



January 9, 2025

Senator Liz Krueger
211 E. 43rd St., #2000
New York, NY 10017

Senator Brad Hoylman-Sigal
322 Eighth Avenue, #1700
New York, NY 10023

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.

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	Rockland 20	Madison 15
Seneca 8	Suffolk 43	Chemung 15
Clinton 15	Queens 102	Schuyler 5
Lewis 6	Bronx 99	Warren 20
Albany 2	Cortland 10	Livingston 5
Orange 11	Columbia 10	Cayuga 8
Schenectady 5	Greene 5	Oswego 8
Schoharie 3	Herkimer 15	Unawarded 4
Sullivan 13	Kings 50	Nassau/Suffolk 10
Ulster 6	Nassau 32	Onondaga 5
Tompkins 18	Monroe 20	

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

Bronx 20	Westchester 35	Oneida 15
Nassau/Suffolk 20	Dutchess/Orange 25	Ontario 20
Onondaga 20	Broome 20	Orleans 8
Kings 25	Cayuga 10	Putnam 15
Queens 25	Clinton 5	Suffolk 55
Albany/Schenectady/Saratoga 25	Columbia 12	Warren 12
Broome/Chenango/Otsego 25	Genesee 8	Washington 13
Cortland/Tompkins/Tioga 25	Greene 8	Wyoming 8
Erie 33	Jefferson 20	Nassau/Suffolk 20
Monroe 45	Livingston 8	Onondaga/Oneida 25
Onondaga/Oswego 25	Nassau 15	Unawarded 25
Ulster/Sullivan 25	Niagara 10	

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

Madison 14	Albany 28	Orange 22
Queens 42	Sullivan 14	Monroe 14
Schenectady 36	Suffolk 42	Onondaga 22
Ulster 14	Jefferson 14	Essex 8
Nassau 14	St. Lawrence 14	Broome 8
Fulton 14	Cortland 14	Monroe 8
Manhattan/Queens 14	Erie 14	
Manhattan 57	Ontario 14	

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.

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	Rockland Children’s Psychiatric Center- 7 beds
Pilgrim Psychiatric Center- 50 beds	Greater Binghamton Health Center- 3 beds
Buffalo Psychiatric Center- 39 beds	Saint Lawrence Psychiatric Center- 3 beds
Rochester Psychiatric Center- 11 beds	Mohawk Valley Psychiatric Center- 10 beds
Bronx Psychiatric Center- 2 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 back

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.

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:

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

Another 12 Adult ACT Teams will be procured in early 2025.

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	Ulster
Madison	Sullivan
Delaware	Rensselaer
Ontario	Rockland
Otsego	

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.

**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
<i>Staten Island -</i>	<i>Breaking Ground</i>
<i>Queens (Rockaways Region)-</i>	<i>Breaking Ground</i>
<i>Bronx/Manhattan Young Adult Team</i>	<i>ACMH, Inc.</i>
<i>Manhattan/Brooklyn Young Adult Team</i>	<i>ACMH, Inc.</i>
<i>Older Adult & Medically Fragile Team</i>	<i>The Bridge, Inc.</i>

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

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 level

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 individual

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	Rockland – 1
Nassau – 2	Westchester – 1
Suffolk – 2	Onondaga – 1
Albany – 1	Jefferson – 1
Rensselaer – 1	Montgomery – 1
Ontario – 1	Broome – 1
Oneida - 1	Monroe – 1
Dutchess – 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 reprocuring 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 at (518) 474-1331.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ann Marie T. Sullivan, M.D.", written in black ink.

Ann Marie T. Sullivan, M.D.
Commissioner