



OMH Commissioner **Ann Sullivan, MD**, discusses mental health issues at a State Legislative budget hearing on February 5, 2025.
Photo by **Kate Lisa**/Spectrum News 1.

2025 State of State

Expanding mental health care access is a key part of the plan

New York State will focus on expanding treatment options for individuals experiencing mental illness and strengthening policies to provide help to those who need it most, said Governor **Kathy Hochul** in her 2025 State of the State message.

New York State is already seeing results from its historic \$1-billion investment in programs for people with mental illness - expanding housing and inpatient psychiatric bed capacity, outpatient services, and improving insurance coverage. For example, the **Safe Options Support** initiative has helped nearly 850 unhoused individuals make a transition into permanent housing. New regulations are ensuring hospitals use the best standards in care when admitting and discharging patients needing behavioral care.

In her State of the State message, Governor Hochul proposed:

- Amending the state's Mental Hygiene Law to address gaps in the **standards for involuntary commitment**, allowing intervention when individuals are at substantial risk of harm due to their inability to meet basic needs like food, shelter, or medical care. Evaluators would be required to consider factors such as behavioral history and long-term health consequences. Hospitals would notify community providers upon client admission or discharge, ensuring continuity of care.
- Strengthening **Kendra's Law**, which governs Assisted Outpatient Treatment for individuals with serious mental illness, by reducing barriers to care. Changes include improving record sharing, expanding who can petition for AOT orders, and using video conferencing to streamline processes.
- Standardizing **Enhanced Service Packages** statewide. These voluntary plans allow individuals to access AOT services without a court order and provide a transition option for those whose AOT orders have expired.
- Allocate new resources to ensure that insurers are providing **needed mental health care coverage** - strengthening compliance oversight through additional surveillance, educating consumers and providers, and investigating and mediating complaints.
- Expanding the **Intensive Support Engagement Team** program – which provides voluntary support to individuals – throughout the state. Led by peer specialists, these 24/7 multidisciplinary teams offer

trauma-informed, culturally responsive care tailored to individuals' unique needs. Its flexible, person-centered approach ensures individuals receive care without rigid timelines or eligibility restrictions.



Governor Hochul, conducting a 'State of the State for Future Leaders' in Troy last month with high school and community college students.

Programs for youth

New York state will continue with its investments in education and youth mental health, including expanded access to youth mental health services, launching a college-in-high-school opportunity fund, and providing funding for new apprenticeship programs in high-demand occupations.

- Connecting licensed health care facilities to **state-funded afterschool programs** to ensure that youth have access to critical resources after school hours and partnering with the State University of New York to connect **social work graduate students** with local state-funded after-school programs helping them to complete their required fieldwork while supporting vulnerable youth.
- Continue investing in training adolescents in **Teen Mental Health First Aid**. Giving youths evidence-based tools to identify, understand, and respond to signs of mental health and substance-use challenges, including bullying and school violence.
- Developing **clinical assessment hubs**, staffed by professional clinicians with expertise across multiple fields of health care, to evaluate complex clinical needs and behaviors in children, without the need for hospitalization, and provide critical connections to individualized care.
- In response to ideas by the Youth Mental Health Advisory Board and young New Yorkers, Governor Hochul will develop new **safe spaces** for youth outside of school or home where youth can access mental wellness resources, foster positive relationships with their peers, and receive support in a comfortable setting, alongside friends and community members.
- Increasing investment in the 2021 **Latina Mentoring Initiative** to empower future Latina leaders ages eight to 24 by building soft skills, confidence, and nurturing aspirations via personal and professional development and launching a **Black Girls Mentoring Initiative** to support young Black women.
- Support **dual high school and college enrollment programs**, allowing students to access college courses and mentorship opportunities while completing their high school education, giving them a head start on their college careers and setting students and families up to trim time and money off their college educations. The State Budget will include funding to help streamline current college-in-high-school programs and provide ongoing, per-credit funding for early college in high school programs while increasing reporting requirements to give the state additional data to track student performance.

Initially implemented in a limited number of districts, this program will focus on providing opportunities for economically disadvantaged students to achieve college credits and will be free to participating high school students, saving students who participate up to \$20,000 if they complete two years' worth of credits.



Commissioner Sullivan and OMH senior staff had an opportunity to hear from the public at the agency's annual virtual town hall.

Rural communities

Governor Hochul is also making \$9.6 million in state funding available to provide additional mental health assistance services to rural areas of the state, including a program dedicated to helping farmers, agribusiness workers, and their families.

