NEW YORK STATE | Office of Mental Health

OMH Update

For the Mental Health Association in New York State

Robert Moon

Deputy Commissioner, Community Program Policy and Management

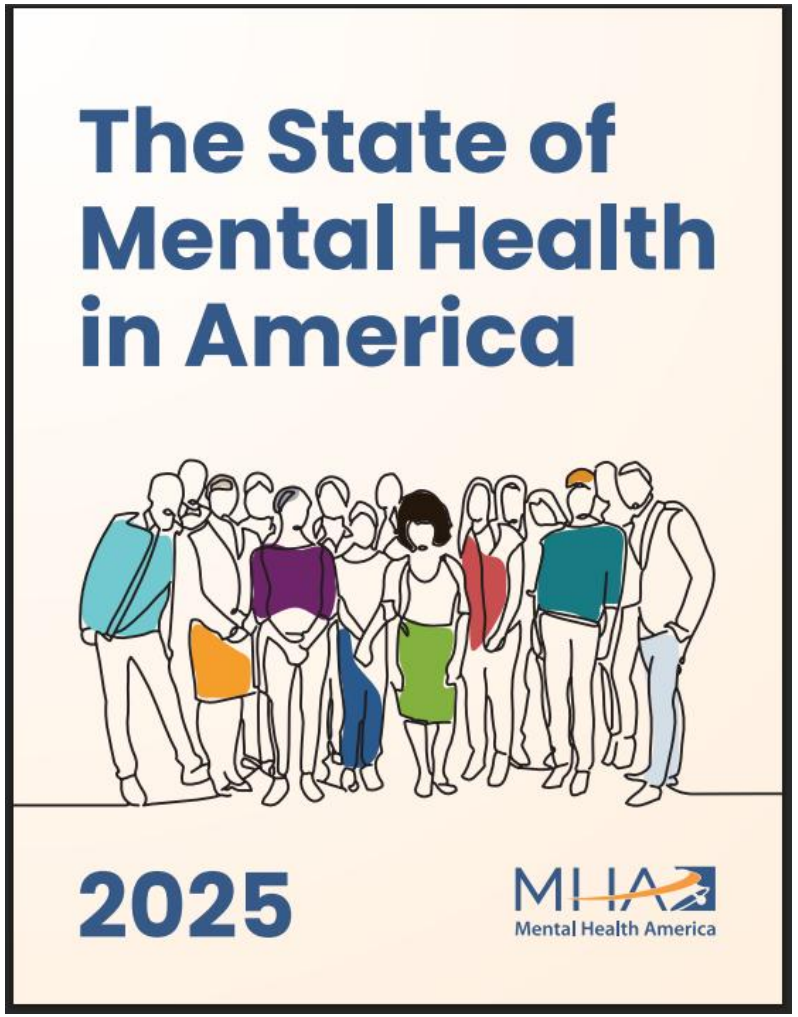
OCTOBER 30, 2025

New York State Ranked #1!

In Mental Health America's 2025 report on The State of Mental Health in America*, New York State was ranked # 1 overall on 17 indicators that measure prevalence of mental illness and access to care.

Some of the specific measures that had the largest effect on New York's Overall Ranking were:

- Youth with serious thoughts of suicide (11.30%, ranked 1)
- Youth with a Major Depressive Episode (MDE) in the past year (16.88%, ranked 5), and
- Adults with Any Mental Illness (AMI) who are uninsured (4.20%, ranked 6)



*Full Report: https://mhanational.org/wp-content/uploads/2025/09/State-of-Mental-Health-2025.pdf

To promote the mental health of all New Yorkers, with a particular focus on providing hope and recovery for adults with serious mental illness and children with serious emotional disturbances

Mission of the NYS Office of Mental Health

Transforming New York's Mental Health System

NEW YORK STATE | Office of Mental Health

Approach to Transformation

Leadership Perspective: General Priorities

Developing a continuum of care from prevention to intensive services that help New Yorkers to thrive!

- Prevention is a priority- Ensure that New Yorkers are mentally healthy
- Ensure access to care and treatment when and where individuals need it
- Ensure a comprehensive crisis stabilization system with a full range of services
- Ensure a full continuum of intensive services for children, families and adults with complex needs that offers specialized, wrap-around care when and where they need it
- Ensure individuals living with mental illness have the resources to live full lives and thrive in their communities

Leadership Perspective: Guiding Principles

The Future: A Culture of Comprehensive Integrated Care

Integrated	**Whole person** care needs to be **integrated** and include treatment, recovery, and support services for mental health, addiction, intellectual and developmental disabilities, and physical health and wellness.
DEIB	Planning must be guided by **Diversity, Equity, Inclusion, and Belonging** principles.
Lived Experience	**Lived experience** and **peer work** are a major emphasis in program and initiative design.
Individualized	Care that is **individualized** to the person means it is designed and implemented with **special populations** in mind as needed.
Community Engagement	**Community engagement** informs program and initiative design, delivery & implementation.

Historic Mental Health Investments in 2023-2024 Budget

Prevention Services

- ✓ Increase School-based Clinics
- ✓ Including increasing Medicaid rate & Commercial Insurance coverage at the increased rate
- ✓ Expansion of Healthy Steps
- ✓ New Resources to expand Suicide Prevention programs for high-risk youth
- ✓ Expansion of Individual Placements and Supports (IPS)

Community Access

- ✓ 26 New Certified Community Behavioral Health Centers (CCBHC) (tripling the capacity)
- ✓ Expansion of Article 31 Mental Health Clinics
- ✓ Expansion of Home-based Crisis Intervention for youth
- ✓ 12 New Comprehensive Psychiatric Emergency Programs (CPEPs)
- ✓ 42 New Assertive Community Treatment (ACT) teams
- ✓ Expansion of Intensive and Sustained Engagement Team (INSET) program
- ✓ Funding for Eating Disorders

Highest Need Individuals

- ✓ 150 State inpatient beds
- ✓ New Inpatient and ER Discharge Protocols and Responsibilities
- ✓ 3,500 new Housing Units
- ✓ 8 Additional SOS teams
- ✓ 50 new Critical Time Intervention (CTI) teams including Medicaid and insurance coverage
- ✓ Expansion of High-Fidelity Wrap Around Services for children and families
- ✓ Increase Health Home Plus capacity for high need individuals
- ✓ Commercial and Medicaid payment for all crisis services and intensive wrap around services

Historic Mental Health Investments in 2024-2025 Budget

Provide Critical Care for Youth

- ✓ Establish a School-based Mental Health Clinic in Any School that wants one
- ✓ Expand Peer-to-Peer Support Programs
- ✓ Establish New Youth ACT Teams Statewide
- ✓ Expand Access to the Partial Hospitalization and Children's Day Treatment Programs
- ✓ Fund Programming for High-need Transition-age Youth
- ✓ Expand Loan Repayment Program for Children's MH Practitioners
- ✓ Convene Youth Mental Health Advisory Boards

