



NEW YORK STATE SENATOR

Brad Hoylman-Sigal

## Response Letter from Office of Mental Health

NEW YORK STATE OFFICE OF MENTAL HEALTH January 14, 2025

| ISSUE: **ACCESS TO MENTAL HEALTH SERVICES, MENTAL HEALTH**



January 9, 2025

Dear Senators Krueger and Hoylman-Sigal:

Thank you for your recent letter regarding New York's efforts to better serve individuals living with

serious mental illness. I also sincerely appreciate your support for funding in recent budgets which

is critical to expand much needed mental health services across New York State. Regarding the

information you requested in your recent letter, we welcome the opportunity to detail the long-

term investments we are making in the state's public mental health system.

Governor Hochul is leading the way in making mental health care more accessible for everyone.

The state, through a historic investment, is helping New Yorkers of all ages get the mental health

care they need when and where they need it. The state is strengthening key areas of its system

of care, including:

- prevention and youth services,
- access to care, and
- specialized support,

The Office of Mental Health (OMH) has worked tirelessly to advance the Governor's vision over

the last two years. To that end, OMH has released more than 47 procurement opportunities, the

majority of which have been awarded. There has been \$105.6 million in operating funds, \$10 million worth of community Mental Health Loan Repayment funds, and a staggering \$831 million

in capital funding awarded. This funding represents over \$1 billion being issued, which has generated 780 contracts, with 694 providers receiving funds.

Please allow me the opportunity to respond to your specific requests, as outlined below.

### **Residential Services**

OMH is committed to maximizing access to housing opportunities for individuals with diverse

service needs by funding and overseeing a large array of adult housing resources and residential

habilitation programs in New York State, including congregate treatment, licensed apartments,

single room occupancy residences, and supportive housing.

### **How many residential units have opened due to FY2024 allocations?**

Under FY2024 allocations, 1,276 units have opened. Page 2 of 12

### **How many additional units are in the construction pipeline and when are they expected to open?**

2,224 housing units remain in the pipeline

- Four licensed treatment apartments
- 70 scattered-site supportive housing units
- 500 Community Residence-Single Room Occupancy (CR-SROs) Beds
- 750 Supportive Housing-Single Room Occupancy (SP-SROs) Beds
- 900 Short Term Transitional Residential Beds

Please note that conditional awards have been made for all 500 CR-SRO and 750 SP-SRO beds

and that timelines for operation of SP-SRO and CR-SRO beds are dependent on the awardees'

ability to site the projects, secure community approval, secure additional capital (where needed),

and complete construction. Timeframe for securing a site can be varied, but once that occurs, construction typically takes 18-24 months.

In addition, all 900 Short-Term Transitional Beds were procured. Awards were made for 441 beds

with 53 additional beds pending award. All non-awarded beds will be reprocured in early 2025.

Awardees are also working on siting those projects. The timeline for operation is dependent on

the same considerations identified above.

The four non-awarded Apartment Treatment and 70 Scattered-Site Supportive Housing beds will

be reprocured in the coming month and should be operational mid-2025.

**What types of units have opened?**

596 licensed treatment apartments and 680 scattered-site supportive housing units

**Where are these new units located?**

Apartment Treatment (by County and number of units)

Ontario 12

Seneca 8

Clinton 15

Lewis 6

Albany 2

Orange 11

Schenectady 5

Schoharie 3

Sullivan 13

Ulster 6

Tompkins 18

Rockland 20

Suffolk 43

Queens 102

Bronx 99

Cortland 10

Columbia 10

Greene 5

Herkimer 15

Kings 50

Nassau 32

Monroe 20

Madison 15

Chemung 15

Schuyler 5

Warren 20

Livingston 5

Cayuga 8

Oswego 8

Unawarded 4

Nassau/Suffolk 10

Onondaga 5 Page **3** of **12**

Scattered Site Supportive Housing (by County and number of units)

Bronx 20

Nassau/Suffolk 20

Onondaga 20

Kings 25

Queens 25

Albany/Schenectady/Saratoga 25

Broome/Chenango/Otsego 25

Cortland/Tompkins/Tioga 25

Erie 33

Monroe 45

Onondaga/Oswego 25

Ulster/Sullivan 25

Westchester 35

Dutchess/Orange 25

Broome 20

Cayuga 10

Clinton 5

Columbia 12

Genesee 8

Greene 8

Jefferson 20

Livingston 8

Nassau 15

Niagara 10

Oneida 15

Ontario 20

Orleans 8



Putnam 15

Suffolk 55

Warren 12

Washington 13

Wyoming 8

Nassau/Suffolk 20

Onondaga/Oneida 25

Unawarded 25

Short-Term Transitional Residential (STTR) In Development (by County and number of units)

