# 2018
# Local Services Plan
## For Mental Hygiene Services

NYC Dept. of Health and Mental Hygiene
October 31, 2017

NEW YORK STATE OF OPPORTUNITY.

Office of Mental Health | Office of Alcoholism and Substance Abuse Services | Office for People With Developmental Disabilities

# Table of Contents

DOHMH increasingly works to align State resources and planning feedback into our ThriveNYC framework, which is guided by six key principles of action: (1) Change the Culture, (2) Act Early, (3) Close Treatment Gaps, (4) Partner with Communities, (5) Use Data Better, and (6) Strengthen Government's Ability to Lead. In the ThriveNYC action plan, DOHMH primarily identifies services and links them to these six principles. Moving forward, DOHMH looks to more proactively align opportunities to connect to those resources. These aforementioned ThriveNYC principles are reflected and clearly labeled within each of the objectives that underly the goal associated with each identified city or state need.

**Mental Hygiene Goals and Objectives Form**
NYC Dept. of Health and Mental Hygiene (70550)
Certified: Yoshita Pinnaduwa (6/13/17)

**1. Overall Needs Assessment by Population** (Required)

Please explain why or how the overall needs have changed and the results from those changes.

a) Indicate how the level of unmet **mental health service needs**, in general, has changed over the past year: ○ Improved ◉ Stayed the Same ○ Worsened

Please Explain:

In 2016, we launched ThriveNYC, a four-year investment to reform mental health care access across New York City. Over the course of the last year and through just three of our initiatives, we have added over 40,000 clinical hours to the mental health workforce, answered over 100,000 calls, texts, and chats from people seeking referral or crisis services, added 75 specialized Intensive Mobile Treatment slots, added the capacity for 240 forensic ACT team slots, and increased housing stability among those with serious mental illness and criminal justice involvement. While we continue striving to address inequities and unmet need among low income, immigrant, and communities of color, ThriveNYC has been essential to addressing and reducing health disparities in our communities. We are working to follow the six guiding principles of ThriveNYC in all of our practices: to change the culture; to act early; to close treatment gaps; to partner with communities; to use data better; and to strengthen government's ability to lead.

b) Indicate how the level of unmet **substance use disorder (SUD) needs**, in general, has changed over the past year: ○ Improved ○ Stayed the Same ◉ Worsened

Please Explain:

The level of unmet substance use disorder is difficult to measure. We know that there is increasing need for services, and also that stigma and lack of knowledge interfere with people accessing care. Therefore, increasing services as well as awareness of effectiveness of services are critical. DOHMH trains new buprenorphine prescribers, supports practice implementation for buprenorphine prescribers, increases access to buprenorphine in Health + Hospitals and in federally qualified health centers, increases capacity of newly established adolescent treatment programs, and raises awareness of the effectiveness of methadone maintenance. Furthermore, there is currently no waitlist for methadone maintenance in NYC. In other words, New Yorkers with an opioid use disorder can access methadone without delay. Additionally, New Yorkers with substance use disorder can receive free, confidential support 24/7 by contacting NYC Well at 1-888-NYC-WELL, texting "WELL" to 65173 or going to nyc.gov/nycwell.

c) Indicate how the level of unmet needs of the **developmentally disabled** population, in general, has changed in the past year: ○ Improved ◉ Stayed the Same ○ Worsened

Please Explain:

NYC DOHMH does not have sufficient data to quantify how the level of unmet needs have changed for the developmentally disabled population in the past 12 months. DOHMH convenes discussions with stakeholders representing the five NYC boroughs to identify local needs and to develop the local plan for services for people with developmental disabilities. Stakeholders include the NYC regional office of OPWDD, the five borough DD Councils, people with developmental disabilities, providers, families and family advocates. In recent years, stakeholders have continued to identify adequacy of housing, support and clinical services as key areas of unmet need for the developmentally disabled population and their families and caregivers. Contributory factors noted include increasing numbers of families identified as needing direct and coordination of services through OPWDD's Front Door, increased recognition of developmental disabilities including autism spectrum disorders, aging of the DD population and of family caregivers, as well as ongoing fiscal viability and workforce retention and recruitment challenges faced by service providers."

**2. Goals Based On Local Needs**

| **Issue Category** | **Applicable State Agenc(ies)** | | |
|---|---|---|---|
| | **OASAS** | **OMH** | **OPWDD** |
| a) Housing | ☑ | ☑ | ☑ |
| b) Transportation | ☐ | ☐ | ☑ |
| c) Crisis Services | ☑ | ☑ | ☐ |
| d) Workforce Recruitment and Retention (service system) | ☐ | ☑ | ☑ |
| e) Employment/ Job Opportunities (clients) | ☐ | ☑ | ☑ |
| f) Prevention | ☐ | ☑ | |
| g) Inpatient Treatment Services | ☐ | ☐ | |
| h) Recovery and Support Services | ☑ | ☑ | |
| i) Reducing Stigma | ☐ | ☑ | |
| j) SUD Outpatient Services | ☐ | | |
| k) SUD Residential Treatment Services | ☐ | | |
| l) Heroin and Opioid Programs and Services | ☑ | | |
| m) Coordination/Integration with Other Systems for SUD clients | ☑ | | |
| n) Mental Health Clinic | | ☑ | |
| o) Other Mental Health Outpatient Services (non-clinic) | | ☑ | |
| p) Mental Health Care Coordination | | ☐ | ☐ |
| q) Developmental Disability Clinical Services | | | ☑ |
| r) Developmental Disability Children Services | | | ☐ |
| s) Developmental Disability Adult Services | | | ☐ |

| | | | |
|---|---|---|---|
| t) | Developmental Disability Student/Transition Services | | ☑ |
| u) | Developmental Disability Respite Services | | ☐ |
| v) | Developmental Disability Family Supports | | ☑ |
| w) | Developmental Disability Self-Directed Services | | ☐ |
| x) | Autism Services | | ☐ |
| y) | Developmental Disability Person Centered Planning | | ☐ |
| z) | Developmental Disability Residential Services | | ☐ |
| aa) | Developmental Disability Front Door | | ☐ |
| ab) | Developmental Disability Service Coordination | | ☐ |
| ac) | Other Need (Specify in Background Information) | ☑ ☐ | ☑ |

**2a. Housing - Background Information**

Almost one third of New Yorkers with serious mental illness lived in public housing or received housing subsidies in 2014. Just under one fifth of psychiatric inpatients reported being homeless or unstably housed prior to hospitalization; a similar proportion continued to be homeless or unstably housed 3-5 months post discharge.

DOHMH and DHS convened shelter directors to discuss need and opportunity for improvement in mental health shelters. DOHMH also visited two mental health shelters to assess the needs of program staff and residents. From these conversations, we determined that shelter staff and residents are in need of a better coordinated system that supports residents as they transition to permanent housing.

In addition, there are a significant number of individuals with developmental disabilities who are in need of, and are awaiting, residential placement in NYC. Furthermore, many individuals with developmental disabilities reside with aging and medically-involved caregivers.

Accessible housing options should be available to individuals who want to live more independently and those in need of varying levels of support. Housing options are particularly needed for individuals with serious physical and behavioral challenges, individuals in crisis, individuals with medical needs, and aging individuals.

(Remaining objectives for goal are located in attachment.)

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ◉ Yes ○ No

Increase access to stable housing for those with serious mental illness, substance use issues and developmental disabilities, including additional ADA accessible housing/residential capacity that offers 24/7 coverage to meet the needs of individuals with developmental disabilities, including those individuals who reside at home or in the community, and those who are medically fragile and require medical care.

(Remaining objectives for goal are located in attachment.)

**Objective Statement**

Objective 1: Increase access to supportive housing for those with serious mental illness by adding approximately 1,000 units in FY 18 through the NYC 15/15 plan. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 2: Coordinate with the NYC Department of Homeless Services to develop a model for improved care within mental health shelters so that shelter residents with serious mental illness have access to needed services. [Government's Ability to Lead]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 3: Increase access to new and existing community-based housing units for people with developmental disabilities. [Close Treatment/Services Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 4: Develop residential options to support persons with urgent needs or in need of Crisis Services. [Close Treatment/Services Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 5: Increase available housing units for people with developmental disabilities who need 24-hour nursing services. [Close Treatment/Services Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

**Change Over Past 12 Months** (Optional)

**2b. Transportation - Background Information**

Accessible transportation options are critical for people with developmental disabilities, including individuals who use wheelchairs, walkers, cane and accessible devices to ensure they are able to travel to and from outside activities.

(Remaining objectives for goal are located in attachment.)

