/governor-hochul-announces-100-million-behavioral-health-crisis-stabilization-centers

[2] New York State Office of the Governor (2022, July 7). Governor Hochul Announces $71 Million Available for Development of 12 Supportive Crisis Stabilization Centers. Governor Hochul Announces $71 Million Available for Development of 12 Supportive Crisis Stabilization Centers | Governor Kathy Hochul (ny.gov)

[3] ICSC published 1/28/22 and awarded 6/16/22; SCSC published 6/30/22 and awarded 11/2/22; ICSC Reissue published 11/4/22 and awarded 2/16/23; SCSC Reissue published 3/22/23 and awarded 6/16/23

Crisis Residences

Crisis Residences are an integral part of the behavioral health continuum of care and a coordinated crisis response system. Located in the community and providing a home-like setting, Crisis residences are voluntary and offer a safe place for the stabilization of symptoms related to mental health and/or emotional crises. They operate 24/7 and provide a range of services for children and adults, including peer support, safety planning, medication management and monitoring, care coordination, facilitated engagement with natural supports and providers, linkages to community services, and comprehensive assessments. Services in Children's Crisis Residences also include comprehensive risk assessment, health assessment, family counseling, and one on one support when indicated.

OMH requires Crisis Residences to be recovery oriented, person-centered, trauma informed, and culturally and linguistically humble. Services are strength-based and provided on the basis that all individuals have the capacity to recover. All individuals must have individualized service plans that accurately reflect their strengths, needs, preferences, rehabilitative goals, experiences, and personal backgrounds.

Crisis Residences utilize a multidisciplinary team of licensed, certified, experienced, and trained staff and professionals working within their scope of practice. Adult programs, in particular hire and leverage the expertise, experience, and skills of credentialed peer specialists with lived experience. A strong peer workforce has been shown to provide diversion from higher levels of care and connections to community resources.

Crisis Residences include Children's Crisis Residences, which are available to individuals up to age 21, and two Adult Crisis Residence programs: Intensive Crisis Residence and Residential Crisis Support, which are available for individuals ages 18 years and older who are currently experiencing a mental health crisis. Both the children and adult Crisis Residence programs provide a level of short-term support (up to 21 days for children and 28 days for adults) with the goal of having individuals return to their home and prevent the need for a more intensive level of care. As of May 2024, there are 20 adult and 15 children's OMH-licensed crisis residences.

Crisis Residences will be required to report data to OMH. Collected data will be used to improve quality of care and client satisfaction, identify trends to inform community planning, analyze the effectiveness of crisis residences within the overall crisis system, inform future policy decisions, and ensure coordination and utilization of services within the crisis services system.

In February 2023, the Adult Crisis Residence Learning Collaborative was implemented to connect Providers across the state to share and learn from experiences related to the development and implementation of licensed Residential Crisis Support and Intensive Crisis Residence programs. The monthly meetings provide opportunities for providers to build relationships with one another, discuss program operations, and obtain technical assistance from OMH.

Comprehensive Psychiatric Emergency Programs (CPEP)

CPEPs provide triage, observation, evaluation, care, treatment and referral in a safe and comfortable environment for those individuals with a known or suspected mental illness. They provide a full range of psychiatric emergency services and crisis outreach services within a defined geographic area to individuals experiencing symptoms of a behavioral health crisis including co-occurring disorders. These co-occurring disorders may include substance use disorders, intellectual and developmental disabilities, and medical conditions. There are currently 22 CPEPs operating in NYS, 16 Programs operate in New York City, 1 in Long Island, 2 in Central NY and 3 in Western New York. Nine awards were made in 2024 for the development of new CPEPs, 5 in New York City, 2 in Western NY, and 2 in Central NY.

For more information on CPEPs, please see the Comprehensive Psychiatric Emergency Program Annual Summary.