Madison 14

Queens 42

Schenectady 36

Ulster 14

Nassau 14

Fulton 14

Manhattan/Queens 14

Manhattan 57

Albany 28

Sullivan 14

Suffolk 42

Jefferson 14

St. Lawrence 14

Cortland 14

Erie 14

Ontario 14

Orange 22

Monroe 14

Onondaga 22

Essex 8

Broome 8

Monroe 8

**How many New Yorkers have received services through these units in FYs 2024 and 2025?**

As most of these new beds were added to existing programs, differentiating between which

individuals are served through new beds versus existing beds is not feasible under current data

collection methods. OMH is exploring additional data collection methods to better tabulate this

information.

### **State Operated Psychiatric Centers**

OMH operates twenty-three psychiatric centers throughout New York State, providing inpatient

care for over 10,000 individuals each year who require more care than acute stay hospitals typically provide.

### **How many new inpatient beds have been added in state-operated psychiatric hospitals in**

#### **FYs 2024 and 2025?**

The SFY 2024 budget added 150 State Operated Beds with all 150 opened by the end of calendar

year 2023. The SFY 2025 budget added an additional 200 beds with 27 currently open, an

additional 87 beds expected to be open by in January 2025, and 11 to open in February 2025.

The final 75 beds will be opened in 2026 and 2027 following a series of necessary construction projects. Page 4 of 12

### **Where have these beds been added?**

As part of FY2024 funding, 150 beds were fully opened as of 12/31/23 at the following locations:

South Beach Psychiatric Center- 25 beds

Pilgrim Psychiatric Center- 50 beds

Buffalo Psychiatric Center- 39 beds

Rochester Psychiatric Center- 11 beds

Bronx Psychiatric Center- 2 beds

Rockland Children's Psychiatric Center- 7 beds

Greater Binghamton Health Center- 3 beds

Saint Lawrence Psychiatric Center- 3 beds

Mohawk Valley Psychiatric Center- 10 beds

As part of FY2025 funding, 200 beds will be opened at the following locations:

Rockland Children's Psychiatric Center – 15 beds for youth

Capital District Psychiatric Center – 10 beds for adults

Creedmoor Psychiatric Center – 100 beds for adults, including Transition to Home Units

Greater Binghamton Health Center – 25 beds for adults

Rochester Forensic Unit – 25 beds for adults

Kirby Forensic Psychiatric Center – 25 beds for adults

**What has been the occupancy rate for these beds in FYs 2024 and 2025?**

The occupancy rate for OMH Adult Psychiatric Centers (PCs) is consistently around 93% or 94%.

The occupancy rate for the Children/Youth PCs averages 62%. Forensic facility occupancy is approximately 97%. Forensic bed vacancies are typically related to patient movement going to

and from county jails. It is important to note that, consistent with national trends, our Children's

occupancy rates have seasonal variation, as do all children's inpatient services. OMH continuously reviews the occupancy rates and referral volume for our children's programs to ensure that youth are being appropriately admitted and access to inpatient services is available.

**Inpatient Psychiatric Services at Article 28 Community Hospitals**

**How many institutions have received penalties under subdivision (g) of section 31.16 of the Mental Hygiene Law, as amended by the FY 2023-2024 NYS Budget?**

OMH has notified one health system of its intent to impose fines related to two specific hospitals,

in accordance with established procedures.

**How many beds have been added as a result of these penalties in FYs 2024 and 2025?**

Nearly all providers have been responsive and supportive in the state's efforts to restore offline

psychiatric capacity. Regarding the aforementioned enforcement action, discussions are ongoing

with that provider.

