NEW YORK STATE | Office of Mental Health

NYS Public Mental Health System Update

MHANYS 2026 Policy Forum

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Commissioner

OCTOBER 29, 2026

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

Approach to Transformation

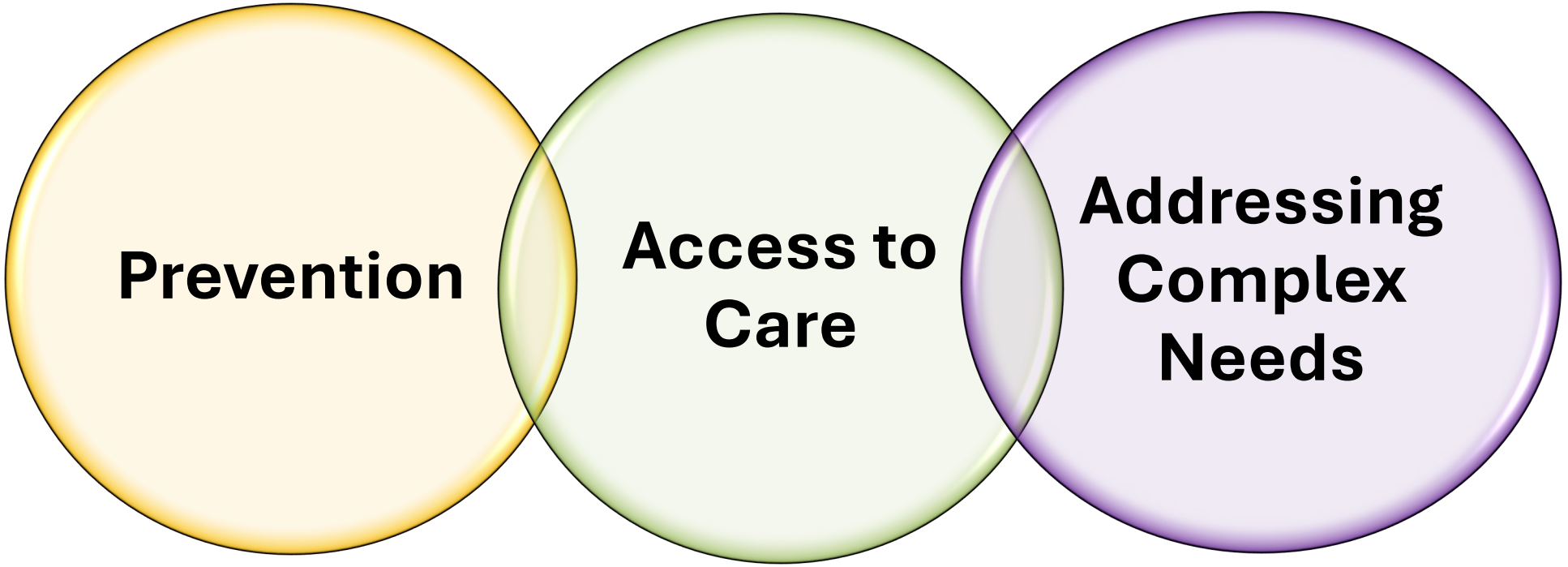
Historic Investment!

Since taking Office,
Governor Hochul
has invested more than
$2 Billion in
Mental Health Services

Principles Guiding Program and Initiative Design & Implementation

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.
Individualized	• Care that is individualized to the person means it is designed and implemented with special populations in mind as needed.
Lived Experience	• Lived experience and peer work are a major emphasis in program and initiative design.
Community Engagement	• Community engagement informs program and initiative design, delivery & implementation.

Areas of Strategic Priority



DRAMATIC INVESTMENTS IN BEHAVIORAL HEALTH

- Teen Mental Health First Aid
- HealthySteps for children and youth
- School-based Mental Health ClinicS
- Suicide Prevention programs for high-risk youth
- Individual Placements and Supports (IPS) Employment Program
- Peer-to-Peer Support Programs
- Clubhouses and Youth Safe Spaces
- Maternal Mental Health initiatives
- Collaborative Care
- Loan Repayment Program
- Targeted Inflationary Increase
- Certified Community Behavioral Health Centers (CCBHC)
- Expansion of MHOTRS
- Intensive and Sustained Engagement Team (INSET) program
- Assertive Community Treatment (ACT)
- Youth Assertive Community Treatment (Youth ACT)
- Increase Health Home Plus capacity through Specialty Mental Health Care Management (SMHCM)
- Create a “Schools of Distinction…” Designation
- Support Indigenous students’ mental health
- 10-year training roadmap to implement evidence-based practices in child mental health statewide
- Aging in Place program (residential)
- Eating Disorders treatment
- Partial Hospitalization and Children’s Day Treatment programs
- Parity Enforcement
- Behavioral Health Network Adequacy regulations
- Hospital discharge protocols and responsibilities
- Critical Time Intervention (CTI) teams
- Peer Bridger programs in additional hospitals
- New Housing Units
- Safe Options Support (SOS)
- Comprehensive and Integrated Crisis System and health-led behavioral health crisis response
- New Comprehensive Psychiatric Emergency Programs (CPEP)
- Home-based Crisis Intervention (HBCI) for youth
- Commercial and Medicaid payment for all crisis services and intensive wrap around services
- Strengthen Inpatient Capacity
- Bolster Enhanced Voluntary Agreements (EVAs) in AOT program
- Court-Based Mental Health Care Navigators
- New Community-based Forensic ACT teams
- Specialized Housing for People with SMI and history of justice involvement
- Crisis Intervention Team Training for Law Enforcement

Prevention

Where to Situate Prevention Services for Children and Youth

Healthcare Settings

- Healthy Steps
- Collaborative Care in Pediatrics and Maternal Mental Health
- Project Teach

School Settings

- Mental Health Education in Schools
- Teen Mental Health First Aid
- Suicide Prevention: Sources of Strength
- Youth Safe Spaces

