

# 2027 State Agency Planning Priority Guidelines- Office for People With Developmental Disabilities (OPWDD)

## BACKGROUND AND PURPOSE: PROVIDE GUIDANCE ON OPWDD 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 DEVELOPMENTAL DISABILITY 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



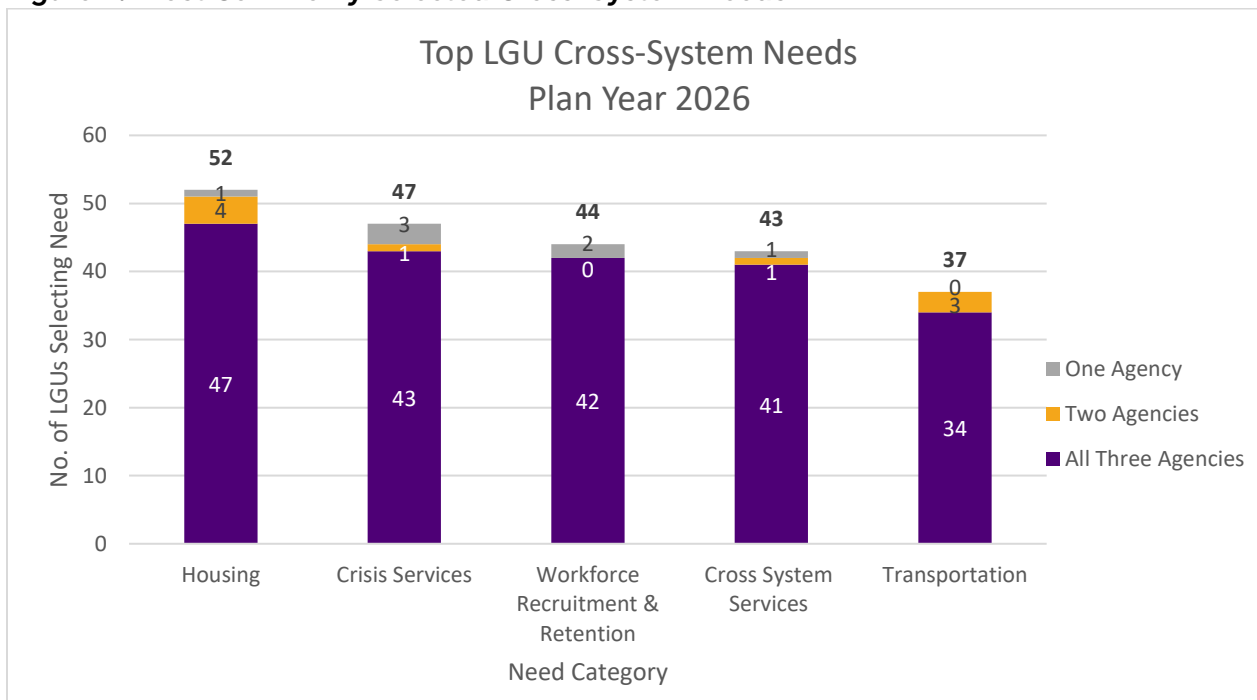
The most commonly identified priorities in the 2026 Local Services Plans were housing, workforce development, crisis services, cross-system services, transportation, and respite services. In addition, LGUs identified specific short- and long-term objectives to address the mental hygiene needs in the 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](#) located in the Behavioral Health Portal at [www.clmhd.org](http://www.clmhd.org).