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ◉ No

Expand the availability of transportation options for people with developmental disabilities.

(Remaining objectives for goal are located in attachment.)

**Objective Statement**

Objective 1: Increase provider ability to support program participants' needs to travel to and from outside activities. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 2: Expand subscription services with enhanced eligibility and reliability through Access-a-Ride and Medical Answering Services, LLC. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 3: Increase the number of wheelchair accessible taxis and other livery services in all five boroughs in New York City. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 4: Advocate to maintain or increase the number of working elevators, ramps, wheelchair lifts and accessible platforms. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 5: Increase travel training opportunities. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

**Change Over Past 12 Months** (Optional)

**2c. Crisis Services - Background Information**

According to SPARCS, in 2014, approximately 60% of all mental health related ED visits in NYC were not admitted to the hospital for treatment. In addition, 19% of inpatient psychiatric hospitalizations were for 3 days or less. This data indicates that more respite and outpatient treatment services are needed for people who would benefit from immediate care but do not need hospitalization. However, data from the Mental Health Needs Assessment Survey shows that psychiatric inpatients are not aware of outpatient services that can be used in place of hospitalization such as crisis respite centers.

In addition, the suicide rate in NYC has increased with rates among females increasing 56% and rates among males remaining steady. Further, law enforcement remains a key driver of wasteful and inappropriate use of the criminal justice resources and hospital emergency services. Front-end diversion stabilization services, specialized law enforcement responses (CIT) and approaches (Co-Response teams) and purposeful structuring of law enforcement and mental health responses to crisis calls can improve client outcomes and save valuable resources.

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ◉ No

Increase access to crisis services and promote suicide prevention.

**Objective Statement**

Objective 1: Connect people with innovative crisis services via NYC Well, including rapid response mobile crisis teams in Upper Manhattan in partnership with the Mt. Sinai PPS and rapid access appointments to an array of behavioral health services within the Staten Island PPS. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 2: Train 3700 NYPD in Crisis Intervention Training to better manage crisis and increase diversion. [Change the Culture]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 3: Expand NYPD/DOHMH Co-response specialized response teams to provide solutions for people in crisis with mental illness/substance use issues and increasing risk to others and the community. [Act Early; Change the Culture]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 4: Open 2 Public Health Diversion Centers to provide NYPD a drop-off option offering health services and social supports as an alternative to arrest or hospitalization. [Act Early; Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

**Change Over Past 12 Months** (Optional)

**2d. Workforce Recruitment and Retention (service system) - Background Information**

In May 2016, DOHMH convened the Summit on the New York City Mental Health Workforce with the aim of planning for and addressing the current and future mental health workforce needs in NYC. The Summit brought together a multi-sectoral group of policy makers, behavioral health professionals, advocates, and academics to make recommendations to the many challenges facing the mental health workforce in NYC.

Summit workgroup members recognized the importance of peers in delivering behavioral health services but identified inconsistencies in how peers are valued and integrated in to models of care. There is encouraging evidence of the value of peer-provided support for parents of children with emotional and behavioral challenges. Positive outcomes include increased caregiver hopefulness and reduced stress[1], as well as improvements in caregiver self-care, communication style, and empowerment.[2] As such, when Medicaid Redesign for children is implemented, an array of rehabilitative services, including peer support, will qualify for Medicaid reimbursement. Making peer support services Medicaid reimbursable will create an unprecedented opportunity for broad peer integration into the behavioral health workforce. This requires significant preparation of the workforce, to ensure that we not only have a cadre of trained and certified peers, but also the ability to successfully integrate them into the existing service system.

Although the mental health service system currently has some capacity to employ, train, support and integrate Family Peer Advocates and Youth Peer Advocates, much more needs to be done to expand and strengthen this capacity. This is particularly true of the Youth Peer Advocate movement, which is in process of developing a training and credential for Youth Peer Advocates that will be required for reimbursement. In addition, providers will require training and technical assistance in how to successfully support peer and youth support services and include these new models into their organizational framework.[3]

Concerns facing the workforce, such as a lack of diversity, were further identified by PPSs who have had difficulties both in recruitment and retention of qualified

behavioral health professionals to fulfill integrated care incentive programs and by our contracted program staff who have met with increased difficulty in the recruitment and retention of behavioral health professionals.

Additionally, in 2012 the DOHMH partnered with the State OMH to implement the Academy for Justice Informed Practice. The "Academy" provides cross-systems training to NYC's legal and health/behavioral health workforce serving people with behavioral health issues and criminal justice involvement.

Furthermore, maintaining a well-trained, ready and culturally competent workforce is essential to provide quality services and supports for individuals with developmental disabilities and their families/caretakers. This can be accomplished by promoting and ensuring continuing education programs for all levels of staff, adequate supervision, career planning and professional development support, retention incentives, and opportunities for students and young people to learn about the field.

Citations:

[1] Duchnowski J, Ferron J, Green A, and Kutash K. "Supporting Parents Who Have Youth with

Emotional Disturbances Through a Parent-to-Parent Support Program: A Proof of Concept Study

Using Random Assignment." Administration and Policy in Mental Health Services Research, 38,

no. 5 (2011), 412-27.

[2] Brister, T., Cavaleri, M.A., Olin, S.S., Shen, S., Burns, B.J., & Hoagwood, K.E. (2012). An evaluation of the NAMI basics program. J Child Fam Stud, 21(3), 439-442.

[3] [3] Delman J and Klodnick VV. Effectively employing young adult peer providers: A toolkit. The Learning & Working Center, Transitions Research and Training Center, 2017.

(Remaining objectives for goal are located in attachment.)

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ◉ Yes ○ No

Increase the supply of behavioral health professionals and professionals serving individuals with mental health issues and/or substance use issues and individuals with intellectual and developmental disabilities who are culturally competent and trained to deliver evidence-based practices.

(Remaining objectives for goal are located in attachment.)

**Objective Statement**

Objective 1: Add 125 additional clinicians to the workforce to deliver behavioral health treatment and intervention services in primary care and behavioral health practices throughout NYC as part of Mental Health Service Corps. Recruitment will focus on bilingual applicants to meet the needs of NYC practices targeted in neighborhoods with high rates of psychiatric hospitalizations, overdose deaths, and other indicators of behavioral health needs. [Partner with Communities; Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 2: In 2018, The Academy for Justice Informed Practice will train over 5,300 legal, law enforcement and healthcare professionals on the intersection of health and criminal justice. [Partner with Communities]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 3: Ensure cultural diversity training for providers to enhance staff sensitivity to the cultural background of the individuals served. [Close Treatment/Services Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 4: Support a living wage and salary increments for staff within the fields of developmental disability, Early Intervention, and 853 and 4410 education. [Close Treatment/Services Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 5: Expand the Family Peer Advocate (FPA) workforce by increasing opportunities for parents and caregivers with children in various child-serving systems to access the FPA training. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

**Change Over Past 12 Months** (Optional)

**2e. Employment/ Job Opportunities (clients) - Background Information**

71% of those with psychological distress or a lifetime diagnosis of schizophrenia, bipolar disorder, mania, or psychosis were looking for full-time work in 2014 while 33% of psychiatric inpatients identified that they wanted help finding a job. Despite high rates of unemployment, providers struggle placing and supporting people with SMI due to a lack of knowledge about existing services. Additionally, although improperly placed, the fear that employment would mean a loss of benefits has kept many consumers from seeking employment. Furthermore, individuals with developmental disabilities have limited options for developing on-the-job employment skills and employment options. Both providers and consumers need information on employment services and their impact on benefits.

(Remaining objectives for goal are located in attachment.)

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ◉ No

Reduce employment disparity for people with serious mental illness and for individuals with intellectual/developmental disabilities.

(Remaining objectives for goal are located in attachment.)

**Objective Statement**

Objective 1: Increase the number of people with serious mental illness employed through the Assisted Competitive Employment (ACE) program by retraining providers in evidence-based practices and outreach strategies. [Partner with Communities]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 2: Enhance the capacity of Home and Community Based Services (HCBS) providers offering employment services to deliver education services to their range of reimbursable services by providing technical assistance and training. [Close Treatment Gaps; Government's Ability to Lead]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 3: Provide services for individuals with I/DDs in NYC who are not eligible for OPWDD work services. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 4: Increase and vary employment opportunities to increase the number of people with developmental disabilities who are employed so that employment is person-centered and customized. Efforts may include promotional events such as career fairs and collaborative efforts with OPWDD DDROs, local Chambers of Commerce and other local partners, including not-for-profit entities. [Partner with the Community]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 5: Ensure that individuals who are not able to be employed PT or FT have adequate resources and options, including integrated supported day opportunities. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

**Change Over Past 12 Months** (Optional)

**2f. Prevention - Background Information**

Acting early is an essential component to preventing mental health challenges. Early childhood mental health, also referred to as social and emotional development, is defined as developing capacity of the children from birth to 5 to experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn.[1] However, many young children experience challenges in these areas. Failure to identify and respond to these problems can lead to school failure, the development of more severe disorders, family disruption, and the needs for costly interventions later in life. Thus, it is critical that we develop capacity to promote young children's social-emotional development, identify problems as early as possible, and intervene in an appropriate and timely manner.

