



NEW  
YORK  
STATE

Office of  
Mental Health

# Local Services Plan and Statewide Town Hall Summary

March 2025

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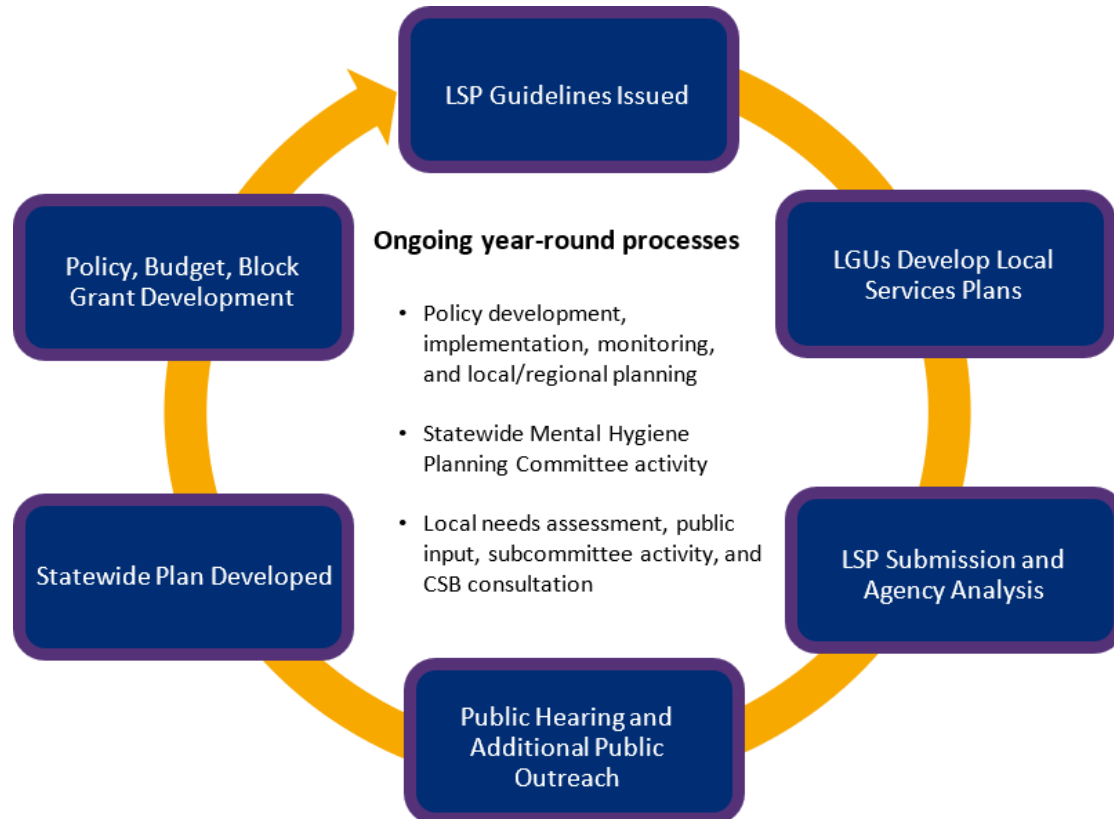
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# Section 1 | Local Services Plans LGU Mental Health Needs and Priorities

## Overview

New York State Mental Hygiene Law (§ 41.16) requires the Office of Mental Health (OMH), the Office of Addiction Services and Supports (OASAS), and the Office for People with Developmental Disabilities (OPWDD) to guide and facilitate the local planning process. As part of the local planning process, local governmental units (LGUs) develop and annually submit a combined Local Services Plan (LSP) to all three Mental Hygiene agencies. There are 57 LGUs in New York, with one LGU representing each county except for a combined LGU for the five counties encompassing New York City. Warren and Washington counties submit a combined LSP.

The local services planning process and the priorities identified in county plans, particularly the cross-system priorities identified below, inform each State agency's policy, programming and budgeting decisions in a way that is timelier and more comprehensive than previously possible. To help ensure that policies supporting people with mental illness are planned, developed and implemented comprehensively, OMH will continue to look to the local services planning process and the annual plan submissions as important sources of information for statewide planning purposes.