Prevention Services for Adults

- **Trauma-Informed Network and Resource Center (TINRC)** - Connects advocates of trauma-responsive practices and systems, provides access to quality resources, and fosters collaboration
- **BeWell.ny.gov** - Helps all New Yorkers learn about mental health topics like wellness, resilience, stress, and trauma - provides tips and strategies to support mental wellness and navigate tough times
- **EatWell NY** - Supports food security and healthy eating for individuals with serious mental illness
- **Community Mental Health Promotion and Support Teams (COMHPS)** - paraprofessional community outreach workers to help individuals across the lifespan to benefit from supportive counseling, but not necessarily clinical treatment, as well as to support community mental health and wellness
- **Social Determinants of Mental Health** - Standardized SDMH Screening
  - Coordination with DOH and Social Care Networks – 1115 Waiver
  - Addressing Individual Social Determinants (EatWell and Eviction Prevention Training for Residential staff)
- **MAPPT (Mapping Assisted Primary Prevention Tool)** - Data-based mapping tool to identify areas of greatest social need and associated mental distress
- **Public Safety Portfolio**
  - Targeted Violence Prevention (collaboration with DHSES)
  - Complex Case Workgroup (collaboration with NYC DOHMH) - Developing clinical Best Practice and Systems recommendations for addressing violence in clients with SMI
- **Employment –** embedding IPS best practices throughout the system

Prevention example: NYS Collaborative Care Medicaid Program

NYS Collaborative Care Medicaid (CoCM) Program provides technical assistance, implementation support and Medicaid reimbursement to primary care practices using the Collaborative Care model to provide integrated behavioral health care.

- 453+ primary care practices in Collaborative Care Medicaid Program in 44 of the 62 New York counties
- In 2025, CoCM sites in NY screened approximately 2.9 million individuals for depression and about 12,300 Medicaid patients received CoCM (total of 24,000 patients including both Medicaid and non-Medicaid)
- Pediatric CoCM SAMHSA grant began Sept 2023
  - 17 youth-serving primary care practices participating
- Collaborative Care expansion for obstetric practices as part of a broader effort to improve maternal mental health
- Awarded second SAMHSA PIPBHC grant supporting CoCM in FQHCs and RHCs and addressing workforce barriers; Begins in October 2026

CARES UP

Changing the Conversation
Awareness
Resilience
Empowering Peers
Skills Building and Suicide Prevention for
Uniformed **P**ersonnel

- CARES UP program provides mental health support to 64 first responder groups, including 11 Veteran-service organizations and 53 uniformed personnel agencies
- Funded agencies represent organizations from 46 of New York State's 62 counties
- The CARES UP Initiative has been a catalyst for increased statewide momentum across first responder agencies that foster shared learning opportunities, resource sharing, sustainability building across and among departments & regions, increased insight into wellness and training challenges and initiative gaps.

A potential reach of:

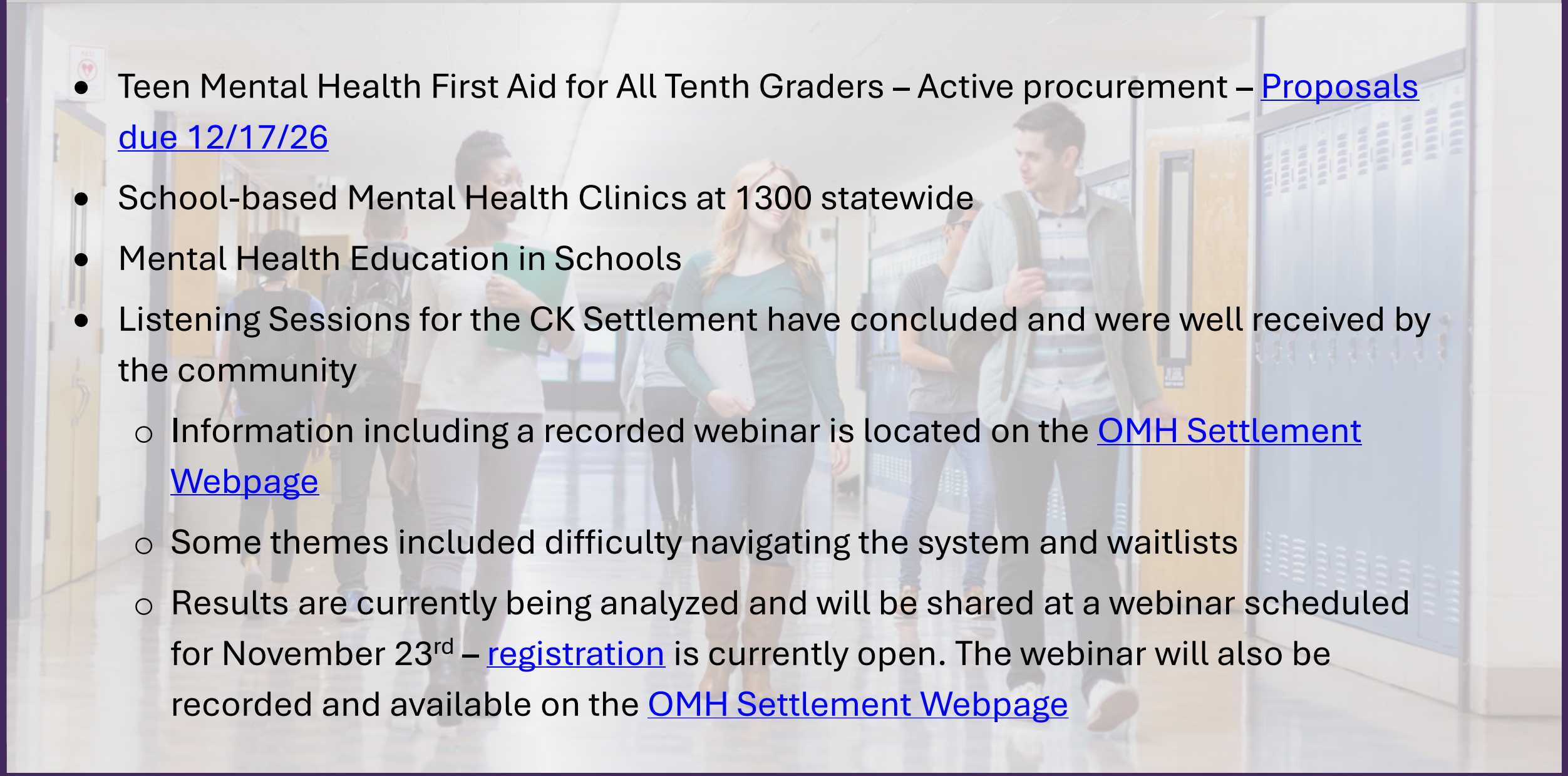
- ***over 33,000 first responders***
- ***Over 1,100 transitioning service members***
- ***These numbers don't include retirees and family members which extends that reach***

