



# 2027 State Agency Planning Priority Guidelines – Office of Mental Health

## BACKGROUND AND PURPOSE: PROVIDE GUIDANCE ON OFFICE OF MENTAL HEALTH PRIORITIES FOR THE 2026 LOCAL SERVICES PLANNING PROCESS

New York State Mental Hygiene Law (§ 41.16) requires the Office of Addiction Services and Supports (OASAS), the Office of Mental Health (OMH), and the Office for People with Developmental Disabilities (OPWDD) to guide and facilitate the Local Services Planning process in collaboration with Local Governmental Units (LGUs). For many years, each State agency conducted its own local planning process, which required LGUs to comply with three different sets of planning requirements and three separate due dates. Since 2008, however, State agencies and LGUs have worked together to create a comprehensive planning process whereby LGUs submit one Local Services Plan to all three State agencies.

In 2022 a workgroup comprised of Directors of Community Services/LGU Planning Staff, State agency representatives, and Conference of Local Mental Hygiene Directors (CLMHD) staff revisited the Local Services Planning process. The workgroup recommended comprehensive changes to the Local Services Planning process, including moving from submitting a new Local Services Plan (LSP) each year to creating an LSP that has a four-year timeline and submitting annual updates or addendums to the four-year plan.

This four-year planning process began with the submission of the 2024-2027 LSPs in calendar year 2023. 2024 was the first year in which LGUs submitted annual updates to the 2024-2027 LSP, rather than the submission of a whole new Plan. To view your previously submitted 2024-2027 LSP and the 2025 Update, please visit:

[clmhd.org/contact\\_local\\_mental\\_hygiene\\_departments](https://clmhd.org/contact_local_mental_hygiene_departments)

The four-year planning process continues this year with the final submission of annual updates to the 2024-2027 LSP.

**This document is intended to provide details on State priorities for mental health services.** Documents providing LGUs with an overview of the questions that will be on the 2027 Local Services Plan electronic forms were distributed to LGUs via email. If you did not receive the email with question overview documents, please contact [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov).

## LOCAL SERVICES PLANNING TIMELINE

Table 1 displays an overview of the timeline for the 2024-2027 Local Services Planning process, including the annual update cycle.

**Table 1: Local Services Plan Overview 2024 and Beyond**

Process Step	Date
2024-2027 Local Services Plan Due	June 30, 2023
2025 Update to 2024-2027 Local Services Plan Due	June 28, 2024
2026 Update to 2024-2027 Local Services Plan Due	June 30, 2025
<b>2027 Update to 2024-2027 Local Services Plan Due</b>	<b>June 30, 2026</b>
2028-2031 Local Services Plan Due	June 2027

## FORM SUBMISSION OVERVIEW

Below are the links to the 2027 Update to the 2024-2027 Plan forms and surveys. Links to the forms were sent via email and included the passwords for accessing the forms. If you did not receive the email containing the password information, please contact [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov).

1) Goals and Objectives Update Form:  
[https://oasas.formstack.com/forms/\[county\]](https://oasas.formstack.com/forms/[county])

The 2027 Update to the 2024-2027 Local Services Plan will be submitted through an electronic platform. This Update form provides LGUs with the opportunity to submit status updates and descriptions of the progress made towards meeting the Goals and Objectives outlined in the 2024-2027 LSP. The URL for the Update form is unique to each LGU and contains the 2024-2027 LSP, the 2025 Updates, and the 2026 Updates for reference while providing 2027 Updates to the Plan.

As Local Services Plans are implemented on a four-year cycle, most Goals and Objectives will be stated in the initial four-year plan with status updates and descriptions provided in subsequent Updates. External circumstances, such as a change in DCS, or new local challenge, can create situations where goals and objectives may need to change during a planning cycle. In recognition of this situation, there is a separate form that provides the option to add a new Goal and/or Objective(s) to your planning submission for the 2024-2027 cycle. These **optional** forms can be found here:

To add an Objective to an Existing Goal:

[https://oasas.formstack.com/forms/add\\_objective\\_to\\_existing\\_goal\\_2027](https://oasas.formstack.com/forms/add_objective_to_existing_goal_2027)

To add a New Goal:

[https://oasas.formstack.com/forms/2027\\_new\\_goals\\_and\\_objectives\\_optional](https://oasas.formstack.com/forms/2027_new_goals_and_objectives_optional)

Please keep in mind there is a limit of 10 Goals and 10 Objectives per Goal. If needed, there is an additional option to drop a Goal or Objective in order to make space for a new Goal or Objective.

2) Needs Assessment Form:

[https://oasas.formstack.com/forms/2027\\_needs\\_assessment](https://oasas.formstack.com/forms/2027_needs_assessment)

LGUs fill out Needs Assessments annually to ensure that the needs of communities are regularly assessed, and planning updates are accordingly adjusted.