DOHMH's work in early childhood has expanded significantly and has focused on increasing opportunities for children to realize their potential by building a foundation of social-emotional skills during early childhood, a critical stage of development. This is achieved by strengthening parents/caregivers, building the skills of mental health clinicians and other early childhood professionals working with young children, and expanding mental health treatment supports.

Early identification and intervention can significantly reduce the duration and impact of mental illness. A recent study showed that people experiencing first episode psychosis have much higher mortality rates than the general population, particularly within the first 12 months of diagnosis[2]. In NYC, we have seen an increase in intensive service utilization for those experiencing first episode psychosis due in part to ongoing outreach efforts.

Lastly, violence in the community has lasting impacts on the mental and physical health of victims and communities but is entirely preventable. In addition, while violence in NYC has generally decreased in the past 10 years, it remains high in low-income neighborhoods and in neighborhoods where the population is predominately people of color. The current strategy of responding to violence after the fact is failing the most heavily affected communities.

Citations:

[1] Cohen J, Oser C, Quigley K. Making it Happen: Overcoming Barriers to Providing Infant-Early Childhood Mental Health, ZERO TO THREE Policy Center; April 2012

[2]Schoenbaum, M., Sutherland, J., Chappel, A., Azrin, S., Goldstein, A., Rupp, A., Heinssen, R.

Twelve-Month Health Care Use and Mortality in Commercially Insured Young People With Incident Psychosis in the United States. Schizophrenia Bulletin, April 6, 2017.

(Remaining objectives for goal are located in attachment.)

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ◉ Yes ○ No

Address key risk factors for mental health issues through a comprehensive prevention strategies.

(Remaining objectives for goal are located in attachment.)

**Objective Statement**

Objective 1: Increase capacity of the mental health service system to provide evidence-based treatment services, including trauma treatment, to children five and under by overseeing and sustaining the 7 specialized mental health clinics in the Early Childhood Mental Health (ECMH) Network, and other licensed mental health clinics serving young children, through ongoing funding and opportunities for Medicaid reimbursement. [Act Early]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 2: Through the ECMH Network provide mental health training and consultation support to early childhood professionals working with young children and their families, for example in Early Care and Education, Homeless Services, Early Intervention, and Domestic Violence Shelters, to increase their capability to respond to young children's social-emotional needs and link them to culturally sensitive mental health treatment as needed. [Partner with Communities]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 3: Expand scope, reach and availability of parent-caregiver coaching in high need communities to promote secure attachment and positive mental health in young children five and under. [Act Early]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 4: Produce webinars and other training materials for Early Intervention (EI) providers, based on the new guidance document to be released Summer 2017 by the NYS Early Childhood Advisory Council (ECAC) on the recognition and treatment of social-emotional delays within EI programs. [Act Early]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 5: Decrease the duration of untreated psychosis by promoting connections to care and specialized treatment for people experiencing FEP through the NYC Supportive Transition and Recovery Team (NYC START) and OnTrackNY. [Act Early; Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

**Change Over Past 12 Months** (Optional)

**2h. Recovery and Support Services - Background Information**

There is a high unmet need for recovery and support services in NYC. Almost 70% of New Yorkers with SMI reported needing some/a lot of help meeting people for support in 2014. Data continues to show that this need persists. Since its launch in October 2016, about 15% of people calling, texting or chatting with NYC Well are choosing to connect with peer specialist. Additionally, consumers have identified a need for increased support for new mothers with depression and anxiety, particularly when returning to work as feelings of stigma and shame around maternal depression increase isolation and prevent service utilization. Moreover, OASAS needs assessment methodology suggests that the outpatient treatment system would need to provide close to 300,000 additional visits to meet the demand for adolescents aged 12-17 in NYC. Current outpatient capacity for this population reflects only 33% of identified need.

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ◉ No

Increase systems of support and recovery for people with mental illness and those in crisis and increase the number of adolescents receiving appropriate recovery-oriented services for substance use.

**Objective Statement**

Objective 1: Improve maternal depression screening and treatment efforts to reduce the severity of mental illness by implementing the ThriveNYC Maternal Depression Initiative that promotes universal screening and treatment of all pregnant women and new mothers in NYC for depression. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 2: Develop and disseminate provider educational materials and publications that promote maternal depression screening, and increase the capacity of health care providers to conduct screening for perinatal maternal depression, ensure linkage to services when indicated, and provide follow-up to care. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 3: Partner with OASAS to develop new models for engaging and treating adolescents. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 4: Work with OASAS to implement evidence-based practices for both adolescent treatment and substance use prevention programs for adolescents. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 5: Increase the number of treatment slots available to adolescents and young adults that include medication assisted treatment as a treatment option. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

**Change Over Past 12 Months** (Optional)

**Update for Objective 3:** DOHMH is partnering with OASAS to develop clinical standards for adolescent treatment programs. OASAS has engaged CASA Columbia to provide a structure to develop clinical standards for adolescent treatment. As a member of the Clinical Advisory Panel, NYCDOHMH is an active participant in this process.

**Update for Objective 4:** DOHMH is partnering with OASAS to develop clinical standards for adolescent treatment programs, including the dissemination of evidenced-based practices.

**Update for Objective 5:** OASAS allocated specific funds for four new adolescent treatment programs in NYC. DOHMH has been engaging providers and working to stand up these programs at Montefiore in the Bronx, Weill Cornell in Manhattan, and LGBT center in Manhattan. These centers are currently accepting patients, and Richmond University Medical Center in Staten Island will be opening the fourth program by summer of 2017. All programs offer or will offer evidenced-based treatment and medication assisted treatment for adolescents with opioid dependence. All programs participate in monthly and quarterly TA meetings, led by DOHMH. When fully implemented, these programs will support at least 500 new slots for treatment for adolescents and young adults in NYC.

**2i. Reducing Stigma - Background Information**

There is significant racial disparity in behavioral health service usage and access in NYC. Although known, this disparity is not adequately addressed. DOHMH is dedicated to equality in healthcare and is moving forward to address the structural barriers that prevent equal opportunity.

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ◉ No

Increase understanding of inequity in behavioral health service access and opportunity.

**Objective Statement**

Objective 1: Promote social cohesion and a greater understanding of behavioral health among people with and without mental illness through the New York City Mural Arts Program, an initiative that brings communities, artists, and consumers together to design and create a collaborative mural centered around themes of mental illness. [Partner with Communities; Change the Culture]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 2: Convene a conference to discuss the impact of race on behavioral health and healthcare. [Change the Culture]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

**Change Over Past 12 Months** (Optional)

**2l. Heroin and Opioid Programs and Services - Background Information**

In New York City, overdose is a leading cause of accidental death with more New Yorkers dying from overdose than homicides and motor vehicle crashes combined. The rate of drug overdose deaths has increased for the past six consecutive years. Provisional 2016 data shows 1268 confirmed unintentional overdose deaths. Opioids are involved in more than 80 percent of overdose deaths. The increase in opioid overdose deaths is due to fentanyl, a synthetic opioid 50-100 times stronger than morphine. Fentanyl was present in over half of overdose deaths in the latter half of 2016. Prior to 2015, fentanyl was present in less than 3 percent of cases. Demographic and geographic distribution reveal overdose death rates highest among New Yorkers between the ages of 35-54 (26.3 per 100,000) and among Staten Island (29.4 per 100,000) and Bronx residents (25.4 per 100,000).

(Remaining objectives for goal are located in attachment.)

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ◉ Yes ○ No

Reduce opioid overdose deaths in New York City (NYC) and expand access to and uptake of medication assisted treatment for patients with opioid use disorder.

(Remaining objectives for goal are located in attachment.)

**Objective Statement**

Objective 1: Strengthen and expand opioid overdose prevention programs (OOPPs) at community-based providers. [Partner with Communities]

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 2: Increase the number of naloxone kits distributed in NYC. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 3: Promote judicious opioid prescribing among health care providers. [Change the Culture]

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 4: Address non-fatal overdose and overdose related emergency department visits. [Act Early]

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 5: Raise awareness about overdose prevention and naloxone availability through public education campaigns. [Change the Culture]

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

**Change Over Past 12 Months** (Optional)

**Update to Objective 1:** DOHMH supports organizations interested in becoming OOPPs and providing overdose education and naloxone. DOHMH currently supplies naloxone to 52 OOPPs and plans to increase distribution to over 100 OOPPs by CY18.