Access to Care

Access to Care

- Increasing capacity
- Public awareness
- Community engagement - ensuring that sectors are working together (example: Hospital Care and Community Transitions)
- Workforce recruitment, development, and retention
- Focus on engagement
  - Informed by lived experience
  - Culturally appropriate care (examples: investment in LGBTQIA+ access to crisis support and specialized work with Indigenous Nations)
- Reimbursement and rate increases
- Insurance coverage and parity

Children & Youth Updates



- Teen Mental Health First Aid for All Tenth Graders – Active procurement – Proposals due 12/17/26
- School-based Mental Health Clinics at 1300 statewide
- Mental Health Education in Schools
- Listening Sessions for the CK Settlement have concluded and were well received by the community
  - Information including a recorded webinar is located on the OMH Settlement Webpage
  - Some themes included difficulty navigating the system and waitlists
  - Results are currently being analyzed and will be shared at a webinar scheduled for November 23rd – registration is currently open. The webinar will also be recorded and available on the OMH Settlement Webpage

Assertive Community Treatment (ACT)

ASSERTIVE COMMUNITY TREATMENT (ACT)

Assertive Community Treatment takes a "whole team" approach to treating serious mental illness. It allows people to get services in their community (rather than a more restrictive hospital setting). ACT aims to reduce the reliance on hospitals by providing round-the-clock services to the people who need it most. Specialized ACT teams serve different populations and communities.

NEW INVESTMENT

74 TEAMS — OMH has funded **43 new youth teams** and **31 new or expanded adult teams**

2,996 NEW SLOTS — OMH has funded 2,900 new slots: **1,560 adult slots** and **1,436 youth slots**

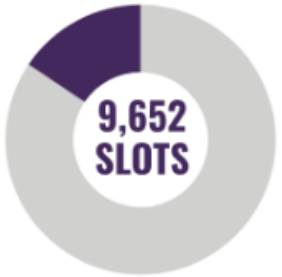
LAUNCHED APRIL 2022 — first newly funded ACT team opened and serving New Yorkers

PROGRESS TO GOAL: 74 TEAMS

46 of 74 ACT teams are open including 28 of 43 new youth teams and 18 of 31 new and expanded adult teams as of March 2026

TOTAL CAPACITY

144 ADULT TEAMS



144 adult teams will be available, including 31 new teams with **1,560 (16%) new adult slots**

43 YOUTH TEAMS

43 new youth teams will be available with **1,436 total youth slots**

8,108 INDIVIDUALS currently receiving ACT services, **7,623 adults** and **485 youth** as of March 2026

OUTCOMES *as of October 2025*

55% **FEWER PSYCHATRIC INPATIENT ADMISSIONS** among adults after 1 year of ACT services

43% **DECREASE IN SELF HARM** among adults after 1 year of ACT services

44% **FEWER YOUTH HAD ELEVATED SUICIDE RISK** after 1 year of ACT services

28% **FEWER YOUTH HAD ATTENDANCE CHALLENGES** at school, after 1 year of ACT services

Certified Community Behavioral Health Clinics (CCBHCs)

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHCs)

These community-based clinic programs offer integrated outpatient mental health and substance use services for all ages. They also include rehabilitative treatment and primary health screening and monitoring. OMH and the Office of Addiction Services and Supports work together to oversee these programs.

NEW INVESTMENT

26 NEW PROGRAMS

established, tripling the number statewide to 39

LAUNCHED JULY 2024

the first newly funded CCBHCs opened and began serving New Yorkers

PROGRESS TO GOAL: 26 NEW PROGRAMS

All 26 new programs are open and serving New Yorkers, for a **total of 39 CCBHCs** statewide as of July 2025

TOTAL CAPACITY

CCBHCs serve people with higher needs, including more than twice as many with opioid use disorder and/or homelessness than other clinics.

in the past year as of April 2026, of which approximately 22% were youths and 78% were adults

2X+

INCREASE IN PEOPLE RECEIVING CCBHC SERVICES

from 2022 to 2025

OUTCOMES

82% — **ADULTS HAD AN OUTPATIENT FOLLOW-UP AFTER MENTAL HEALTH HOSPITALIZATION**
within 30 days of hospital discharge (July 2023-June 2024)

88% — **CHILDREN HAD AN OUTPATIENT FOLLOW-UP AFTER MENTAL HEALTH HOSPITALIZATION**
within 30 days of hospital discharge (July 2023-June 2024)

51% — **ADULTS INITIATED ALCOHOL OR OTHER DRUG DEPENDENCE TREATMENT**
within 14 days of diagnosis (July 2023-June 2024)

88% — **CLIENTS AGREED THEY WERE ABLE TO GET ALL OF THE SERVICES**
that they thought they needed (survey year 2024)

NEW YORK STATE | Office of Mental Health | Office of Addiction Services and Supports

Integrated Mental Health and Substance Use Disorder Care Model

Solution Model	Program Type	Individuals Served	Standards Defined	Approval Process	Status
Enhanced	Fully Integrated Mental Health (MH) and Substance Use Disorder (SUD) Program	Anyone with behavioral health need	New Part 60X	Joint Certification	Drafting Regulations
Capable	Standards for co-occurring integrated care for A31 and A32 clinics	MH or Co-occurring Disorder (COD) SUD or COD	Part 599 & Standards of Care (SOC) Part 822 & SOC	Endorsement	Revised Regulations
Minimum	Minimum standards for screening, assessment and referral for Mental Health and Substance Use Disorder	MH or COD SUD or COD	Part 599 & SOC Part 822 & SOC	Minimum Expectation	Updated Guidance and Standards of Care