The Needs Assessments and Goals and Objectives forms are related in that, Goals from the Goals and Objectives Form may address Needs identified on the Needs Assessment form. In order to eliminate duplication of effort, if a Need is addressed by a Goal, then it does not need a descriptive paragraph on the Needs Assessment form.

3) 2026 Mental Hygiene List of OMH Providers to Promote Interagency Collaboration:

[https://oasas.formstack.com/forms/2027\\_omh\\_provider\\_list](https://oasas.formstack.com/forms/2027_omh_provider_list)

In 2024, the LSPs added the ability to include a list of mental health providers. Listing the provider programs in your community on your LSP, that is approved by OMH, will create a nexus with OMH and allow for the disclosure of protected health information to promote collaboration across programs. Please know that while responses to the electronic form are required, uploading an OMH provider list is an **optional** opportunity for your LGU. To view the LSPs with OMH provider lists, please visit:

[https://www.clmhd.org/contact\\_local\\_mental\\_hygiene\\_departments/](https://www.clmhd.org/contact_local_mental_hygiene_departments/)

For more information, please visit: <https://omh.ny.gov/omhweb/guidance/hipaa-mhl-33-13-field-guidance.pdf> or contact [planning@omh.ny.gov](mailto:planning@omh.ny.gov)

The electronic form provides a section to select one of the following:

- 1) Upload a new or updated OMH list of provider programs within your county;
- 2) Use the same OMH list of provider programs within your county that was submitted in 2024 and 2025 and posted on [https://www.clmhd.org/contact\\_local\\_mental\\_hygiene\\_departments/](https://www.clmhd.org/contact_local_mental_hygiene_departments/); or
- 3) Decline to upload an OMH list of provider programs (for LGUs who did not previously submit a list in 2024 or 2025 and do not want to submit a list in 2026).

4) Addiction Services Jail Based Supports County Financial Plan:

[https://oasas.formstack.com/forms/addiction\\_jbs\\_county\\_financial\\_plan](https://oasas.formstack.com/forms/addiction_jbs_county_financial_plan)

OASAS annually collects information from LGUs on jail-based addiction services funding. Previously, OASAS collected this information via a paper form. Beginning in 2025, the Addiction Services Jail Based Supports County Financial Plan became an electronic form, collected at the same time as the LSPs. While responses to this form will not be included as part of the 2027 Updates to the 2024-2027 LSP, the information collected through this form will be utilized for addiction planning.

**If you do not need to make any changes to the existing, OASAS-approved County Financial Plan, you can submit an attestation instead.**

## LOCAL SERVICES PLANNING 2026 UPDATE RESULTS

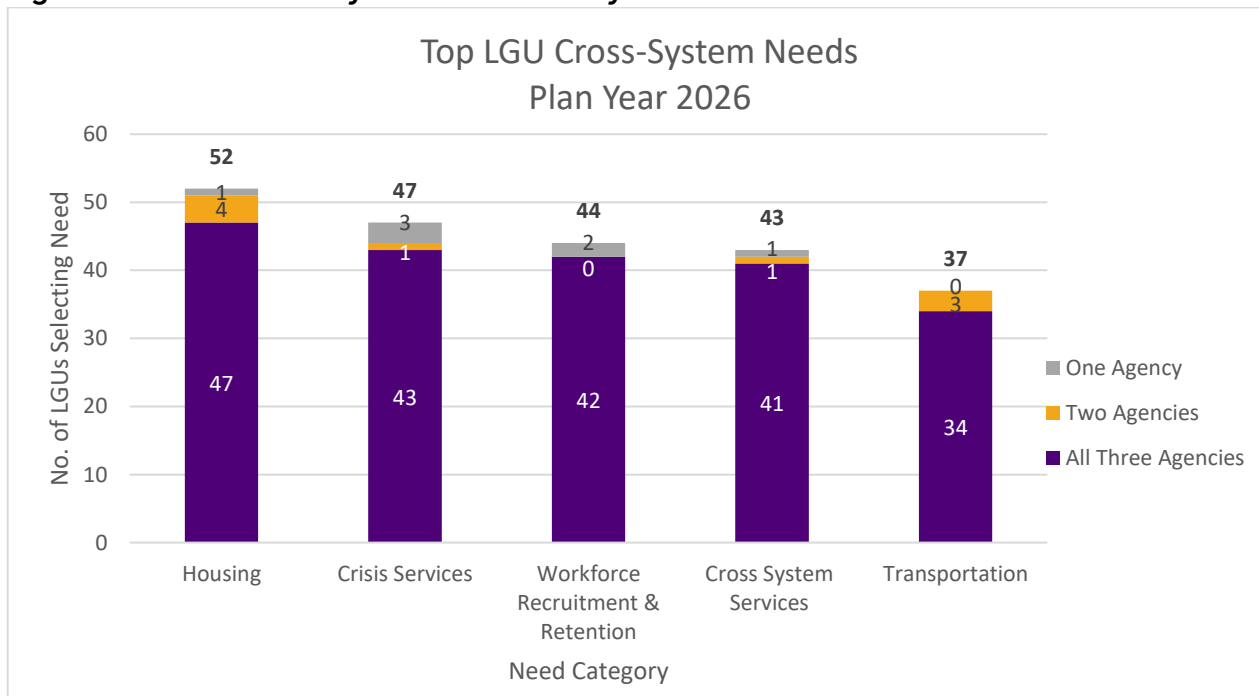
The most commonly identified priorities in the 2026 Local Services Plans were housing, workforce development, crisis services, cross-system services, transportation, and respite services. In addition, LGUs identified specific short- and long-term objectives to address the mental hygiene needs in the community. These strategies targeted several priorities, the most common including workforce, housing, crisis services, prevention, cross-system services, transportation, access to services, and outpatient treatment.