Increasing Forensic/Crisis Services

- ✓ Expand Implementation of Fully Integrated Crisis System
- ✓ Open 200 New Psychiatric Inpatient Beds, some specialized in dual diagnosis
- ✓ Improve MH Admission and Discharge decisions by Hospitals
- ✓ Create New Mental Health Courts and Expand Existing Courts
- ✓ Fund Court-Based Mental Health/Integrated Care Navigators
- ✓ Increase Transitional Housing for Individuals referred Through Court System
- ✓ Fund New Community-based Forensic ACT teams
- ✓ Fund Specialized Housing for People with Serious Mental Illness and Criminal History
- ✓ Provide Crisis Intervention Team Training for Law Enforcement

Expand Insurance Coverage and Hold Insurers Accountable

- ✓ Strengthen Mental Health and Substance Use Parity Enforcement
- ✓ Require Increased Commercial Insurance Reimbursement Rates for Mental Health and Substance Use Services
- ✓ Increase Access to Care through Behavioral Health Network Adequacy regulations
- ✓ Issue Guidance on Free Mental Health and Substance Use Screenings
- ✓ Increase Medicaid Reimbursement for Mental Health and Substance Use Services in DOH Facilities and Private Practices

Mental Health Investments in 2025-2026 Budget

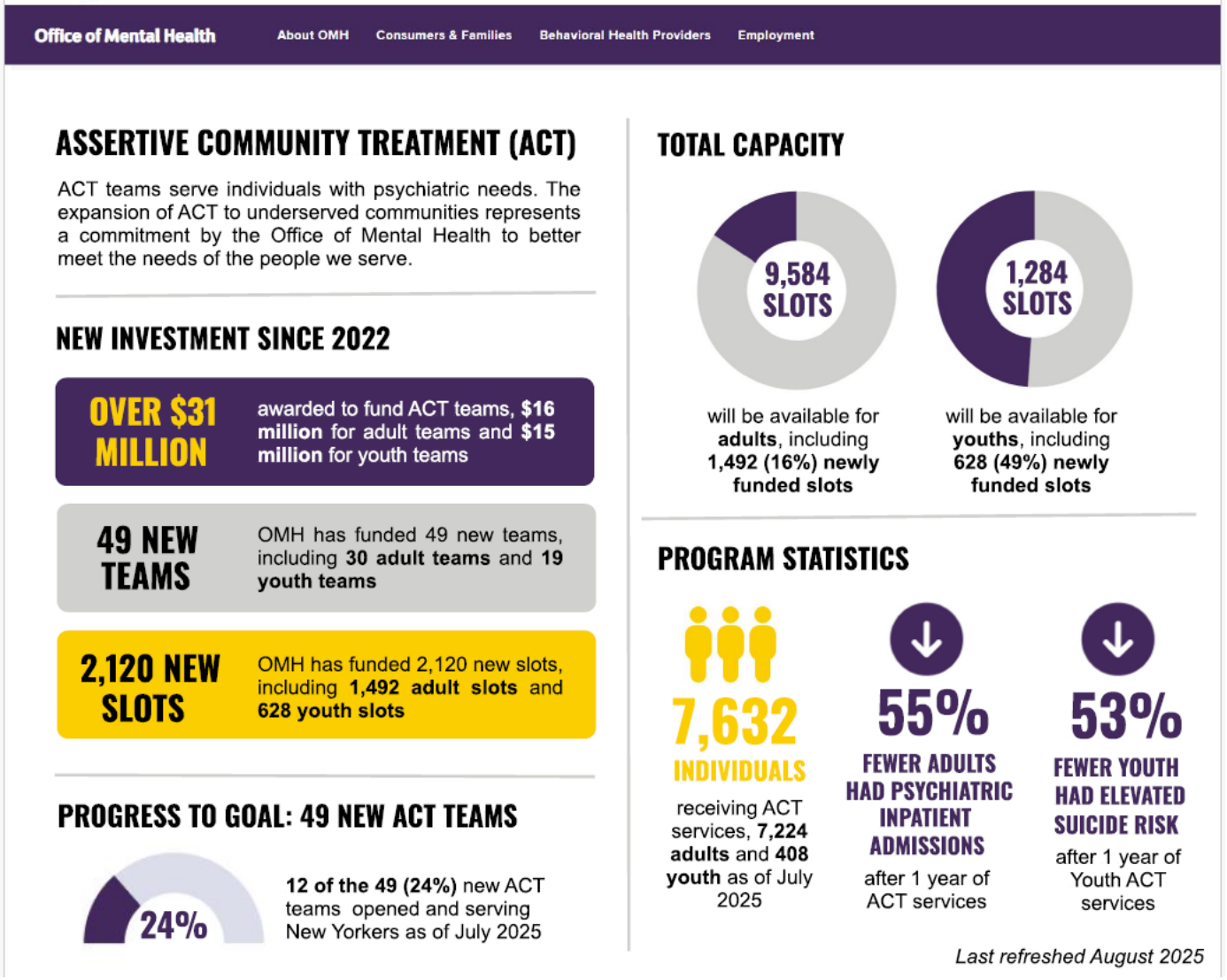
Recovery and Community Wellness Initiatives

- Workforce: 2.6% Targeted Inflationary Increase
- $8 M Implement Daniel's Law Task Force recommendations (pilots)
- $8 M to expand Clubhouses and Youth Safe Spaces
- $1.5 M to expand Teen Mental Health First Aid
- $1.8 M to introduce a pilot Aging in Place Program for OMH licensed residential units
- $1.5 M to improve Maternal Mental Health by integrating behavioral health in OB-GYN offices

Enhancing Services for Highest Need Individuals

- $2 M to establish hospital-based Peer Bridger Services and expand the Intensive and Sustained Engagement Teams (INSET)
- $6.5 M to create a 24/7 Welcome Center Model providing for mobile outreach teams to work with unhoused individuals in the subways
- $1.4 M to add Street Medicine and Street Psychiatry to SOS teams
- $1.5 M to expand OASAS Street Outreach Teams and integrate with SOS teams
- $16.5 M to Bolster the Enhanced Services Plans associated with Assisted Outpatient Treatment (AOT)
- $160 M to Expand Forensic Inpatient Capacity on Wards Island

Tracking Transformation Progress



Tracking Transformation Progress

Transforming New York's Mental Health System: Building New Capacity to Address Gaps

