



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2019 Local Services Plan For Mental Hygiene Services

NYC Dept. of Health and Mental Hygiene
July 18, 2018

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Planning Form	LGU/Provider/PRU	Status
NYC Dept. of Health and Mental Hygiene	70550	(LGU)
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Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

2017 Mental Hygiene Executive Summary
NYC Dept. of Health and Mental Hygiene
Certified: Laryssa Boyko (6/8/18)

Executive Summary:

At the request of our Community Services Board (CSB), the Division of Mental Hygiene within New York City's Department of Health and Mental Hygiene seeks to align the local planning process, including the development of our annual Local Services Plan, with the State's budgetary, legislative and regulatory processes. We believe that the LSP should continue to be a mechanism for informing the relevant state Offices of the unmet need in the local behavioral health service system and how we currently are and plan to address these needs and also strongly support our CSB's recommendation that the LSP should inform New York State about the corresponding needed resources. With the strong support of our NYC Community Services Board, we hope to continue moving toward aligning this local planning process with securing appropriate resources to improve the behavioral health service system. In this Executive Summary, please find a brief summary of our community input process for local planning and recommendations distilled from our LSP based on our evaluation of the current service system. These recommendations are aligned with our five priority issue areas.

Community Input

New York City Department of Health and Mental Hygiene (NYCDOHMH) is currently developing a process for systematically looking at the unmet need in the behavioral health service system in NYC. Currently, we roughly estimate the unmet need in a number of different ways:

Through Take Care New York 2020 (TCNY), we acknowledge that health is not only determined by clinical services but also by community conditions. DOHMH monitors the city wide unmet mental health need with an equity focus and the unmet mental health need in high poverty neighborhoods. We reported in our Second Annual Take Care New York 2020 Report that in 2015, the Unmet Mental Health Need Citywide was 23% and in very high and high-poverty neighborhoods was 22%. We hope to continue closing this gap. In 2015-2016, NYCDOHMH held Community Consultations to ask the community to rank the importance of different issues in 28 neighborhoods. Fourteen of these communities ranked unmet mental health need as a top five priority in their community. [1] [2] The results from the Community Consultations informed the City's work in mobilizing community members and community partners to implement interventions to advance health equity.

We also continuously get community input from behavioral health consumers and advocates at the Regional Planning Consortium (RPC) Town Halls and various RPC steering meetings. Additionally, each quarter, we convene the Community Service Board (CSB) and CSB Subcommittees in the three disability areas of mental health, substance misuse and developmental disabilities. We also convene discretionary CSB subcommittees that share their expertise in criminal justice and the LGBTQ issues as it relates to behavioral health. Alongside the CSB core and subcommittees, DOHMH regularly convenes consumer advisory boards (CABs), provider agency staff and different communities, such as faith based leaders, through ThriveNYC initiatives to understand the mental health needs of the community.

Furthermore, 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 underlay the goal associated with each identified city or state need.

Recommendations

The Local Services Plan was developed across the Division of Mental Hygiene and reflects our planned work for 2019 in issue areas the state outlines. We are distilling here some high-priority issue areas that we believe require further local-state alignment and increased resources. Some of these recommendations are reiterated in our needs assessment analysis and are aligned with our chosen priority goals while other recommendations are outside the scope of the current Local Services Planning

Cross Agency Recommendations

- We seek collaboration with NYS to apply a population impact approach/lens to the allocation of state aid to further improve our contracted services.
- We welcome State support to better leverage current databases (including RHIO and SHINNY data) and encourage investments to create innovative, real-time and user friendly data sources in order to enhance LGU understanding of population need and service use and to enhance their ability to respond to local behavioral health needs, and as a mechanism to measure impact.
- We recommend that the State Offices, including the Department of Health (SDOH) enhance the use of the Regional Planning Consortia (RPC) as a broader mechanism for information sharing and strategic planning around Medicaid Managed Care and other Medicaid Redesign initiatives. ***(Priority Goal: Medicaid Redesign)***
- There are best practices for implementing peer services across multiple domains and settings. However, currently, there is an inconsistent readiness to utilize peers across different provider organizations. We recommend enhancing organizations' readiness to effectively implement and scale a peer workforce through technical assistance and incentives to integrate peers using best practices. ***(Priority Goal: Workforce Recruitment and Retention)***
- We recommend enhancing the use of task-sharing to build skills among allied non-specialists. Task shifting is an evidence based approach shown to extend care pathways and prevention/promotion activities in communities but currently is limited by lack of reimbursement and NYSED provisions. ***(Priority Goal: Workforce Recruitment and Retention)***
- We seek support and collaboration for developing the LGU role and capacity to enable neighborhood and community level planning. This place-based action would involve community wide participatory involvement, aim-setting, and learning collaboratives which aim to identify service needs and gaps while also identifying other-sector and structural barriers to

addressing mental health needs and finding collective ways to support and improve built and social environments .
(Priority Goal: Prevention)

OPWDD

- We support increased wages to direct care professionals who care for the I/DD population which allows them to live in the community. **(Priority Goal Workforce Recruitment and Retention)**
- We recommend that OPWDD share timely and actionable data with localities that allows LGUs to identify the gap between individuals who may require or seek services and those that actually receive services.
- Localities have not played a major ongoing role in monitoring or evaluating Managed Care for People with Developmental Disabilities. We recommend funding a structure similar to the Regional Planning Consortium (RPC) to ensure local stakeholders have an outlet to voice their experience, concerns and troubleshoot any issues. **(Priority Goal Medicaid Redesign)**

OMH

- We recommend that the state invests additional resources at the local level to increase the capacity of timely crisis services for adults and children until providers can generate adequate Medicaid revenue to support their growth. **(Priority Goal: Crisis)**
- We seek a collaborative process with state partners to increase the supply and quality of affordable housing for those with mental illness, better address the impact of psychiatric inpatient unit closures on surrounding communities, develop a robust crisis support system, address the shortage of behavioral health professionals trained to meet the needs of the community, and expand access to prevention services. **(Priority Goal: Prevention)**
- We recommend expanding upon initial state investments in early parenting, attachment, and early childhood supports including offsite capacity building roles of providers in key settings to reach at-risk children and parents/mothers (day care, schools, community centers, etc) **(Priority Goal: Prevention)**

[1] Take Care New York 2020 (TCNY) Annual Report.