Needs Assessments will continue to be disseminated annually to ensure that the needs of communities are regularly assessed, and planning updates are accordingly adjusted. The cross-system needs most frequently cited by LGUs in the 2026 LSP Update include:

- Housing;
- Crisis Services;
- Workforce Recruitment & Retention;
- Cross System Services; and
- Transportation

Figure 2 displays the multiagency needs LGUs most frequently selected on the 2026 Needs Assessment Form. As Figure 2 shows, needs selected by LGUs frequently cross multiple mental hygiene agencies. In total, for the top five most selected cross-system needs, 90% of LGUs indicated that the needs affect all three mental hygiene populations.

**Figure 2: Most Commonly Selected Cross-System Needs**



Explore all the 2026 Needs Assessment responses and year-to-year changes since 2024 through the [2026 Needs Assessment Survey Dashboard](https://www.clmhd.org/2026-Needs-Assessment-Survey-Dashboard) located in the Behavioral Health Portal at [www.clmhd.org](https://www.clmhd.org).

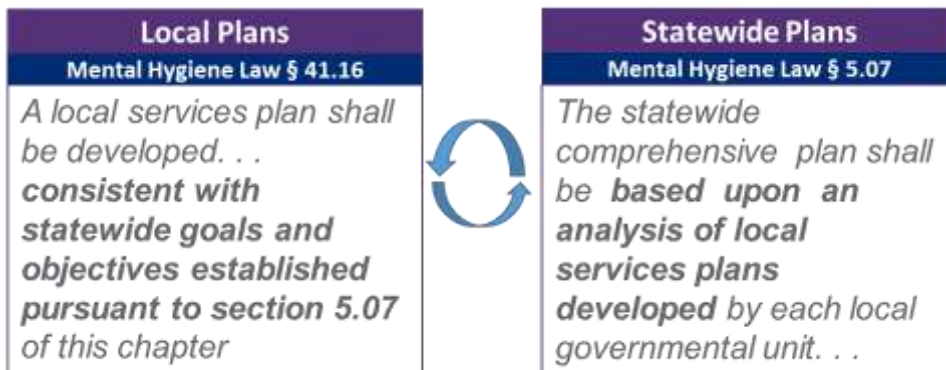
## INFORMING STATEWIDE PLANNING

Section 5.07 of Mental Hygiene Law requires OMH, OASAS and OPWDD to develop a Statewide Comprehensive Plan for the provision of State and local services to individuals with mental illness, substance use disorders and developmental disabilities. Purposes of the Comprehensive Plan include:

- identifying statewide priorities and measurable goals to achieve those priorities;
- proposing strategies to achieve goals;
- identifying specific services and supports to promote behavioral health wellness;
- analyzing service utilization trends across levels of care; and
- encouraging and promoting person-centered, culturally and linguistically competent, community-based programs, services, and supports that reflect the partnership between the State and LGUs

Figure 3 shows the statutory relationship between local planning and State planning. As Figure 3 illustrates, analyses of the Local Services Plans are a key component of the Statewide Comprehensive Plan.

**Figure 3: Relationship between Statewide and Local Plans**



State agencies conduct extensive reviews of information submitted in the LSPs. The local services planning process and the priorities identified in county plans, particularly the cross-system priorities, inform each State agency’s policy, programming and budgeting decisions. To help ensure that policies supporting people with mental illness, developmental disabilities and/or substance use and gambling disorders are planned, developed and implemented comprehensively, OASAS, OMH, and OPWDD will continue to rely on the local services planning process and the annual plan submissions as important sources of input.