**How many beds have remained closed, in violation of a facility's operating certificate, since the enactment of the FY2023-2024 State Budget?**

Nearly all providers have been responsive and supportive in the state's efforts to restore offline

psychiatric capacity, and we are working with them to restore capacity as directed. To date, 550

beds have reopened with projects currently underway to add up to 90 more acute beds in the new

year. Those outstanding beyond current renovation projects require capital funding, and in some

cases distressed hospital financial support; OMH is working with all such providers to bring backPage 5 of 12

capacity subject to these needs. Most importantly, recent statewide inpatient bed vacancy rates

have been approximately 20%, reflecting adequate bed availability across the state. Post

pandemic when the aforementioned hospital beds were closed, the community bed rates were at

an unacceptable 8% vacancy rate, which limited access.

**What steps is OMH taking to improve the discharge process from Article 28 institutions to ensure people with severe mental health needs are immediately connected to stable housing and health care services?**

OMH and the Department of Health (DOH) finalized amended regulations for operating psychiatric

inpatient units at general hospitals, private psychiatric facilities, Comprehensive Psychiatric

Emergency Programs (CPEPs), and Emergency Departments (ED) in hospitals designated

pursuant to Section 9.39 of mental hygiene law. OMH's regulations (14 NYCRR Parts 580, 582

and 590) were adopted and posted to the State Register on 12/18/2024. The DOH Emergency

Department regulations (10 NYCRR Part 405) were approved by the New York State Public

Health and Health Planning Council on Thursday 12/5/2024. The amended OMH regulations will

require hospitals to direct their clinical staff to:

- Check the Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)

for prior psychiatric and medical history, wellness plans, and psychiatric advance directives

when admitting patients;

- Obtain information from outpatient providers and other collateral sources of information to

help inform hospital assessment, treatment, and discharge planning;

- Determine if the individual has complex needs based on a new clear definition;

- Conduct screenings for suicide risk, substance use, violence risk –including asking about access to firearms or other weapons;

- Establish a discharge plan reflecting the individual's social support levels and address psychiatric, substance use disorder, chronic medical, and social needs;

- Connect with outpatient or residential programs for patients having complex needs on the day

of discharge or as soon as possible afterward;

- Schedule follow-up appointments within seven calendar days or the earliest possible date after an individual is discharged;

- Coordinate discharge details with care managers for those enrolled in outpatient or residential

care management;

- Screen for suicide risk prior to discharge; and



- Offer appropriate pharmacological interventions for substance use disorders and consider long-acting injectable medications for individuals with a history of difficulty consistently taking oral antipsychotic medications.

These updates follow the Guidance on Evaluation and Discharge Practices for Comprehensive

Psychiatric Emergency Programs (CPEP) and §9.39 Emergency Departments released in

October 2023. In October 2024, OMH also updated the Guidance for Outpatient Treatment,

Residential, Residential Treatment Facility, and Care Management Programs on Collaborating

with Hospitals on Admissions and Discharges to Support Recovery-Focused System Change

which added standards for outpatient providers on working with individuals discharged from

general hospitals, private psychiatric facilities, CPEPs, and EDs. Page 6 of 12

Updates to 14 NYCRR Part 599 are currently in process to incorporate relevant changes to our

Clinic program regulations. Other ambulatory and residential regulatory updates will be initiated

in 2025.

These changes are aimed at improving admission and discharge processes and to ensure services are collaborative and tailored to the individual needs of patients.

To support implementation of these regulations, OMH is deploying staff in regional teams to work

with hospitals by providing support and technical assistance, with a focus on admission and discharge planning for individuals with complex needs (as defined in the updated regulations).

OMH has invested in Trauma Responsive Understanding Self-assessment Tool (TRUST) training

slots dedicated to Article 28/31 hospital providers based on feedback from hospitals to provide

more support in de-escalation and violence reduction among the population who have a Serious

Mental Illness. OMH is also in procurement for a Project ECHO (Extension for Community Healthcare Outcomes) provider to provide didactic and case conferencing support to Article 28

hospital and residential providers with a focus on preventing and reducing violence.

### **Assertive Community Treatment (ACT) Teams**

The purpose of Assertive Community Treatment (ACT) is to deliver comprehensive and effective

services to individuals who are diagnosed with SMI and whose needs have not been well met by

more traditional service delivery approaches. ACT is grounded in a recovery-oriented practice and

provides an integrated set of evidence-based treatment, rehabilitation, case management, and

support services delivered by a mobile, multidisciplinary behavioral health treatment team.