## Local Needs Assessment Analysis

The survey guidance directed LGUs to consider each category's need level against the other categories, in order to determine the spectrum of mental health needs within an area. Given that the survey is a subjective assessment of need, no definitive conclusions should be drawn on the results by themselves. However, they provide utility in comparing regions' areas of need, and provide a starting point for data analysis and validation, to support regional and statewide planning efforts.

Beginning with the 2023 Plan Year, LGUs complete both a *Needs Assessment* form and a *Goals and Plans* form. The *Needs Assessment* focuses on multiple pre-selected priorities pertaining to mental health services, as well as up to three additional local priorities identified by each LGU. The most common priorities are presented below, updated based on the 2025 Local Service Plan updates submitted by each LGU.

### Housing

LGUs identified accessibility and affordability as the primary contributors for housing remaining "a high-level unmet need." Some also called for "specialized housing for individuals with behavioral health issues" in addition to housing for families. Others suggested that the increase in "referrals to SPOA reflect the need" for further investments in "supported and treatment-oriented residential resources." One LGU stated that "housing insecurity can worsen symptoms of mental illness" and increase the risk of adverse outcomes. Finally, multiple LGUs indicated an increase in the number of individuals and families seeking shelter services, particularly those presenting "with complex needs."



### Workforce Development



Reinforcing the mental health workforce is a high priority statewide across multiple positions and agencies, with rural areas experiencing particular challenges given their specific geographic and infrastructure barriers. LGUs shared various strategies to address "recruitment, retention, workplace safety, and staff wellness" including offering sign-on bonuses and increased salaries. Recruitment efforts also include "job fairs, taking additional undergraduate and graduate interns, reaching out to colleges and offering a better benefit package." Retention plans include enhanced training and "the development of career pathways" in addition to exploring remote and hybrid work.

### Crisis Services

Several LGUs noted a need for continued focus on children and families in crisis intervention strategies. One comment identified 988 as "a direct connection to compassionate and accessible care for people experiencing emergency mental health needs." Others noted the bidirectional relationship between the utilization of crisis services and "insufficient safe, affordable, and supportive housing options, as well as delays in accessing necessary services due to workforce shortages." LGUs also conveyed needs "for youth in mental health crisis, and adults and youth experiencing crisis related to an addiction."



### Cross-System Services



There continues to be a call for improved integration of services for individuals with needs across multiple service systems. One comment noted "a lack of a universal standard of care and/or types of services between the varying systems, often leading to conflicting criteria, access issues, referral processes etc." One LGU intends to "advocate and support co-occurring disorder training of related systems including judicial, probation, youth services, and schools." Others identified "disconnects which create obstacles when serving families," such as discrepancies between the mental health and child welfare systems as it pertains to "in-home services and PHP level of care." Another stated that some individuals living with developmental disabilities are "unable to access appropriate mental health or substance use interventions when deemed appropriate."

### Transportation

LGUs state that "affordable and reliable transportation continues to be a barrier to receiving services" for both youth and adults. One comment indicated that "Medicaid transportation continues to be unreliable, resulting in missed appointments, late arrivals, significant wait times." Other barriers include "limited hours of operation and routes," the expense of owning and maintaining a personal vehicle for those with low income, and unaffordable alternatives such as rideshares. Rural counties in particular noted the challenges of addressing this need, given the vast and sparsely populated nature of their respective communities.



### Respite Services



More than half of LGUs identified respite services as a need for both adults and children "to avoid further decompensation of substance and mental health symptoms." One LGU stated that these services are "often one of the most sought after programs that can assist children and their caregivers to maintain a healthy relationship." Other populations include those "with complex needs" such as severe emotional disturbance and "for those individuals living with intellectual/developmental disorders." Without these supports, individuals may "wait in ERs or CPEPs for extended periods of time" and "wind up back in the ER or CPEP sometimes only hours after discharge."

## Local Goals and Plans Analysis

The *Goals and Plans* survey asked LGUs to identify specific short- and long-term strategies for up to ten goals to address community needs across all three mental hygiene agencies. The following categories represent plans most commonly identified by LGUs, updated based on the 2025 Local Service Plan updates submitted by each LGU.



