



Office of
Mental Health

NYS Investments in the Children's Mental Health System

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OMH Mission

The Office of Mental Health's (OMH) mission is to promote the mental health of all New Yorkers, with a particular focus on facilitating hope and recovery for adults and children with serious mental illness or emotional disturbances.

Child Serving System Connections



Mental Health is just one component within a larger child-serving system. Cultivating knowledge and partnerships within communities is critical to understanding the resources available to link families appropriately.

NYS Office of Mental Health Regions



NYS Economic Development Regions

- Western NY
- Finger Lakes
- Southern Tier
- Central NY
- Mohawk Valley
- Capital Region
- Mid-Hudson
- New York City
- Long Island
- North Country



**MENTAL HEALTH
SYSTEM
INVESTMENTS**

Investing in a Comprehensive Continuum of Care Across the Lifespan

- ✓ Prevention
- ✓ Timely Access Ambulatory/Community Services
- ✓ Immediate Emergency and Crisis System
- ✓ Inpatient: acute access and long-term state capacity
- ✓ Residential: across the lifespan
- ✓ Care Coordination/Wrap Around Services
- ✓ Intensive/High Need community-based continuum of care supports/services, especially for youth with child welfare, JJ involvement

Mental Health Investments from Previous Budget 23-24*

Prevention Services

- ✓ Increase School-based Clinics: current 1400
- ✓ Including increasing school-based Medicaid rate & Commercial Insurance coverage at the increased rate
- ✓ Expansion of Healthy Steps to 300,000 families
- ✓ New Resources to expand Suicide Prevention programs for high-risk youth
- ✓ Expansion of Individual Placements and Supports (IPS)
- ✓ Expansion of Youth MHFA/Teen MHFA trainings

Community Access

- ✓ 26 New Certified Community Behavioral Health Centers (CCBHC) (tripling the capacity)
- ✓ Expansion of Article 31 Mental Health Clinics
- ✓ Expansion of Home-based Crisis Intervention for youth
- ✓ 12 New Comprehensive Psychiatric Emergency Programs (CPEP)
- ✓ 42 New Assertive Community Treatment (ACT) teams: over 2100 individuals
- ✓ Expansion of Intensive and Sustained Engagement Team (INSET) program to 4 teams
- ✓ Funding for Eating Disorders

Highest Need Individuals

- ✓ 150 State inpatient beds
- ✓ New Inpatient and ER Discharge Protocols and Responsibilities
- ✓ 3,500 new Housing Units
- ✓ 8 Additional SOS teams
- ✓ 50 new Critical Time Intervention (CTI) teams including Medicaid and insurance coverage
- ✓ Expansion of High-Fidelity Wrap Around Services for children and families statewide to all counties
- ✓ Increase Health Home Plus capacity for high need individuals
- ✓ Commercial and Medicaid payment for all crisis services and intensive wrap around services Jan 2025

*Total Budget 24-25 \$4.8 Billion (45% Increase from 2022)

\$45 Million
Youth Mental
Health Services



Children's Mental Health Investments

- ✓ Expand school-based mental health clinics to all willing schools and require insurers to pay for school-based services.
- ✓ Increase funding for Teen Mental Health First Aid training programs, which utilize peer ambassadors to engage teens who are disconnected.
- ✓ Expand the Youth Assertive Community Treatment program to ensure teams are available to more youth and families to a total of 40 youth ACT teams.
- ✓ Expand access to intensive programs that allow children to stay in their homes, supported by their families and caregivers, while receiving intensive care within community-based treatment settings, including
 - Home based Crisis Intervention
 - Critical Time Intervention Teams
 - Brief stay transitional residential beds

Children's Mental Health Investments

- ✓ Adopt the Stop Addictive Feeds Exploitation for Kids Act (SAFE for Kids Act), which will require social media companies to restrict addictive features and allow users under 18 to receive a default chronological feed from accounts they already follow.
- ✓ Establish a Youth Advisory Board at OMH to ensure youth-informed best practices continue to be incorporated in developing behavioral health programs and policies.
- ✓ Double the number of Infant Toddler Mental Health Consultants located throughout the state at seven regional infant and toddler resource centers.
- ✓ Expand Home Based Crisis Intervention programs for children being discharge from hospitals or presenting at ER/CPEP to support their mental needs and connect to needed treatment and services.

\$55 Million

200 New Inpatient Beds

- 15 Children
- 25 Forensic
- 75 Transition to Home (THU)
- 85 Adult



Workforce Investments

- COLA: 2.84% 2024-25; Prior COLAs 4% 23-24; 5.4% 22-23.
- Mental Health Loan Repayment Program
 - \$9M for Psychiatrists & Nurse Practitioners
 - \$5M for additional practitioners
 - \$4M **New in FY25** for Child Practitioners
- Registered Apprenticeship Program
- Continue to grow SUNY/CUNY partnership to increase diversity in Behavioral Health workforce; fellowships
- Psychiatric Residencies with SUNY Upstate and Physician Assistant Psych program with H+H.