Data as of August 2025

Initiatives	New Capacity to Address Gaps
Access to Care	
Comprehensive Psychiatric Emergency Programs (CPEPs)	**9 new CPEPs** awarded with a 40% increase in programs statewide
Increasing Inpatient Beds	**Opening 1,125 additional beds** to meet the increased need for MH services statewide
Certified Community Behavioral Health Clinics (CCBHC)	**200% increase in capacity** statewide with 26 new programs
Mental Health Clinic (MHOTRS) Programs	**107 clinics funded** to enhance access to services
Eating Disorder Services	**3 new Comprehensive Care Centers** for Eating Disorders
Employment Support for People with Serious Mental Illness	**8 new providers** adding employment placement and support services
Mental Health Workforce	**900+ new clinicians** in the MH workforce received loan repayment incentive
Specialized Services	
Housing	**2,000+ new units** funded for development
Housing - Transitional	**500+ new units** funded for development
Mobile Shower Units	**6 new programs** serving NYC, Long Island, Western, and Central NY
Safe Options Support (SOS) Teams	**9 new teams** add capacity to serve over 600 individuals in NYC and Upstate
Assertive Community Treatment (ACT) Teams	**49 new teams** increase capacity to serve by 2,120 individuals
Intensive and Sustained Engagement Teams (INSET)	**5 new teams** expand peer-led support to 500+ individuals with complex MH needs
Health Home Plus - enhancement	**51 awarded providers** are enhancing supports during critical transitions in care
Critical Time Intervention (CTI) Teams	**51 new teams** building capacity to serve 3,940 individuals
Prevention & Youth Services	
Suicide Prevention	**16,000+ individuals** to be supported by 9 new awardees
Home-based Crisis Intervention (HBCI) Teams	**24 new teams** add capacity to support 249 youth experiencing crisis
School-based Mental Health Clinics	**138 awarded clinics** expand capacity across all NYS regions
Youth Safe Spaces	**4 providers** developing Youth Safe Spaces
HealthySteps	**68 new pediatric practices** to screen and support 58,990 new children and families
Expand Partial Hospitalization Programs for Children	**3 new programs** add capacity for 41 children in transitional therapeutic interventions

Prevention Efforts

Opportunities for Youth Prevention Services

Prevention Services for Children & Youth

1. Primary Care Services
    - HealthySteps
    - Pediatric Collaborative Care
    - Project Teach
2. Schools
    - School-based mental health clinics
    - Suicide Prevention training
    - Youth Mental Health First Aid
3. Community Organizations (Libraries, etc.)
    - Safe Spaces/Club Houses
    - Mental Health First Aid
4. Faith-Based Community
    - Gatekeeper Training for Suicide Prevention
    - Haven Project
5. Behavioral Health Services
    - Full array of treatment and services to prevent progression of mental health challenges
    - Comunilife/Life is Precious
6. Friends/Social Network
    - Teen Mental Health First Aid
    - Sources of Strength
7. Public Awareness Campaigns
    - 988 and Crisis Text Chat
    - Anti-stigma grants

Primary Prevention in Primary Care

- **OMH HealthySteps-** is an evidence-based, team-based pediatric primary care program that promotes the health, well-being and school readiness of babies and youth (ages 0-3) offering universal access and promoting equity by meeting families in their communities. There are currently **125 HealthySteps sites** located in 33 of New York's 62 counties.
- **Project TEACH-** a collaborative model established in 2010 that is committed to strengthening and supporting the ability of primary care providers (PCPs) to provide mental health services to children, adolescents, and their families. Project TEACH increases access to mental health treatment by making child psychiatry services available to PCPs across the state and enhances the ability to access care in areas that have historically been underserved.
- **Collaborative Care Model/Collaborative Care Medicaid Program-** Builds capacity to treat behavioral health issues in Primary Care practices. OMH launched the Medicaid program in 2015. **There are 355 sites** currently participating, providing care for **nearly 14,000 individuals** each year. Recently expanded to youth-serving primary care practices in 2023.

HealthySteps

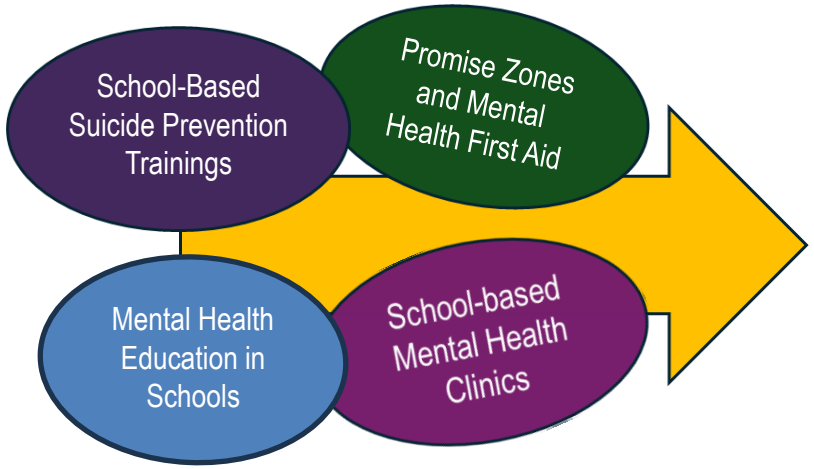
ProjectTEACH

Since 2010, Project TEACH:

- Enrolled 6,400 pediatric providers
- Provided over 27,000 Phone Consultations
- Conducted 3,500 face-to-face evaluations through in-person or telehealth
- Assisted over 12,000 families with Referral and Linkage to behavioral health services
- Delivered 200 trainings to pediatric providers

Primary and Secondary Prevention in Schools

- **Mental Health Education** - As of the 2018-2019 school year, schools across the state are required to teach about mental health as part of a broader health/emotional social *wellness curriculum.*
- **School Based Mental Health Clinics** - Nearly 1,200 school-based clinic satellites across NYS.
- **Mental Health First Aid** -
  - Youth MHFA is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations.
  - Teen MHFA teaches teens in grades 9-12, or ages 14-18, how to identify, understand, and respond to signs of mental health and substance use challenges among their friends and peers.
- **Promise Zones** - A strategy that utilizes a partnership framework to improve student engagement, academic achievement, dropout prevention, social and emotional competence, establishing positive school culture and school safety in 5 regions/districts.
- **Suicide Prevention Trainings** and technical assistance to NY schools from basic to in-depth: Suicide Safety Training (SST), Helping Students At-Risk (HSAR), Creating Suicide Safety in Schools, Lifelines Postvention, Sources of Strength.



Maternal and Early Childhood Mental Health Prevention

Starting with new parents, New York State is ensuring that prevention services are available and accessible across the lifespan:

- HealthySteps – delivers dyadic services to young children, aged zero to three, and their families in a pediatric health care setting.
- Project TEACH Maternal Mental Health – supporting maternal health providers to screen and treat depression by adding reproductive psychiatrists to speak with prescribing practitioners.
- NYS regulations enacted by the Department of Financial Services requiring commercial health insurers to cover maternal depression screenings, including screening for the mother under the child's policy.
- NYS Collaborative Care Medicaid Program – integrating behavioral health in OB-GYN offices in underserved communities to improve mental health for pregnant peoples and new parents.