**INFORMING STATEWIDE PLANNING**

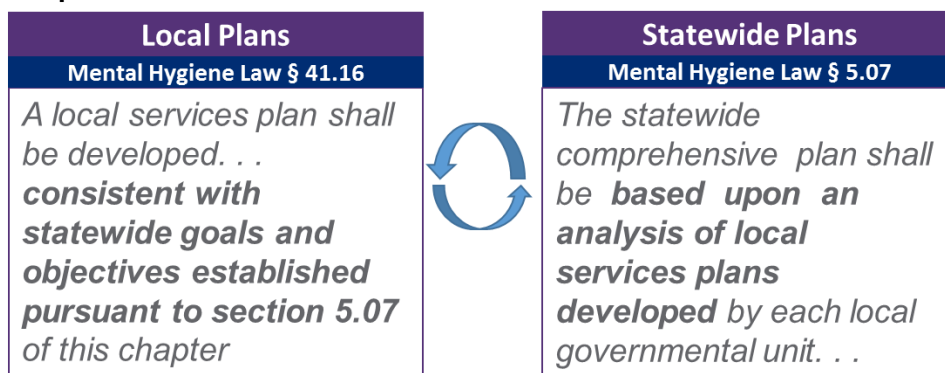


Section 5.07 of Mental Hygiene Law requires OMH, OASAS and OPWDD to develop a Statewide Comprehensive Plan for the provision of State and local services to individuals with mental illness, substance use disorders and developmental disabilities. Purposes of the Comprehensive Plan include:

- 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 DEVELOPMENTAL DISABILITY SERVICES

The Office for People With Developmental Disabilities (OPWDD) coordinates services and supports for approximately 135,000 New Yorkers with developmental disabilities, including intellectual disabilities, cerebral palsy, Down syndrome, Autism, Prader-Willi syndrome, and other neurological disorders.

OPWDD continues to prioritize the following strategic focus areas for [2023-2027](#):

1. Strengthen Our Workforce, Technology, and Collaboration
2. Transform Our System Through Innovation and Change
3. Enhance our Person-Centered Supports and Services

Additionally, OPWDD continues to strengthen collaboration and coordination across agencies and levels of government to better support individuals and families who interact with multiple systems, including health, behavioral health, education, and human services.

### Goal 1 Strengthen Our Workforce, Technology, and Collaboration

OPWDD is committed to advancing the developmental disability service system's infrastructure by investing in the workforce, updating data technology, and enhancing collaboration and decision-making.

**Workforce:** OPWDD continues to prioritize strengthening and stabilizing the Direct Support Professional (DSP) workforce to support consistent, high-quality services. In 2025, OPWDD expanded workforce development initiatives and continued recruitment and retention efforts across both voluntary and state-operated programs.

Key workforce efforts include:

- An historic investment of \$850 million in our service providers, much of which was used to increase staff wages. Over 3,000 staff across voluntary and state-operated settings participated in the [National Alliance for Direct Support Professionals \(NADSP\) E-Badge Academy](#), to support professional development and career advancement.
- OPWDD continued to support the #MoreThanWork statewide recruitment campaign, which directed more than 1.6 million visitors to the website. More than 96,000 individuals clicked through to providers to learn about job opportunities. More information about the campaign can be found at: <https://directsupportcareers.com/>.
- OPWDD continued workforce partnerships with providers and statewide organizations to support recruitment and retention.
- OPWDD strengthened workforce skills across state-operated programs, voluntary providers, and Care Coordination Organizations (CCOs) through trainings held on trauma-informed care, wheelchair securement, fire safety, diversity, equity and inclusion, cultural competence and other topics.

These efforts support workforce stability and improve access to services statewide.

**Data and Technology:** OPWDD is investing in technology and data infrastructure to improve access to information, streamline processes, and strengthen decision-making.

Key data and technology highlights include:

- OPWDD, in collaboration with the Department of Health (DOH), secured federal funding to modernize data and IT systems, including a new customer relationship management system, data warehouse, and billing system.
- Launched the Capacity Management Application (see Housing Strategy below).
- OPWDD implemented short-term improvements related to incident tracking, site visits and housing capacity management, and launched a new call center software in Region 4 (NYC) to reduce dropped calls and improve responsiveness.
- OPWDD hosted a Data Summit with CCOs to improve data quality and performance measures.
- OPWDD released an [updated public data webpage](#) and expanded [National Core Indicators](#) (NCI) Family Survey participation.
- OPWDD partnered with the Office of Mental Health (OMH) to increase Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) data access.
- OPWDD strengthened cybersecurity efforts, including hosting the 2025 Cybersecurity Summit and new security policies.

These efforts support transparency, efficiency, and improved service coordination.

**Engagement and Collaboration:** OPWDD expanded opportunities to gather feedback through forums, workgroups, listening sessions, and partnerships across the state.