[2] TCNY 2020 Community Consultations Prioritization Results.

Mental Hygiene Goals and Objectives Form
NYC Dept. of Health and Mental Hygiene (70550)
Certified: Laryssa Boyko (6/19/18)

I. 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:

Mental Health Needs Assessment – WORSENERD

In 2016, we launched ThriveNYC, a four-year investment to reform mental health care access across New York City based on our six guiding principles: 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. We have made great strides in addressing unmet need for mental health services however, because we are seeing increased demand for high-need services and increased rates of suicide, we need to engage in a process with state partners to expand our portfolio of services and better address the needs of New Yorkers. The 2019 Local Services Plan takes stock of NYC’s efforts to address unmet need but does not account for needed collaboration with the state to strengthen the service system. Moving forward, we seek support and collaboration on the following:

- We seek a collaborative process with state partners to increase the supply and quality of affordable housing for those with mental illness, better address the impact of psychiatric inpatient unit closures on surrounding communities, develop a robust crisis support system, address the shortage of behavioral health professionals trained to meet the needs of the community, and expand access to prevention services.
- We recommend expanding upon initial state investments in early parenting, attachment, and early childhood supports including offsite capacity building roles of providers in key settings to reach at-risk children and parents/mothers (day care, schools, community centers, etc)
- We recommend enhancing the use of task-sharing to build skills among allied non-specialists. Task shifting is an evidence based approach shown to extend care pathways and prevention/promotion activities in communities but currently is limited by lack of reimbursement and NYSED provisions.
- We welcome State support to better leverage current databases (including RHIO and SHNNY data.) and encourage investments to create innovative, real-time and user friendly data sources in order to enhance LGU understanding of population need and service use and to enhance their ability to respond to local behavioral health needs, and as a mechanism to measure impact.

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:

Substance Use Disorder Needs Assessment – STAYED THE SAME

In New York City, drug overdose is a leading cause of accidental death with more New Yorkers dying from overdose than homicides and motor vehicle crashes combined. Drug overdose deaths increased for six consecutive years between 2010 and 2016—more than doubling from 541 deaths in 2010 to 1425 deaths in 2016. The largest increase was between 2015 and 2016, when drug overdose deaths increased 45%. In 2016, opioids were involved more than 80% of overdose deaths, and heroin and/or fentanyl were involved more than 70% of overdose deaths. Provisional 2017 data indicate that drug overdose deaths remain at epidemic levels in New York City (1441 deaths); and provisional 2017 data indicate that opioids were involved in more than 80% of overdose deaths. Fentanyl continues to drive overdose death rates and has been found in more than half of confirmed overdose deaths in provisional 2017 data.

In response to rising drug overdose deaths, in March 2017 the Mayor launched HealingNYC: a comprehensive, multi-faceted response to the opioid overdose epidemic. HealingNYC aims to reduce opioid-related overdose death by 35-percent over five years by focusing government efforts on preventing opioid overdose deaths, preventing opioid misuse, protecting New Yorkers through effective treatment, and protecting New Yorkers by reducing the supply of opioids. In response to overdose deaths remaining at epidemic levels, as indicated in provisional 2017 data, the Mayor announced in March 2018 additional funding to expand and launch new HealingNYC initiatives.

Regarding alcohol use: In 2015, 21% of surveyed NYC public high school students had >1 alcoholic drink in the 30 days prior to being surveyed; more than 40% of those youth were identified as binge drinkers. [1] There is a significantly higher prevalence of alcohol use among gay, lesbian and bisexual (GLB) youth (35%) than among heterosexual youth (20%); early onset of drinking (first drink before 13) is more common among GLB youth (27%) than in heterosexual youth (17%). Among NYC public high school students surveyed, 9% reported misusing one or more prescription drugs in 2015, including 7% misusing opioid analgesics. [2]. Alcohol use is also prevalent among adults in New York City. One out of every six New Yorkers drinks more than the City’s recommended guidelines, and alcohol leads to nearly 1,800 deaths in the City each year and 84,000 alcohol-related emergency department visits each year among NYC residents.

[1] Epi Data Brief No. 94, Nov. 2017

[2] Epi Data Brief No. 92, June 2017

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:

Intellectual Developmental Disabilities Needs Assessment --WORSENERD

NYC DOHMH does not have sufficient data to quantify how the level of unmet needs have changed for New Yorkers with intellectual/developmental disabilities in the past 12 months. We recommend that OPWDD share timely and actionable data with localities that allows LGUs to identify the gap between individuals who may require or seek services and those that actually receive services.

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, Community Services Board DD Subcommittee members, people with intellectual/developmental disabilities, providers, families and family advocates. Despite our commitment to collaboration with our local stakeholders for systems planning, localities have not played a major ongoing role in monitoring or evaluating Managed Care for People with Developmental Disabilities. We recommend funding a structure similar to the Regional Planning Consortium (RPC) to ensure local stakeholders have an outlet to voice their experience, concerns and troubleshoot any issues.