Building a Health-led Behavioral Health Crisis Response System

Health-led Crisis Response Pilots

- Three HLCR pilots:
  - The Children's Home of Jefferson County [Jefferson and Lewis - rural]
  - Central Nassau Guidance [Suffolk - suburban]
  - City of Rochester [Monroe - urban]
- RFP released first week of September for 4 additional pilots – proposals due 11/19/26
  - https://omh.ny.gov/omhweb/rfp/2026/hcbhcrpr2/index.html

Technical Assistance Center (TAC)

- Focused on needs assessments
- Survey of all counties was sent in conjunction with CLMHD – Advisory Council weighed in on questions on survey including peer involvement, co-response, etc.
- Convening 988 contact centers and DHSES around 911/988 protocols

988 Crisis Contact Centers

- Answered 1,489,000 calls & 282,089 chat/texts (7/22-8/2026)
- 90.4% in-state answer rate for 2026 (1/26-8/2026)
- Primary reasons for calling in 2026 are anxiety/stress, suicide, loneliness, and depression (1/26-6/2026)
- 146, 387 follow-up calls offered to callers (7/22-6/2026)
- 97,474 referrals provided to community and outpatient services (7/22-6/2026)

Building a Health-led Behavioral Health Crisis Response System

Home-based Crisis Intervention (HBCI)

- 2328 youth/families served by HBCI in 2025
- HBCI has grown from 26 teams serving 24 counties to 66 teams in 60 counties
- At 30 days post discharge from HBCI, 90% had not needed any crisis service

Mobile Crisis

- 53 Counties with Designated Mobile Crisis teams (6 additional being designated), covering 97.9% of New Yorkers
- Designated jointly by OMH and OASAS
- 47,188 in person responses reported by teams in 2025
- <15% of individuals seen by MC taken to ED/CPEP
- 41.8% of those who received follow-up services were linked to a community provider
- 43% increase in Medicaid billing (2025-2026)

Crisis Stabilization Centers

- 9 operating Crisis Stabilization Centers, 4 additional opening in 2026 (total planned 31)
  - 6 Intensive, 3 Supportive
- 5321 individuals served in 2025 across 8171 admissions

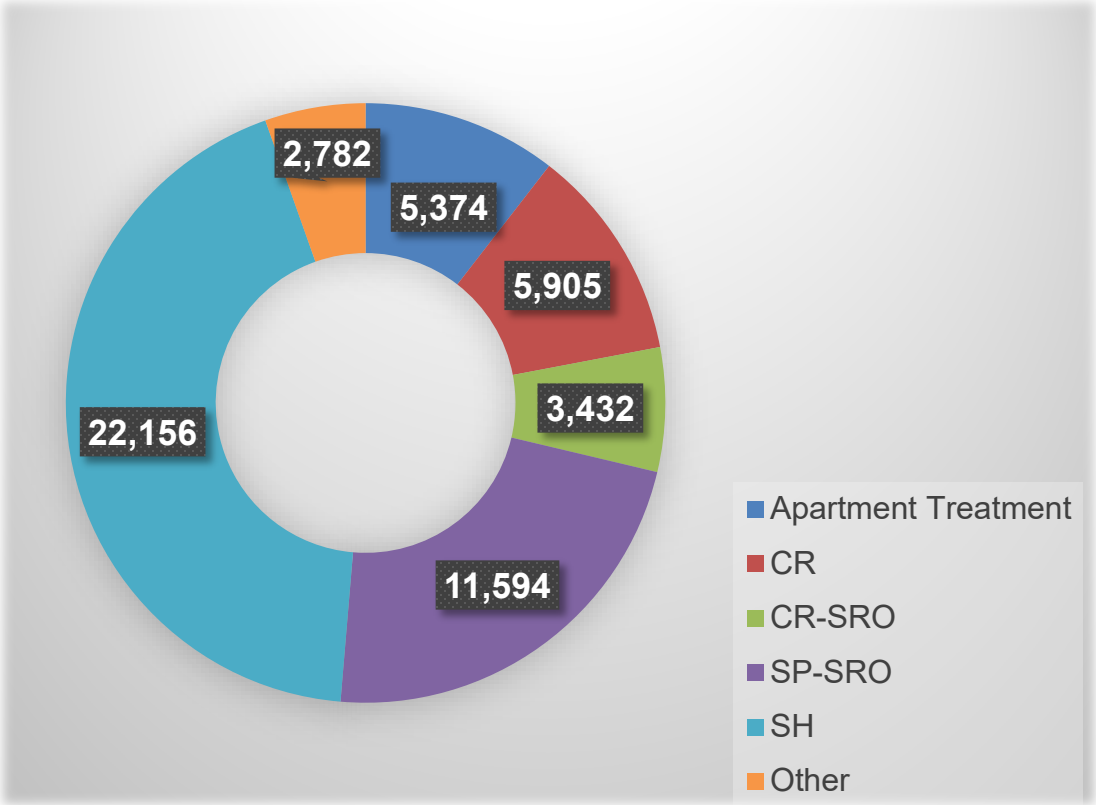
Crisis Residence

- 32 licensed Adult CRs (193 beds), 5 planned opening 2026
- 20 licensed Children's CRs (126 beds), 2 planned opening 2026
- 1546 adults & 733 children served in CR in 2025

Comprehensive Psychiatric Emergency Program (CPEP)

- 21 licensed, 3 satellites, 11 in development
- 112,606 CPEP presentations (86% adult) in 2025

Currently 51,243 OMH Housing Units* in NYS



- Apartment Treatment: 5,374
- Community Residence (CR): 5,905
- Community Residence – Single Room Occupancy (CR-SRO): 3,432
- Supportive Housing – Single Room Occupancy (SP-SRO): 11,594
- Scattered-Site Supportive Housing (SH): 22,156
- Other: 2,782