**Update to Objective 2:** Since 2009, DOHMH has distributed more than 56,000 naloxone kits. As part of the Mayor's *HealingNYC* initiative, DOHMH will increase naloxone distribution to 48,000 kits in FY18.

**Update to Objective 3:** DOHMH released judicious opioid prescribing guidelines in 2011, advising providers to prescribe opioids less often, at lower doses, and to avoid co-prescribing opioids and benzodiazepines. In 2013, DOHMH released emergency department opioid prescribing guidelines which were adopted by 39 hospitals. To promote these guidelines, DOHMH conducted two public health detailing campaigns (consisting of one-to-one educational visits with health care providers) in Staten Island (2013) and in the Bronx (2015), respectively, reaching nearly 2000 prescribers combined. DOHMH will conduct annual provider detailing campaigns including in Brooklyn in May 2017.

**Update to Objective 4:** The strongest predictor of a fatal overdose is a prior non-fatal overdose. Currently, there are no resources to follow up with individuals after a non-fatal overdose. The non-fatal overdose system (Relay) addresses this gap by providing 24/7 on-call support to patients following non-fatal opioid overdose. Wellness Advocates will engage with patients in emergency departments (EDs), offer overdose risk reduction counseling, overdose rescue training, naloxone distribution, and ongoing support and linkage to services for up to 90 days. The program will launch in three EDs by June 2017 and total 10 EDs by June 2019.

**Update to Objective 5:** The *Save a Life Carry Naloxone* campaign launched in December 2016 and ran through March 2017. Television commercials about overdose death and naloxone availability are airing in April and May 2017. A follow-up print campaign highlighting individuals who have saved lives using naloxone is in development and expected to run in May and June 2017.

**Update to Objective 6:** DOHMH funds buprenorphine nurse care managers (NCMs) in seven federally qualified health centers. The NCMs manage patient care for individuals receiving buprenorphine treatment, support physicians prescribing buprenorphine, and help integrate buprenorphine treatment into practice workflows. Under *HealingNYC*, DOHMH will expand the program to 14 sites. In addition, through the Buprenorphine Training and Technical Assistance Initiative, DOHMH is training 1,500 new buprenorphine prescribers over 3 years and providing technical assistance and clinical mentorship to new prescribers to integrate buprenorphine treatment into practices.

**2m. Coordination/Integration with Other Systems for SUD clients - Background Information**

Diversion programs provide individuals with substance use disorders an alternative to arrest or trial. Through collaboration between public safety and public health agencies, diversion programs offer social services and support for improved health outcomes and reduced punitive measures.[1]

Citations:

[1] Goetz, B., & Mitchell, R.E. (2006). Pre-arrest/booking drug control strategies: Diversion to treatment, harm reduction and police involvement. *Contemp Drug Probs,* 33:473.

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ◉ No

Provide diversion programs to increase support and services and improve health outcomes for individuals with substance use disorders.

**Objective Statement**

Objective 1: Building on the Staten Island Heroin Overdose Prevention and Education (HOPE) Project, establish and expand pre-arrest/pre-arraignment diversion options for drug users facing arrest or prosecution in Bronx, Kings and New York Counties. [Act Early; Change the Culture]

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

**Change Over Past 12 Months** (Optional)

**2n. Mental Health Clinic - Background Information**

41% of New Yorkers with SMI reported unmet need for mental health treatment in 2014. We continue to see this high level of need through our new service, NYC Well, which handles about 20,000 contacts NYC Well through phone, text, or chat each month to receive crisis counseling, support, information and/or referral to behavioral health care. In addition to the unmet need for direct services, there are significant health-related needs for people with serious mental illness that contribute to premature mortality. One significant concern it that more people with SMI use tobacco compared to the general population—the 2012 New York City Community Health Survey showed that 44% of persons with serious mental illness (SMI) smoked compared with 15.5% of the general New York City (NYC) population. People with SMI are as motivated to quit as smokers without SMI but providers report being hesitant to address the issue of cessation.

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ◉ No

Reduce fragmentation, close gaps, and improve accountability in the behavioral health care system.

**Objective Statement**

Objective 1: Increase ability for New Yorkers to connect to behavioral health services through NYC Well. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 2: Improve the cultural competency of contracted providers to serve the behavioral health needs of LGBTQ populations through guidance, training, and technical assistance. [Close Treatment Gaps; Partner with Communities; Change the Culture]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 3: Implement the NYC Behavioral Health Tobacco Cessation Center which aims to increase the percentage of smokers with SMI who engage in tobacco cessation counseling and treatment. [Act Early]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

**Change Over Past 12 Months** (Optional)

**2o. Other Mental Health Outpatient Services (non-clinic) - Background Information**

Providing mental health services in community settings promotes better outcomes for those with serious mental illness[1]. However, due to the need in NYC, we are seeing long waitlists for our enhanced services and an increased difficulty engaging the most hard to reach people.

Citations:

[1] T. Taylor Salisburya, H. Killaspya, M. Kinga. The relationship between deinstitutionalization and quality of care in longer-term psychiatric and social care facilities in Europe: A cross-sectional study. European Psychiatry. May 2017, Volume 42, 95–102

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ◉ No

Improve engagement with people who have traditionally not connected well with mental health services

**Objective Statement**

Objective 1: Enhance Intensive Mobile Treatment (IMT) and Forensic Assertive Community Treatment (FACT) to fill treatment gaps for people with mental illness, homelessness and histories of violence or criminal justice involvement. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 2: Improve ACT services for those with co-occurring disorders by measuring the impact of using substance use specialists on treatment planning. [Close Treatment Gaps; Use Data Better]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 3: Evaluate and address unmet needs in Assertive Community Treatment (ACT) through an evaluation completed in 2017. [Use Data Better]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

**Change Over Past 12 Months** (Optional)

**2q. Developmental Disability Clinical Services - Background Information**

Many individuals with developmental disabilities have complex healthcare needs. This includes both aging and medically fragile individuals. Ensuring that preventive and quality medical, psychiatric and dental care is accessible and available are ongoing health priorities for this population. In addition to clinic services, residential opportunities are needed to serve medically fragile individuals who require palliative care and whose medical care needs are difficult to meet within an IRA or home setting.

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ◉ No

Enhance access to and availability of all services to meet the medical and dental needs of children and adults with developmental disabilities, including aging individuals and medically fragile children and adults.

**Objective Statement**

Objective 1: Provide services for individuals with I/DDs in NYC who are not eligible for OPWDD clinic services. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 2: Increase availability of and accessibility through ADA compliance for medical and dental services to meet the needs of individuals with developmental disabilities, including those who are aging, have complex healthcare and/or accessibility needs, or are medically fragile. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 3: Develop appropriate residential opportunities for medically fragile individuals who require palliative care. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

**Change Over Past 12 Months** (Optional)

**2t. Developmental Disability Student/Transition Services - Background Information**

Support services for individuals with developmental disabilities and their families are particularly important during periods of transition. This includes services that support transitions from preschool to school and from school to adult day services or work settings. Information and education about managing transition issues should be disseminated in schools and other settings.

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ◉ No

Ensure support for individuals and families is available during transition periods.

**Objective Statement**

Objective 1: Increase outreach and support services, including family education and training, available to assist individuals and families with transitions. [Close Treatment/Services Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 2: Increase coordination with NYC DOE District 75 and other districts, community, parochial and private special schools to educate and inform parents and families about transition issues (including that the transition process should begin no later than age 14 years) and available support. Includes working with transition coordinators, and attending transition school fairs and PTA meetings. [Strengthen Government's Ability to Lead]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 3: Work with Early Intervention programs to educate families about transition and available services. [Close Treatment/Services Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 4: Disseminate information and enforce adherence to relevant legislation surrounding transition periods and processes. [Strengthen Government's Ability to Lead]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

**Change Over Past 12 Months** (Optional)

**2v. Developmental Disability Family Supports - Background Information**

Families living with and caring for individuals with developmental disabilities at home need access to appropriate support services. Greater availability of a range of family support services can help sustain families, whose resources are often stretched, and can help families prevent or cope with crisis situations.

(Remaining objectives for goal are located in attachment.)

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ◉ No

Enhance support and access to services to sustain families who care for individuals with developmental disabilities at home and/or those awaiting residential placement.