Stakeholders report that in spite of some system improvements including the implementation of START and added residential opportunities, overall in the past 12 months, inadequate monetary and other supports for direct service providers (DSP) as a significant contributor to the quality and availability of care, and the level of unmet I/DD service needs in NYC. Low wages and insufficient support result in a high turn-over rate of DSP workforce; this immediately impacts the level of needs of the population of New Yorkers with I/DD, which seems to have worsened over the past 12 months. We recommend OPWDD invest resources and increase wages to direct care professionals who care for the I/DD population, allowing individuals to remain in the community, to address this need. Other ongoing contributory factors to the level of unmet need 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 faced by service providers.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2a. Housing - Background Information

Housing Background Information:

Housing is an important cross-system issue and NYCDOHMH is committed to increasing access to stable housing for those individuals with intellectual and developmental disabilities, those with serious mental illness and substance use disorders. The most pressing issues to address, according to data and community stakeholder input, is the lack of accessible and affordable housing options for individuals with developmental disabilities and serious mental illness as well as a need for cultural competence in current and future supportive housing units. All housing/residential programs should be places we would want to live, offer training and support for care providers, offer options and services that are affirming of sexual and romantic diversity, and diversity of gender identity and expression.

One third of New Yorkers with serious mental illness live in public housing or received housing subsidies in 2014. Around one quarter of New Yorkers with depression received rental assistance or lived in public housing in 2016. Based on a survey of psychiatric hospital inpatients, 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 [1]. Despite the relationship between mental illness and housing, there remains a lack of affordable housing for people with serious mental illness. As of April 2018, 3,442 supportive housing units though NY/NY III are available however rates continue to be too low for providers to remain viable, and providers have been terminating contracts because NYC rents have outpaced contractual budgets. Without quality, affordable housing for people with mental illness, we will continue to see significant homelessness, and poor outcomes for this population. Working with the NYC Human Resources Administration, we have awarded 505 units through NYC 15/15 and aim to fill 500 scattered site units annually.

For those with developmental disabilities, there is a significant number of individuals awaiting residential placement in NYC. In addition, 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. There is a need for 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. All ADA accessible housing/residential opportunities should meet requisite safety standards and enable training and support for care providers.

There is a need for culturally competent care in supporting housing. LGBTQ consumer stakeholders report a need for culturally competent care in supportive housing because LGBTQ individuals with SMI are subject to dual stigmas that can make socialization and recovery particularly difficult, leading in some cases to concealment of their LGBTQ identities [2]. Transition-age LGBTQ youth with psychiatric histories who face homelessness can have an especially difficult time locating supportive housing that will recognize all aspects of their identities and ensure their physical safety.[3]

Nationally, 94% of homeless youth organizations reported working with homeless and runaway LGBT youth in 2011–2012. Among these LGBT youth, nearly two-thirds (65%) had mental health challenges, just over half (53%) had histories of substance misuse, and four in ten had survived sexual exploitation or assault [4]. It is essential that LGBTQ young people in need are able to access housing and supportive services that affirm their sexual and romantic orientations, and gender identities and expressions.

[1] MHNAS 2013-2014

[2] O'Connor L. The experience of dual stigma and self-stigma among LGBTQ persons diagnosed with severe mental illness. Presented at Together Against Stigma: Overcoming Barriers in Mind and Society. September 2017.

[3] Ream GL, Forge NR. Homeless lesbian, gay, bisexual, and transgender (LGBT) youth in New York City: insights from the field. *Child Welfare*. 2014;93:7–22.

[4] Durso LE, Gates GJ. Serving our youth: findings from a national survey of service providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund. 2012.

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 individuals with developmental disabilities, including individuals who reside at home or in the community, and those who are medically fragile and require medical care.

Objective Statement

Objective 1: 1.Coordinate with the NYC Department of Homeless Services to implement a shelter model for improved care within mental health shelters so that shelter residents with serious mental illness have access to needed services. The shelter model and training requirements will be implemented in stages. (Strengthen Government's Ability to Lead)

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

Objective 2: 2.Coordinate with NYC Human Resources Administration (HRA) to award contracts for NYC 15/15 congregate and scattered site supportive housing programs and fill 500 scattered site units annually. (Strengthen Government's Ability to Lead)

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

Objective 3: 3.Continue working with state partners to increase rates for supportive housing providers in NYC. (Strengthen Government's Ability to Lead)

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

Objective 4: 4.Explore opportunities with the NYC Department of Social Services (DSS, which has shared administrative oversight of DHS and HRA) Office of LGBTQI Affairs to spread awareness of LGBTQ-affirming housing options. (Strengthen government's ability to lead)

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

Objective 5: 5. Increase access to new and existing community-based housing units for people with developmental disabilities, including those who need 24-hour nursing services. (Close Treatment Gaps)

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

Objective 5: 6. Develop residential options to support persons with urgent needs or in need of Crisis Services. (Close Treatment Gaps)

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

Objective 5: 7. Increase residential options for people with developmental disabilities who have aged out of Out-of-State Placements, but who need enhanced residential support. (Close Treatment Gaps)

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

Objective 5: 8. 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 Gaps)

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

Objective 5: 9. Increase the number of accessible homes or modifications of existing homes, developed by agencies that allow individuals to age in place. (Close Treatment Gaps)

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

Objective 5: 10. Increase residential development with innovative support (i.e. Apartment Sharing, Home Sharing, and Family Care). (Partner with the Community; Close Treatment Gaps)

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

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.