To learn more about each Mental Hygiene Agency’s Statewide planning efforts please visit the links below:

- OASAS: <https://oasas.ny.gov/agency-strategic-plan>  
OMH: <https://omh.ny.gov/omhweb/planning/>  
OPWDD: <https://opwdd.ny.gov/strategic-planning>

## PLANNING FOR MENTAL HEALTH SERVICES

### A. New York State’s 2026-2027 Planning Priorities

Since 2023, Governor Kathy Hochul’s State of the State addresses and State budgets have included historic resources that allowed the Office of Mental Health to offer nearly \$2 billion in new funding opportunities to strengthen the State’s mental health system. OMH makes these [funding opportunities](#) available via RFP and the agency is working on implementation support for all new programs and initiatives. Local Services Plans may consider how these new programs and initiatives, where applicable, fit into the design of the existing and future systems at the local level. Implementation updates are available on our website here: [Transforming New York’s Mental Health System](#)

In addition to implementing priorities from the previous budget cycles, OMH is focused on the Governor’s proposed 2026-2027 budget, which includes the following priorities:

- Expand Teen Mental Health First Aid to be available to all 10<sup>th</sup> graders
- Expand Youth Safe Spaces
- Create a “Schools of Distinction in Supporting Strong Mental Health” designation
- Publish a 10-year training road map to evidence-based practices in child mental health
- Partner with Tribal Nations to support Indigenous students’ mental health reflecting their cultures and communities
- LGBTQIA+ access to crisis support following federal discontinuation of 988 “press 3” option
- First Responder Behavioral Health Center of Excellence

### B. Prevention Initiatives

#### 1. Suicide prevention

In response to the suicide crisis, OMH developed the Suicide Prevention Center (SPCNY). The mission of OMH SPCNY is to promote, coordinate, and advance suicide prevention across the state, aiming to reduce suicide attempts and deaths among New Yorkers. SPCNY would like to promote counties’ use of the New York State Department of Health (NYSDOH)’s Electronic Syndromic Surveillance System, a valuable source of near real-time data on emergency department visits in NYS excluding New York City that are suspected to be suicide-related (including suicide attempt and suicidal ideation). Suspected treatment visits are identified by software algorithms applied to patient chief complaints and diagnosis codes submitted to DOH electronically. In collaboration with OMH, NYSDOH publishes [annual data briefs](#) (under “examine the data”) describing suicide-related syndromic surveillance data in NYS excluding New York City.

NYSDOH monitors the data for temporal “spikes” in the number of visits (by day) and for spatial “clusters” in the number of visits (by week) and sends alerts to the relevant County Health Departments when these are detected. In addition, NYSDOH produces a syndromic surveillance dashboard that is accessible to County Health Department staff on the Health Commerce System and can be used to generate reports describing suspected suicide-related visits in a county. County Mental Health Departments can request to subscribe to suicide-related syndromic alerts by emailing [syndsurv@health.ny.gov](mailto:syndsurv@health.ny.gov). County Mental Health departments are encouraged to collaborate with their County Health Department (if separate) around utilization of the syndromic dashboard for Local Services Planning.

The OMH Suicide Prevention Center is available at [spcny@omh.ny.gov](mailto:spcny@omh.ny.gov) for technical assistance and the most up-to-date information on current activities. Visit <https://www.preventsuicideny.org/> to find trainings, county-coalitions, and other resources.

## 2. Targeted Violence Prevention

OMH is partnering with the NYS Department of Homeland Security and Emergency Services (DHSES), Moonshot, and CLMHD to deliver training on targeted violence for mental health professionals throughout the state.

- On April 1, 2026, Moonshot provided a virtual training called “Targeted Violence 101 - What Every Clinician Should Know About Recognizing and Responding to Targeted Violence Risk” and the recording is available here: [Targeted Violence 101: Recognizing & Responding to Targeted Violence Risk](#)
- On April 27, 2026, Moonshot provided an in-person training on the T-SAM, the “Targeted Violence Strengths, Risks, and Needs Assessment & Management Tool,” to a group of selected mental health professionals from many areas of the state. An additional training will be in NYC this summer. County Directors of Community Services nominate individuals to participate as a step toward creating a network of trained individuals. The training was well received and DHSES and OMH will continue to collaborate on this identified need.

## 3. Reducing tobacco-related morbidity and mortality

[Health Systems for a Tobacco-Free NY](#) comprises a network of grantees, covering all NYS counties, that partner with hospitals, community health centers, FQHCs, and mental health and behavioral health service agencies with the mission to reduce tobacco-related morbidity and mortality. Grantees can provide consultation on treatment policies to ensure alignment with the most current evidence-based treatment interventions; provide customized training for healthcare professionals and tobacco treatment champions; support the integration of evidence-based, tobacco use disorder treatment services and policies across the health care system without disrupting clinical workflows; and provide access to materials for tobacco users to improve cessation rates. All free! They focus their work with agencies/organizations that serve people disproportionately affected by tobacco use, which includes people with mental health and substance use disorders. The program is grant funded by the NY DOH’s Bureau of Tobacco Control.