* As of April 2026

Employment Services

EMPLOYMENT SUPPORT

The Individual Placement and Support (IPS) model helps adults living with mental illness find and keep employment as part of their recovery. IPS supports people in their efforts to achieve meaningful employment in mainstream, competitive jobs. This evidence-based model is used by many outpatient programs across the state.*

**Participating outpatient program types: Personalized Recovery Oriented Services (PROS), Assertive Community Treatment (ACT), Ongoing Integrated Supported Employment (OISE), Community Oriented Recovery and Empowerment (CORE), Home and Community Based Services (HCBS), and Certified Community Behavioral Health Clinics (CCBHC).*

NEW INVESTMENT

153 PROGRAMS funded to offer placement and support services

NEW TRAINING RESOURCES developed and provided to program staff

LAUNCHED DECEMBER 2023 expansion of IPS services were implemented

ACCESSING IPS SERVICES

More than 132,800 adults can access these workforce services via programs:

- 9,584 in ACT
- 7,026 in PROS
- 446 in CORE
- 115,800 in CCBHC

OUTCOMES

7,500+ **STAFF TRAINED** on the IPS best practice model as of December 2024

2X+ **INCREASE IN EMPLOYMENT** among adults in ACT or PROS after the first year as of November 2025

71% **REPORT DOING BETTER AT WORK OR IN SCHOOL** among adults in CCBHC in 2024

PROGRESS TO GOAL: HIRING EMPLOYMENT SPECIALISTS

ACT

25 of the 69 IPS Employment Specialists have been hired for ACT programs as of January 2026

CORE

8 of the 11 IPS Employment Specialists have been hired in CORE programs as of January 2026

PROS

60 of the 72 IPS Employment Specialists have been hired in PROS programs as of January 2026

Addressing Complex Needs

Addressing Complex Needs

- Ensuring complex needs are met across the lifespan requires unique approaches for youth, adults, and older adults
- Intensive services should be available in the community for youth and provided in natural settings
  - Youth Assertive Community Treatment (ACT) and Home-based Crisis Intervention
- Intensive voluntary services are available
  - INSET and ACT
- Assisted Outpatient Treatment to for a very small number of individuals
- Addressing disparities and ensuring culturally appropriate services are available to everyone
- Assisting individuals who are transitioning from inpatient, incarceration, and out-of-home placements to reintegrate into the community
  - Office of Hospital Care and Community Transitions
- Specialized services for older adults
  - Older Adult ACT and Funding to enhance residential supports

Intensive and Sustained Engagement Teams (INSET)

INTENSIVE AND SUSTAINED ENGAGEMENT TEAMS (INSET)

Peer-led teams provide voluntary, flexible, and continuous support to people diagnosed with a mental health condition.

NEW INVESTMENT

5 NEW TEAMS — funded including **one Forensic INSET program**

300 NEW SLOTS — created by new teams to treat people in recovery

LAUNCHED MARCH 2024 — the first INSET team opened and began serving New Yorkers

PROGRESS TO GOAL: 5 NEW TEAMS

All five new INSET teams are open and serving New Yorkers as of July 2025

TOTAL CAPACITY

are available, including 1 (20%) forensic team, 4 (80%) standard teams

are available, including 60 (20%) forensic slots, 240 (80%) standard slots

OUTCOMES

data from Mar. 2025 - Feb. 2026

350 — **INDIVIDUALS SUPPORTED EACH MONTH** on average

21% — **CONNECTED TO PERMANENT HOUSING** among enrolled individuals

1.3 — **AVERAGE MILESTONES* ACHIEVED BY PARTICIPANT** among enrolled individuals

***Milestones included:**

- re-connecting with family
- engaging in substance use treatment
- celebrating sobriety
- gaining employment
- receiving benefits
- completing parole/probation

Forensic Services

- Forensic Diversion Services
- Expanded Forensic Inpatient Capacity (over 150 beds) and 730 restoration
- Court-Based Mental Health/Integrated Care Navigators
- Forensic ACT
- Specialized Housing for People with Serious Mental Illness and history of justice involvement
- Provide Crisis Intervention Team Training for Law Enforcement
- Extensive pre-release services

Safe Options Support (SOS)

SAFE OPTIONS SUPPORT (SOS)

SOS Teams connect with people experiencing homelessness to help meet their needs and support their access to housing. They provide person-centered care and support during this critical period of transition.

TOTAL SUPPORT FOR SOS

31 TOTAL TEAMS — OMH has **31 total SOS teams** serving individuals both in NYC and across the state

2,170 TOTAL SLOTS — OMH has capacity to serve **2,170 individuals** on traditional and specialty SOS teams statewide

LAUNCHED APRIL 2022 — the first SOS team opened and began serving New Yorkers

PROGRESS TO GOAL: 31 TOTAL TEAMS

All 31 total SOS teams are open and serving New Yorkers as of July 2025

TOTAL CAPACITY

SOS TEAM LOCATIONS

31 total SOS teams are providing services across the state

- 20 (65%) NEW YORK CITY
- 11 (35%) UPSTATE NY

SOS TEAM TYPE

NYS has developed SOS teams to serve individuals with diverse needs

- 25 (81%) ADULT
- 3 (10%) OVERNIGHT
- 2 (6%) YOUNG ADULT
- 1 (3%) OLDER ADULT & MEDICALLY FRAGILE

OUTCOMES *as of March 2026*

1,246 INDIVIDUALS CURRENTLY receiving SOS services, **767 in NYC** and **479 in upstate**

1,688 HOUSING PLACEMENTS made for individuals served by SOS teams to-date

ADDITIONAL EXPANSION: STREET PSYCHIATRY

In January 2025, **SOS Teams expanded their services to include street psychiatry** in NYC. This service was later expanded to the rest of NYS in January 2026. Psychiatric clinicians provide mental health and substance use disorder care to people who may not have access to services in traditional settings. They offer psychiatric evaluation for housing applications. Clinicians also provide training for other SOS team staff to help them better serve individuals experiencing homelessness.