Increasing Access: Insurance Reform

- 23-24 Budget: Commercial insurers required to pay for school-based services at increased Medicaid rate; commercial and Medicaid to pay for crisis stabilization and mobile crisis
- 24-25 Commercial insurers required to pay Medicaid rate for clinic and licensed outpatient services
- 2025 Commercial and Medicaid to pay for CTI teams
- By January 2025 Department of Financial Services (DFS) regulations require commercial and Medicaid managed care plans to:
 - Have current and updated Directories of Providers Behavioral Health
 - Provide a mental health appointment within 10 days
 - If unable to provide an appointment within 10 days, then will go Out-of-Network with no increased cost to the patient
 - Increased staff to DFS for enforcement

Specialized Services for Youth and Families with Complex Needs

- Critical Time Intervention Teams (CTI) with transitional residential capacity for urgent needs
- Specialized Residential Treatment Facilities, including partnerships with child welfare
- Specialized Children's Community Residences for high-needs youth with child welfare involvement
- Specialized Inpatient Services in the community and state hospital system, including partnerships with juvenile justice
- Project ECHO in Crisis Call Centers 988 and training in crisis continuum
- CCBHC services for individuals who are dually diagnosed

Other Mental Health Investments

\$33M

**Criminal
Justice-
related
Programs**

\$43M

**Supportive
Housing Units**

Criminal Justice-Related Programs

- ✓ New mental health courts and expansion of existing courts
- ✓ Mental health navigators to work in county courts with the courts, mental health coordination teams, and local providers and refer individuals to treatment and services
- ✓ 100 new transitional housing beds for individuals with mental illness leaving the criminal justice system
- ✓ 15 new Forensic Assertive Community Treatment teams
- ✓ A specialized supportive housing program and a team to provide individual and staff support for individuals with a history of repeated arrests and difficulty engaging in mental health treatment
- ✓ An expansion of Crisis Intervention Team or 'CIT' training to support better outcomes when law enforcement responds to individuals in mental health crises

Supportive Housing Units

- ✓ \$43 million for supportive housing units with on-site services for people in need of mental health treatment
- ✓ \$37 million to build new programs for unhoused individuals living with mental illness, to gain the skills they need to live in the community and receive the mental health care they need
- ✓ Builds on last year's historic investments of which **over 95 % have been RFP'd and 775 million awarded :**
 - ✓ 500 Community Residence-SRO beds: \$200 million
 - ✓ 900 new Transitional Step Down Beds: \$360 million
 - ✓ 1,500 Supportive Housing Beds: \$330 million
 - ✓ 60 Residential Step Down Beds: \$25 million
 - ✓ 600 Apartment Treatment beds

SYSTEM OVERVIEW

Pathways to Children's Mental Health Services

Parent and family referral

Parents and caregivers seek mental healthcare, including outpatient care or emergency care.

Early
Intervention



Early Intervention Program (EI) and Pediatric Primary Care

EI specialists and pediatricians can be an early entry-point for children needing therapeutic and supportive mental health services.

C-SPOA

Children's Single Point of Access

This county level coordinator supports the identification of children/youth and families most in need of services and manages service access and utilization for this population.