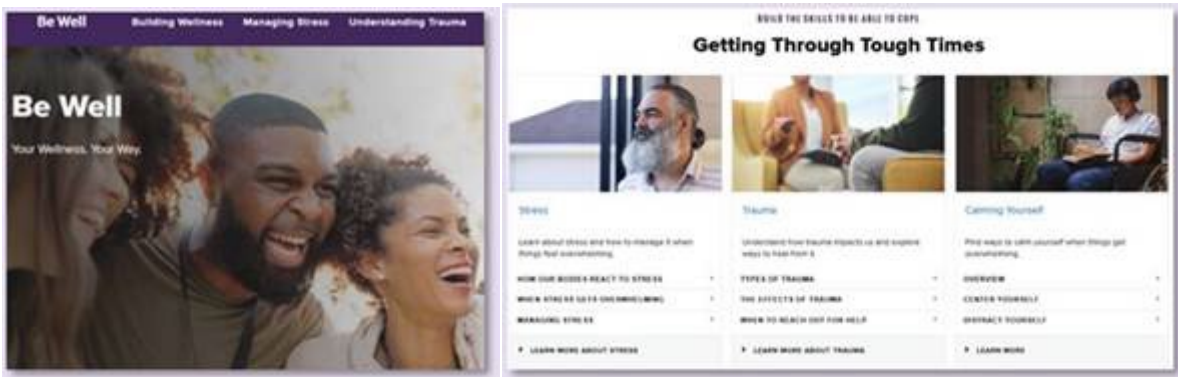
- OMH is providing \$7.6 million over five years to establish two new **Critical Time Intervention** teams in Western New York and two others in the North Country. These teams will join three others awarded last year and expected to be operational later this year, with the unique flexibility to offer support services and care coordination in rural communities.
- OMH is providing \$2 million over five years for a service provider to implement the **Farmers Supporting Farmers** program statewide, specifically in the 44 counties that support farms and agribusinesses. The state has roughly 43,000 square miles of rural land area with about 3.4 million New Yorkers — more than 17 percent of the state's population — living in communities considered rural.

Farmers Supporting Farmers was developed in response to the well-documented link between economic crises and the resulting stress that puts farm workers and their families at an increased risk for poor behavioral health outcomes. The funding will provide this population with technical assistance to address their business and financial needs, along with wellness support to promote improved behavioral health outcomes.

In 2023, OMH created the position of **Rural Behavioral Health Coordinator** to work with the upstate regional field offices, and the state Office of Rural Health and Office of Addiction Services and Supports to identify local, state, and federal resources to address the unique needs of rural communities.

‘Be Well’

New campaign promotes wellness providing tips and information



Some of the resources available on the Be Well website.

This past fall, OMH launched 'Be Well,' a statewide public awareness campaign to help New Yorkers better understand the importance of mental wellness and the impact of stress and trauma.

The \$1.9-million state-funded campaign includes a new website aimed at helping New Yorkers improve their mental well-being and advertisements on public transportation, billboards, television, radio, and digital media.

The Be Well campaign will offer simple and accessible ways to improve mental wellness and manage stress. The campaign will also provide information about the negative impact that stress and traumatic events can have on physical and mental health.

Mental wellness is an essential component of overall health and quality of life, according to the National Institute for Mental Health. Even small acts of self-care – including lightly exercising for 30 minutes a day, getting enough sleep, and engaging in relaxing activities – can play an important role managing stress, reducing the risk of illness, and increasing energy.

Statewide media campaign

Be Well ads are running in English and Spanish on social media, digital platforms, New York City transit, billboards, geofencing, radio, and on television – both cable and streaming services. The campaign includes linkages to statewide resources, including NY Connects, the 988 Suicide and Crisis Lifeline, the New York State Trauma-Informed Network and Resource Center, and other resources connected with wellness.

A new website, BeWell.ny.gov, offers suggestions on building a self-care plan, providing techniques individuals can use to calm themselves, and highlighting tips that support resilience, such as:

- Using breathing to calm and reset.
- Practicing mindfulness and gratitude.
- Fostering resilience.
- Finding strategies to cope.
- Understanding how stress affects our bodies.
- Learning about the impact of trauma.

The launch of Be Well follows a \$5-million 'We Hear You' public awareness campaign to promote 988, which started in September. That ongoing campaign is aimed at raising awareness of 988, which is free, confidential, impartial, and can be accessed any time of the day or night by phone, text, or chat.