Prevention Initiatives for Adults

- Community-focused wellness and resilience programs (e.g. Reimagine)
- Community Mental Health Promotion and Support (COMHPS)
- Collaborative Care Medicaid Program
- Strong Employment Initiatives for those with chronic disabilities
- Mental Health First Aid
- Breath, Body, Mind
- Healing Circles
- Community Wellness Center located on the campus of Bronx Psychiatric Center
- Suicide Prevention Trainings
- Public Awareness campaigns for general wellness, anti-stigma, and suicide prevention such as:
  - Be Well
  - 988

Children’s Services

Summary of Services for Children and Adolescents

- **HealthySteps:** a child and family development professional, known as a HealthySteps specialist, connects with families with children ages 0-5 as part of the primary care team during pediatric well-child visits. The specialist offers screening and support for parenting challenges, and provides guidance, referrals, care coordination, and home visits.
- **School-based Mental Health Clinics:** are integrated into schools to decrease barriers to mental health access and enhance coordination of care for children and youth - nearly 1,200.
- **Youth Assertive Community Treatment (Youth ACT):** Transitional multi-disciplinary team provides home and community-based individual- and family-level clinical interventions for youth returning home from a residential or inpatient setting.
- **Home-Based Crisis Intervention (HBCI):** Counselor comes to the home and other places the youth goes, to help settle a crisis and cooperatively develop a plan to avoid unneeded hospital stay.
- **Partial Hospitalization Program (PHP):** Intensive level of outpatient treatment designed to stabilize and improve acute symptoms, to serve as an alternative to inpatient hospitalization, or to reduce the length of a hospital stay within a medically supervised program.
- **High-Fidelity Wraparound (HFW):** Evidence-based intensive team planning practice model intended to provide coordinated, comprehensive, holistic, youth- and family-driven care for children, youth, and families who have multiple system involvement.
- **Youth and Young Adult Suicide Prevention**: Wrap-around, treatment-adjacent interventions tailored to support high risk, underserved populations such as Hispanic/Latino, Black/African American, Asian American/Pacific Islander, American Indian/Alaskan Native, and LGBTQI+ youth and young adults.

CK Class Action & Settlement Agreement

CHILDREN'S MENTAL HEALTH SETTLEMENT AGREEMENT - OVERVIEW

- In 2022, a lawsuit was filed against the New York State Department of Health (NYSDOH) and New York State Office of Mental Health (NYSOMH) asserting that NYS did not provide Medicaid-eligible children access to needed intensive community-based mental health services.
- The lawsuit contends that Medicaid children under 21 with mental health disorders are not receiving needed intensive services in their homes and communities and are unnecessarily placed in inpatient or residential settings.
- The proposed Settlement Agreement outlines how OMH/DOH will ensure children receive timely and appropriate mental health care while in their communities and remaining at home with their families.

CHILDREN'S MENTAL HEALTH SETTLEMENT AGREEMENT - STATUS

- The Settlement Agreement has been preliminarily approved by the court as of August 18th.
- OMH/DOH must notify a broad range of stakeholders by October 20th of the opportunity to review the preliminary settlement agreement
  - The Notice and Preliminary Settlement Agreement has been posted on the OMH Website at: https://omh.ny.gov/omhweb/childservice/proposed-class-action-settlement.html
- Interested parties will be able to submit objections to Plaintiffs by November 21st

CHILDREN'S MENTAL HEALTH SETTLEMENT AGREEMENT - STATUS

- The final motion with compiled objections is to be filed by December 19th in preparation for the Fairness Hearing to determine whether the terms of the Settlement Agreement are fair, reasonable, adequate, and should be approved by the Court.
- During the remainder of 2025, DOH and OMH will be ensuring that stakeholders and interested parties are notified of the Class Notice and Proposed Settlement
- The Fairness Hearing is scheduled for January 6, 2026, to approve the Settlement Agreement. Unless there are significant objections raised by stakeholders, it is expected final approval of the Preliminary Settlement Agreement on or shortly after.

CHILDREN'S MENTAL HEALTH SETTLEMENT AGREEMENT - STATUS

- Once approved, the first 18 months of the Settlement will be focused on developing an Implementation Plan to redesign the children's mental health system to improve access to and provision of intensive mental health services in the home and/or community.
- The Proposed Agreement focuses on intensive in-home mental health treatment, mobile crisis, intensive care management, and home and community-based services.
- Beginning in 2026, after Final Settlement Approval is in place, DOH and OMH will be able to share more detailed information, answer questions about the terms of the Settlement Agreement, and gather stakeholder input for the construction of a detailed implementation plan
- Development of the Implementation Plan will involve extensive stakeholder engagement and gathering of feedback; including state partners, providers, family members and young people.

CLASS DEFINITIONS

1) EPSDT Class: children with Medicaid under the age of 21 who have been diagnosed with a mental health or behavioral health condition and recommended for intensive home and community-based mental health services by an LPHA.

2) ADA Class: children with Medicaid under the age of 21 who have been diagnosed with a mental health or behavioral health condition recommended for intensive home and community-based mental health services by an LPHA who are institutionalized or at serious risk of becoming institutionalized due to their mental health or behavioral health condition.

Note: For purposes of this agreement, “Behavioral Health” does not include addiction or intellectual/ developmental disabilities in the absence of a mental health diagnosis.

RELEVANT SERVICES

1) Intensive Care Coordination
    a) Strengths-based, Needs-driven, Comprehensive Assessment
    b) Development of a Family-Driven, Child-Guided Plan of Care
    c) POC directed by Child and Family Team Meetings
    d) Crisis Planning
    e) Referral, Monitoring, and Coordination
    f) Transition Planning

2) Intensive Home-Based Behavioral Health Services
    a) State Plan Services (covered EPSDT services)
        i. Education and Training for Family/Caregivers in addressing, the child's needs
        ii. Comprehensive mental health assessments;
        iii. Behavioral Supports assist in implementing the goals of the treatment plan
        iv. Therapeutic services delivered in the home and community, such as individual and/or family therapy, including evidence-based practices.

RELEVANT SERVICES (CON'T)

2) Intensive Home-Based Behavioral Health Services
   a) Home and Community Based Waiver Services
      i. Used in conjunction with covered EPSDT services to support children with serious emotional disturbances and to help maintain them in their homes and communities and avoid higher levels of care and out-of-home placements.
      ii. Services such as respite, caregiver support and training, in-home response, and additional intensive services as identified in the Implementation Plan.