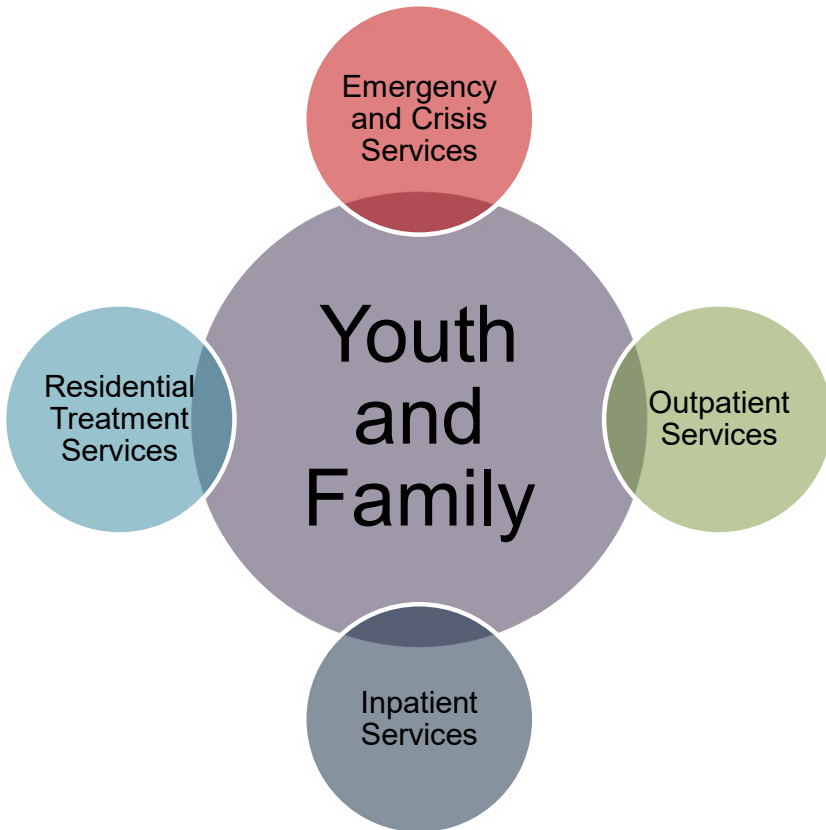
School referral

Schools can refer families to mental health services.

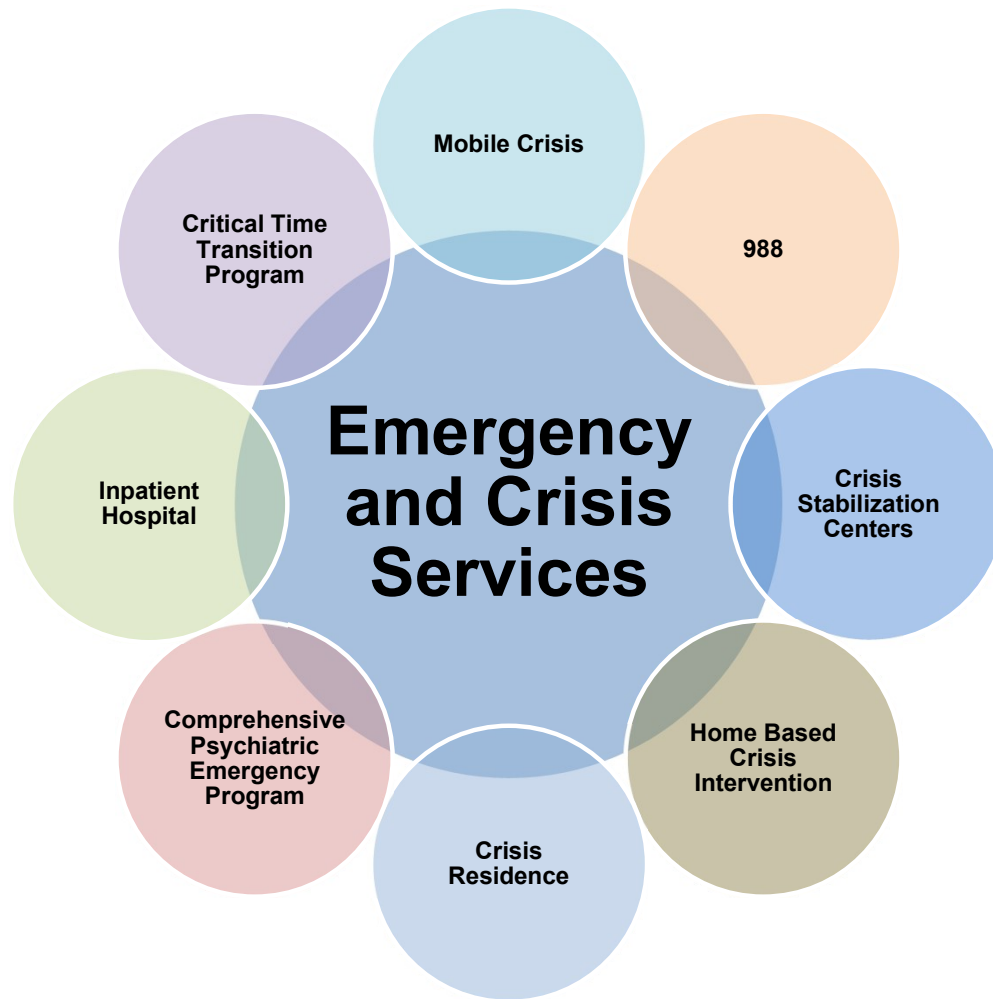
OMH Children's Mental Health System Overview



Children's Mental Health System



- Each service should be delivered based upon the need of the child/youth and family.
- There is a continuum, but a child/youth can enter at any point based on meeting eligibility requirements.
- Being eligible for a service does not mean that the service is needed.
- Some services can be received at the same time.
- Goal: Meet the needs of the youth and family in the least restrictive way.