Individuals receiving ACT services often have a treatment history that has been characterized by

frequent use of psychiatric hospitalization and emergency rooms, involvement with the criminal

justice system, alcohol/substance use, homelessness, and lack of engagement in traditional site-

based services. The population served by ACT is a small subset of the overall population with

SMI and requires the highest level of services. Individuals receiving ACT services require frequent

and community-based contacts. The individual-to-staff ratio for ACT cannot exceed 10:1.

**How many new ACT teams have been added and deployed with the FY2024 allocation?**

Of the 42 teams funded in the SFY 2024 Enacted Budget, 25 ACT teams have been awarded and

17 have yet to be awarded and will be reprocured. The 42 teams are divided into 32 Adult-serving

and 10 Youth-Serving teams.

20 Adult ACT teams have been awarded:

- o 10 Flexible ACT Teams
- o 1 Alternative to Incarceration (ATI) ACT Team
- o 4 Forensic ACT (FACT) Teams
- o 1 Rural ACT Team
- o 1 Older Adult ACT Team
- o 3 Young Adult ACT teams

Another 12 Adult ACT Teams will be procured in early 2025. Page **7** of **12**

9 Youth ACT teams have been awarded. The remaining 1 Youth ACT Team is currently out for

reprocurement.

Of the 25 teams awarded, 5 adult ACT teams are licensed and admitting individuals (admission

is 4-6 a month based on the EBP model). The other 20 ACT teams are in the process of hiring staff and becoming licensed.

As Youth ACT is a new model, a robust evaluation program has been implemented to evaluate

the impact of Youth ACT on youth and family outcomes. Data, including strengths, needs, and

symptoms, is collected at enrollment, every six months thereafter and at discharge.

Preliminary

data has shown that Youth ACT teams are serving youth with high needs at enrollment.

Youth

have experienced multiple gains in six months, including reducing symptoms and risk behaviors

while increasing strengths and functioning.

**Where have these teams been added and deployed? How many individuals with serious mental illness have received services from ACT teams in FYs 2024 and 2025?**

Adult ACT (by County and type of team)

Monroe – 1 FACT

Erie – 1 FACT, 2 Flexible ACT

Kings – 1 FACT, 2 Flexible ACT

Chenango – 1 Rural ACT

Suffolk – 1 FACT, 1 Flexible ACT

Bronx – 1 ATI ACT, 1 Older Adult ACT, 1 Flexible ACT

Westchester – 1 Flexible ACT

Broome – 1 Flexible ACT

Nassau – 1 Flexible ACT

Manhattan – 1 Flexible ACT, 1 Young Adult ACT

Brooklyn/Staten Island – 1 Young Adult ACT

Nassau/Western Suffolk – 1 Young Adult ACT

Youth ACT (each of the following counties added one team)

Chautauqua

Madison

Delaware

Ontario

Otsego

Ulster

Sullivan

Rensselaer

Rockland

ACT is based on an evidence-based model. Based on the ACT model, new teams starting up have a prescribed number of no more than 4-6 admissions a month due to the acuity of the ACT

referrals and to ensure opportunity for engagement. Once an ACT team is licensed, they can begin admitting individuals. To date, 19 adults have received services from new ACT teams.

**How many ACT teams have been funded but are not yet operating due to staffing shortage?**

Six teams have reported that staffing shortages are the primary reason they may be slow to open. Page 8 of 12

**How many individuals stopped receiving services due to lost contact with ACT teams?**

**How many individuals requested and received discharge, against the advice of an ACT team in FYs 2024 and 2025?**

There have been no discharges to date.

**How many individuals were discharged after demonstrating “an ability to function in major life roles” in FYs 2024 and 2025?**

There have been no discharges to date.

**Safe Options Support Critical Time Intervention Teams**

Safe Options Support (SOS) Critical Time Intervention (CTI) Teams use an evidence-based CTI

approach to provide intensive outreach, engagement, and care coordination services to

individuals experiencing street homelessness and those in temporary shelter settings.

**How many SOS CTI teams have been added and deployed with the FY 2024 allocation?**

There are currently 26 SOS teams active throughout NYS, 15 in NYC and 11 in Rest of State.

As part of the FY2024 allocation, 9 teams have been added, with 4 of those teams currently operational.