### Workforce

LGUs continue to focus on recruitment and retention efforts within the behavioral health workforce. Strategies include developing training programs and "opportunities for internships and fellowships to attract candidates," applying for "loan repayment incentive programs," and "tools to ensure staff potential is maximized and supported." One LGU reported efforts to collaborate "with community partners" to "think outside of the box to attract and retain a qualified behavioral health workforce." One LGU stressed its commitment to developing "an adequate number of co-occurring capable, qualified, culturally and linguistically competent, trauma informed staff to meet the needs of residents."

### Housing

One LGU plans to improve access to housing "through education and systemic mapping." Another stated a goal to "establish a brick-and-mortar residence to provide a wholistic approach to children's wellbeing, and their families." Others expressed intent "to assess current housing programs to assure that all reasonable efforts" are made to place residents in "the least restrictive housing environment that achieves optimal self-reliance" while also pursuing additional housing options, as well as "partnering with local housing experts to continue to advance the creation of a 'Wellness Hub'." Several LGUs intend to collaborate with other local and state partners to "identify funding sources" and "maximize use of existing housing stock" to better meet the needs of their residents.

### Crisis Services

Goals to improve the provision of crisis services includes the creation of a "comprehensive response system that is trauma informed, meets the appropriate level of need, and is easy to navigate and access." This includes developing "a continuum of crisis care with decreased reliance on ED based crisis units" while addressing gaps "such as respite services, intensive crisis stabilization, and supportive crisis stabilization services." LGUs look toward improving "the mental and emotional well-being of these individuals while ensuring that their unique needs are met with sensitivity and inclusivity." Proposed crisis response teams "would consist of professionals and law enforcement dual trained in MH and SUD response." One LGU also reports exploring the possibility of "re-imagining what crisis services could look like."

### Prevention

Several strategies to expand outreach and prevention initiatives were shared by LGUs. Among them are improved "communication between CPEP/ED and in-patient Psychiatric units and clinical staff/primary clinicians," increased "public awareness to reduce stigma," and enhanced "clinician skill in suicide assessment, safety planning, and monitoring" via various evidence-based practices. One LGU will "disseminate QPR (Question, Persuade, Refer) Suicide Prevention training opportunities," while others intend to provide "training in the CASE (Chronological Assessment of Suicide Events) Approach." In addition, LGUs have identified opportunities to leverage the use of data as a "means to facilitate" suicide prevention efforts.

### Cross-System Services

A common goal in local planning efforts is to "increase accessibility to integrated, coordinated care and services across the lifespan," with a specific emphasis on the "promotion of co-occurring evidence-based/best practices" to address the "need for more flexibility regarding services and supports for dually diagnosed individuals with multiple systems involvement," and to "improve the integration of our system of care to optimize" service provision. One LGU "will develop enhanced collaboration amongst behavioral health care providers and other stakeholders," and another LGU is working toward "ensuring a welcoming, hopefully, co-occurring/complexity capable system of care for individuals with behavioral health needs."

### Transportation and Access to Services

Local communities are exploring a number of innovative strategies to support the "transportation needs of individuals across all systems of care," including "the development of a provider transport system shared by cross systems providers that may: use shared vehicles and drivers, repurpose school buses, increase the use of volunteers, and/or create expansion of the current bus routes." Efforts to address needs in access to services include leveraging system literacy to "triage actual needs of those seeking services compared to knowledge and availability of staff with that expertise" and "tools such as Accountable Health Communities in an attempt to better align needs with available services and avoid unnecessary wait lists."

### Outpatient Treatment

As indicated by one LGU, "this goal places a strong emphasis on maintaining and expanding access" to Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) across New York State. LGUs note "a significant demand for outpatient mental hygiene services for children, adolescents and adults." Plans include opportunities to "improve access, increase capacity and use of effective treatment approaches" in the community so that they "are readily available for all, timely, comprehensive, trauma competent, outcome based, and family friendly." It was noted that this is a high priority as MHOTRS "are a critical lifeline for individuals managing mental health, substance use, and developmental disabilities."