Supported in all 62 counties, 988 provides individuals in need with a connection to trained crisis counselors who can help anyone thinking about suicide, struggling with substance use, experiencing a mental health crisis, or any other kind of emotional distress.

Daniel's Law Task Force

Final report and recommendations for mental health crisis response



Members of the Daniel's Law Task Force at their most recent virtual meeting. The task force report is available on OMH's website at: <https://omh.ny.gov/omhweb/daniels-law-task-force/dltf-final-report.pdf>.

The Daniel's Law Task Force in December issued its recommendations for developing a statewide model for a health-led behavioral health crisis response.

In a report delivered to Governor Hochul and state legislators nearly a year ahead of schedule, the task force recommended establishing health-led teams using standardized protocols for behavioral health crisis response, forming a technical assistance center, and piloting initiatives that recognize the unique character of New York communities.

"The task force recommendations reflect the exhaustive efforts taken to develop a robust behavioral health crisis response model that will better serve our communities statewide," said Commissioner Sullivan, who is also Task Force Chair. "This report provides a roadmap for building a trauma-informed response and diversion system that will help communities effectively respond to individuals in crisis."

Established by legislation in response to the death of 41-year-old **Daniel Prude** in 2020, the task force was charged with developing recommendations to guide behavioral health crisis response and explore avenues for related diversion services.

The task force conducted several listening sessions this past year, which have provided an opportunity for members to hear directly from New Yorkers about their views on enhancing behavioral health crisis responses. These sessions have also solicited input on the best practices for engaging individuals in crisis, with a specific emphasis on equity.

A health-led response

The task force recommendations call for the state to establish a protocol so that 911 or 988 Suicide and Crisis Lifeline calls involving a behavioral health crisis receive a health-led response by **individuals specifically trained in crisis services**. This could be initially implemented through pilot programs working in collaboration with the technical assistance center to inform further statewide implementation.

Teams should be dispatched to mental health or substance use calls and on behavioral health wellness checks, according to the task force recommendation. Law enforcement should only be involved in instances where there is a threat of violence.

The task force recommends establishing several **behavioral health response team pilot programs** in cities, as well as rural areas, and focus on developing sustainable models. As these teams are implemented, communities should develop partnerships –including with individuals having lived experience – to participate in designing the system of care, assess the available resources, and work to develop a network of quality accessible services.

In addition, the task force recommends the state establish a **Technical Assistance Center** to collaborate with stakeholders – including the state Division of Homeland Security and Emergency Services, the state Emergency Medical Services Council, local communities, and 988 call centers – to develop protocols for a health-led response to behavioral health crisis.

This center should also provide training and assistance to local communities in implementing best practice protocols and monitoring their effectiveness and have an advisory council of key stakeholders, with most of them being individuals with lived experience.

NIMRS 2.0

OMH's incident tracking system gets a major upgrade



*Some of the core members of the NIMRS 2.0 development team. From left: **Kristin Kozlowski, John Hans, Kavitha Giridhara Gopal, Tami Baker, Andrew Havlik, and Darrell Skeeter.***

Incident reporting is crucial in public health, according to a report from the National Institute of Health, because it allows health officials “to proactively identify potential hazards and risks within a community,” and enables them to take preventative measures and intervene early to mitigate outbreaks or adverse health events before they become widespread. This can ultimately improve overall population health by learning from past occurrences and implementing necessary changes.

New York State law requires all licensed and operated programs to report incidents. Since 2002, OMH has been using the **New York State Incident Management & Reporting System** - a web-based incident management reporting tool for providers to report incidents that have occurred within their facilities or under the supervision of staff. Last month, after years of development and preparation, the system underwent a major upgrade to NIMRS version 2.0.

Keeping up with advances in software

At one time, OMH used a reporting process called the Local Provider Incident Reporting System, through which providers would fax reports to the Central Office and support staff would data enter the information.

Then, in 2002, OMH worked with the Office of Information Technology Services to develop NIMRS to reduce the use of paper, streamline reporting, reduce errors, and improve providers’ ability to analyze their own incident data. This also allowed OMH to track incidents and improve its review of incidents regionally and statewide.

At the time of its original release, NIMRS was built on the most-recent technology and security protocols. Since then, NIMRS has undergone minor improvements throughout its existence to account for regulatory updates. The last major update to was related to the creation of the New York State Justice Center, which drastically changed the incident reporting, investigation, and corrective action plan process.

But after many changes in software during the past 20 years, NIMRS was no longer able to keep up. It required users to setup workarounds in the discontinued Microsoft Internet Explorer so that NIMRS could believe it was still using the older system.