3) Mobile Crisis
   a) In person Response
   b) Stabilization
   c) Referral and coordination
   d) Follow-up
   e) Available 24/7/365

Homeless Outreach & Engagement

Safe Options Support Implementation & Expansion

- Multidisciplinary teams using Critical Time Intervention approach to provide intensive outreach, engagement, and care coordination services to unhoused individuals until stably housing (approximately 12 months).
- Each team has 9-12 members when fully staffed. Teams are composed of licensed clinicians, care managers, and peer specialists. NYC Teams also include a registered nurse. (Most teams now have a psychiatric practitioner providing services to members one day a week).

- Since the Safe Option Support (SOS) program was created in 2022, **20 teams have been developed in New York City**
  - Specialty teams include 3 overnight outreach teams, 1 Older Adult and Medically Fragile Consult Team, and 2 Young Adult teams
  - A Targeted Response SOS team launched in the Times Square Area in August 2024
- Safe Options Support Teams launched in **Rest of State at the end of 2023** where there are currently 11 teams operational in Upstate New York

NYC SOS Teams Outcome Data

In New York City, teams have accomplished:

- 77,319 Outreach Encounters
- 3,500 Total Bed Placements (Includes placements to Respite programs, Shelter, Safe Haven Beds, or a DHS Welcome Center)
- 2,954 Enrollments into the SOS Program
- 114,680 Enrolled Contacts
- **860 Permanent Housing Placements in OMH Licensed and Unlicensed Housing (Includes Community Residence, Apartment Treatment, Family Care, Supportive Housing, Independent Housing, and Skilled Nursing Facility)**

**Information updated 10/28/25*

Rest of State SOS Teams Outcome Data

Data from the Upstate Teams:

- 30,281 Outreach Encounters
- 915 Enrollments into the SOS Program
- 552 Currently enrolled into the SOS Program
- 73 Currently enrolled members who are unsheltered
- 36,213 Enrolled Contacts
- **597 Permanent Housing Placements in OMH Licensed and Unlicensed Housing (May include Community Residence, Apartment Treatment, Family Care, Supportive Housing, Independent Housing, and Skilled Nursing Facility)**

**Information updated 10/28/25*

Transitions to Home Unit (THU)

- 50-bed inpatient unit at Manhattan Psychiatric Center which opened in November 2022
- Accepts referrals from emergency departments and comprehensive psychiatric emergency programs (CPEPs) – both voluntary and involuntary admissions

Referral Criteria:

- Street-homeless or unstably shelter domiciled with severe mental illness
- Psychiatrically appropriate for inpatient-level psychiatric car
- Medically appropriate for care at a standalone psychiatric hospital

Active Treatment on the Transitions to Home Unit (THU)

Person-centered informative assessments provide the basis for provision of individualized treatment that meets individuals where they are at, restores hope, and helps them strive toward where they want to be

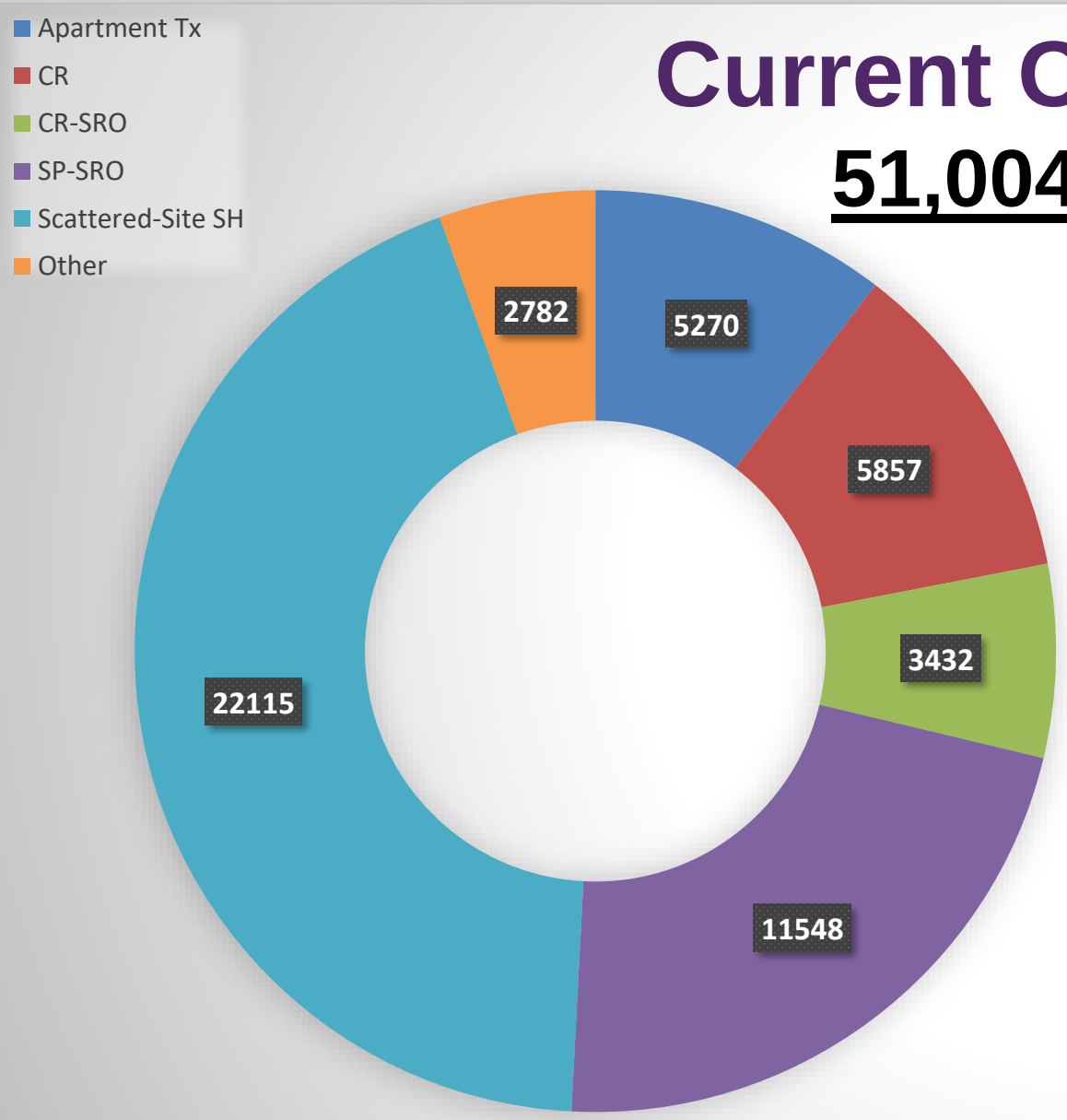
- Aspirations
- Motivation
- Functional Skills
- Cognition
- Trauma
- Suicide Attempts
- Violence
- Substance Misuse
- Medical needs

Transition to Home Units - Outcomes

- Majority of clients - in addition to serious mental illness - have significant substance use and serious chronic medical conditions that need intensive follow up over time
- 63% remain in permanent housing (including 7% readmitted to inpatient)
- 75% remain connected to teams and services even if they leave housing (including 7% readmitted to inpatient)

*Information updated 10/22/25

Current OMH Housing



Current OMH Housing Units in NYS

51,004 operational units of housing

- Apartment Treatment: 5,270
- Community Residence (CR): 5,857
- CR-SRO: 3,432
- SP-SRO: 11,548
- Scattered-Site SH: 22,115
- Other: 2,782

OMH projects 1,331 more beds to open in FY26, with 6,417 beds in the pipeline total over the next 5 years.