988

A direct connection to caring support for anyone in mental health distress. This may include: thoughts of suicide, substance use crisis, emotional distress. Free, nationwide, 24/7 support.

Across NYS

988 coverage statewide

Who?

- Anyone who is experiencing mental health or substance use distress.
- Can be getting other services; 988 counselor can help find additional services too if that is wanted.

Mobile Crisis Intervention

Intervention services triage youth currently, or at risk of experiencing a behavioral health crisis. The interventions can include the following:

- Telephonic triage and response;
- Mobile Crisis Response;
- Telephonic crisis follow-up; and
- Mobile Crisis follow-up

Where?

52 Mobile Crisis Teams as of Sept 2024

41 Mobile Crisis Teams for Children and Youth
serving 50 Counties

Who?

- Youth at risk of, or are experiencing, a psychiatric and/or substance related crisis.
- Can be getting other services; Mobile Crisis can help connect to more services too if that is wanted.

Data Sources:

[Mobile Crisis Program Guidance](#) and [Children and Family Treatment and Support Services/Home and Community Based Services](#)

Crisis Stabilization Centers

Somewhere to go for support and urgent treatment if experiencing a mental health and/or substance use crisis.

- Open 24/7
- Recovery oriented care from Peers
- Can stay up to one day
- Supportive Crisis Stabilization Centers
- Intensive Crisis Stabilization Centers

Where?

21 In application/licensure process,
1ICSC licensed

Statewide

Who?

- Experiencing mental health and/or substance use challenge that cannot be managed in the home/ community without on-site support.

Home Based Crisis Intervention (HBCI)

Someone to talk to for children/youth and their caregivers. A counselor comes to the home and other places the youth goes, to help settle the crisis and cooperatively make a plan to avoid unneeded hospital stays. No cost, can have other services at the same time. Youth work with HBCI for about a month.

Where?

Currently 29 agencies serving families

Within 54 counties and boroughs

Who?

- 5 to 20 years, 11 months old.
- At risk of needing to go to hospital.
- Has not done well with other, more traditional, treatment.
- Can have other services at the same time.

Children's Crisis Residence

Somewhere to go for youth in mental health crisis. Gives 24/7 support and works with providers the youth already has and makes referrals to any needed supports. No diagnosis needed, and no one will be turned away for inability to pay.

CCRs provide:

- Mental Health Assessment
- Service Planning
- Family Support
- Individual and Family Counseling
- Care Coordination

Where?

16 Children's Crisis Residences

Who?

- Youth 5-20 with psychological/emotional challenges who want to come to the Crisis Residence for 1-21 days.
- Youth who have a place to go after they leave the Crisis Residence.

Data Sources:

[Children's Crisis Residence Program Guidance](#)

Critical Time Transition Program

- Critical Time Intervention Teams will provide intensive supports for up to one year to stabilize children boarding in emergency departments, work with families and transition to community-based care
- Teams will have available transitional residential beds to provide intensive supports when needed for up to several months
- Teams will be specially trained multidisciplinary teams and work especially with hospitals and emergency rooms in serving individuals with complex needs.
- Every admission requires commitment from all systems for planning meetings

Where?

10 CTTP Awardees

Comprehensive Psychiatric Emergency Program (CPEP)

Somewhere to go for emergency mental health and/or substance use support and treatment. CPEP is essentially an Emergency Room that specializes in helping those with mental health and substance use crises.

Where?

22 programs across 11 counties

CPEP served 9,592 youth in 2021

Who?

- Person experiencing a behavioral health crisis.

Mobile Integration Team (MIT)

Someone to talk to from teams with staff like social workers, nurses, peer specialists that meet children/youth and their caregivers where they are.

They offer:

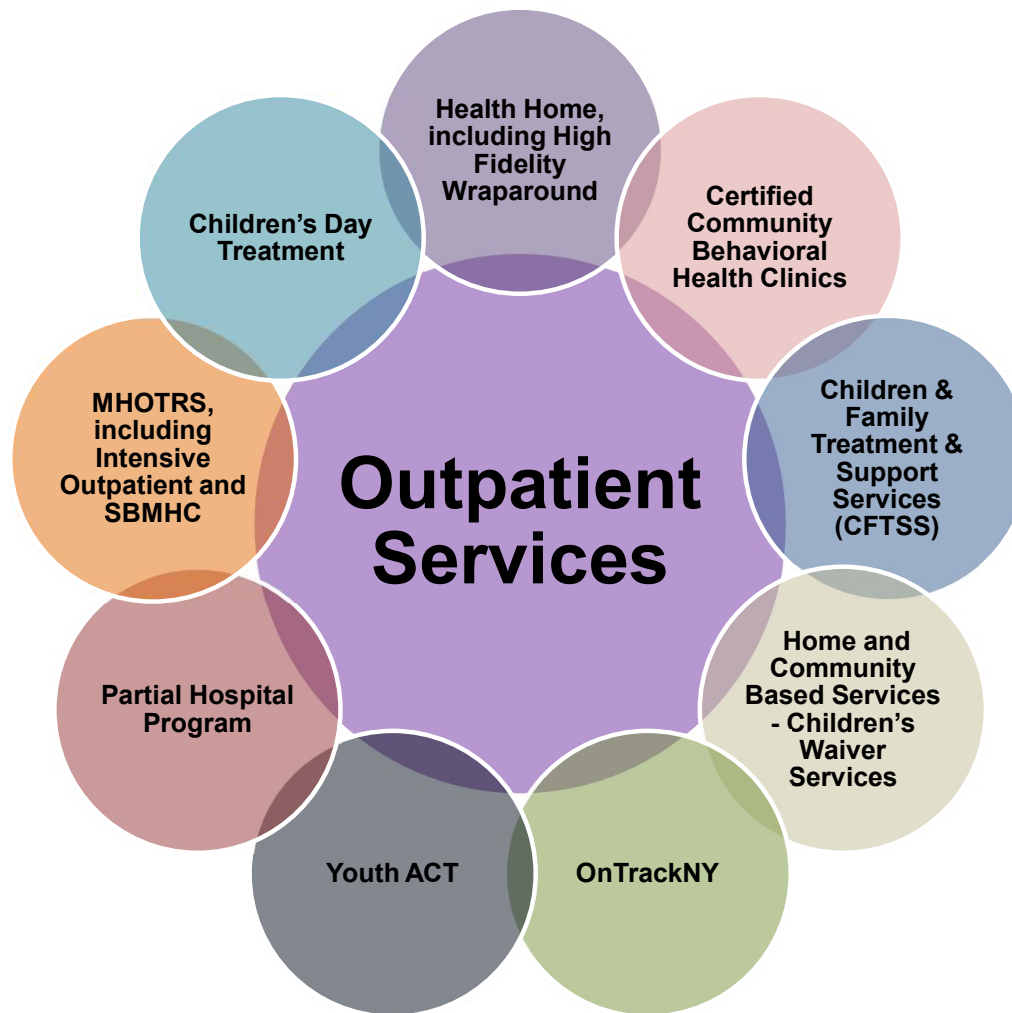
- Connection to Community Resources
- Transition Support (like from Inpatient to Outpatient)
- Family/Caregiver Support
- Social Skills
- Coping Skills

Where?

6 Mobile Integration Teams in NYS

Who?

- A youth who would benefit from support and lives in the area the team serves



Key:

MHOTRS – Mental Health Outpatient Treatment & Rehabilitative Services

SBMHC – School Based Mental Health Clinics

Certified Community Behavioral Health Clinics

Who?

- Based on designated mental health diagnosis or substance use diagnosis.

Outpatient behavioral health services. Treatment is offered in a variety of sites including schools and community offices.

26 programs statewide,
13 more coming in
2025

Required Services

- | | |
|--|---|
| <ul style="list-style-type: none">• Crisis services• Treatment Planning• Screening, assessment, diagnosis, and risk assessment• Outpatient mental health and substance use services | <ul style="list-style-type: none">• Targeted Case Management• Outpatient Primary Care Screening and Monitoring• Community-Based Mental Health Care for Veterans• Peer, Family Support and Counselor Services• Psychiatric Rehabilitation Services |
|--|---|

Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)/Clinic

Who?

- Based on designated mental health diagnosis.

Outpatient assessment and treatment for children experiencing mental health concerns. Treatment is offered in a variety of sites including schools and community offices.

Required Clinic Services	Optional Clinic Services*
<ul style="list-style-type: none">• Initial and Psychiatric Assessment• Psychotherapies• Enhanced Services<ul style="list-style-type: none">• Crisis Intervention• Complex Care Management	<ul style="list-style-type: none">• Testing• Physical & Health Monitoring• Injectable Psychotropic Medication Administration• Enhanced Services• Peer/Family Support Services


380 clinics serving children, state-wide. Capacity per clinic is unique and tailored to the needs of the community(ies) served.

MHOTRS: School-Based Satellite

School-based clinics are integrated into schools to decrease barriers to mental health access and enhance coordination of care.

School-based clinics operations are tailored to the needs of the school. Staffing and capacity are unique and determined based on projected volume.

Clinics do not replace school supports. These programs are intended to treat mental health concerns; tier 3 in a Multi-Tiered Systems Support.