**Where have new SOS CTI teams been added and deployed with the FY 2024 allocation?**

Southern Tier (Chemung/Steuben Counties - Monroe Plan for Medical Care Southern Tier

Hudson Valley (Sullivan/Ulster Counties - Rehabilitation Support Services

Central New York (Onondaga/Oswego Counties - Monroe Plan for Medical Care Central NY

CNY/Southern Tier (Cortland/Tompkins/Tioga) - Catholic Charities of Cortland County

*Staten Island - Breaking Ground*

*Queens (Rockaways Region) - Breaking Ground*

*Bronx/Manhattan Young Adult Team ACMH, Inc.*

*Manhattan/Brooklyn Young Adult Team ACMH, Inc.*

*Older Adult & Medically Fragile Team The Bridge, Inc.*

Those teams in italics are currently involved in startup activities (securing space, recruitment,

Electronic Health Record enhancements), but not yet deployed. The Staten Island and Queens



SOS teams plan to launch by February, and the remaining teams are expected to launch in Spring

2025.

**How many clients received services from SOS CTI in FYs 2024 and 2025?**

Rest of State SOS Teams

*\*Please note, individuals enrolled prior to this date may have been receiving services that are not reflected in the total number of enrollments below*

FY 2024 – 134 enrollments into SOS program

FY 2025 – 329 enrollments into SOS program

To date, there have been 14,586 outreach encounters by SOS teams Page 9 of 12

NYC SOS Teams

*\*Please note, individuals enrolled prior to this date may have been receiving services that are not reflected in the total number of enrollments.*

FY 2024 976 enrollments into SOS program

FY 2025 540 enrollments into SOS program

To date, there have been 49,904 outreach encounters by SOS teams

To date, there have been a total of 854 emergency department visit/hospitalizations for 370 individuals with medical, psychiatric, and/or SUD-related concerns

**How are SOS teams collaborating with the homeless outreach teams funded by the City of New York, the MTA and Business Improvement Districts to ensure that services can be deployed most effectively?**

The SOS Teams regularly collaborate with a variety of stakeholders and providers, including but

not limited to City-funded homeless outreach teams, OASAS Outreach and Engagement Support

Teams, MTA, NYPD, Amtrak, and Business Improvement Districts.

The teams have daily communication with MTA and NYPD staff during their outreach work to

identify individuals who may be unsheltered or at-risk. The teams also attend recurring meetings

with MTA and other homeless outreach providers to discuss station conditions, progress around

engaging “Top Clients”, and identified areas of concern. The NYC SOS Hub works closely with

MTA and Dept of Homeless Services (DHS) to plan for areas where SOS teams will focus

outreach, including participation in the overnight End of Line (EOL) initiative at high volume stations.

The SOS teams and city-funded homeless outreach teams collaborate around all mutual clients

for purposes of shared care planning. The city-funded homeless outreach teams regularly refer

high-needs individuals to SOS for increased support, and joint outreach is often conducted to

support engagement and efforts to develop rapport. SOS Teams also participate in weekly

Coordinated Behavioral Health Taskforce calls with DHS, NYC Health + Hospitals, and the NYC

Dept of Health and Mental Hygiene to coordinate treatment and housing options for the “Top 50

Clients”. The cross-systems collaboration that takes place in this forum has resulted in many of

the highest need individuals receiving inpatient mental health treatment, including several who

have received services at the Transition to Home Unit (THU), and successful transition to stable

housing in the community with the support of the SOS Team.

The SOS Teams recently began strengthening their connection with the SCOUT Teams to provide

ongoing outreach and Critical Time Intervention services to individuals who have been

involuntarily removed from MTA stations due to safety concerns. This also involved close

coordination with NYC Health + Hospitals and any involved City-funded outreach teams to ensure

a safe and comprehensive discharge plan. We expect this partnership will further expand this

year to include those individuals who are voluntarily referred to the hospital by SCOUT for psychiatric evaluation.

Lastly, the new State-operated Targeted Response SOS Team launched this year in partnership

with the Times Square Alliance (TSA). This team has daily communication with TSA and other

involved outreach teams to coordinate efforts and ensure staff are aligned on individual levelPage 10 of 12

goals. While still early in the process, this partnership has already provided some impressive outcomes in helping to support individuals who have been chronically homeless to accept shelter

and work toward permanent housing.

**How many SOS teams have been funded but are not yet operating due to staffing shortages?**

None.