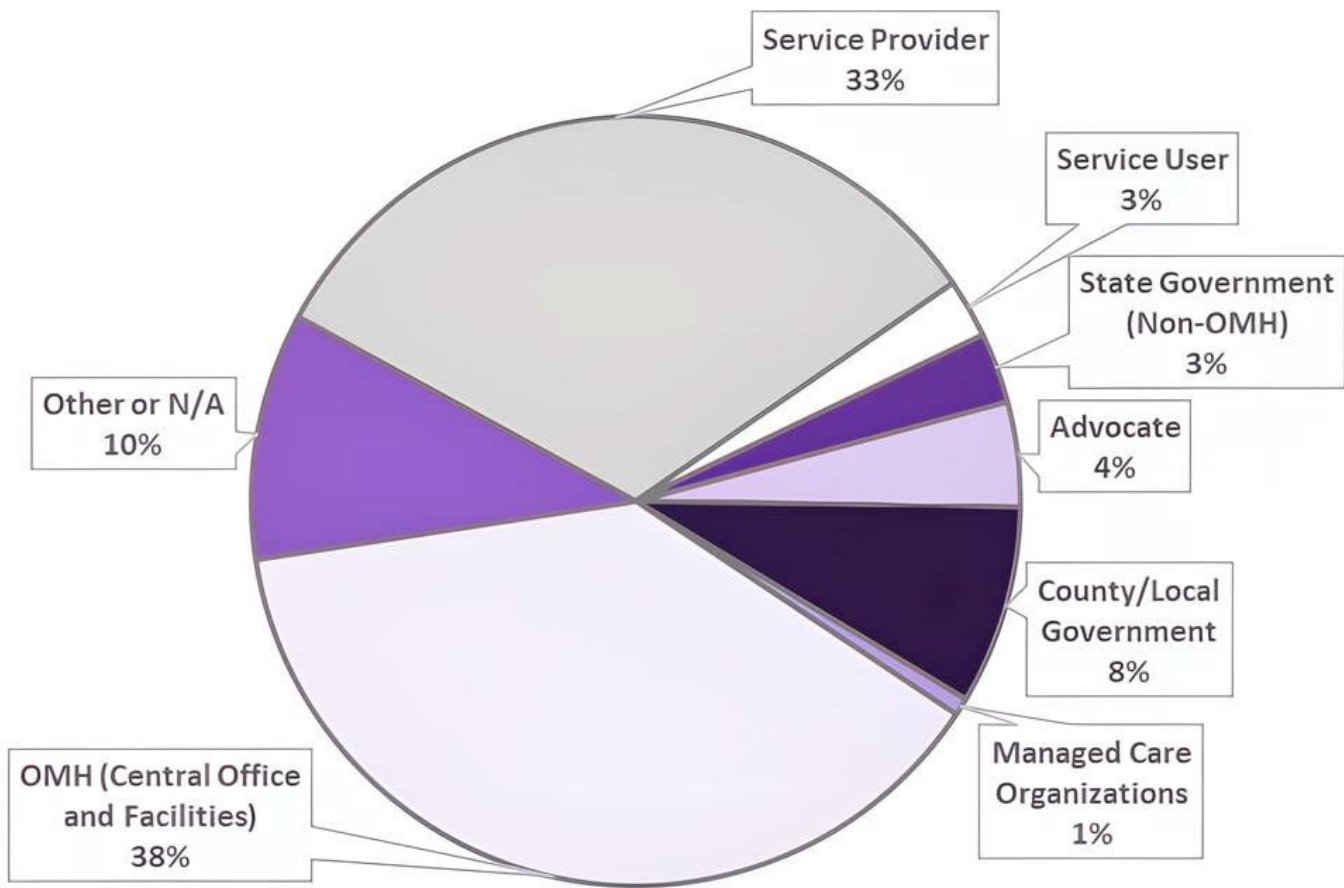


# Section 2 | Public Comments from the 2024 Statewide Town Hall

OMH conducted a Statewide Virtual Town Hall with Commissioner Ann Sullivan, M.D. on December 18, 2024. This event offered the public an opportunity to learn more about OMH’s vision for the public mental health system and to directly engage with agency leadership.