~1100 school-based clinics, state-wide

MHOTRS: Intensive Outpatient Programs (IOP)

The Intensive Outpatient Program allows youth to remain in community and continuing services at their current MHOTRS site but at a more intensive level and frequency, rather than seeking intensive outpatient treatment at another facility/provider - e.g., the MHOTRS IOP can increase number of visits from 1 a week to 3 a week and or provide a specific intensive evidenced-based practice (EBP).

Child and Family Treatment and Support Services (CFTSS)

An array of services intended to identify and intervene earlier in a child/youth's mental health trajectory. By intervening in the home and community, staff work with the youth and family to educate, enhance skills, promote self-advocacy, and prevent the worsening of a mental health condition.

119 Agencies

Who?

- Youth and young adults 0-21
- Medicaid or CHIP enrolled
- Meet medical necessity criteria

Data Sources
[CFTSS Brochure](#)
[CFTSS Consumer Video](#)
[CFTSS Manual](#)

CFTSS Services	
OLP	Other Licensed Practitioner <i>Clinical assessment & treatment.</i>
CPST	Community Psychiatric Supports & Treatment <i>Identification & practice of strategies with youth & family to improve functioning</i>
PSR	Psychosocial Rehabilitation Services <i>Practice meaningful skills impaired by a behavioral health diagnosis.</i>
FPSS	Family Peer Support Services <i>Develop or enhance parent/caregiver empowerment, parental skill development to benefit the child, and self-advocacy through the promotion of active engagement in their child's treatment.</i>
YPS	Youth Peer Support <i>The restoration and expansion of the skills and strategies necessary to move forward in meeting personal, individualized life goals and to support transition into adulthood.</i>

Health Home Serving Children (HHSC)

Comprehensive Care Management program, overseen by NYS Department of Health, for Medicaid eligible youth and young adults under the age of 21 needing significant support in the coordination of their services. The goal of the Health Home program is to make sure its members get the care and services they need.

Who?

- Enrolled in Medicaid
- Must have:
 - Two or more chronic conditions **OR**
 - A single qualifying chronic condition
- Must be appropriate for intensive services

Connecting to health care providers,

Connecting to mental health and substance abuse providers,

Connecting to needed medications,

Help with housing,

Social services (such as food, benefits, and transportation) or,

Other community programs that can support and assist you.

HHSC served 45,075 youth in 2021

Data Sources:

[NYS DOH Health Homes Serving Children](#)

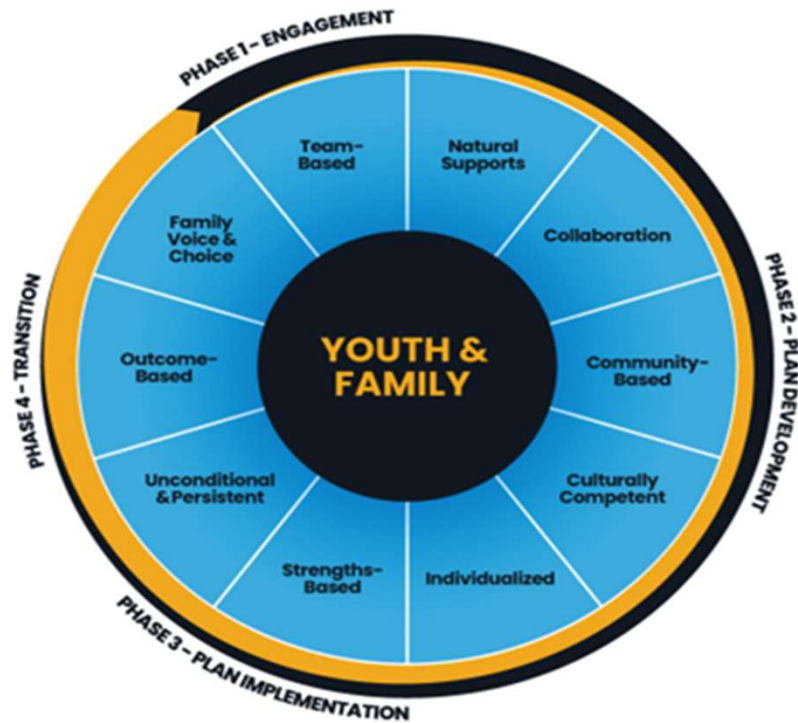
[HHSC Eligibility Criteria](#)

HHSC: High Fidelity Wraparound (HFWR)

An evidence-based intensive team planning practice model intended to provide coordinated, comprehensive, holistic, youth- and family-driven care to meet the complex needs of children, youth and families who have multiple system involvement and who may experience serious mental health or behavioral challenges.

Who?

- Enrolled in Medicaid
- Must have:
 - Two or more chronic conditions **OR**
 - A single qualifying chronic condition
- Must be appropriate for intensive services



Children's Day Treatment

A non-residential program providing integrated intensive mental health and special education services, within a school setting. Youth receiving Day Treatment services live at home or in the community.