Hospital Care & Community Transitions

Ensuring Successful Transitions to the Community

Hospital Care and Community Transitions (New Office):

- Goal is to strengthen admission, treatment, and discharge practices to ensure connections to care.
- Released new regulations and guidance for hospitals and community providers have been established to improve connections to care after leaving the hospital or ER.
- New regional teams are staffed up and working with hospitals providing support and technical assistance with admission and discharge planning practices on inpatient, CPEP and 9.39 designated.
- New Trainings for Article 28 and 31 Hospitals:
    - TRUST Training on de-escalation provided monthly to hospitals across the state. Started in January 2025 and has taken place in every region across the state.
    - New echo training series on managing violent and challenging behaviors started in October 2025.

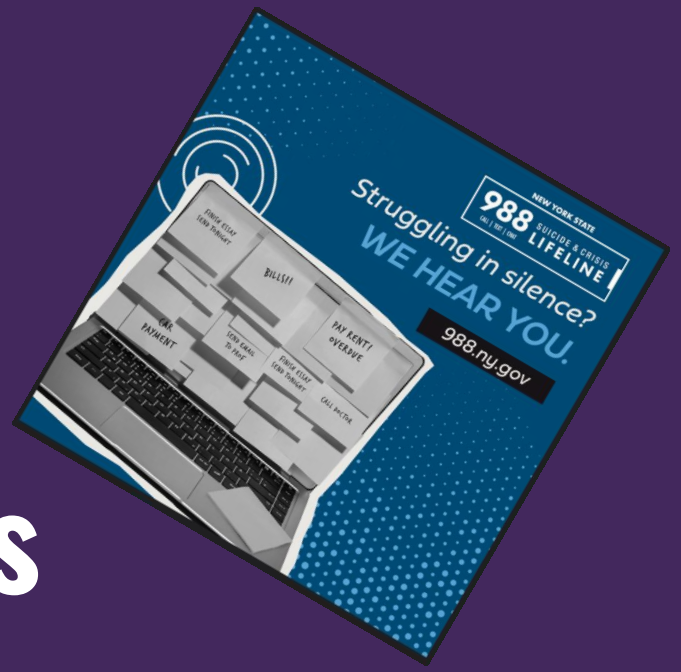
Supporting Individuals in Care Transitions:

- Critical Time Intervention (CTI) teams providing intensive support for high need adults and youth and their families when they leave emergency rooms and inpatient services and return to their communities.
- Teams linked to transitional beds.
- Critical Time Transition Program (CTTP) for Children & Youth: Specially trained CTI team plus optional Transitional Residential Setting to help children and youth boarding in emergency rooms.
- Peer Bridger Program provide individuals with lived experience, working intensely with high need individuals while in the hospital or ER and after they leave to ensure successful transition to the community.

Guidance for Residential Providers

- **Communication and Collaboration with Hospital Providers**
  - Programs must develop policies and procedures for communicating information from the records of individuals served to hospital staff seeking information, including identifying staff who are responsible for providing information.
  - Information should be available during business hours for all programs and after hours for programs staffed accordingly and should include shift-to-shift handoff protocols
  - Programs are expected to share information with hospital programs, whenever available and as consent allows: E.g., Current safety plans; Family and other collateral contacts, suicide and violence risk assessment, if available;
  - We recommend that providers develop summaries of the above information to have on hand as needed.
- **Coordinated After-care and Discharge Planning**
  - Develop joint protocols with local inpatient and ER/CPEP to stay involved while the person is in the hospital
  - Regular check in after discharge, starting within 48 hours, to ensure individuals are well and follow up with team if not
  - At discharge: Have staff to speak to the hospital before discharge. Review the discharge summary promptly to ensure you understand and agree with the discharge plan. Follow up with the hospital with questions and concerns.
- **Collaboration among community providers**
  - Similar expectations of housing, care coordination and treatment/rehab providers. To ensure consistent communication and not too many simultaneous contacts with the individual being discharged, we recommend that programs with existing relationships take the lead in coordinating contact. Residential providers should alert treatment and care coordination providers of any concerns.

988 Public Awareness Campaign & Crisis Updates



988 Campaign

- OMH launched the first phase of a **$5 million awareness campaign** to coincide with National Suicide Prevention Month in September 2024, featuring both static and dynamic 988 advertisements.
- The Office of General Services worked with OMH's Bureau of Crisis, Emergency, and Stabilization Initiatives to produce creative materials for the campaign.
- The campaign delivered **more than 650 million impressions** in total – roughly 58 million more than were initially estimated.
- This effort succeeded in building brand awareness – "988" search impressions were **six times greater** in August 2025 compared to the beginning of campaign.
- Calls, texts, and chats were **up 23 percent** versus the prior year, reflecting a marked increase in engagement.
- The state's 988 Suicide and Crisis Lifeline is also now among the most active in the nation, **second only to California**.
- The second phase of the campaign began last month.
- New creative material will be worked into this next phase starting in November, and will have a focus on working age males, rural communities, first responders and LGBTQIA+ populations, in addition to the general statewide audience.
- The campaign will feature a mix of TV, out-of-home, digital, streaming TV, social media, audio and print advertisements.