## 4. Maternal Mental Health

New York State’s [first-ever report on maternal mental health](#), led by OMH, offers a roadmap for addressing challenges affecting a fifth of birthing parents. Maternal mental health (MMH) is a critical component of community prevention and behavioral health planning. Counties may choose to incorporate strategies that promote early identification, prevention, and treatment of perinatal mental health and substance use conditions across systems of care. This includes leveraging existing statewide resources such as [Project TEACH](#), which offers provider training, consultation, and referral support to primary care, OB-GYN, pediatric, and behavioral health providers to enhance screening, diagnosis, and treatment of maternal mental health conditions. Counties may also work with local stakeholders to develop Collaborative Care applications for funding through the [Collaborative Care MMH initiative](#).

Counties are further encouraged to strengthen community-based supports that address maternal mental health through culturally responsive, trauma-informed approaches. This may include expanding peer support programs, increasing awareness of [Medicaid-covered doula services](#), and partnering with community-based organizations to address social determinants of health impacting birthing individuals and families.

### 5. Community prevention initiatives

OMH is committed to advancing an understanding of trauma and its impact, implementing trauma-informed principles across sectors and the lifespan and making trauma-informed care and supports available throughout NYS. We encourage counties to explore resources available at the [Trauma-Informed Network Resource Center](#) in planning how to embed trauma-informed care in their locality.

Other initiatives supporting community prevention work include:

- Community Outreach and Public Education (COPE) – OMH may be available to attend your community event or provide outreach materials and support.
- [Community Mental Health Promotion and Support](#) (COMPHS) – Teams listed in the link are available in certain areas of the state to provide emotional support, wellness activities, and screenings and referral when needed.
- [Project ENGAGE](#) (Engaging Communities to Gain Mental Wellbeing and equity).

[Be Well](#) is a campaign to increase public awareness of the importance of mental health and resilience, and the impact of stress and trauma. The resources provide plain language strategies to support mental wellness and cope with stress and trauma. These resources are already available at the link above and a wide-ranging effort is underway to disseminate the information statewide using a variety of media.

### C. Crisis Services

A health-led crisis response system aims to have the capacity to prevent, recognize, respond to, de-escalate, and follow-up on crises across a continuum of services. To best support individuals across the lifespan, their families, and other supports, this capacity spans from crisis planning to early stages of support, crisis stabilization and intervention, and post-crisis follow-up. Crisis services aim to ensure a system that responds to individuals in crisis when and where it is needed with a person and family centered, culturally and linguistically appropriate response. NYS comprehensive crisis system services include someone to contact, someone to respond, and a safe place to go for help. The programs were designed with flexibility so local infrastructure can be tailored to community needs and operate collaboratively and in coordination across the system to provide efficient access to anyone experiencing a behavioral health crisis.

The programs and services for children, youth, families, and adults in a comprehensive crisis response system include but are not limited to: 988 Suicide and Crisis Lifeline, Mobile Crisis, Home and Community Based Crisis Intervention, Child and Adult Crisis Residences, Supportive and Intensive, Crisis Stabilization Centers, and Comprehensive Psychiatric

Emergency Programs (CPEPs). A comprehensive crisis system incorporates cross-connectivity with crisis services in other systems including not limited to law enforcement/justice, child welfare/juvenile justice, domestic violence, etc. A comprehensive crisis system is developmentally responsive to the needs of individuals with developmental/intellectual disabilities. The core principles for NYS crisis response can be found on pg. 17: <https://omh.ny.gov/omhweb/daniels-law-task-force/dltf-final-report.pdf>.

OMH and OASAS have established the Behavioral Health Crisis Technical Assistance Center to develop and support the implementation of standardized protocols for community-based, public health-led response to behavioral health emergencies and provide training and technical assistance to localities on their crisis plans. To connect with the BHCTAC with questions or feedback, please contact [BHCTAC@omh.ny.gov](mailto:BHCTAC@omh.ny.gov).

#### **D. Enhanced Voluntary Agreements in Assisted Outpatient Treatment**

The NYS FY 2025–26 budget included \$16.5 million in state aid to localities with the goal of increasing the opportunity for Enhanced Voluntary Agreements (EVAs) and enhancing quality oversight and administration of the NYS Assisted Outpatient Treatment (AOT) “Kendra’s Law” program. This includes working in partnership with the LGU, and community supports and services, to decrease high risk events, increase efficiency of outdated infrastructure, increase voluntary participation and improve individual outcomes.

The addition of new dollars in the 2025 budget initiative allows the State and County to fill critical roles in the implementation and oversight of the AOT program to improve outcomes for individuals served. With a growing behavioral health services infrastructure, and an emphasis on a recovery-oriented approach to service delivery, diversionary opportunities and improved coordination of care will be necessary. This new initiative is intended to introduce EVAs as a statewide option and improve service coordination in communities across New York State, including efforts with hospitals, treatment providers, courts, local law enforcement agencies and emergency response stakeholders. Such funding will require and empower Counties to offer the opportunity for EVAs in accordance with guidelines established by OMH, as a part of every County AOT plan. Counties must demonstrate increased availability for EVAs and demonstrate improvements to their local risk management approaches. For questions or technical assistance contact your regional OMH Field Office AOT Coordinator or email [CentralOfficeAOT@omh.ny.gov](mailto:CentralOfficeAOT@omh.ny.gov).