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.

Objective Statement

Objective 1: 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: 2. 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 3: 3. Increase travel training opportunities. (Close Treatment Gaps)

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

Objective 4: 4. Explore eligibility criteria to increase the number of individuals with disabilities who receive reduced fare Metrocards. (Close Treatment Gaps)

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

Objective 5: 6. Expand subscription services with enhanced eligibility and reliability through Access-a-Ride and Logisticare. (Close Treatment Gaps)

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

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

Crisis Services Background Information:

There is a need for crisis services for both adults and children. In 2015, 68% of mental health related Emergency Department (ED) visits in NYC did not result in admission to the hospital [1]. In addition, 19% of inpatient psychiatric hospitalizations were for 3 days or less. This data indicates that more crisis respite and outpatient treatment services are needed for people who would benefit from crisis services to divert from EDs, in addition to immediate care without the need for hospitalization. These services are particularly needed in neighborhoods with high poverty which are shown to have the highest rates of ED visits that do not result in admission. [2] However, data from the Mental Health Needs Assessment Survey (MHNAS) conducted from 2013-2014 shows that many psychiatric inpatients are not aware of outpatient services that can be used in place of hospitalizations. [3]

NYC children and families continue to experience behavioral and mental health crisis situations and too often use emergency rooms that result in hospitalizations. Since 2013, NYC implemented dedicated Children’s Rapid Response Mobile Crisis teams (CMCTs) to defuse behavioral and mental health crisis situations and help link children and their families to community services as an alternative to emergency room use and hospitalization. Since the 2013 inception, these CMCTs, which include a clinical social worker and parent advocate, have provided a 2-hour “rapid” face-to-face response to youth needing crisis intervention between the hours of 8am-10pm and phone response within a ½ hour from 10pm-8am. CMCTs utilize crisis intervention strategies that are evidenced informed and family centered.

Based upon current NYCWell data, CMCTs citywide receive approximately 1,500 referrals annually. Performance data collected to assess and review service utilization has shown a significant increase in delivered service hours beginning in FY17, as well as most of the teams surpassing expected level of service. Through NYC DOHMH’s continued review of this model and use of the service, CMCT contracted providers report that teams frequently have to spend more time with children/families to effectively ameliorate crisis and risk and subsequently link children/families to the appropriate community supports. The CMCTs all report that the youth/families referred for crisis intervention are multi stressed, and many families do not have community supports in place prior to the intervention. The presenting needs of children/families referred for CMCT services require that the teams extend their service/outreach time frames beyond the existing contractual expectation. This variable combined with the increase in referrals beginning in FY’17, particularly for the Bronx and Brooklyn, has resulted in teams exceeding contract expectations for service hours and unduplicated client benchmarks. Given the level of need, the city aims to identify opportunities to ensure that the NYC CMCTs have the necessary resources required to meet the increasing demand for children’s crisis intervention services.

Law enforcement responses to crisis and other behavioral health events also continue to be a large driver of potentially-avoidable criminal justice resources and hospital emergency resources and services. Several initiatives have sought to reduce costs while simultaneously improving individuals’ outcomes, including: front-end diversion stabilization services, specialized law enforcement responses (CIT), and Co-Response teams. However, there is still considerable need for non-law enforcement and/or non-criminal justice responses to people experiencing crises or behavioral health events. 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.

We recommend that the state invests additional resources at the local level to increase the capacity of timely crisis services for adults and children until providers can generate adequate Medicaid revenue to support their growth.

[1] SPARCS 2015 Data

[2] SPARCS 2015 Data

[3] MHNAS 2013-2014.

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.

Objective Statement

Objective 1: 1.Connect people with crisis services via NYC Well, including by expanding the availability of rapid response mobile crisis teams and rapid access behavioral health appointments in Manhattan, the Bronx, and Staten Island (Close Treatment Gaps)

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

Objective 2: 2.Enhance the current crisis system to ensure individuals in crisis receive rapid services by coordinating with providers, payers, and state partners and allocating resources to better meet community needs. This includes expanding Relay (the City’s nonfatal overdose response program), Co-Response (RT) Units, and creating new Health Engagement and Assessment Teams (HEAT). (Close Treatment Gaps)

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

Objective 3: 3.Assess and align current crisis response resources to better meet the crisis needs of children and their families. (Close Treatment Gaps)

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

Objective 4: 4.Train 3780 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 5: 5.Complete NYPD/DOHMH Co-Response (CRT) expansion (specialized response teams to provide solutions for people in crisis with mental illness/substance use issues at increased risk to others and the community.) (Act Early, Change the Culture)

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

Objective 5: 6.Open two (2) Public Health Diversion Centers to provide NYPD a drop-off option offering health services and social support as an alternative to arrest and/or hospitalization. (Act Early, Close Treatment Gaps)

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

Objective 5: 7.NYC Crisis Prevention and Response Task Force – Implement adopted task force recommendations in the advancement of more comprehensive, citywide strategy to prevent mental health crises and improve the City’s response to emotionally distressed New Yorkers. (Act Early, Change the Culture, Strengthen Government’s Ability to Lead, 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

Workforce Recruitment and Retention Background Information:

Workforce recruitment and retention in the behavioral health service system is a critical issue. In addition the background, goal and objectives described here, the Division of Mental Hygiene will work on getting provider input on the OMH Planning Survey to gauge the level of difficulty to recruit and retain different types of behavioral health professionals. The current cross-bureau goal of the Division of Mental Hygiene is to increase recruitment and retention of behavioral health professionals with backgrounds and skillsets responsive to a range of communities that reflect NYC's racial, ethnic, linguistic, socio-economic, sexual, romantic, and gender diversity. Our workforce should deliver evidence-based practices to serve individuals with mental health issues and/or substance use issues and individuals with intellectual and developmental disabilities. This goal is supported through collaborative work with CUNY on an annual NYC Mental Health Workforce Summit held in 2016 and 2017; a third 2018 Summit is currently being planned. The Summit brings together government, mental health providers, hospital networks, community based organizations, academics, advocates and other stakeholders to discuss and develop new approaches to expand and diversify the workforce. Within the workforce, NYCDOHMH is finding ways to support and expand the role of individuals with lived experience with mental illness, substance misuse and justice involvement.