A collaborative effort

Development and implementation of the new system was a lengthy, multiyear effort that started as a collaboration with the Medical Informatics department and ITS. The initial design was storyboarded and involved stakeholders from state and local providers. The next phase required the creation of use cases, business review documents, and then development and testing.

The NIMRS team put in long hours, along with ITS, in testing functionality and addressing issues that rose in bringing the new application online. Staff has changed over the course of the rewrite due to retirements, reassignments, and promotions, but a core group has remained with the project.

The NIMRS team developed numerous training modules that are available online in the [NIMRS Learning Center](#). They also held training in advance of the release and used the NIMRS newsletter to inform providers of the new software and training opportunities.

Ease of use

Improved usability and ease of use were the main goals for the redesign. NIMRS 2.0 can use various modern operating systems and various hardware, such as a personal computer, tablet, or phone. The structure of the system is very similar to the previous version, the biggest change is the platform. The new platform offers greater flexibility for future updates, and it gives users more options for accessing the system.

The new system is faster, more user friendly, and offers advanced reporting tools that didn't exist before. It uses new technology that addresses an outdated coding language that could no longer be supported by current internet browsers and features an easy-to-read dashboard that provides users with real-time data on incident status and workload.

Providers can use NIMRS to document their initial response to an incident, patient demographics, investigation information, Incident Review Committee recommendations, and corrective action plans. The new application allows view and manage their incidents more easily and create their own custom reports using the data export feature to track and trend incident data.

Additional releases are scheduled over the next year, which will add additional reports and functionality.

Meet Dr. Joe A. Katagiri

OMH's new Chief Fiscal Officer



"I have always wanted to have a real impact when it comes to accessing health care," said **Joe A. Katagiri**, DrPH, MPA, CPH, who was named OMH Deputy Commissioner and Chief Fiscal Officer this past fall.

"Finding and receiving mental health services proves to be a challenge for so many," he added. "When I was given the opportunity to join OMH in 2017 it was a natural fit. The skills and knowledge that I obtained through my formal education and through my previous positions in state government really equipped me to tackle the issues that face OMH."

The role of a CFO comes with immense responsibility of overseeing every aspect of the agency's finances. Dr. Katagiri comes into the role well-prepared, with an extensive career in healthcare finance management.

He most recently served as OMH's Associate Commissioner for Managed Care, Director of the Division of Managed Care, and Bureau Director of Finance and Data Analytics. Prior to joining OMH Dr. Katagiri worked as an Associate Budget Examiner for Long Term Care and the Affordable Care Act within the New York State Division of Budget and as a Health Program Administrator for the Department of Health, working on Medicaid waiver programs.

Dr. Katagiri holds a Bachelor of Arts degree in Economics from Harpur College at the State University of New York at Binghamton, a Master's in Public Administration from Rockefeller College, and Master of Public Health and Doctor of Public Health degrees from the University at Albany School of Integrated Health Sciences. He expressed his deep pride in being a product of the New York State University system.

Personal experience

Growing up in Greenville, in northern Greene County, Dr. Katagiri saw public service as an important part of his upbringing. His father had a long career with the Department of Health as a new-born screening and mass-spectrometry scientist at the Wadsworth Labs and his mother was an accounting professor at the College of Saint Rose. “I unintentionally have walked a path between those two careers, culminating in my current position,” he laughed.

Dr. Katagiri’s also had personal experience dealing with some of the frustrations many people have faced in getting access to care. “I have an underlying autoimmune condition, so I’ve spent a large portion of my personal life dealing with our health care system,” he said. “That’s given me an appreciation for what is needed to make improvements to get New Yorkers access to the mental health services they so desperately need.”

Outside of work, Dr. Katagiri is a dad and a husband. “I have twin boys who are 10 years old and a daughter who is four. Between my kids’ swim team, gymnastics, boy scouts, musical performances, and soccer I’m kept very busy. I also wake up early and exercise six or seven days a week because again, I have learned your health has to be your priority so you can give yourself to everything else.”

“The core of my personal values aligns so well with the mission of OMH, I am very grateful to be here,” Dr. Katagiri added. “OMH has a history of strong and competent leaders in the CFO role. I hope to live up to their legacy and continue to succeed in implementing important reforms and improvements while functioning within the bounds of state government and making sure our resources are spent wisely and efficiently.”