Statewide updated info (as of 9/25/26):

- 162,465 Outreach Encounters
- 5,460 Total Bed Placements (Includes placements to Respite programs, Shelter, Safe Haven Bed, or a DHS Welcome Center)
- 5,268 Enrollments into the SOS Program
- 162,493 Enrolled Contacts
- **2,022 Permanent Housing Placements in OMH Licensed and Unlicensed Housing**

Strengthening Psychiatric Inpatient Capacity

1000 New and Reopened State & Community Inpatient Beds Since 2022

- 390 New inpatient beds
  - 225 State-operated Adult & Children
  - 83 State-operated Forensic
  - 50 State-operated Transition to Home Unit (THU)
  - 32 community beds
- New psychiatric inpatient and emergency beds in the pipeline including forensic and THU beds
- 615 Offline community inpatient beds restored
  - 18 additional offline beds anticipated to reopen in 2027

Helping New Yorkers to Thrive!

Our goal is to help individuals to live full lives and thrive in their communities

- Stable Housing
- Employment
- Wellness Centers
- Club Houses
- Arts

Training & Workforce Initiatives

Community Mental Health Loan Repayment Program

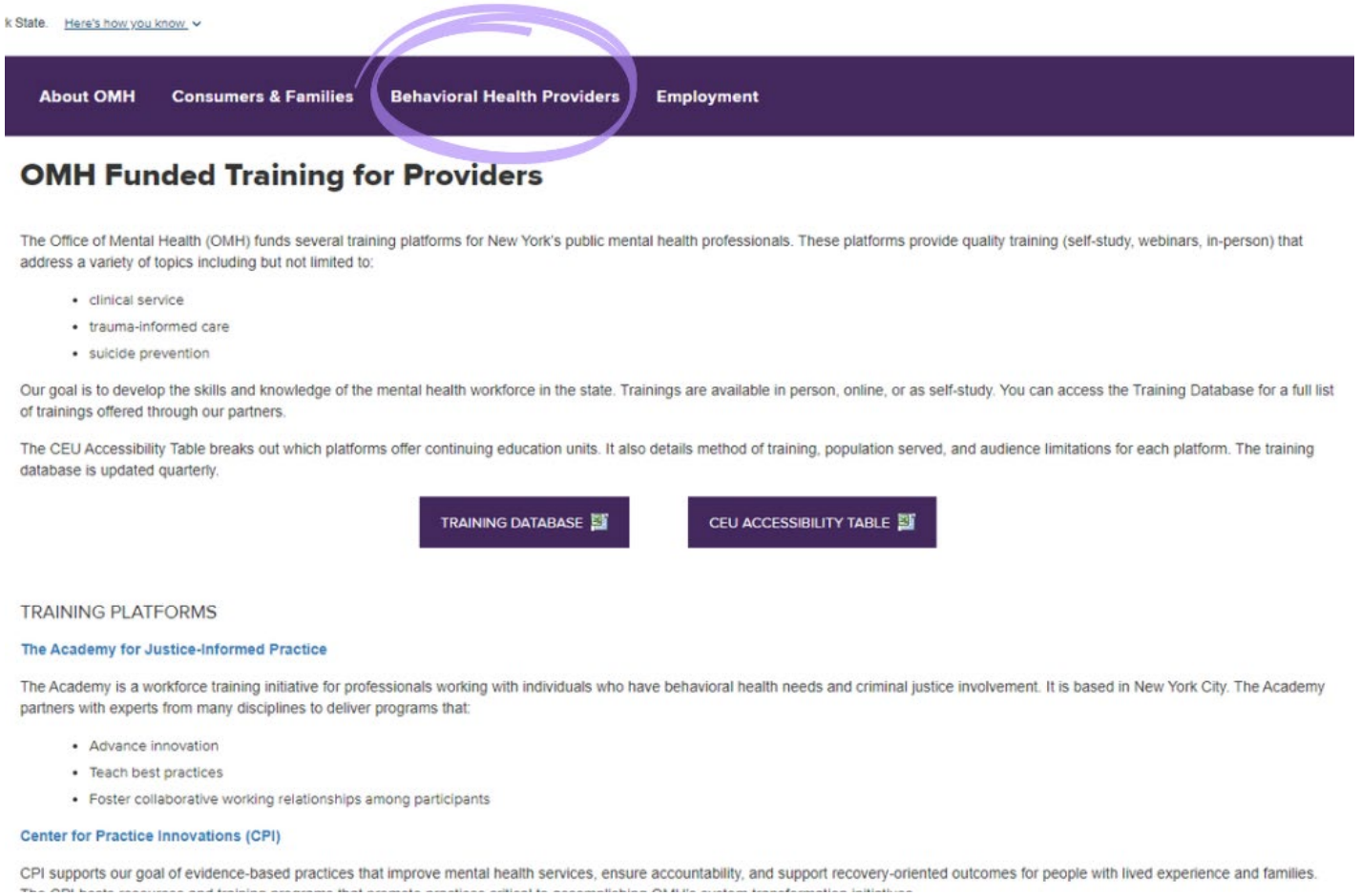
- Recruitment and retention tool for eligible community mental health programs and eligible employees; state aid grants to support student loan repayment over **3-year service commitment**.
- Agencies providing eligible mental health programs apply on behalf of psychiatrists, psychiatric nurse practitioners, physician assistants, and licensed mental health practitioners and other titles. Eligibility is determined in each RFP round and **employers have options for how to distribute loan repayment funds**.
- OMH has made awards to more than **225 agencies** on behalf of more than **1,800 licensed professionals** who have committed to working in more than 400 individual mental health programs for at least 3 years. This includes **135** psychiatrists, **256** nurse practitioners and physician assistants, **1101** social workers, **98** marriage and family therapists, creative arts therapists, and psychologists, and **273** mental health counselors.
- Updating the program in 2026 with a new name and higher repayment levels.