Behavioral Health Workforce Competencies:

NYCDOHMH has heard from stakeholders that there is currently a lack of culturally competent behavioral health clinicians, particularly those that speak languages other than English and that can appropriately serve the LGBTQ community and justice involved individuals.

The largest ThriveNYC initiative, Mental Health Service Corps (MHSC), seeks to address the lack of clinicians speaking different language but has had difficulty recruiting and retaining a diverse behavioral health workforce. Thus far, NYCDOHMH has added 164 behavioral health clinicians to date as part of improving the integration of behavioral health in primary care, and the access to evidence-based mental health care.

In addition to the diverse language needs throughout NYC, there is also a need for greater competency to providing appropriate behavioral health services to LGBTQ communities. Stakeholders have reported ongoing difficulties in accessing LGBTQ competent behavioral health care outside a few specialized providers based in Manhattan. This creates a scarcity of options, particularly for LGBTQ older adults, for whom respectful venues for socialization are important for sustained well-being, and personal mobility may be limited. [1] Compounding these difficulties, there is currently no standardized definition of *LGBTQ competency* that would permit systematic vetting and comparison across providers. Boosting LGBTQ cultural competencies beyond over-burdened specialized providers, while instituting measures of standardization and accountability for these competencies, will improve access to affirming services for all New Yorkers.

DOHMH also recognizes the need to improve the behavioral health's workforce competence with providing care to individuals that are justice involved. 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.

For those serving the developmental disabled, maintaining a well-trained, ready and culturally competent workforce is essential to provide quality services and supports for individuals 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, adequate compensation, and opportunities for students and young people to learn about the field.

Finally, there is a need to increase capacity and competency of the mental health workforce to address the needs of young children and families. The ThriveNYC-funded Early Childhood Training and Technical Assistance Center provides specialized trainings in evidence-based practices and early childhood development as well as individualized coaching services to increase the capacity and competencies of mental health professionals and other early childhood professionals to identify and address the mental health needs of young children (birth to five) and their families.

Peer Workforce:

Peers continue to play a vital role in the behavioral health service system and DOHMH values the integration of peers into the workforce to engage families, those with substance misuse and those with behavioral health issues and criminal justice involvement. We encourage the state to consider investing resources to enhance organizations' readiness to effectively implement and scale the peer workforce.

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 as well as improvements in caregiver self-care, communication style, and empowerment. [3] [4] 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. [5] A recent survey of 25 Youth Peer Advocates (YPAs) in NYC provided recommendations for provider readiness that will be incorporated into the Bureau of Children, Youth and Families (CYF) strategies with provider agencies preparing to hire YPAs, for example around on-boarding of new staff, trainings that would be beneficial, and type and frequency of supervision that is preferred by YPAs.

People with lived experiences related to substance misuse, are effective workers to engage people who are at high risk of overdose or engage in risky substance use. Peers are effective at providing tailored and sensitive information to individuals during vulnerable periods in their life, and can effectively educate people who use alcohol and other substances about risk reduction and treatment options. Treatment providers and other organizations who work with people who use drugs frequently identify a need for peers and also a needs for assistance with incorporating peers into workflows, and support providing ongoing peer training and career advancement. There is also a need to integrate Peers into the criminal justice workforce by creating meaningful job opportunities, which will also work to reduce stigma around and improve respect for Peers.

NYCDOHMH is addressing and further exploring many of these issues through the Peer and Community Health Workforce Consortium. The Consortium is a Thrive NYC initiative to advance the peer and community health worker (CHW) workforce across health, mental health, substance use, youth and family services. Through surveys, interviews and focus groups the Consortium received input from over 1,200 peers, CHWs, provider organizations and subject matter experts to identify and address barriers to the successful implementation of this workforce. The Consortium is finalizing an electronic readiness assessment for provider organizations toward enhancing implementation; and another for peer and CHW trainees to improve their readiness for this work. Answers on the assessments will provide an individualized set of resources to address readiness needs identified through the assessments.

[1] Yarns BC, Abrams JM, Meeks TW, Sewell DD. The mental health of older LGBT adults. *Curr Psychiatry Rep.* 2016;18:60–71

[2] Yarns BC, Abrams JM, Meeks TW, Sewell DD. The mental health of older LGBT adults. *Curr Psychiatry Rep.* 2016;18:60–71

[3] 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.

[4] 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.

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

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 recruitment and retention of behavioral health professionals with backgrounds and skillsets responsive to a range of communities that reflect NYC’s racial, ethnic, linguistic, socio-economic, sexual, romantic, and gender diversity. Our workforce should deliver evidence-based practices to serve individuals with mental health issues and/or substance misuse issues and individuals with intellectual and developmental disabilities.