(Remaining objectives for goal are located in attachment.)

**Objective Statement**

Objective 1: Provide services for families and individuals with Autism Spectrum Disorder in NYC who are not eligible for OPWDD family support services. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 2: Expand person-centered out-of-home family support options, such as recreation and overnight respite, for people who are non-ambulatory. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 3: Expand local intensive behavioral supports, including short-term residential treatment options for people with severe behavioral challenges. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 4: Support afterschool, evening, weekend, free-standing respite, and holiday, recreational and socialization programs geared specifically for persons with developmental disabilities especially in underserved areas by enhancing funding for transportation, staffing, and where needed, new program development. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 5: Continue to disseminate information about educational and support groups for families and caretakers including internet-based and webinar trainings, via electronic and other media and outreach methods. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

**Change Over Past 12 Months** (Optional)

**2ac. Other Need (Specify in Background Information) - Background Information**

Excessive drinking has been found in one in six New Yorkers, and there are approximately 1,800 alcohol-attributable deaths and 84,000 alcohol-related emergency department visits each year among NYC residents.

(Additional needs and associated goals and objectives are located on attachment.)

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ◉ No

Decrease morbidity and mortality associated with alcohol consumption in NYC.

(Additional needs and associated goals and objectives are located on attachment.)

**Objective Statement**

Objective 1: Highlight the public health burden of underage and excessive drinking by increasing the number of adults who are educated about the dangers of excessive drinking through targeted public education campaigns. [Change the Culture]

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 2: Increase the use of SBIRT in clinical settings. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

**Change Over Past 12 Months** (Optional)

**Update to Objective 1:** The *Just One More Drink CAN Hurt* campaign has been running annually since 2014, and an expansion of the campaign was announced in March 2017. Among a sample of New Yorkers surveyed, the campaign was recalled by about half, and more than half of those who recalled the campaign reported taking some action to reduce the risk of excessive drinking.

**Update to Objective 2:** Screening, brief intervention and referral to treatment (SBIRT) is an evidence-based practice model that has been demonstrated to decrease alcohol consumption and health care utilization. In collaboration with OASAS, DOHMH is supporting implementation of SBIRT in two NYC emergency departments. In addition, DOHMH developed and launched a free e-learning module to train providers in delivering SBIRT. This training module will help increase SBIRT capacity citywide.

**3. Goals Based On State Initiatives**

| State Initiative | Applicable State Agenc(ies) | | |
|---|---|---|---|
| | OASAS | OMH | OPWDD |
| a) Medicaid Redesign | ☑ | ☑ | ☐ |
| b) Delivery System Reform Incentive Payment (DSRIP) Program | ☑ | ☑ | ☐ |
| c) Regional Planning Consortiums (RPCs) | ☑ | ☑ | ☐ |
| d) NYS Department of Health Prevention Agenda | ☐ | ☑ | ☐ |

**3a. Medicaid Redesign - Background Information**

The publicly funded behavioral health system in New York City serves over 325,000 people. Despite significant spending on behavioral health care, the current system offers little comprehensive care coordination even to the highest-need individuals, and there is little accountability for the provision of quality care and for improved outcomes for patients/consumers. Additionally, behavioral health is not well integrated or effectively coordinated with physical health care at the clinical level or at the regulatory and financing levels. To address these issues, since mid-2011, the state offices of mental health (OMH) and alcohol and substance use (OASAS) and NYC DOHMH have been working collaboratively to design and implement the transition of behavioral health services into Medicaid managed care and to facilitate a fully integrated behavioral health and physical health service system. These efforts include the development of specialized Health and Recovery Plans (HARPs) for adults with significant behavioral health needs and the expansion of behavioral health services in managed care for adults and children through Mainstream Managed Care Plans. NYC's managed care implementation for adults began in October 2015, but there are still many policy and operational issues that need to be addressed, and the city and State partners are continuing to collaborate in resolving them.

The children's Medicaid design implementation for children's services began in part with the launch of Health Homes Serving Children in December 2016. The

October 2017 start date for the full implementation of six new State Plan Services and Home and Community Based Services is expected to be revised based on the 1115 submission and approval process. These changes will have a significant impact upon both the range of services available and structure of the service delivery system. DOHMH will support the child-serving system in New York City, including providers, plans and families, to prepare for these changes. DOHMH will advocate for resources to support the transition to managed care and the development of sufficient service capacity to meet the behavioral health needs of New York City's children, youth, and families.

(Remaining objectives for goal are located in attachment.)

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal? ◉ Yes ○ No

Reduce fragmentation in the service system and improve child and adult consumer access to better care in NYC's behavioral health service system by (1) implementing the transition of the adult behavioral health services into Medicaid Managed Care and (2) preparing for the transition of the children's behavioral healthcare system into Medicaid Managed Care.

(Remaining objectives for goal are located in attachment.)

**Objective Statement**

Objective 1: Provide onsite technical assistance to the approximately 100 provider organizations that received billing and electronic health records (EHR) systems through the Behavioral Health Information Technology (BHIT) project to enable them to efficiently bill Medicaid, collect health outcomes data and improve clinical practices. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 2: Disseminate beneficiary and provider education materials and offer informational sessions about the Medicaid managed care transition, Health and Recovery Plans (HARPs), Health Home care management and Home and Community Based Services (HCBS) to enhance access to care management and HCBS. [Partner with Communities]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 3: Implement a pilot project to increase Health Home enrollment by placing 6-10 FTE trained Peer Specialists within NYC Health and Hospitals (H+H) locations to educate beneficiaries about the benefits of care management and HCBS. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 4: Develop and implement a research/quality improvement/pilot project to examine the causes of the currently low uptake of Home and Community Based Services (HCBS) and develop local level strategies for improving access to HCBS. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

**Change Over Past 12 Months** (Optional)

**Update to Objective 5:** NYCDOHMH is working closely with OASAS to ensure sufficient numbers of HCBS designated providers become viable through technical assistance support, and through the BH HIT project that NYCDOHMH is spearheading to ensure that HCBS providers achieve the needed HIT capacity to support viability.

**Update to Objective 6:** DOHMH provides technical assistance to providers (in contract with) to develop peer recovery services within their service structures. DOHMH is also partnering with OASAS to develop clinical guidance for providers developing peer roles within their services. Guidelines will cover role delineation, supervision, and job descriptions. DOHMH has also supported the development of peer supervision training that FOR NY is working on, by hosting pilot trainings and providing technical assistance.

**Update to Objective 7:** DOHMH continues to support peer workforce through maintenance of the NYC Peer Recovery Coach Network and direct provision of the CCAR training as the starting place for the CPRA credential. DOHMH is also collaborating with the Alliance for Careers in Health Care to develop a comprehensive credentialing training with CUNY which will include vocational remediation in writing and other basic skills.

**Update to Objective 8:** DOHMH incorporates harm reduction principles into peer work. Cross training of peers working in harm reduction and treatment settings is encouraged. NYC DOHMH will also advocate for incorporation of harm reduction principles into clinical guidelines for peer services.

**3b. Delivery System Reform Incentive Payment (DSRIP) Program - Background Information**

The Division of Mental Hygiene at NYC DOHMH has been convening the 11 Performing Provider Systems (PPSs) in New York City since 2015 on a bi-monthly basis to share and exchange challenges, lessons learned, and best practices around implementing DSRIP 3.a.i. and 3.a.ii projects. The PPSs discuss integrating physical and behavioral healthcare, behavioral health community crisis stabilization services, and ways in which other City level initiatives such as ThriveNYC (described under the State Prevention Agenda item) can align with DSRIP as well as challenges providers may face in the transition to value based-payment. Furthermore, NYC DOHMH is advising the work of four PPSs to implement a 4.a.iii project.

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal? ○ Yes ◉ No

Improve efforts via the DSRIP 3.a.i and 3.a.ii projects to reduce avoidable emergency hospital readmissions by individuals with serious mental illness and substance use issues in NYC and build mental health capacity in NYC public schools via DSRIP 4.a.iii.