Partnerships with SUNY/CUNY

- **Community College Mental Health internships** with SUNY
  - Students can choose between 10-20 hours per week for their **paid internship with mental health programs**; OMH assisting in matching with our mental health programs
  - Participating community colleges so far include Finger Lakes Community College, SUNY Niagara, Monroe Community College, Hudson Valley Community College, Onondaga Community College; interest and support continues to grow
  - **60 students** have interned with providers in mental health system
- SUNY Equal Opportunity Program Mental Health Pathway Scholars Program
  - Equal Opportunity Program (EOP) participants are highly diverse, often first generation students, who receive wrap around support from their school
  - Beginning in 2027, OMH will partner with SUNY to place **40 bachelor level EOP scholars** in paid internships in the mental health system

Provider Training Page on OMH Website

- **Training helps with retention!**
- Dedicated webpage serves as a centralized resource, offering access to a variety of free training opportunities, materials, and tools for behavioral health providers
- The page features:
  - Links to free platforms (OMH funded)
  - Searchable database listing 1,700 unique trainings; updated quarterly
  - Live or self-study sessions tailored to the behavioral health field
  - Resources on various topics such as trauma-informed care, crisis intervention, and suicide prevention
  - Continuing education credits



Coming Soon! Credentialed Mental Health Support Specialist

- OMH is designing a **Mental Health Support Specialist** paraprofessional credential for the mental health system in NYS
- OMH held multiple **stakeholder sessions** to gather feedback from current paraprofessionals in the field, providers, advocates, county leadership, and individuals to help inform the core competencies, training curriculum, and other key decisions; **more sessions to come!**
- Next, OMH will conduct a study to validate the three levels of the credential & create a grandparenting process for current paraprofessionals.

Vision for the credential:

- Allow licensed professionals to work at the top of their scope
- Multiple pathways to the credential
- Multiple levels that will create a career ladder
- Uniform training for all credential holders
- Partnerships with SUNY/CUNY and other colleges and universities
- Functions are the same as existing paraprofessionals in the field, with some additions

Coming Early 2027! MH Workforce Marketing & Recruitment Website

- As part of our investment in the public mental health system, OMH will be creating a new website connecting job seekers to providers **across New York's public mental health system**.
- OMH's Community Workforce Development team has partnered with Brandemix, an experienced workforce marketing and website development firm to lead this project.
- The final product will be a website **describing various professions, programs and settings** in the state public mental health system with a **job search feature** and a marketing campaign that will drive individuals to the site to learn more about careers. The website will include:
  - information on the educational pathways to licensed & unlicensed professions
  - descriptions of various mental health programs and settings
  - videos explaining the jobs, with relevant educational requirements
  - job search feature allowing jobseekers to search for job opportunities by county and profession

Federal Changes & NYS Response

HR1 Overview

- **Overview**
  - Federal Reconciliation Bill (HR1) passed in July 2025
  - Substantial changes to health care coverage, Supplemental Nutrition Assistance Program (SNAP), and other services supporting New Yorkers
  - The Medicaid changes affect people in the “Expansion Population,” which is based on a modified adjusted gross income, 100-138% the federal poverty level
- **What is happening and when?**
  - November 2025: For SNAP, more expansive work requirements for "Able Bodied Adults Without Dependents" aka ABAWDs, went into effect, with impacts felt in March 2026
  - July 1, 2026: Changes to New York's Essential Plan went into effect; 450,000 New Yorkers lost coverage under the Essential Plan; about 178,000 did not replace that coverage
  - January 1, 2027: New federal work and recertification requirements for Medicaid coverage begin

SNAP Changes due to HR1

- The Supplemental Nutrition Assistance Program (SNAP) issues benefits that can be used like cash to purchase food
- As of November 2025, HR1 made significant changes to the work requirements for "Able-Bodied Adults Without Dependents" (ABAWDs)
  - Individuals identified as ABAWD can receive SNAP benefits for only 3 months in a three-year period if they do not meet certain work requirements
  - The population subject to the ABAWD time limit is expanding and the federal rules on when a state can waive those time limits have become more restrictive
- The goal of OTDA and local social service districts is to make sure individuals can enter employment and that no one loses benefits simply because they didn't understand the new rules or didn't know where to turn for help

Federal Funding Changes for Housing & Homeless Services

- The US Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Notice of Funding Opportunity (NOFO) has proposed to make $4.04 Billion available with new “Tier” processes
  - **Update**: NOFO was enjoined in early August and HUD claims they will appeal the injunction
- **Tier 1**: 60% of annual COC funding will go to renewing existing projects **that are not rejected**
  - NYS loss of $129 Million in funding for Permanent Supportive Housing (PSH) for over 8,700 households
  - Projects must affirm they will not engage in “illegal racial discrimination” (not yet defined in NOFO) and that their organization does not operate a drug injection or safe consumption site
  - Projects can be rejected based on external information sources and subjective criteria
- **Tier 2**: 40% of annual funding will be available through a **nationwide competitive process**
  - $1.3 Billion (most of Tier 2) is set aside for new **Transitional Housing** or Support Service only grants
  - **New Transitional Housing** programs must require at least 20 hours/week of engagement in services, activities, or employment; individuals with disabilities are exempt (SMI, not SUD)
  - **New Support Service only** applicants proposing Street Outreach must demonstrate a “history of, or plan for, partnering with first responders and law enforcement”

Medicaid Eligibility Changes from HR1

- Beginning December 2026/January 2027, the following changes to Medicaid apply to Adults ages 19-64 who are in the Medicaid "Expansion Population," which is based on a "modified adjusted gross income" 100-138% the federal poverty level:
  - "Community engagement" work requirements of 80 hours per month; includes working, community service, a work program, an educational program, or some combination of these activities
  - Eligibility redetermination of Medicaid every 6 months (twice as often as existing 12-month interval)
  - Medicaid $35 cost sharing ("co-pay") for applicable services (some MH services are exempt)
  - Changes limits on retroactive coverage from 3 months to 1 month
- Exemptions to work requirements: Individuals who receive SSI; parents/caregivers of a dependent child 13 years old or younger; pregnant women; individuals with SUD; individuals with a qualifying medical condition or mental health disorder (still to be defined); tribal members
- PSYCKES currently has information on Medicaid recertification due date; OMH is also looking to add a feature to PSYCKES to identify who is in the Medicaid "Expansion Population"