Crisis Stabilization Continuum

*updated 9/17/25

988

- 988 Crisis Contact Centers answered 967,668 calls, 183,673 chats/texts (7/22-8/25)
- 90.6% in-state answer rate for 1/25-8/25
- Primary reasons for calling include family/other relationship issues, suicidal thoughts, anxiety, and loneliness (7/22-7/25)
- 82,188 follow-up calls offered to callers (7/22-7/25)
- 63,482 referrals provided to community and outpatient services (7/22-7/25)

Mobile Crisis

- 53 Counties with Designated Mobile Crisis Teams; State Aid to “uncovered counties”
- Designated jointly by OMH and OASAS
- Average response time is 2 hours

Crisis Stabilization Centers

- Joint license between OMH and OASAS
- 18 Crisis Stabilization Centers (CSCs) awarded funding are in development across NYS
  - -10 Supportive Crisis Stabilization Centers
  - - 8 Intensive Crisis Stabilization Centers
- Additional 4 CSCs are independently in development (without state funding)
- As of 9/15/25, 4 CSCs are fully operational

Crisis Residences

- Crisis Residence Bed Capacity
  - Residential Crisis Support – 20 (18 in development)
  - Intensive Crisis Residence – 7 (7 in development)
  - Children’s Crisis Residence – 19 (4 in development)

Health-led Behavioral Health Crisis Response Funding

- To establish 3 behavioral health crisis response pilots in select communities (urban, suburban, and rural) that will implement health-led response protocols for mental health and substance use disorder crises - as outlined in the Daniel's Law Task Force recommendations
- RFP has been posted
- Establishment of a Statewide Behavioral Health Technical Assistance Center to support health-led crisis response pilots as well as additional communities across the State

Peer Support Services “Nothing about us, without us”

Peer Updates in Legislation and Civil Service

NYS Legislation – Chapter 233 of the Laws of 2024

The law amends Section 1.03 of the mental Hygiene Law (MHL) to add new definitions of Adult Mental Health Peer, Family Mental Health Peer and Youth Mental Health Peer, as well as definitions of Certified Mental Health Peer, Credentialed Family Peer and Credentialed Youth Peer. The legislation also amends Section 7.07 of the MHL to allow credentialing/certification programs to be approved by the Commissioner.

Creates a clear and succinct definition of Peers as OMH expands Peer Services. This statutory framework provides a foundation for the role of Peers in every aspect of mental health services. Given the current environment, peer services are essential to meet the increased demand for services and supports.

The Department of Civil Service and Division of Budget approved the classification/establishment of several new titles in the **Peer Specialist Title Series**. The structure is, as follows:

- Peer Specialist, SG-9: entry level
- Certified Peer Specialist 1, SG-11: full performance, certified level
- Certified Peer Specialist 2, SG-14: supervisory level (positions at this level are classified to lead Peer Services Programs in OMH facilities and supervise the activities of lower-level peer specialists.

Intensive and Sustained Engagement Teams (INSET)

INSET is a peer-led engagement approach that supports individuals on their recovery journey. The program is for people with a mental health condition who are underserved, unserved, or who haven't had success in the traditional mental health system. It is also for people at risk of involuntary treatment such as AOT, hospital stays, or criminal justice involvement.

- Five operational INSET programs
  - Forensic INSET on Long Island is beginning to engage prospective participants
  - Another INSET RFP published 9/25 for a community that doesn’t already have a team
- 339 people have engaged with INSET Statewide
- 259 Unique enrollments
- Between January and August 2025, participants reported achieving 255 milestones (ranging from connection to permanent housing, achieving education/employment goals, being discharged from AOT, and more)

Office of Advocacy and Peer Support Services (OAPSS)

OAPSS is convening Community Engagement Sessions in 2025 to provide an update on OMH program implementation and activities and to get input from individuals, family members, and the community on their ability to access services, current barriers and needs, and further recommendations. So far, there have been approximately 750 participants:

- 2 sessions in NYC, 12 sessions across 6 locations in North Country and Tug Hill, 1 virtual session, Youth Survey – 50 middle and high schoolers in Manhattan, 8 sessions across 4 locations in Western New York
- Upcoming sessions on Long Island and the Hudson River region

Regional Advisory Committee (RAC) Meetings

- Bi-monthly meeting with 100-200 participants (individuals across the lifespan who have received mental health services, and those who have wanted to get services but haven't, as well as peers, other providers, and community members)
- Feedback is collected, analyzed by OAPSS staff, and reported to department leadership for program planning and improvement

Impact of Federal Actions

Congressional Budget Reconciliation Bill

- Congressional Budget Reconciliation Bill (Bill) enacts federal spending reductions and tax policy changes, including cuts to Medicaid funding, more restrictive eligibility rules, and major revisions to the Affordable Care Act (ACA) Basic Health Program (NYS Essential Plan).
- Medicaid is the single largest payer for U.S. mental health services. Over **60%** of New Yorkers receiving MH services are enrolled in Medicaid.
- New ACA and Medicaid cuts, eligibility hurdles, and service bans are expected to disrupt funding and reduce coverage across New York, resulting in both immediate and long-term consequences for consumers and providers

NYS Medicaid

- New York's Medicaid program, which provides comprehensive health coverage to more than 7.5 million New Yorkers:
  - About 1.3 million Medicaid enrollees may lose insurance due to new paperwork and work requirements.
  - Able-bodied adults aged 19-64 must complete at least 80 hours per month of work, education, job training, or other community engagement activities.
    - CMS has not issued guidance around exemptions and is not required to until summer of 2026
  - Mandatory work requirements and other reforms will significantly increase Medicaid administrative costs.

Understanding the Impact of the Federal Reconciliation Bill on New York . (n.d.). Retrieved October 17, 2025, from https://info.nystateofhealth.ny.gov/stay-connected

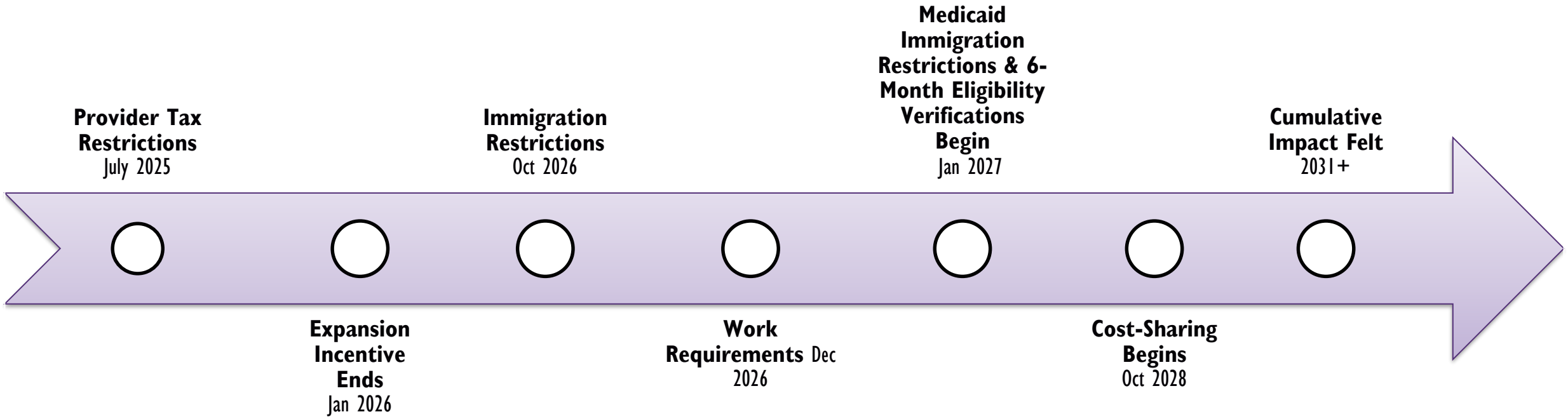
Medicaid Work Requirements and Redeterminations