Nearly 1,100 individuals attended the event. OMH staff accounted for 38 percent of this number, and service providers represented 33 percent. County and local government agencies comprised eight percent, and peer or family advocacy groups another four percent. Service users and non-OMH state government entities each represented three percent of attendees, while managed care organizations accounted for one percent of attendees. The remaining attendees either did not identify or selected an affiliation of “Other.”

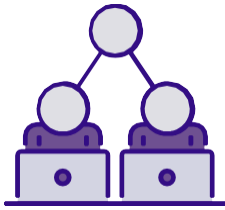
2024 Statewide Town Hall Representation



## Public Comments

OMH is dedicated to providing individuals and families access to high-quality, integrated services and supports that foster recovery and well-being. Input from the public is crucial in assisting the agency in meeting the needs of the people we serve. The Statewide Town Hall allowed people from across New York State to provide feedback and ask questions of agency leadership.

Public comments were submitted via email, chat, or verbal testimony from individuals statewide. The most frequent themes identified from the feedback received included: workforce, support services, access to services, billing and insurance, housing, and crisis services.



### Workforce

Several comments called for continued investments in the mental health workforce, including advancements in compensation for specific titles including Treatment Team Leader, Social Worker, and Certified Peer Specialist. Others expressed a need for professional development for peers, including CASAC certification and to "make tangible the value of peers to our clinical and medical colleagues." One Intensive Mobile Treatment (IMT) Peer Specialist advocated for "regular, constructive interaction" with "more experienced peers with direct knowledge of and involvement with their programs" and opportunities "to advance as an IMT peer." Additional comments cited "burnout in workforce" as a key contributor to recruitment and retention efforts along with perceived inadequacies in base wages and cost of living adjustments.

### Support Services

A number of individuals advocated for the expanded use of psychosocial rehabilitation programs such as clubhouses, which provide individuals with "opportunities to voluntarily choose, access, and receive a wide array of integrated recovery oriented services and supports modeled upon evidence based best practices." Several individuals with lived experience spoke of the benefits of clubhouse memberships, including "improved quality of life, reduced hospitalizations and enhanced self esteem," as well as "a secure social network." Others maintain that the clubhouse model "represents an essential addition to the continuum of care" and a cost-effective means to address critical needs such as "loneliness and social isolation" across New York State.



### Access to Services

Feedback also referenced "increasing demands for our services and a hard-pressed workforce" as contributing factors in addressing unmet mental health needs. Some comments also cited the need to travel outside of New York State in order to receive care given their respective locations, particularly in rural areas that may be vast and sparsely populated. Others questioned the application process for "providers that have capacity to serve more New Yorkers" and who wish to expand services. Advocates called for "reducing incarceration, increasing well-being, family connections, employment, and education."

### Billing and Insurance

Providers have expressed concern that "the current model for billing is not financially sustainable" due to additional services that are either not billable or "are incredibly low compared to other services offered in healthcare." Some cited potential changes in funding, such as the elimination of Medicaid and changes to "FMAP or Block Grants." Several providers indicated that planned restrictions in insurance network eligibility will hinder efforts to "meet the needs of the community and provide high quality care." In addition, one service user called for "a singular medical billing code" to simplify the navigation across multiple systems and "professionally qualified care in specific fields and jurisdictions."



## Housing

A key social determinant of health is access to safe, affordable housing. Several individuals inquired about the current state of housing for users of the behavioral health system. One comment held that while housing "is a priority concern for all people," it is "a cornerstone of recovery" for those living with mental illness. Barriers to accessing quality housing include "low incomes, the limited supply and rising costs of low-income housing, and discrimination." In an effort to reduce stigma and "ensure successful outcomes," it is advisable to employ "a multi-faceted approach which includes affordable rental units, access to rental arrears, case management services and legal representation" in fully integrated community settings.



## Crisis Services

There was notable interest in increasing the utilization of peers within crisis services, which was identified as "a sought service of help seekers." Advocates stated that additional training is needed to address gaps in crisis response, and that adding peers to teams will help bridge these gaps as crisis response teams "need someone specialized in de-escalation." Other crisis services feedback included loosening criteria "to meet eligibility for services" for those "struggling in systems" and to continue funding for youth and families who "need competent, confident service providers."