**Objective Statement**

Objective 1: Support the implementation of DSRIP 3.a.i. and 2.a.i. behavioral health projects by NYC based Performing Provider Systems (PPS) by providing guidance and support to overcome regulatory and other barriers to integrated care. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 2: Implement a survey among DSRIP Performing Provider Systems (PPS) network providers to assess their barriers and challenges to implementing integrated care and assist providers in developing strategies to overcome any barriers by providing quality improvement support. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 3: Assess workforce needs among DSRIP Performing Provider Systems and develop strategies to meet their workforce needs to serve culturally and linguistically diverse populations. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 4: Provide technical assistance and guidance on systemic planning, quality support and evaluation of the 100 Schools Project that aims to build schools' capacity to address students' mental health and substance use needs. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

**Change Over Past 12 Months** (Optional)

**3c. Regional Planning Consortiums (RPCs) - Background Information**

In preparation for the expansion of behavioral health services in Medicaid Managed Care at the local level, New York City established its RPC in spring 2015 and regularly meets with multiple stakeholders including Medicaid Managed Care Plans, beneficiaries, Health Homes, Delivery System Reform Incentive Program (DSRIP) preforming provider systems, adult and child serving behavioral health service providers, and city agencies to obtain stakeholder input on the transition. The NYC RPC is the central point for members to transmit and share successes, challenges, and needs in response to Medicaid managed behavioral health care; for ongoing monitoring, deliberation, and problem-solving; and to provide input into initiatives that inform DOHMH's collaboration with the State offices and in guiding Medicaid behavioral health policy in NYC.

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal? ○ Yes ◉ No

Monitor the implementation of behavioral health managed care in NYC and facilitate ongoing deliberations and problem-solving of issues identified by stakeholders.

**Objective Statement**

Objective 1: Continue to convene Medicaid Managed Care plans, providers, consumers, Health Homes (HH), care managers, city agencies and other behavioral health system stakeholders to obtain community input on the Medicaid manage care implementation and develop strategies for improving access to care. [Strengthen Government's Ability to Lead; Partner with Communities]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 2: Develop a strategy for assessing the overall impact of the Medicaid managed care transition on New York City's Medicaid beneficiaries. [Strengthen Government's Ability to Lead]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 3: Organize four convenings via the RPC Executive Council for a "Shared Vision for a Healthy New York" to identify opportunities to meet broader goals around workforce, access and equity in care, the prevention and lifespan approach, and integrated care. [Strengthen Government's Ability to Lead]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

**Change Over Past 12 Months** (Optional)

**3d. NYS Department of Health Prevention Agenda - Background Information**

NYC DOHMH (in partnership with the Fund for Public Health) is the lead organization in NYC for the Population Health Improvement Program (PHIP) which helps support and advance ongoing activities related to the New York State Prevention Agenda. While some of the objectives mentioned here are not directly part of PHIP or a Prevention Agenda initiative, NYC also began implementing the ThriveNYC initiative in 2015 to reduce the toll of mental illness, promote mental health and protect resiliency and self-esteem among New York City residents. ThriveNYC has 54 targeted initiatives representing an investment of $850 million over four years aimed at implementing an entirely new and more holistic approach to mental health in New York City. Included in this section are the ThriveNYC initiatives that align with NYS prevention agenda's focus area on "Improving Health Status and Reducing Health Disparities" and/or "Promote Mental Health and Prevent Substance Abuse Action Plan."

(Remaining objectives for goal are located in attachment.)

**Do you have a Goal related to addressing this need?** ◉ Yes ○ No

**Goal Statement**- Is this Goal a priority goal? ○ Yes ◉ No

Improve community engagement and communications among local leaders, community based organizations, faith based organizations, NYC public schools, early education settings, key stakeholders, and community members to promote awareness of mental health in NYC and strengthen individual and community resilience to mitigate the psychological impact of trauma and promote a more rapid recovery trajectory.

(Remaining objectives for goal are located in attachment.)

**Objective Statement**

Objective 1: Promote the adoption of evidence based practices to close gaps on opioids and maternal depression. [Close Treatment Gaps]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 2: Expand reach of Thrive NYC media campaigns through on the ground outreach activities. [Change the Culture; Partner with Communities]

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Objective 3: Strengthen individual and community resilience through training in Mental Health First Aid (MFHA) to reduce stigma, promote early identification of illness, and appropriate use of limited mental health resources by training 250,000 New Yorkers (adults and youth) in Mental Health First Aid by the end of 2020. The aggregate, estimated target of First Aiders to be trained by the end of 2018 according to current projections is 82,407. [Change the Culture; Partner with Communities]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 4: Conduct unique community engagement programming and outreach in collaboration with Mental Health First Aid and Mental Health Service Corps. [Change the Culture; Partner with Communities]

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

**Change Over Past 12 Months** (Optional)

**4. Other Goals (Optional)**

**Other Goals - Background Information**

**Do you have a Goal related to addressing this need?** ○ Yes ◉ No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

**Change Over Past 12 Months** (Optional)

Attachments

- NYC DOHMH CPS 2018 Attachment.pdf - NYC DOHMH CSP 2018 Attachment

**Office of Mental Health Agency Planning Survey**
NYC Dept. of Health and Mental Hygiene (70550)
Certified: Yoshita Pinnaduwa (6/9/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

**1. For Criminal Procedure Law 730 Chargeback Budgeting:** Please indicate the department within your county that is responsible for budgeting CPL 730 restoration chargebacks.

☐ Mental hygiene/community services
☐ Sheriff/county law enforcement
☑ Other

If "other" please indicate how these charges are budgeted
The funding is under the City's Miscellaenous Budget and payments are made directly by the Comptroller's office.
Questions regarding the above survey item should be directed to Hank Hren at hank.hren@omh.ny.gov or 518-474-2962.

**2. For Local Administration of the Assisted Outpatient Treatment Program:**
a) Please describe the system used in your locality to ensure that petitions are filed for individuals requiring Assisted Outpatient Treatment.

There are four borough-based AOT teams (Manhattan/Corrections; Queens; Brooklyn/Staten Island; and Bronx). Each team has a central number through which all referrals and inquiries for AOT are made. Referrals and inquiries for AOT are sent to the Team Reviewer who initially determines whether the legal criteria for AOT are met. There are two types of referral processes: hospital referrals and community referrals. The petition process for these two systems are described below:

- Hospital referrals:
  - Hospitals submit a referral form and treatment plan.
  - AOT approves the treatment plan and notifies providers.
  - The hospital psychiatrist will go to court; however, AOT tracks the progress of the AOT Court order process and begins monitoring treatment as soon as the order is granted.
- For Community referrals and inquiries:
  - The AOT Team Reviewer determines if the individual meets the legal criteria for AOT and informs the referrer.
  - If there is insufficient information to determine this, the Team Reviewer will inform the inquirer of AOT's eligibility requirements and suggest that the inquirer contact AOT once there is more information.
  - If the individual meets the criteria, the Team Reviewer will e-mail a referral form, instructions, and a consent form to release information to the referring individuals.
  - The reviewer will assist as needed in the completion of the referral material.
  - Three weeks after the initial call, the team Reviewer will check to see if an application has been submitted. If no application is submitted the Reviewer will contact the referring individual to see if there is still an interest in submitting an application or if more help is needed.
  - If the referrer declines to continue the process but the Team Reviewer feels the individual would benefit from AOT and meets the criteria, the reviewer will complete the application and initiate the referral process.
  - AOT psychiatrists provide exam and testimony for individuals referred from the community. DOHMH lawyers provide legal assistance.

b) Please describe the system used in your locality to ensure that such individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.

DOHMH utilizes a comprehensive case review and reporting system to ensure AOT clients receive the services in their treatment plan. Below is a detailed description of how we ensure this care:

- Regular reviews of care by DOHMH staff:
  - The Care Coordination or ACT team treating the AOT client sends weekly electronic reports of the client's treatment and progress to DOHMH. This report is reviewed by an AOT case monitor assigned to the client to ensure the care outlined in the treatment plan is being delivered.
    - In instances where it may appear that required services are not being provided, AOT staff will discuss issues with the provider and will convene a case conference if required. Together with the provider, AOT staff will determine the reason(s) that services are not being provided and will develop a plan of corrective action or revised treatment plan.
  - The AOT case monitor makes monthly service verification calls to providers to confirm that services were rendered and to discuss how the client is doing.
    - DOHMH Quality Improvement staff do a quarterly review of a sample of the notes from these calls to ensure that AOT case monitors and providers discuss the treatment and progress of AOT clients.
- Use of electronic records by both DOHMH and providers:
  - AOT electronic records are used periodically to verify that toxicology screens are completed according to the client's treatment plan. AOT staff follows up with providers who do not perform or who do not properly document screenings.
- Coordination between DOHMH and NYS OMH:
  - The NY State Office of Mental Health Field Office provides a quarterly report of their service verification visits. DOHMH Quality Improvement staff follows up on all issues raised and develops a plan of corrective action if needed.

c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals.

ACMH, INC.

BETH ISRAEL MEDICAL CENTER

BOWERY RESIDENTS' COMMITTEE, INC.