#### **E. Hospital & Community Connections**

In partnership and co-leadership with county DCSs, each OMH Field Office is facilitating Hospital & Community Connections local planning work to improve communication and collaboration between acute settings and community-based mental health settings.

Action planning meetings have been completed across the state (with the exception of New York City), for providers from across the system to gather together and select the top solutions they wish to implement in their local area to begin to address the communication challenges. Themes of solutions include standardizing communication documents, creating workflow procedures for sending information to and from the hospital, enhancing system literacy tools, and creating or enhancing existing meetings for discussing complex cases and systems problem solving. Counties are encouraged to include the “Connections” work in their Local Services Plans as part of their goals and objectives, as applicable.

## F. The Office of Hospital Care and Community Transitions (OHCCT)

The Office of Hospital Care and Community Transitions (OHCCT) was formed in March 2024, with the initial goal of better supporting individuals with complex needs presenting to hospitals. Regional OMH teams, going on site at hospitals, aim to help strengthen mental health admission, treatment, and discharge practices and related outcomes in OMH-licensed Inpatient Psychiatry Units and Comprehensive Psychiatric Emergency Program (CPEP), and 9.39 Emergency Department (ED) by:

- Using a population-based approach, focusing on individuals with Complex Needs
- Capacity monitoring and tracking
- Provide regulatory and fiscal guidance
- Provide staff training
- Provide guidance, support, and technical assistance

New regulatory changes require hospitals to identify patients with complex behavioral health needs, to provide enhanced discharge planning from EDs, CPEPs and Inpatient units, and to utilize collateral information in admission determination and case formulation.

## G. Housing

Many counties name housing as a need/gap area in their annual plans. OMH encourages counties to work with local stakeholders to develop supportive housing applications through the Empire State Supportive Housing Initiative (ESSHI). ESSHI serves a wide array of populations, addressing county cross-systems' needs as well as housing. Counties may consider new specialized transitional housing program models in their planning. These are designed to support people who are, for example: stepping down from hospitalization, re-entering from incarceration, moving from homelessness to housing, our transitional housing for individuals with co-occurring diagnoses. Counties are reminded to keep an eye on the [OMH procurement page](#), especially for when re-procurements become available.

## H. Workforce Development

County Local Services Plans frequently describe workforce shortages as a critical challenge impacting local systems. Multiple factors led to the current mental health workforce crisis, and it will take a multi-pronged approach to address it. OMH is focused on the following areas:

- **Career Ladders:**
  - Paraprofessional Credential: OMH is creating a credential called the Mental Health Support Specialist (MHSS) with first release anticipated by the end of 2026
  - Registered Apprenticeships
  - Evidence-Based Practices Program for Social Work and MH Counselors
  - Nurse Practitioner and Physician Assistant fellowships
  - Psychiatry residencies
  - SUNY Community College paid mental health internships
  - AmeriCorps Youth Peer Advocacy
- **Loan Repayment:** The Community Mental Health Loan Repayment Program (CMHLRP) is an effective recruitment and retention tool for OMH licensed, designated, or funded community mental health programs to address mental

health professional shortages. Rounds for different profession types are available for providers on the [OMH procurement web page](#).

- **Marketing & Recruiting Website:** OMH is working with a company called Brandemix to create a new job search website and marketing campaign to draw job seekers to the public mental health system and help them find a potential job in a setting and location they are looking for. The anticipated launch is fall 2026. Details on the scope of this work are available here: [Branding Careers in Mental Health - Brandemix](#)
- **Training Initiatives:** [OMH Funded Training for Providers](#)
- **Technical Assistance & Data Monitoring:** Our workforce development team is here to help! Please contact [Planning@omh.ny.gov](mailto:Planning@omh.ny.gov) if you wish to meet with the team and describe the unique workforce needs in your county.

## I. Peer Support Services

OMH is committed to incorporating peer support services that maintain fidelity to the practice of providing peer support. OMH recommends counties incorporate peer support services into all programming whenever possible, either hiring peers directly or contracting with peer-run organizations. Training all non-peer staff in understanding the peer support worker role and scope of practice is paramount. The OMH Office of Advocacy and Peer Support Services (OAPSS) is available for technical support in this area. Peer support workers can be included in, but are not limited to, the following OMH programs:

- Assertive Community Treatment (ACT)
- Behavioral Health Home and Community Based Services (BH HCBS)
- Certified Community Behavioral Health Clinic (CCBHC)
- Clubhouses
- Community Oriented Recovery and Empowerment (CORE) Services
- Comprehensive Psychiatric Emergency Program (CPEP)
- Crisis services
- Housing
- Inpatient
- Mental Health Outpatient Treatment and Rehabilitative Service (MHOTRS)
- Personalized Recovery Oriented Services (PROS)
- Recovery Centers
- Respite

## J. Office of Diversity and Inclusion

OMH believes all New Yorkers should have equal access to quality mental health services. OMH uses a multi-faceted strategy to address and reduce disparities, grounded in the concept that organizational change and self-reflection is key to creating and sustaining long-term success. In alignment with these efforts, OMH coordinates activities related to maintaining a diverse and inclusive work environment and remains committed to reducing disparities in access, quality, and treatment outcomes through guidance and support. The agency's Office of Diversity and Inclusion (ODI) oversees OMH's equity efforts by driving policy changes across the public mental health system that aim to ensure better experiences for New York's most vulnerable citizens and marginalized population groups.