Who?

- Youth with a mental health need(s) impacting their ability to function in a traditional school setting, and
- Have been identified by the school's CSE* as a person needing a more supportive setting with clinical treatment and supports.
- CSE must approve referral and attendance.

Children's Day Treatment Services

Health Referral	Medication Therapy
Verbal Therapy	Crisis Intervention Services
Case Management	Social Training
Task & Skill Training	Socialization

- **2,124 youth utilized Day Treatment Programs in 2021**
- **42 Programs across NYS**

*CSE: Committee on Special Education

OnTrackNY

OnTrackNY is a mental health treatment program that **empowers young people to pursue their goals** for school, work, and relationships.

Who?

- Are between the ages of 16 & 30
- Have recently begun experiencing changes in thinking or perceptions for more than a week but less than 2 years (i.e., symptoms of psychosis)
- Are willing to work with a diverse team.

Where?

- 29 teams with 2 opening soon

Partial Hospitalization Programs (PHP)

Provides an intensive level of outpatient treatment designed to stabilize and improve acute symptoms, to serve as an alternative to inpatient hospitalization, or to reduce the length of a hospital stay within a medically supervised program. PHPs allow youth to receive an intensive level of services while continuing to live in their homes and communities. Programs typically operate Monday – Friday and provide services 4-7 hours in duration. Some programs provide specialty support to individuals with eating disorder diagnoses.

Where?

- There are 20 children & adolescents serving programs across NYS.
- 6 programs specialize in eating disorders.

Who?

- Individuals experiencing acute mental health symptoms that require medically supervised interventions to achieve stabilization.

Youth Assertive Community Treatment (ACT)

Transitional multi-disciplinary team providing home and community-based individual and family level clinical interventions for youth returning home from a residential or inpatient setting, who are at risk of reentering or did not respond to treatment in traditional community-based services.

Who?

- Ages 10-21
- SED diagnosis
- Continuous unmet or high service needs
- In need of significant supports/services to remain in home or community

Where?

20 Programs serving 38 of the 62 counties in NYS

Data Sources:

[Youth ACT Program Guide](#)

[Tableau ACT Enrollment Information Report](#)

Home and Community Based Services (HCBS)

Provides a wide array of services and supports meeting the complex needs of children in their home and community. Children and families can choose from a collection of service options and providers.

Who?

- Children/Youth 0-21
- Enrolled or eligible for HH*
- Meets LOC* determination
 - Target Population,
 - Risk Factors, **and**
 - Functional Criteria

*HH: Health Home
LOC: Level of Care

Data Sources:
[HCBS Provider Manual](#)
[HCBS Quick Reference Guide](#)
[HCBS Brochure](#)

HCBS Services

Community Habilitation	Supported Employment
Day Habilitation	Palliative Care Services
Caregiver/Family Advocacy and Support Services	Adaptive and Assistive Technology
Respite	Vehicle Modifications
Prevocational Services	Environmental Modifications
	Non-Medical Transportation

**Children's
Community
Residences**

**Residential
Treatment
Programs**

CREDIT

Children's Community Residence (CCR)

Children's Community Residences (CCRs) are home-like settings with 8 beds that provide 24/7 supervision, rehabilitative treatment, and care coordination services to children with Serious Emotional Disturbance (SED) and their families. Children admitted to a CCR attend school and receive clinical services and support in the community.

Where?

35 Programs across NYS

Who?

- SED
- Voluntary consent for admission
- Impairment in functioning across settings that require 24/7 supervision and daily rehabilitative treatment.
- Able to attend school, engage in outpatient treatment, and community activities.

Community Residence for Eating Disorder Integrated Treatment (CREDIT) Program

A type of residential program for adolescents that specializes in providing eating disorder treatment. CREDIT programs provide 24/7 supervision, mental and medical health treatment, and rehabilitative treatment outside of the home setting.

Where?