BRONX PSYCHIATRIC CENTER

BRONX-LEBANON HOSPITAL CENTER

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.

CREEDMOOR PSYCHIATRIC CENTER

FEDERATION OF ORGANIZATIONS FOR THE NEW YORK STATE

INSTITUTE FOR COMMUNITY LIVING, INC.

JEWISH BOARD OF FAMILY AND CHILDREN'S SERVICES, IN

KINGSBORO PSYCHIATRIC CENTER

MANHATTAN PSYCHIATRIC CENTER

MENTAL HEALTH PROVIDERS OF WESTERN QUEENS, INC.

NYC HEALTH & HOSPITALS

POSTGRADUATE CENTER FOR MENTAL HEALTH

PROJECT RENEWAL, INC.

PSCH, INC.

PUERTO RICAN FAMILY INSTITUTE, INC.

SOUTH BEACH PSYCHIATRIC CENTER

STATEN ISLAND BEHAVIORAL NETWORK, INC.

THE BRIDGE, INC.

TRANSITIONAL SERVICES FOR NEW YORK, INC.

UNIVERSITY CONSULTATION AND TREATMENT CENTER FOR M

UPPER MANHATTAN MENTAL HEALTH CENTER, INC.

VISITING NURSE SERVICE OF NEW YORK HOME CARE II

WESTON UNITED COMMUNITY RENEWAL, INC.

Questions regarding this survey item should be directed to Rebecca Briney at Rebecca.Briney@omh.ny.gov or 518-402-4233.

Thank you for participating in the 2018 Mental Hygiene Local Services Planning Process by completing this survey. Any technical questions regarding the online County Planning System,
please contact the OASAS Planning Unit at 518-457-5989 or by email at oasasplanning@oasas.ny.gov

**Community Service Board Roster**
NYC Dept. of Health and Mental Hygiene (70550)
Certified: Yoshita Pinnaduwa (6/9/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

Note: There must be 15 board members including at least two residents from each borough. Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representitive", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

| **Chairperson** | |
|---|---|
| **Name** | Gail Nayowith |
| **Physician** | No |
| **Psychologist** | No |
| **NYC Borough** | Manhattan |
| **Term Expires** | 12/31/2019 |
| **eMail** | gnayowith@gmail.com |

| **Member** | |
|---|---|
| **Name** | Jun Matsuyoshi |
| **Physician** | No |
| **Psychologist** | No |
| **Represents** | Apicha Community Health Center |
| **NYC Borough** | |
| **Term Expires** | 12/31/2018 |
| **eMail** | jmatsuyoshi@apicha.org |

| **Member** | |
|---|---|
| **Name** | Roberto Lewis-Fernandez |
| **Physician** | Yes |
| **Psychologist** | No |
| **NYC Borough** | |
| **Term Expires** | 12/31/2019 |
| **eMail** | rlewis@nyspi.columbia.edu |

| **Member** | |
|---|---|
| **Name** | Lynnae Brown |
| **Physician** | No |
| **Psychologist** | No |
| **Represents** | Community Access, Inc. |
| **NYC Borough** | Bronx |
| **Term Expires** | 12/31/2017 |
| **eMail** | LBrown@communityaccess.org |

| **Member** | |
|---|---|
| **Name** | Wanda Greene |
| **Physician** | No |
| **Psychologist** | No |
| **Represents** | Mental Health Association of NYC |
| **NYC Borough** | Bronx |
| **Term Expires** | 12/31/2018 |
| **eMail** | WGreene@mhaofnyc.org |

| **Member** | |
|---|---|
| **Name** | Louise Cohen |
| **Physician** | No |
| **Psychologist** | No |
| **Represents** | Primary Care Development Corporation |
| **NYC Borough** | Brooklyn |
| **Term Expires** | 12/31/2019 |
| **eMail** | LCohen@pcdc.org |

| **Member** | |
|---|---|
| **Name** | Denise Rosario |
| **Physician** | No |
| **Psychologist** | No |
| **Represents** | Hispanic Family Services |
| **NYC Borough** | Brooklyn |
| **Term Expires** | 12/31/2017 |
| **eMail** | drosario@hispanicfamilyservices.org |

| **Member** | |
|---|---|
| **Name** | Christy Parque |
| **Physician** | No |
| **Psychologist** | No |
| **NYC Borough** | Brooklyn |
| **Term Expires** | 12/31/2020 |
| **eMail** | cparque@coalition.org |

| **Member** | |
|---|---|
| **Name** | Rosa Gil |
| **Physician** | No |
| **Psychologist** | No |
| **Represents** | Comunilife |
| **NYC Borough** | Manhattan |
| **Term Expires** | 12/31/2018 |
| **eMail** | rgil@comunilife.org |

| **Member** | |
|---|---|
| **Name** | Stephanie LeMelle |
| **Physician** | Yes |
| **Psychologist** | No |
| **NYC Borough** | Manhattan |
| **Term Expires** | 12/31/2019 |
| **eMail** | lemelle@nyspi.columbia.edu |

| **Member** | |
|---|---|
| **Name** | Thelma Dye |
| **Physician** | No |
| **Psychologist** | Yes |
| **Represents** | Northside Center for Child Development |
| **NYC Borough** | Manhattan |

| **Member** | |
|---|---|
| **Name** | Sarah Church |
| **Physician** | No |
| **Psychologist** | Yes |
| **NYC Borough** | Queens |
| **Term Expires** | 12/31/2017 |

**Term Expires** 12/31/2017
**eMail** TDye@northsidecenter.org

**Member**
**Name** Ahmed Jamil
**Physician** No
**Psychologist** No
**NYC Borough** Queens
**Term Expires** 12/31/2017
**eMail** ahmedabujamil@yahoo.com

**Member**
**Name** Pankaj Patel
**Physician** Yes
**Psychologist** No
**NYC Borough** Staten Island
**Term Expires** 12/31/2018
**eMail** PPatel@RUMCSI.org

**eMail** sachurc@montefiore.org

**Member**
**Name** Diane Arneth
**Physician** No
**Psychologist** No
**Represents** Community Health Action of Staten Island
**NYC Borough** Staten Island
**Term Expires** 12/31/2017
**eMail** Diane.Arneth@chasiny.org

**Alcoholism and Substance Abuse Subcommittee Roster**
NYC Dept. of Health and Mental Hygiene (70550)
Certified: Yoshita Pinnaduwa (6/6/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representitive", etc. to indicate the perspective the member brings to the subcommittee.

**Mental Health Subcommittee Roster**
NYC Dept. of Health and Mental Hygiene (70550)
Certified: Yoshita Pinnaduwa (6/6/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

Note: The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representitive", etc. to indicate the perspective the member brings to the subcommittee.

**Developmental Disabilities Subcommittee Roster**
NYC Dept. of Health and Mental Hygiene (70550)
Certified: Yoshita Pinnaduwa (6/6/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representitive", etc. to indicate the perspective the member brings to the subcommittee.

**2017 Mental Hygiene Local Planning Assurance**
NYC Dept. of Health and Mental Hygiene (70550)
Certified: Yoshita Pinnaduwa (5/14/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2018 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2018 Local Services planning process.

NYC Department of Health and Mental Hygiene – Mental Hygiene CSP 2018 Attachment

## Goals Based on Local Needs:

**2a. Housing**

Goal: Increase access to stable housing for those with serious mental illness, substance use issues and developmental disabilities, including additional ADA accessible housing/residential capacity that offers 24/7 coverage to meet the needs of individuals with developmental disabilities, including those individuals who reside at home or in the community, and those who are medically fragile and require medical care.

Objectives (continued from online form):

Objective 6: Continue to provide residential options for people with developmental disabilities who have aged out of Out-of-State Placements, but who need enhanced residential support. [Close Treatment/Services Gaps] (OPWDD)

Objective 7: Increase the number of individuals, who are currently served in 24-hour supervised residences, who are evaluated by their agency for placement in less restrictive settings (e.g. supported IRA, Family Care, Individualized Support Services (ISS) and Self-Directed Services (SDS). [Close Treatment/Services Gaps] (OPWDD)

Objective 8: Increase the number of accessible homes or modifications of existing homes, developed by agencies that allow individuals to age in place. [Close Treatment/Services Gaps] (OPWDD)

Objective 9: Increase residential development with innovative support (i.e. Apartment Sharing and Home Sharing). [Partner with the Community; Close Treatment/Services Gaps] (OPWDD)

**2b. Transportation**

Goal: Expand the availability of transportation options for people with developmental disabilities.