## K. Health Insurance Network Adequacy Regulations

NYS adopted new behavioral health (BH) provider network adequacy regulations in 2025. The regulations were issued in parallel by the NYS [Department of Financial Services](#) (DFS) and the [Department of Health](#) (DOH), with a July 1<sup>st</sup>, 2025 effective date. The regulations apply to NYS-regulated commercial health insurance plans and state government-sponsored health insurers (e.g., Medicaid Managed Care, Child Health Plus). The regulation requires health insurers to have enough in-network BH providers for enrollees to access services within specific timeframes and for accurate provider directories on insurer websites.

In early 2026, NYS launched a public awareness campaign titled ‘Real Care, Real Access to Behavioral Health Services’ to educate consumers about their rights under the BH network adequacy regulations. See [ny.gov/realcare](https://ny.gov/realcare) for additional information.

The regulations establish the following important consumer protections:

- **Standard Appointment Wait Times:** Enrollees are entitled to see a mental health or substance use healthcare provider within **10 business days** for an initial outpatient appointment or **7 calendar days** for a follow-up appointment after being discharged from a hospital or emergency room.
- **Access Complaint Process:** Insurers must help their enrollees find a provider who can treat their BH condition and who has an available appointment within the wait time standards. Insurers have an Access Complaint process to allow enrollees to request assistance finding an appointment with an in-network provider within the wait time standard. Insurers have 3 days to respond to an enrollee with an available appointment.
- **Out-of-Network Access:** Health insurers must allow enrollees to access to an out-of-network provider who can meet the wait time standards, at the in-network cost-sharing rate, when an in-network provider is not available.
- **Updated and Accurate Provider Directories:** Insurers are required to include specific information in provider directories, including provider affiliations, restrictions on a provider’s scope of services (e.g., age of patients, conditions treated), whether telehealth services are offered, and provider languages spoken. Provider directories must be **easily accessible online** and **searchable and filterable**, allowing enrollees to search by services provided, conditions treated, location of provider, and languages spoken.

OMH providers experiencing insurance related challenges can contact the NYS Office of Mental Health (OMH) for assistance, and to request help filing a complaint to DOH or DFS.

- For commercial insurance issues contact: [Commercial-Billing@omh.ny.gov](mailto:Commercial-Billing@omh.ny.gov).
- For Medicaid Managed Care, Child Health Plus, or other Health Maintenance Organization (HMO) coverage issues contact [OMH-Managed-Care@omh.ny.gov](mailto:OMH-Managed-Care@omh.ny.gov).

**NYS’ Community Health Access to Addiction and Mental Healthcare Project (CHAMP)** program provides free and confidential services to help individuals understand their BH insurance rights and access BH services. CHAMP helps those with all insurance types, including Medicare, Medicaid, commercial, or no insurance at all understand what is covered

by insurance, requests necessary documents from health plans, advocates with plans, and files appeals or complaints against denials.

CHAMP can assist individuals with filing an Access Complaint or with other issues accessing BH services. Visit the [CHAMP NY website](#) for additional information. Email [ombuds@oasas.ny.gov](mailto:ombuds@oasas.ny.gov) or call 888-614-5400 to speak with an advocate.

#### **L. Mental Hygiene List of OMH Providers to Promote Interagency Collaboration**

On February 20, 2024, OMH issued new guidance regarding when Protected Health Information (PHI), including MH clinical information governed by NYS Mental Hygiene Law 33.14, can be shared with or without individual consent to ensure appropriate communication between relevant parties and enhance service coordination. HIPAA also allows information sharing for the purposes of treatment and care coordination, with or without individual consent.

All OMH providers, including Article 28 hospital psychiatric units licensed by OMH and CPEPs are allowed under both 33.14 and HIPAA to use or disclose PHI for treatment or care coordination purposes with other parties without a signed consent form, provided the other party is an OMH operated facility or there is a nexus between the other party and OMH through:

- Licensure
- A local or unified services plan
- Or an agreement, including agreement through which OMH provides funding

The full guidance is available here: <https://omh.ny.gov/omhweb/guidance/hipaa-mhl-33-13-field-guidance.pdf>

County DCSs may choose to include a list of service providers in your Local Services Plan. The LSP submission process has an optional feature to enable LGUs to upload the list of provider programs within your county.