Objective Statement

Objective 1: 1.Reach Mental Health Service Corp capacity (310 behavioral health clinicians) to deliver behavioral health treatment and intervention services in primary care and behavioral health practices throughout NYC with a 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: 2.Maintain, expand current and launch new recruitment efforts to address workforce gaps highlighted by provider systems, service providers, community organizations, and community members. Specific initiatives include: explore partnerships to increase interest and create opportunities for training and leadership development for immigrant and LGBTQ communities in direct behavioral health; continue recruit peers to work in health and behavioral health settings; and promote and support efforts to attract private sector professionals for not-for-profit positions that serve individuals with developmental disabilities. (Close Treatment Gaps, Partner with Communities)

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

Objective 3: Maintain, expand current and launch new workforce development efforts to ensure a highly-trained workforce. Specific efforts would include: The Academy for Justice Involved Practice to train over 3,000 legal, law enforcement, and healthcare professionals on the intersection of health and criminal justice, improve cultural diversity training for providers to enhance staff sensitivity to the cultural background of the individuals served, in part by also increasing the accessibility of freely available resources on affirming care for LGBTQ older adults produced by recognized leaders in the field; provide professional training opportunities for direct support staff, including those working in family homes, respite care programs, and recreational programs, and Care Managers; increase 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; and continue to work with licensed SUD, health and behavioral health providers to incorporate peers into programs, initiatives, and workflows. (Close Treatment Gaps, Partner with Communities)

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

Objective 4: 4.Strengthen existing job retention and advancement initiatives to ensure people are engaged in the workforce. Specific initiatives include: develop options that will provide incentives to support the retention of staff; create opportunities for direct care staff, Managers, Care Managers, and other staff that provide skills training, and increase number of agencies with established mentoring programs to provide one-to-one support to newer direct support staff. (Close Treatment Gaps, Partner with Communities)

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

Objective 5: 5.Provide targeted TA to advance the recruitment and retention of Peer and Community Health Workers from underrepresented communities (i.e. Asian, LGBTQ, etc.,) (Change the Culture)

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

Objective 5: 6.Engage employers in TA to assist in adding and sustaining Peers and Community Health Workers to increase cultural, linguistic and trauma-informed competence; and person-centered, recovery-focused care. (Change the Culture)

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

Objective 5: 7.Expand the capacity and competencies of the Family Peer and Youth Peer workforces by procuring a Family Strengthening Training and Advisory Center that will offer trainings and specialist consultants to Family Peer Advocates and Youth Peer Advocates in funded Family and Youth Peer Support Services. (Partner with Communities)

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

Objective 5: 8.Support expansion of the Youth Peer Advocate (YPA) workforce by coordinating with the State on the a new training and credentialing process, creating a local YPA coalition, and disseminating results of a survey of NYC YPAs to guide provider readiness activities in hiring YPAs. (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

Employment/Job Opportunities Background Information:

Unemployment rates among people with mental illness and developmental disabilities remain high. 71% of those with psychological distress or a lifetime diagnosis of schizophrenia, bipolar disorder, mania, or psychosis were looking for full-time work in 2012. [1] In 2016, approximately 60% of New Yorkers with depression were unemployed or not in the labor force. [2] Despite high rates of unemployment, providers struggle placing and supporting people with SMI due to a lack of knowledge about existing services. 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.

The annual average employment rate of people employed through the Assisted Competitive Employment (ACE) program slightly decreased from 23% in 2016 to 22% in 2017 due to the top performing provider closing their program and another provider losing key staff. Intensive Technical Assistance was provided to all poor performers.

Among LGBTQ New Yorkers, 21% reported being denied a promotion, not hired, or forced to resign due to their LGBTQ identity. This estimate was doubled (42%) for transgender and gender-nonconforming New Yorkers. [3] This discrimination, compounded by the stigmas experienced by individuals with mental illness, can lead to severe difficulties in locating employment for LGBTQ people with psychiatric histories.

[1] CMHS 2012

[2] CHS 2016

[3] Results of a survey of LGBTQ New Yorkers. New York: Office of the New York City Comptroller Scott M. Stringer. 2017.

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 and increase employment opportunities for people with serious mental illness, substance use disorder and for individuals with intellectual/developmental disabilities including LGBTQ and other historically and currently underrepresented communities.

Objective Statement

Objective 1: 1. Increase the percentage of people employed through the Assisted Competitive Employment (ACE) program by the end of 2019. (Partner with Communities, Close Treatment Gaps)

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

Objective 2: 2. Identify baseline measures of employment and education in DOHMH programs serving young adults with serious mental illness to address disparities and increase rates of participation. (Use Data Better)

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

Objective 3: 3. 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 Developmental Disabilities Regional Offices (DDROs), local Chambers of Commerce and other local partners, including for-and not-for-profit entities. (Partner with Communities)

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

Objective 4: 4. Ensure that individuals who are not able to be employed part-time or full-time have adequate resources and options, including integrated supported day opportunities. (Close Treatment Gaps)

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

Objective 5: 5. Explain benefits and maintain classifications (e.g., SSI, MA) even when the individual in question is employed/employable. (Close Treatment Gaps)

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

Objective 5: 6. Use data gathered from Peer and Community Health Workforce Consortium to address existing barriers to the growth and sustainability of peer-based roles. (Use Data Better)

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

Objective 5: 7. Engage provider organizations in TA to promote peer and community health education and work to service users in a manner inclusive of LGBTQ communities. (Partner with Communities)

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

Objective 5: 8. Develop plan for stronger Peer-Police partnership highlighting using trained peers to strengthen knowledge and understanding of NYPD new uniform members of the service (UMOS) and neighborhood community officers (NCOs) in all precincts. (Partner with Communities)

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

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

Prevention Background:

Prevention is a cross-system issue and critical in the behavioral health system. We invest in prevention efforts by focusing on the mental health development of young children and adolescents, as a way to prevent substance misuse and focus on prevention efforts during the early phases of

mental health illness.