Key engagement and collaboration highlights include:

- Launch of the Office of Advocacy, including peer support professionals with lived experience, who support self-advocates across the State.
- Launch of the first statewide Ombudsprogram for people with developmental disabilities to support and assist people who are navigating the OPWDD service delivery system. OPWDD launched a new [Family Resource webpage](#) with information and resources for family members to use as they navigate the service system.
- OPWDD strengthened collaboration with the [Developmental Disabilities Advisory Council](#) (DDAC), and created of the [Commissioner’s Task Force on Aging](#) to develop recommendations to improve how OPWDD supports people with developmental disabilities as they, and their caregivers, age.
- OPWDD hosted 10 statewide public forums in 2025, including five in-person events and five virtual sessions to get feedback on the agency’s Strategic Plan, its work, and the progress made to date.
- OPWDD also held dozens of small group Commissioner Conversations with people receiving services and/or their families to hear about their experiences, concerns, and suggestions for how the agency can better support them and their loved ones.
- In collaboration with Georgetown University, OPWDD hosted listening sessions with 300+ providers and nearly 300 families to gather input on culturally and linguistically competent services.
- OPWDD continued cross-agency collaboration with OMH, OASAS, DOH, OCFS, and NYSED, and participated in initiatives such as Employment First, Olmstead, and the Most Integrated Setting

Coordinating Council (MISCC).

These efforts help ensure OPWDD's planning and service improvements are informed by lived experience, regional needs, and ongoing input from our partners.

**Goal 2 Transform Our System Through Innovation and Change:** OPWDD is advancing initiatives to modernize services, improve flexibility, and better meet the evolving needs of people with developmental disabilities and their families.

**Employment:** OPWDD continues to expand employment opportunities and strengthen supports to help people with developmental disabilities achieve meaningful careers.

Key employment highlights include:

- In alignment with New York State's Employment First commitment, OPWDD partnered with the Office of the Chief Disability Officer, other state agencies, as well as the University at Albany Center for Assistive Technologies to advance assistive technologies with a goal of improving employment outcomes.
- OPWDD strengthened collaboration with Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) providers, working on projects including updates to Pathways to Employment, expanded guidance on self-employment, and additional training to support employment goals.
- OPWDD continued Career-Specific Vocational Trainings (CSVT), which nearly 400 people completed the program. Approximately 80% of participants were recommended for employment.
- OPWDD met with 200+ provider agencies to review employment outcomes, gather feedback, and provide technical assistance.
- OPWDD expanded [employment resources](#) in collaboration with the DDAC Employment committee.

**Housing Strategy Update:** OPWDD continues to advance its housing strategy to improve access to residential supports, reduce administrative burden, and support individuals with complex needs. Building on the 2024 housing strategy, OPWDD made progress in stabilizing residential capacity and expanding community-based housing opportunities.

Key housing highlights include:

- **Housing Capacity Management:** Phase 1 of a new IT platform launched in July 2025. **State Operations as Safety Net:** OPWDD expanded Comprehensive Adult Transitional Homes (CATH) with nine programs currently operating.
- **Provider Support and Investment:** OPWDD launched a Bureau of Technical Assistance, provided targeted training to OPWDD providers, and invested \$850 million in service providers through rate rebasing.
- **Assistive and Enabling Technology:** Eight nonprofit organizations were awarded certificates to provide Home Enabling Supports (HES), a new HCBS waiver service, statewide with the program launching in the Spring of 2026.
- **Housing Innovation:** OPWDD supported 30+ individuals transitioning to less restrictive settings,

24 individuals aging in place, and opened four integrated housing projects, adding 136 affordable housing units.

- **Administrative Improvements:** OPWDD updated guidance and streamlined processes related to assistive technology, environmental modifications, and vehicle modifications, and housing subsidies.

These efforts expand housing opportunities and strengthen community-based residential supports across New York State.

**Self-Direction and Care Management Evaluations:** OPWDD conducted evaluations of both Self-Direction and Care Coordination Organizations (CCOs) to strengthen quality, improve consistency, and enhance person-centered supports across the system.