On the road

Brooklyn Day



Commissioner Sullivan joined Governor Hochul in Brooklyn Day activities this past fall to address issues important to borough residents. She met with staff from Baltic Street, a service provider that operates an Intensive and Sustained Engagement Team, and then visited the Jewish Childcare Association, which operates a Youth ACT team. She also visited 50 Nevins Street, a residential facility operated by the Institute for Communal Living. The Commissioner ended the day by joining Assemblywoman **Monique Chandler-Waterman** in touring Brookdale Hospital’s psychiatric unit and meeting with the facility’s staff.

A grand re-opening



OMH Executive Deputy Commissioner **Moira Tashjian**, MPA (center), took part in the grand re-opening of Miriam House and Healy House in Albany. These OMH-licensed houses provide critical support for youth ages five to 17 and their families, so they can continue living in the community. OMH provided \$3 million to fund necessary renovations for these buildings.

Mental Health Community Partners



This past fall, OMH took part in the kick-off of the **Mental Health Community Partners** program. The program is designed to train youth and adults in the recovery skills necessary to make the transition to the community, with support from healthy family members. The Mental Health Association in New York State is providing technical assistance and supporting program implementation at each project site. So far, the program has trained 293 individuals through 95 partner organizations. The current MCHP Round 2 grant includes ongoing in-person and virtual training, as well as a capacity-building demonstration project with five selected state agencies to fund a certified Community Partner to implement programming with participants for six months.

DREAM celebration



Melanie Hecker, OMH Statewide Advocacy Specialist 2, gave Special Remarks at the Department of Civil Service's Disability Rights and Employment Awareness Month celebration this past fall. She told her personal story about going from receiving OMH-funded School-to-Work transition services to working for OMH. She was then presented an award for her dedication to disability employment.

New York State PTA keynote



This past fall, Commissioner Sullivan delivered the keynote address at the New York State Parent Teacher Association annual meeting in Saratoga and was awarded an honorary lifetime member of the organization by its president, **Patricia Frazier**.

Resources



Assessing mental health needs of first responders

The final report of the inaugural New York State First Responder Mental Health Needs Assessment has been released by the New York State Division of Homeland Security and Emergency Services, the Institute for Disaster Mental Health at SUNY New Paltz and the Benjamin Center at SUNY New Paltz.

MHNA findings are separated into four dimensions:

- stressors and challenges of first responder work,
- mental health impacts of first responder work,
- barriers to seeking mental health care, and
- approaches to address first responder mental health.

MHNA findings and analysis are based on a representative, statewide web survey of first responders and qualitative focus groups. The research team interviewed and consulted with New York State first responder officials throughout the study design process.

The report is available through the [Governor's](#) or [DHSES'](#) website.

Required training by NYSED

The New York State Education Department has issued advisory notices for required training for select licensed professionals including updated mandated reporter and three continuing education units focused on appropriate professional boundaries.

Mandated reporter training

NYSED, in compliance with Chapter 65 of the Laws of 2021 Updated Mandated Reporter Training Requirements, require additional training to include protocols to reduce implicit bias in decision-making processes, strategies for identifying adverse childhood experiences, and guidelines to assist in recognizing signs of abuse or maltreatment while interacting virtually within the New York State Mandated Identification and Reporting of Child Abuse and Maltreatment/ Neglect coursework.

This law requires that mandated reporters, including those who have previously undergone the current training, complete the updated training curriculum by **April 1, 2025**. Information about approved training providers can be accessed on the NYSED website.

Mandated Reporter Training is required for:

- Certified Behavioral Analyst Assistants
- Creative Arts Therapists
- Licensed Behavior Analysts
- Licensed Clinical Social Workers

- Licensed Master Social Workers
- Marriage and Family Therapists
- Mental Health Counselors
- Nurse Practitioners
- Physicians
- Psychoanalysts
- Psychologists
- Registered Nurses

Visit the New York State Education Department [Mandated Reporter Training Page](#) to access important background information regarding the implementation of this Social Services Law.

Continuing education on appropriate boundaries

The Board of Regents approved [regulations](#) on October 4, 2022, that require all licensed psychologists, social workers, mental health counselors, marriage and family therapists, creative arts therapists and psychoanalysts to complete three hours of continuing education in appropriate professional boundaries each three-year registration period that begins after April 1, 2023. For additional training resources, including CE opportunities, visit OMH's new training webpage: [OMH Funded Training for Providers](#).

OMH NEWS

OMH News is produced by the OMH Public Information Office for people served by, working, involved, or interested in New York State's mental health programs. Contact us at: omhnews@omh.ny.gov.