**How many clients stopped receiving services due to lost contact with SOS CTI teams in**

## **FYs 2024 and 2025?**

In NYC, there were 307 discharges in FY 2024 and 157 discharges in FY 2025 due to loss of contact. Prior to discharge for loss of contact, all SOS Teams conduct diligent search efforts for a minimum of 90 days. These searches include canvassing areas where the individual is known to frequent, contacting any natural or formal supports, utilizing technology to determine whether the individual has had contact with local hospitals, checking criminal justice databases, etc. If a discharged individual is located, the SOS Team will resume engagement efforts and can immediately readmit to services when appropriate.

We're currently not receiving discharge subtypes for SOS teams in Rest of State; however, we expect to begin receiving this data in early 2025 including all discharges retrospectively.

## **How many clients received stable housing placements in FYs 2024 and 2025?**

Rest of State SOS Teams

FY 2024 - 18 OMH Licensed and Unlicensed housing placements

FY 2025 – 172 OMH Licensed and Unlicensed housing placements

NYC SOS Teams

FY 2024 271 OMH Licensed and Unlicensed housing placements

FY 2025 256 OMH Licensed and Unlicensed housing placements

**How did the amount of time a client spent in jail or prison change since engagement with an SOS CTI team during FYs 2024 and 2025?**

While we don't have this information currently, OMH is working to achieve interoperability with all

SOS providers. This will provide individual level data for all SOS members and allow for future

opportunities to evaluate length of time spent in the criminal justice system.

**Critical Time Intervention (CTI) Teams:**

CTI Teams serve individuals during a critical transition time who have mental illness and who

have not been successfully engaged in services during or after critical transition times.

CTI Teams will be modeled on Critical Time Intervention (CTI), an evidence-based approach that

is a time-limited, phase-based care management service. CTI promotes community integration,

self-advocacy, and access to ongoing support by helping individuals develop and utilize strong

ties to their professional and non-professional support systems during and after transition periods.

CTI includes assertive outreach and engagement with individuals in higher-level of care settings

as well as in the community with a focus on addressing key social care needs at the individualPage 11 of 12

level. CTI places emphasis on helping individuals build skills and strengthen linkages to ongoing

sources of support that will remain in place after the time-limited CTI intervention ends. As these

CTI teams are a new model that needed to be designed specifically for the purpose of working

with our hospital system, the teams were awarded later in 2024 and will start to become operational in early 2025.

**How many CTI teams have been added and deployed with the FY 2024 allocation?**

Of the 50 CTI teams funded in 23/24 SOTS:

31 Adult CTI Teams have been awarded statewide to avert ED boarding (by County and number

of teams):

New York City – 15

Nassau – 2

Suffolk – 2

Albany – 1

Rensselaer – 1

Ontario – 1

Oneida - 1

Dutchess – 1

Rockland – 1

Westchester – 1

Onondaga – 1

Jefferson – 1

Montgomery – 1

Broome – 1

Monroe – 1

Six of the 31 awarded CTI teams are to serve adults with co-occurring Mental Health and I/DD.

Contracts have been executed for these Adult CTI Teams as of early December.



6 Youth CTI teams have been awarded statewide to avert ED boarding and are in the contracting process (by County and number of teams):

Broome – 1

Essex – 1

Monroe – 1

Onondaga – 1

Orange – 1

Schenectady – 1

OMH has had discussions with the field of community providers prior to reprocurement to improve

the response and will be reprocurring the 13 unawarded CTI teams in early 2025.

**How many clients received services from CTI in FYs 2024 and 2025?**

CTI Teams have not yet started admitting individuals – admissions will begin in the new year.

**How many clients stopped receiving services due to lost contact with CTI teams in FYs**

**2024 and 2025?**

CTI Teams have not yet started admitting individuals – admissions will begin in the new year.

**How many clients received stable housing placements in FYs 2024 and 2025?**

CTI Teams have not yet started admitting individuals – admissions will begin in the new year.

**How many Clients reached Phase 3 of CTI and were discharged according to the advice of the CTI Team in FYs 2024 and 2025?**

CTI Teams have not yet started admitting individuals – admissions will begin in the new year.

Again, thank you for your support of these critical initiatives, and for your interest in the progress

made by the Office of Mental Health to strengthen the public mental health system. Should you

have any questions regarding the information provided, please reach out to me anytime or contact

OMH Legislative Coordinators Charles Vaas or Joseph Erdman.

Sincerely,

Ann Marie T. Sullivan, M.D.