Key highlights include:

- The Self-Direction evaluation gathered feedback from over 9,000 partners. Based on feedback, OPWDD is developing a Self-Direction Manual, in collaboration with the DDAC Self-Direction Committee. For more information, see the full report here: <https://opwdd.ny.gov/american-rescue-plan-act-arpa/self-direction-assessment-final-report>.
- The Care Management evaluation gathered feedback from 3,000+ partners through surveys, interviews, and focus groups. In response, OPWDD is redesigning the CCO recertification process to strengthen focus on quality outcomes. For more information, see the full report here: [https://opwdd.ny.gov/system/files/documents/2025/04/ccohh\\_final-report.pdf](https://opwdd.ny.gov/system/files/documents/2025/04/ccohh_final-report.pdf).

These efforts support improvements in Self-Direction and care management services, strengthen accountability, and enhance person-centered planning across the developmental disabilities service system.

**System Improvements and Person-Centered Supports:** OPWDD continues to strengthen supports through initiatives focused on self-determination, assessments, and quality improvement.

**Supported Decision-Making (SDM):** OPWDD expanded SDM as an alternative to guardianship. In 2025, OPWDD released a Request for Proposal (RFP) to expand SDM statewide and [recently announced the launch of this program](#), in addition to finalizing Article 82 regulations, making agreements enforceable.

**Assessment Transparency (CAS/CANS):** OPWDD released new Coordination Assessment System (CAS) educational materials and hosted 10+ statewide informational sessions on the CAS/CANS assessments. Sessions focused on sharing information about the process, improving understanding of how the assessments are used, and addressing common concerns about the process.

**Quality Improvement and Access Rule:** OPWDD expanded provider training, increased site reviews, improved data monitoring, and is developing a new grievance process to strengthen accountability and service access across the OPWDD service system.

**Goal 3: Enhance Person-Centered Supports and Services,** OPWDD continues improving services across the lifespan by ensuring supports are holistic, needs-based, equitable, and person-centered.

**Crisis and Complex Needs:** OPWDD continues to strengthen supports for individuals with complex behavioral, mental health, and medical needs, including those experiencing crisis situations.

Key crisis and complex needs highlight include:

- OPWDD partnered with OMH to launch six Critical Time Transition Programs (CTTP) and five Enhanced Step-Down programs.
- OPWDD expanded clinical capacity for Specialty Hospitals in NYC. This included the expansion of Terrance Cardinal Cooke from 57 to 72 beds, as well as support for a new 18-bed specialty hospital at the Center for Discovery,
- OPWDD also worked in collaboration with OMH and Upstate Medical Center in Syracuse, NY to support the launch of an 11-bed Biobehavioral Unit serving nearly 20 youth aged 5-17.
- OPWDD expanded CATH programs, with nine operational programs and an additional three planned for 2026-2027. CATH programs, part of OPWDD State Operated Services, will support transitions from acute settings to community living for people with complex needs.
- OPWDD also supported community transitions through provider funding, assisting 200+ individuals transitioning from institutional settings.
- Regional clinical teams supported 40+ individuals in crisis across the State.

These efforts expand crisis response and support community-based transitions across New York State.

**Culturally and Ethnically Diverse Communities:** OPWDD continues to prioritize diversity, equity, and inclusion, and cultural and linguistic competence to improve access to services.

Key highlights include:

- Publishing the Front Door videos in 13 languages. Including ASL, to increase understanding of the service system. 1,300+ OPWDD staff trained and 1,000+ staff from other agencies trained on cultural competence.
- OPWDD launched four leadership academies including one for OPWDD staff and three for people with developmental disabilities and family members with 80+ participants completing the programs.
- Listening sessions engaged 300+ families and 300+ providers in conversations about how OPWDD can better support families across New York.
- OPWDD expanded internal policy and document review efforts, auditing 100+ policies and documents to improve cultural competence, accessibility, and plain language.
- OPWDD expanded language access services, including: 2,600+ documents translated into 60+ languages, 4,000+ individuals supported through language services, 900+ individuals supported at public forms and group settings, and 700+ staff trained on language access.

These efforts support equitable access to services, strengthen culturally responsive supports, and improve access statewide.

In conclusion, OPWDD continues to respond to feedback from individuals, families, providers, CCOs, and other partners to improve services and supports. In 2025, OPWDD made progress across key priorities, including expanding housing and employment opportunities, strengthening supports for individuals with complex needs, enhancing engagement and transparency, and advancing technology and process improvements.



Additional information and detail on these efforts can be found in the [2025 OPWDD Annual Report](#).