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 the developing capacity of the child 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 continues to expand significantly and focuses 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.

Prevention is important for substance misuse in adults as well as adolescents. In 2015, 21% of surveyed NYC public high school students had >1 alcoholic drink in the 30 days prior to being surveyed; more than 40% of those youth were identified as binge drinkers. [Epi Data Brief No. 94, Nov. 2017] There is a significantly higher prevalence of alcohol use among gay, lesbian and bisexual (GLB) youth (35%) than among heterosexual youth (20%); early onset of drinking (first drink before 13) is more common among GLB youth (27%) than in heterosexual youth (17%). Among NYC public high school students surveyed, 9% reported misusing one or more prescription drugs in 2015, including 7% misusing opioid analgesics. [2] 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. DOHMH and its partners have identified a need to educate New Yorkers and adolescents about risky alcohol use.

Regarding opioid use disorder and opioid overdose: evidence suggests longer durations and higher doses of opioid treatment are associated with opioid use disorder. Similarly, recent evidence indicates increased risk of long-term opioid use following short-term opioid exposure in opioid-naïve patients. One way to potentially reduce increases in incidence rates of opioid use disorder is through prevention. Evidence shows prevention strategies – such as conducting patient education and public health detailing to providers on judicious prescribing – are effective at reducing risk of opioid use disorder. Prevention strategies can also be effective at reducing risk of fatal drug overdose.

Prevention is key for people experiencing first episode psychosis. DOHMH estimates that approximately 2,000 new cases of psychotic illness develop each year in New York. 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. However, early identification and intervention can significantly reduce the duration and impact of psychosis. In NYC, we have seen an increase in intensive service utilization for those experiencing first episode psychosis due in part to ongoing outreach efforts. We have seen success with NYC START; 87.5% of those participating in the program in the first quarter of 2018 were connected to care in the first 30 days of discharge. We hope to expand these efforts to better reach people experiencing first episode psychosis.

DOHMH is committed to strengthening communities and building resiliency to better prevent crises or have the tools and resources to intervene early. We are focused on developing strategies aligned to addressing structural violence including investments/resources for communities to improve community wellness and safety.

[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] Epi Data Brief No. 92, June 2017.

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 across the lifespan for mental health issues through comprehensive prevention strategies.

Objective Statement

Objective 1: 1. Increase the percent of NYC START participants who attend mental health services, including Coordinated Specialty Care, following hospitalization for first episode psychosis. (Act Early, Close Treatment Gaps)

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

Objective 2: 2. Enhance outreach efforts through NYC START to better reach people experiencing first episode psychosis. (Act Early, Close Treatment Gaps)

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

Objective 3: 3. Conduct targeted and broad outreach to prevent overdose and prevention, specifically: targeted outreach to prescribers to prevent future cases of opioid addiction, and broad public awareness and education campaigns to prevent overdose. (Change the Culture)

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

Objective 4: 4. 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, as well as other licensed mental health clinics serving young children to improve the specialized early childhood mental health competencies of mental health clinicians. (Act Early)

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

Objective 5: 5. Increase capacity of non-mental health early childhood professions (e.g. Early Care and Education, Homeless Services, etc.) by providing mental health training and consultation support in order to respond to young children's social-emotional needs and link them to culturally sensitive mental health treatment as needed. (Act Early)

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

Objective 5: 6. Procure training center that will offer trainings in evidence-based parenting models to staff in community-based organizations, professionals, community workers, and peers to expand the scope, reach and availability of parent-caregiver coaching in high need communities,

including fathers' groups to promote secure attachment and positive mental health among children. (Act Early)

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

Objective 5: 7. Disseminate three interactive e-learning modules, entitled "Foundations of Social-Emotional Development in Infants and Toddlers" to 10,000 Early Intervention providers in NYC, hosted on a learning management system that will track usage and pre-post surveys. (Act Early)

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

Objective 5: 8. Collaborate with NYS partners to identify braided funding to support early childhood mental health consultation as prioritized through the First 1000 Days on Medicaid initiative. (Act Early)

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

Objective 5: 9. Develop a cross-systems framework and strategy for violence prevention. (Act Early, Strengthen Government's Ability to Lead)

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

Objective 5: 10. Implement Health Engagement and Assessment Teams (HEAT) to engage and support mental health, substance use and social needs identified by first responders, but best managed by a health intervention. (Act Early, Change the Culture)

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

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

Inpatient Treatment Services Background Information:

We lack data on whether community-based services are meeting the needs of people with serious mental illness in place of inpatient treatment services. Psychiatric hospital readmission, however, remains an issue for many people with mental illness in NYC. About one in three adults who were hospitalized for mental illness in 2014 had three or more hospitalizations during the year and just over 40% of patients with SMI in 2014 had 5 or more lifetime hospitalizations. [1]

[1] MHNAS 2013-2014

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 psychiatric hospital readmissions.

Objective Statement

Objective 1: 1. Coordinate with state partners to determine ways to assess and balance community need when determining whether inpatient units should close. (Strengthen Government's Ability to Lead)

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

Objective 2: 2. Increase the rate of participants in Bridger programs who are connected to outpatient mental health appointment within 30 days following hospital discharge to prevent psychiatric re-hospitalization. (Close Treatment Gaps)

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

Change Over Past 12 Months (Optional)

Reduce psychiatric hospital readmissions.