HR_1 Work Requirements: Support for Clients and Providers

Work Requirements

- Self-attestation of medical frailty and inability to work will be sufficient for 2027
- We are proposing a brief simple documentation template for providers to use to support the attestation of inability to work in 2027
- 2028 begins data-based process for exemptions for medical frailty and this is in development (using data to automatically exempt)
- It is important that all diagnoses be coded for services **now** so that eligibility will be more accurate for 2028; for example, if dually diagnosed be sure to code both mental health and substance use on claims since this data will be used to support exemptions
- PSYCKES will have someone's Medicaid status, and we are working to add status of whether they are exempt
- Specifics of how to connect to volunteer services, how to verify work requirements etc., is being worked on with DOH

HR_1 Support for Clients and Providers

Medicaid 6-month Recertification

- DOH Website- Stay Covered campaign
- DOH will contact individuals directly with letters and or email by **9/30/26** as well as a public information campaign
- **PSYCKES will have the recert dates for clients and will flag for timely reminders; PSYCKES will have Medicaid status e.g. exempt, current, date recert needed**
- DOH has increased the number of Medicaid Assistors who will be available statewide; updated trainings will be available 11/4 & 11/18 for providers who would want to train their staff to be a Medicaid Assistor
- 6-month recerts for the expansion population begin Jan 2027 on a rolling basis based on individual recert dates; the disability population still have 1-year recerts and the retroactive period for all is reduced (to either 1 or 2 months)

New York's Response to Federal Changes

Despite messaging from federal actions and changes to SAMHSA strategic priorities, OMH remains committed to:

- Emphasizing **Diversity, Equity, Inclusion and Belonging** principles and practices
- **Supporting LGBTQIA+ populations** and individuals seeking gender-affirming interventions
- Providing mental health services and **support for immigrant populations**
- Implementing peer programs like **INSET** as alternatives to AOT or involuntary treatment
- Promoting use of the **Housing First** model as an evidence-based practice
- Working closely with DOH to ensure that individuals in the Medicaid expansion group that must recertify every 6 months and those who may have to be exempted from or participate in work requirements are able to keep their Medicaid.
- Applying for available Federal Grants and continue to receive awards

NYS Resources

- Dedicated public-facing OMH webpage consolidating important information & resources
- SNAP Work Requirements
- NY State of Health Support & Resources
- New Federal Changes Fact Sheet
- Implementing H.R.1: A Communications Tool Kit | NY State of Health
  - UHF Convening (3/11/26)
  - UHF Convening (6/18/26)

For More Information

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

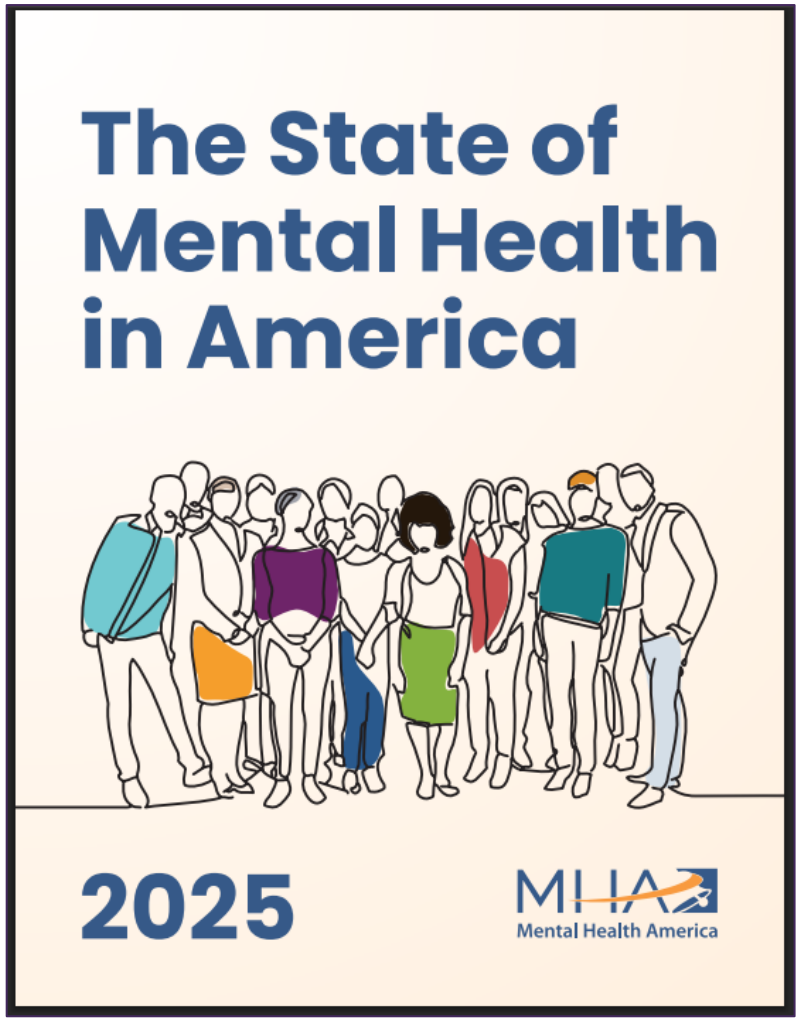
Office of New Americans: Know Your Resources, Know Your Rights

NYS Department of State's Office for New Americans Know Your Resources, Know Your Rights offers resources and action to all residents, including immigrants:

- Federal Action Reporting Form available to share information with NYS Attorney General regarding federal government actions occurring in New York State
- New Americans Hotline can be reached at **1-800-566-7636** for immigration legal help
- Family Preparedness Resources available from the New York Immigration Coalition
- Food & Nutrition Resources page links to information from NYS Office of Temporary and Disability Assistance and map to food resources
- Health & Family Services Resources links to statewide health directories and family care
- Employment & Other Vital Services links to information from NYS Department of Labor, State Division of Human Rights, and State Domestic Violence Hotline and other resources

NYS Ranked #1 in Mental Health America

- New York State was recently **ranked #1** in Mental Health America's 2025 report* on "The State of Mental Health in America"
- Rankings based 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 in the past year (16.88%, ranked 5)
  - Adults with Any Mental Illness who are uninsured (4.20%, ranked 6)
- This is good news, and **we still have more to do!**



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

Office of Mental Health