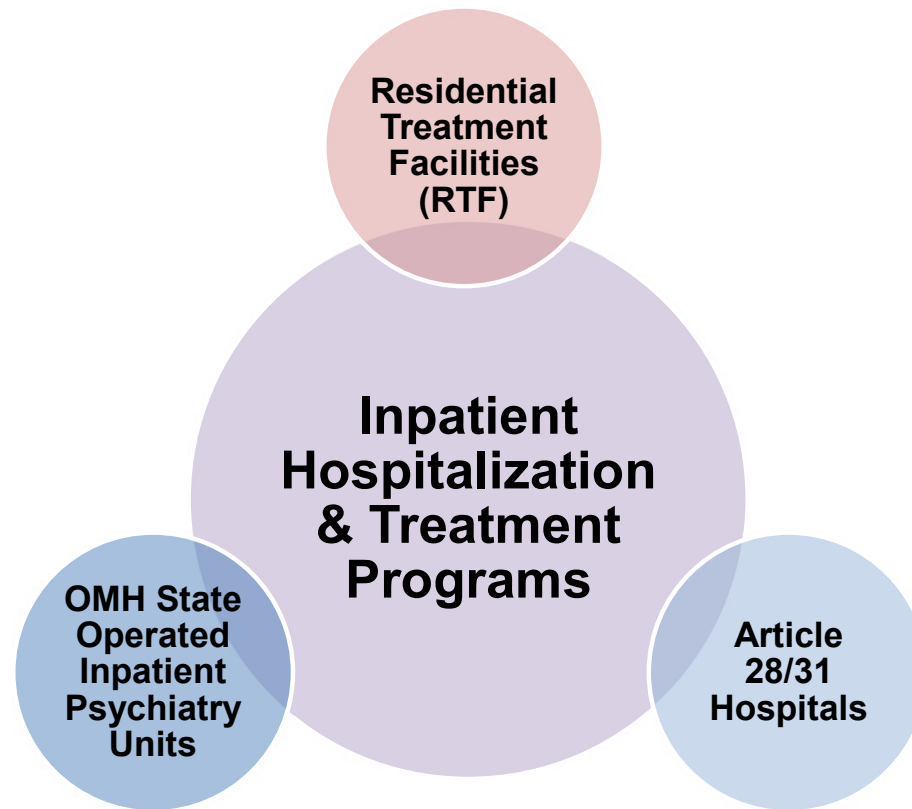
2 CREDIT programs for adolescents are located in Hudson River region

There is 1 CREDIT in development in each of the following regions: Long Island, Hudson River, Western NY.

Who?

- Eating disorder diagnosis
- Youth does not currently require acute inpatient level of care
- Impairment in functioning requires 24-hour supervision and rehabilitative treatment

Inpatient Hospitalization & Treatment Programs



Residential Treatment Facility (RTF)

- RTFs provide sub-acute inpatient care in a campus-based facility.
- Programs have anywhere from 8-50 beds.
- RTFs have multi-disciplinary teams lead by Psychiatrists that provide all clinical services, support services, crisis resolution and prevention services.
- RTFs recipients typically attend an affiliated school on the RTF campus.
- RTFs provide treatment and support services on-site, in the home, and in the community.

Where?

11 RTFs across NYS

RFP to be released in 2025 to establish additional beds

Who?

- IQ equal to or greater than 51
- Voluntary consent to admission
- SED
- Needs cannot be met in a less restrictive setting
- Have a history of high-risk psychiatric symptoms in multiple settings but do not meet medical necessity for acute hospital admission
- Care and treatment in an RTF can reasonably be expected to improve the youth's condition or prevent further regression so that RTF services will no longer be needed.

Inpatient Hospitalization Program

Hospital-based programs, operated by NYS OMH or private hospitals, that offer comprehensive psychiatric treatment for those experiencing an acute episode and require mental and physical stabilization.

Where?

41 Inpatient Centers serving adolescents and youth 19 of which are OMH State Psychiatric Hospitals

Within 21 counties including NYC and LI

6,643 youth utilized Inpatient Hospitals in 2021

Who?

- Determined by a physician to be an imminent or current risk of harm to self or others.
- In need of a psychiatric intervention.
- Condition cannot safely or effectively be treated in less intensive settings due to behaviors or impairments.

Data Sources:

[Inpatient Program Policy Manual \(2013\)](#)

LOCATING SERVICES IN YOUR COMMUNITY

Finding Services in your County/Area

Do you know what services are available?

- Go to “Find a Program” on the OMH website:
 - <http://bi.omh.ny.gov/bridges/index>



- To search by topic area and child’s age group go to
 - <https://helphubforfamilies.ny.gov>

Finding Support in your County/Area



- Local county mental health department and Director of Community Services (DCS).
- Children's Single Points of Access (C-SPOA)
- http://clmhd.org/contact_local_mental_hygiene_departments

Finding Support in your County/Area

<http://www.omh.ny.gov/omhweb/aboutomh/FieldOffices.html>

REGION	FIELD OFFICE LOCATION	COUNTIES COVERED
Long Island	West Brentwood	Nassau and Suffolk
New York	New York City	Bronx, Kings, Queens, Manhattan, Richmond
Hudson River	Poughkeepsie	Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, Westchester
Central New York	Syracuse	Broome, Cayuga, Clinton, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Otsego, St. Lawrence
Western New York	Buffalo	Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Orleans, Ontario, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, Yates

Thank you

Division of Integrated Community Services
for Children and Families





**Office of
Mental Health**