- New mandates around “community engagement” (work requirements) for the Affordable Care Act Medicaid expansion population:
  - Able-bodied enrollees age 19–64 who do not have dependents must work or participate in approved activities at least 80 hours each month to qualify for Medicaid.
  - New applicants must document at least one month of work/activities before enrollment.
  - Activities include working, community service, a work program, an educational program, or combination of these.
- Medicaid expansion enrollees’ must redetermine eligibility every 6 months (at minimum) starting in 2026 - doubling the current 12-month renewal interval.
- In New York, where roughly 7.5 million residents rely on Medicaid, 1.3M are expected to lose coverage due to new eligibility and verification hurdles.
  - Requirements could disproportionately disenroll New Yorkers with mental health conditions, leading to coverage loss, care disruptions, relapse or hospitalization.
  - Increase in uncompensated care costs for local hospitals and community providers, uninsured individuals delaying or foregoing medical or behavioral health treatment.

SNAP and Nutrition Assistance

- The Supplemental Nutrition Assistance Program (SNAP) issues electronic benefits that can be used like cash to purchase food. SNAP helps low-income working people, senior citizens, the disabled and others feed their families.
- New requirement mandates NYS fund 15 percent of all SNAP benefits starting as early as October 1, 2027, at an estimated cost to the State of $1.2B per year.
- Cuts in federal share of SNAP administrative costs resulting in additional $36M in annual costs to NYS, and increased costs for counties and New York City by roughly $168M annually.
- More than $900M in lost SNAP benefits projected for New Yorkers due to new program requirements that will make it harder for people to qualify and restrictions on eligibility for legally present noncitizens.
  - More than 300,000 households are expected to lose some/all SNAP benefits, with an average loss of $220 per household per month, totaling more than $800M.
  - 41,000 noncitizens, including individuals granted refugee or asylee status by the federal government, are expected to lose benefits, totaling roughly $108M
- Residential providers could face increasing costs as individuals in supportive housing may lose access to supplemental food assistance

Implementation Timeline



New Federal Developments

COVID Vaccine Access

- In August 2025, the FDA approved updated COVID shots for Fall 2025, but only for a narrow, high-risk subset of the population - adults 65+ as well as kids and adults who are at high-risk for severe illness. Many retail pharmacies responded by restricting vaccination appointments to this narrow group.

- On September 5, 2025, Governor Hochul addressed this gap by declaring a 30-day statewide emergency and expanding who can prescribe and administer COVID vaccines. She signed EO 52, permitting pharmacists to prescribe COVID vaccines themselves. Her actions ensured that all eligible New Yorkers - including children, pregnant people, and health adults under 65 - continued to receive COVID vaccinations at their local pharmacy without delay. On Oct. 3. 2025, Governor Kathy Hochul signed an extension of Executive Order 52.

- Most private health insurance, Medicare, and Medicaid plans cover COVID vaccines without patient cost-sharing when received at an in-network provider or pharmacy. Individuals are encouraged to check with their health insurance plan to confirm the cost of their vaccination.

- Those who are uninsured, or whose insurance does not cover the updated vaccine, will have access to the shots free of charge through community health centers or local health departments participating in the New York State Department of Health Vaccines for Adults program. For questions about the Vaccines For Adults Program, please contact immunize@health.ny.gov

New York State Health Commissioner Receives COVID and Seasonal Influenza Immunizations, Urges New Yorkers to Do the Same. (September 2025). Retrieved October 17, 2025, from https://www.health.ny.gov/press/releases/2025/2025-09-24_covid_immunizations.htm

SAMHSA Strategic Priorities

In September 2025, SAMHSA released its strategic priorities and set out a series of policy directions that reflect Administration priorities. Items of note include:

- linking grant priority to state policies and enforcement of Assisted Outpatient Treatment and civil commitment
- deprioritizing harm reduction and Housing First, excluding opioid overdose reversal supplies or Fentanyl and xylazine test strips.
- prioritizing law enforcement partnerships in crisis response
- limiting support for DEI initiatives and gender-affirming interventions
- emphasizing compliance with new federal interpretation of the **Personal Responsibility and Work Opportunity Reconciliation Act of 1996,** which restrict benefits for undocumented immigrants.
    - New York joined 20 other states in suing the federal administration to stop its unlawful attempt to restrict benefits from being provided to individuals who are present in the United States without lawful immigration.
    - HHS has agreed to stay enforcement and application through Sept. 10, 2025.
- identifies new performance measures to hold grantees to stricter accountability standards.

New York State continues to analyze any potential risks to future grant funding opportunities.

SAMHSA Strategic Priorities (Cont.)

- SAMHSA Key Outcome Indicators:
  - Decrease overdose deaths and suicide deaths
  - Decrease rates of substance misuse and substance use disorders
  - Decrease rates of any mental illness (AMI) and serious mental illness (SMI)
  - Decrease rates of suicidal ideation
  - Increase rates of treatment among individuals with substance use disorders (SUD)
  - Improved functionality and work-life responsibilities among people with SUD
  - Increase rates of treatment among individuals with AMI/SMI
  - Decrease rates of homelessness among people with AMI/SMI and SUD
  - Decrease rates of infectious disease transmission associated with substance misuse and mental illness (e.g., HCV, HIV, STIs)
  - Increase rates of individuals in recovery for mental illness & SUD

Outstanding Issues To Be Determined

- Mental Health Block Grant update
- NIH/NIMH funding
- SAMHSA reorganization
- CCBHC funding

OMH Support

- OMH has begun work to support providers around our three key pillars: revenue maximization, regulatory reform, and improved service design. Some of these actions include:
  - revising regulations to streamline project approvals and recertifications
  - expanding telehealth flexibility
  - better leveraging current resources to address specific challenges posed by HR1
  - enhancing existing data systems to support benefit management needs

OMH Regional Forums

- OMH is hosting a series of forums to discuss the recent federal actions and plan for potential impacts on New York's mental health system.
  - Five virtual sessions: One in each OMH region and one in-person session in Albany
- Sessions are designed to gather feedback from provider agencies, associations, advocacy organizations, and county leadership through breakout sessions focused on:
  - helping New Yorkers maintain coverage and access to care
  - providing technical support to help agencies maintain revenue streams
  - discussing other topics related to the federal actions

Resources

- SNAP Work Requirements
- NY State of Health Support & Resources
- New Federal Changes Fact Sheet

For More Information

https://info.nystateofhealth.ny.gov/stay-connected


Questions?
NEW YORK STATE
Office of Mental Health

Office of Mental Health