#### **M. Using Data in Local Services Planning**

There are multiple data tools available to support LGUs in the development of a Local Services Plan. These tools help identify specific population groups in need of services, recognize opportunities for service coordination, develop measurable goals and objectives, and monitor performance on national quality metrics at the provider, county, and regional levels. The following data tools in particular are recommended by OMH to assist LGUs in their plans:

- NEW LOOK! Public Data Reports and Dashboards (County Planning Profile, Medicaid Utilization, and more):
  - OMH posts data and trends that inform our understanding of New York’s public mental health system. These dashboards support evidence-based planning, transparency, and accountability across our programs and services.
  - The dashboards and new user guides are available here: [Public Data Reports and Dashboards](#)
  - Contact [DataOPHE@omh.ny.gov](mailto:DataOPHE@omh.ny.gov) for technical support
- NEW! Mapping-Assisted Prevention Planning Tool – Adult (MAPPT-A): Combines New York State and federal data sources to support the map

visualization of county- and census tract-level measures. Access to the MAPPT is available using the following link (no login required):

[Mapping-Assisted Prevention Planning Tool - Adult \(MAPPT-A\)](#)

- **Needs Assessment Map:** An interactive Tableau to help with needs assessments across the State and to better understand both the locations of current OMH programs and services and the characteristics of NYS counties and regions. The OMH Office of Population Health and Evaluation created a [training webinar recording](#) as well as a Quick Start Guide, to help users with this data tool. Contact [DataOPHE@omh.ny.gov](mailto:DataOPHE@omh.ny.gov) for technical support.

Access the map using the following link (no login is required):

<https://omh.ny.gov/omhweb/tableau/mappt-a.html>

- **Vital Signs Dashboard (VSD):** Visualizes the public mental health system's performance in the domains of access, quality, and treatment outcomes and examines this data by specific disparity groups such as by race and ethnicity. Use of the VSD can inform the Local Services Plan by identifying emerging and persistent health disparities that exist in the system so targeted strategies can be implemented to address them. The VSD can be assessed by county LGUs with the following link (no login required): [Vital Signs Dashboard](#)
- **PSYCKES:** Supports population health management, quality improvement, clinical decision making, and care coordination for users such as provider agencies, managed care plans, behavioral health networks, and county LGUs. The Recipient Search menu in PSYCKES can help LGUs run quick searches on populations of interest to get a sense of the volume of clients in their county with certain behavioral health or medical conditions, Social Determinants of Health, service utilization patterns, and complex care needs. 'My QI Report' in PSYCKES can help LGUs identify opportunities for improvement or track progress at the county and provider levels on state and national quality metrics.

For PSYCKES training and technical support, and to login to PSYCKES go to: [www.psyckes.com](http://www.psyckes.com)

- **CLMHD Behavioral Health Portal:** Under the guidance of the Mental Hygiene Planning Committee, the CLMHD Behavioral Health Portal was developed as an efficient, integrated, uniform Behavioral Health planning resource that identifies and quantifies current and emerging needs, to support local services management. The portal requires a User ID and a Password and can be accessed here: <https://www.clmhd.org/>

## **N. Support from OMH Agency Partners**

OMH wants to ensure LGUs are supported and informed by their local OMH Field Office and Central Office. Our goal is to have open communication via mechanisms such as:

- **Procurement Opportunities:** To support planning of new program opportunities, OMH posts RFP information on our procurement website, here: <https://omh.ny.gov/omhweb/rfp/>
- **Availability of Field Office Staff:** Counties are encouraged to reach out to their OMH Field Office with questions and for considerations during the Local Services Plan process. The field office can assist in examining gaps and opportunities in the system of care and vocalize county needs to OMH Central Office.
- **Planning mailbox:** Email the OMH Planning Office at [planning@omh.ny.gov](mailto:planning@omh.ny.gov) for additional support as needed.

## O. OMH 5.07

The OMH Office of Planning oversees the development of Statewide Comprehensive Plan reports (also known as the “5.07 Plan”) that include demographic, service, and financial information about the public mental health system and reviews top OMH policy and planning efforts for current and future years. To keep these planning documents as current as possible, the Office of Planning uses a phased approach to updating the Statewide Comprehensive Plan.

- Profile of New York State’s Public Mental Health System
- Local Services Plan and Statewide Town Hall Analysis
- Mental Health Equity
- Forensic Mental Health Services
- Suicide Prevention
- Coordinated Behavioral Health Crisis Response System
- Behavioral Health Managed Care
- Comprehensive Psychiatric Emergency Program Annual Summary
- Housing and the Public Mental Health System
- Civil State-Operated Service System
- Children and Family Services
- Adult Ambulatory Services

These documents are available on the Office of Planning website, here:

<https://omh.ny.gov/omhweb/planning>