Objectives (continued from online form):

Objective 6: Explore eligibility criteria to increase the number of individuals with disabilities who receive reduced fare Metrocards. [Close Treatment Gaps] (OPWDD)

Objective 7: Assure the safety and reliability of transportation services for individuals with disabilities, including Medicaid-funded ambulette and other transportation services. [Close Treatment Gaps] (OPWDD)

**2d. Workforce Recruitment and Retention**

Goal: Increase the supply of behavioral health professionals and professionals serving individuals with mental health issues and/or substance use issues and individuals with intellectual and developmental disabilities who are culturally competent and trained to deliver evidence-based practices.

Objectives (continued from online form):

Objective 6: Support development of a Youth Peer Advocate (YPA) training and credentialing process along with its local implementation that would include activities to support provider readiness in youth-guided practices and expansion of YPA workforce and job sites. [Close Treatment Gaps] (OMH)

Objective 7: Increase the number of professional training opportunities for direct support staff, including those working in family homes, respite care programs, and recreational programs, and Medicaid Service Coordinators. [Close Treatment/Services Gaps] (OPWDD)

Objective 8: Require training opportunities for health care professionals in understanding how to address the complex needs of individuals with developmental disabilities, including the special needs of the individuals with developmental disabilities who are approaching or have reached advanced ages/human life expectancy. [Change the Culture] (OPWDD)

Objective 9: Create opportunities for direct care staff, managers, Medicaid Service Coordinators, and other staff that provide skills training, leadership development and supervision through partnerships with CUNY or SUNY. [Partner with the Community] (OPWDD)

Objective 10: Encourage and support efforts to attract private sector professionals for not-for-profit positions that serve individuals with developmental disabilities. [Change the Culture] (OPWDD)

Objective 11: Increase number of agencies with established mentoring programs to provide one-to-one support to newer direct support staff. [Close Treatment/Services Gaps] (OPWDD)

Objective 12: Hold a workforce summit and convene relevant workgroups to expand, diversify, and strengthen the range of disciplines involved in providing behavioral health services in order to better meet the needs of the people of New York City. [Close Treatment/Services Gaps; Change the Culture] (OASAS, OMH, OPWDD)

Objective 13: Continue to develop the Peer Workforce Consortium that was developed through last year's Mental Health Workforce Summit in to assess, expand and improve the employment landscape for peer support and community health workers in New York City. [Close Treatment/Services Gaps; Change the Culture] (OASAS, OMH, OPWDD)

**2e. Employment/Job Opportunities (clients)**

Goal: Reduce employment disparity for people with serious mental illness and for individuals with intellectual/developmental disabilities.

Objectives (continued from online form):

Objective 6: Explain benefits and maintain classifications (e.g., SSI, MA) even when the individual in question is employed/employable. [Close Treatment Gaps] (OPWDD)

**2f. Prevention**

Goal: Address key risk factors for mental health issues through a comprehensive prevention strategies.

Objectives (continued from online form):

Objective 6: Develop a cross-systems framework and communications strategy for violence prevention. [Act Early; Government's Ability to Lead] (OPWDD)

**2l. Heroin and Opioid Programs and Services**

Goal: Reduce opioid overdose deaths in New York City (NYC) and expand access to and uptake of medication assisted treatment for patients with opioid use disorder.

Objectives (continued from online form):

Objective 6: Increase access to buprenorphine for opioid use disorder treatment in primary care setting. [Close Treatment Gaps] (OASAS)

**2v. Developmental Disability Family Supports**

Goal: Enhance support and access to services to sustain families who care for individuals with developmental disabilities at home and/or those awaiting residential placement.

Objectives (continued from online form):

Objective 6: Provide training for families and caretakers in addressing and managing the needs of individuals with challenging behaviors. [Close Treatment Gaps; Partner with Communities] (OPWDD)

Objective 7: Ease entrance to benefits eligibility and entitlements. [Close Treatment Gaps] (OPWDD)

**2ac. Other Need: Dual Diagnosis/Systems Collaboration (continued from online form)**

Background: Very few services are available for people who have both a developmental and a behavioral health or psychiatric disability, including people with co-occurring substance abuse treatment needs. There continues to be a large demand for inpatient and outpatient behavioral health services for individuals who are dually diagnosed.

Goal: Increase support for dually diagnosed individuals (including inpatient treatment for intervention and assessment) through program development and system collaboration.

Objectives:

Objective 1: Identify program development opportunities through collaboration with OPWDD, OASAS, OMH, Access-VR, DFTA and other partners that can meet the needs of individuals with developmental disabilities and co-occurring behavioral health conditions. [Strengthen Government's Ability to Lead; Close Treatment Gaps] (OPWDD)

Objective 2: Develop transitional residences and out-of-home respite for persons with dual diagnoses who are in crisis and living with their families. [Close Treatment Gaps] (OPWDD)

**Other Need: Services Information/Community Education (continued from online form)**

Background: Informing and educating individuals with DD, families/caretakers, providers, and professionals about available services and benefits will help to increase the number of individuals accessing and benefiting from services that meet their needs.

Goal: Individuals with developmental disabilities, families/caretakers, providers, and professionals will have increased access to information about available services.

Objectives:

Objective 1: Encourage interagency public outreach efforts that will inform the target population of the range of available supports and services and linkages to those services. Efforts may include holding county town hall meetings, Family Support fairs, educational conferences, outreach to religious institutions, medical offices and senior centers, and use of social media and other innovative methods such as 311, public service announcements, No Wrong Door, NY Connects, and outreach to Community Boards. [Partner with the Community] (OPWDD)

Objective 2: Increase coordination with NYC DOE District 75 and other districts, community, parochial and private special schools to educate and inform parents and families about transition issues (including that the transition process should begin no later than age 14 years) and available support. Includes working with transition coordinators, and attending transition school fairs and PTA meetings. [Close Treatment/Services Gaps; Partner with the Community] (OPWDD)

Objective 3: Work with Early Intervention programs to educate families about transition and available services. [Act Early] (OPWDD)

Objective 4: Disseminate information and enforce adherence to relevant legislation surrounding transition periods and processes. [Change the Culture] (OPWDD)

## Goals Based on State Initiatives:

**3a. Medicaid Redesign**

Goal: Reduce fragmentation in the service system and improve child and adult consumer access to better care in NYC's behavioral health service system by (1) implementing the transition of the adult behavioral health services into Medicaid Managed Care and (2) preparing for the transition of the children's behavioral healthcare system into Medicaid Managed Care.

Objectives (continued from online form):

Objective 6: Increase the number of programs incorporating peer recovery management services into their service delivery. [Strengthen Government's Ability to Lead] (OASAS)

Objective 7: Increase the number of peers trained as recovery coaches and receiving appropriate credentialing for Medicaid reimbursement. [Strengthen Government's Ability to Lead] (OASAS)

Objective 8: Develop practice guidelines for peer service work that incorporate both recovery coaching

and harm reduction orientations by 2017. [Strengthen Government's Ability to Lead] (OASAS)

Objective 9: Support case management programs in their transition to care management through Health Homes Serving Children. [Partner with Communities] (OMH)

Objective 10: Assess training and technical assistance needs of child and adolescent behavioral health providers, including provider capacity to offer new services, to effectively transition to a fully managed behavioral health care system. [Partner with Communities] (OMH)

**3d. NYS Department of Health Prevention Agenda**

Goal: Improve community engagement and communications among local leaders, community based organizations, faith based organizations, NYC public schools, early education settings, key stakeholders, and community members to promote awareness of mental health in NYC and strengthen individual and community resilience to mitigate the psychological impact of trauma and promote a more rapid recovery trajectory.

Objectives (continued from online form):

Objective 6: Provide technical assistance support to the Connection to Care initiative via support to their CBO and Mental Health Provider teams to build their ability to adopt Quality Improvement methods and to apply it to successful adoption and adaptation of task-shifted skills in CBOs. [Partner with Communities; Close Treatment Gaps] (OMH)

Objective 7: Build capacity through the Early Childhood Mental Health Network to support the social-emotional learning (SEL) programs of the Administration for Children's Services EarlyLearn programs, and Department of Education PreK for ALL programs. [Act Early; Partner with Communities; Close Treatment Gaps] (OMH)

Objective 8: Conduct system planning in collaboration with NYC Department of Education on data-informed strategies to advance 3 key shared goals of: ensuring schools use public health approach to provision of mental health services in schools to meet unmet mental health needs, decrease inequalities in school success and student wellbeing, and improve school climate. Planning activities include: developing and implementing approaches to expand access to mental health services, improve quality of services, and cultivate sustainable financing based on a citywide assessment of school-based services. [Change the Culture; Partner with Communities; Use Data Better] (OMH)

***