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Ten Point Plan to Improve New York's Mental Hygiene System and Crisis Response

MHANYS' comprehensive 10-point plan focuses on enhancing community mental health by addressing gaps in transitions and crises, investing in the mental health workforce and not-for-profits, as well as enhancing mental health literacy. The importance of this plan comes as incidents have drawn intense scrutiny on the criminal justice and mental hygiene systems and how we can better serve those in crisis. There are signs of missed opportunities to engage the individuals in treatment and supportive services.

1. Workforce

Provide a 7.8% increase for community-based not-for-profits human services rates and contracts in the FY 2025-26 New York State budget. The 7.8% represents the total of the current inflationary increase of 2.9% (CPI July, 2024) and the difference between the human services cost of living adjustments (COLA) over the past three years (12.2%) and the CPI increases (17.1%). As part of recruitment and retention efforts, we are also advocating not-for-profit human services have a more equitable and sustainable retirement system. This workforce provides critical services New York State would otherwise have to provide, but does not have access to the fringe and retirement benefits that the public sector and other sectors are provided. This disparity is exacerbating challenges in recruitment and retention.

2. Community Transitions

Individuals with mental illness are most vulnerable when discharged from hospitals, or released from prisons or jails. New York State has recently adopted regulations promulgated by the New York State Department of Health and Office of Mental Health to enhance the discharge process from Emergency Departments and psychiatric inpatient units. This includes identifying and confirming follow up appointments in the community within seven days, referral for intensive case management services, screening for suicidality, and providing linkages with a peer bridger, a supportive case manager, a care monitoring team, or an ACT team. The state oversight agencies must ensure that these regulations are vigorously enforced.

3. Health-Related Social Needs

New York must move forward as expeditiously as possible with the New York Health Equity 1115 waiver. The social care networks have received significant funding to partner with health and community-based providers to screen Medicaid members and expand their access to health-related social needs services. Examples include housing, transportation, and food security.

4. Strengthen Network Adequacy & Compliance with Parity Laws

The New York State Department of Financial Services (DFS) and New York State Department Health (DOH) must swiftly adopt the pending network adequacy regulations. These regulations would require insurers and health plans to ensure individuals can secure appointments within ten days for an outpatient provider or seven days following discharge from hospital or emergency room. If an insurer or health plan could not meet the appointment wait time standards, individuals would be permitted to go out-of-network. In addition, New York must also strengthen compliance and enforcement of the mental health and substance use disorder parity laws.

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5. Incident Review Panels

The Mental Hygiene Law (Section 31.37) codifies a process to establish “mental health incident review panels” to review critical incidents that involve persons with serious mental illness, often with involvement of the criminal justice system. Actions should be taken to identify systemic issues by reviewing current and past incidents.

6. Expanding Alternatives to Incarceration

Alternatives to incarceration and mental health courts should be expanded. Funding in the 2024-25 state budget has been allocated to provide for the expansion of mental health courts, which currently operate in 40 of 62 counties, and to fund court-based mental health/integrated care navigators. Alternatives to incarceration and mental health courts should be available in every county in the state and to all persons who would benefit.

7. Care Monitoring Teams

The [June 2008 New York State/New York City Mental Health/Criminal Justice Panel Report](#) included a number of actions that should be taken to improve mental health and criminal justice services. These recommendations included care monitoring teams.¹ The joint teams would be “... directly responsible for monitoring the care of high-need individuals and the high-intensity programs (such as Assertive Community Treatment and Intensive Case Management) that serve them, to help improve treatment and services.”

8. Crisis Response

There are a number of initiatives under way or being implemented and expanded that are critical for crisis response. These include the 988 Suicide and Crisis Lifeline, expansion of mobile crisis units and Critical Time Intervention Teams, operation of supportive and intensive crisis stabilization centers, expansion of the Safe Option Support Program to engage persons who are chronically homeless, and Crisis Intervention Team Training for law enforcement. Additionally, the pending recommendations of the Daniel’s Law Task Force will help inform policymakers.

9. Support First Responders

MHANY’S Helping Every Responder Overcome (HERO) training program provides a standard of training for first responder peers related to mental health, suicide prevention, substance misuse, and resilience using evidence-based curriculums. Trainings are taught by first responders and mental health professionals. The program aims to create a more sustainable and impactful model for support for those within the first responder community who face higher rates of mental health challenges due to the nature of their work.

10. Mental Health Literacy

Mental Health First Aid (MHFA) is an evidence-based training that teaches people how to identify, understand, and respond to signs and symptoms of a mental health or substance use challenge. MHFA helps an individual assist someone experiencing a mental health or substance use crisis until professional assistance is obtained or the crisis is resolved. A more mental health literate public increases communities’ “radar” as citizens become more adept at recognizing, reporting, and responding to those in crisis.

New York is in the midst of the most comprehensive investment of crisis and residential services in decades. We believe the above recommendations would complement such efforts and should be considered.

¹ https://omh.ny.gov/omhweb/justice_panel_report/report.pdf