2h. Recovery and Support Services - Background Information

Recovery and Support Services Goal 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 the launch of NYC Well in October 2016, about 15% of people calling, texting or chatting 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. In NYC, 11% of all women who gave birth in 2012-2013 (an estimated 24,000 women) met the criteria for postpartum depressive symptoms (PDS). This data also shows disparities in the health outcomes related to PDS; Black (16%) and Asian/Pacific Islander (17%) woman are more likely to have postpartum depressive symptoms compared with White (7%) and Latina women (9%). [1]

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.

[1] Postpartum Depression NYC Vital Signs 2017.

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 mental health support and recovery for all individuals in need including their families as well as increase the number of

adolescents receiving appropriate recovery-oriented services for substance use.

Objective Statement

Objective 1: 1.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. This includes a Perinatal Depression City Health Information (CHI) Bulletin for primary care providers citywide and (with FCH) a more detailed toolkit for women's health providers, primary care providers, and pediatricians with guidance and tools for screening and managing perinatal depression in health care settings, including the ThriveNYC-funded Maternal Depression Learning Collaborative. (Close Treatment Gaps)

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

Objective 2: 2.Re-procure the Family and Youth Peer Support portfolio of programs with the goal of culturally competent, easily accessible services embedded in community-based organizations, with staff having access to a Center that offers trainings and technical assistance for the peer workforce. (Partner with Communities)

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

Objective 3: 3.Expand culturally competent suicide prevention services for Latina adolescent girls through the Life is Precious program, which will train mental health providers to engage Latino families in a culturally competent manner to address teen suicidal risk behaviors.(Close Treatment Gaps)

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

Objective 4: 4.Continue to support OASAS effort to develop new models for engaging and treating adolescents. (Close Treatment Gaps)

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

Objective 5: 5.Continue to 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: 6.Increase treatment 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)

2i. Reducing Stigma - Background Information

Reducing Stigma Background Information:

Numerous stakeholders representing various communities have identified stigma as a significant barrier to accessing services, care, and treatment for people with mental disorders, substance use disorders, or co-occurring substance use/mental health disorders.

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, opportunity and quality of care.

Objective Statement

Objective 1: 1.Develop a program facilitation manual and an impact evaluation tool for the NYC Mural Arts Program. (Partner with Communities, Change the Culture)

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

Objective 2: 2.Identify opportunities to include visibly LGBTQ people in anti-stigma messaging, emphasizing that all New Yorkers share struggles, goals, and humanity in common. (Partner with Communities, Change the Culture)

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

Objective 3: 3.Deliver guidance to employers of Peers and others with lived experience to address intra-workplace, stigma-driven dynamics or structures, provide alternative, integration-promoting workplace practices. (Close Treatment Gaps)

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

Objective 4: 4.Develop and conduct public awareness and education campaigns to reduce stigma, particularly around medications for addiction treatment. (Change the Culture)

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

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

SUD Outpatient Services Background:

Medications for addiction treatment for opioid use disorder, given the overdose crisis, is not increasing rapidly. DOHMH is seeking to increase the number of New Yorkers receiving medication treatment for opioid use disorder.

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 demand for, and uptake into medications for addiction treatment (MAT), such as methadone and buprenorphine.

Objective Statement

Objective 1: 1. Conduct public education campaigns to address stigma around MAT. (Change the Culture)

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

Objective 2: 2. Conduct health care provider education outreach to address providers' stigma about MAT as well as encourage use of MAT. (Close Treatment Gaps)

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

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

SUD Residential Treatment Services Background:

People with lived experiences, advocates, and many others report to us that residential treatment still does not always include medication treatment as part of their services.

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 demand for, and uptake into medications for addiction treatment (MAT), such as methadone and buprenorphine, in residential settings.

Objective Statement

Objective 1: 1. Work to expand access to MAT in residential treatment settings, by either promoting or ensuring that all residential treatment programs offer MAT and promoting or ensuring residential treatment programs remove policies/practices that limit access to MAT in ways inconsistent with research and clinical guidelines on best practices. (Close Treatment Gaps)

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

Heroin and Opioid Programs and Services Background:

In New York City, drug overdose is a leading cause of accidental death with more New Yorkers dying from overdose than homicides and motor vehicle crashes combined. Drug overdose deaths increased for six consecutive years between 2010 and 2016—more than doubling from 541 deaths in 2010 to 1425 deaths in 2016. The largest increase was between 2015 and 2016, when drug overdose deaths increased 45%. In 2016, opioids were involved in 82% of overdose deaths, and heroin and/or fentanyl were involved in 72% of overdose deaths. Provisional 2017 data indicate that drug overdose deaths remain at epidemic levels in New York City (1441 deaths). Fentanyl continues to drive overdose death rates and has been found in more than half of confirm overdose deaths.

In response to rising drug overdose deaths, in March 2017 Mayor de Blasio launched HealingNYC: a comprehensive, multi-faceted response to the opioid overdose epidemic. HealingNYC aims to reduce opioid-related overdose death by 35-percent over five years by focusing government efforts on preventing opioid overdose deaths, preventing opioid misuse, protecting New Yorkers through effective treatment, and protecting New Yorkers by reducing the supply of opioids. In response to overdose deaths remaining at epidemic levels, as indicated in provisional 2017 data, the Mayor announced in March 2018 additional funding to expand and launch new HealingNYC initiatives.

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.

Objective Statement

Objective 1: 1. Launch a new naloxone and overdose prevention training and technical assistance initiative with the aims of: expanding network of opioid overdose prevention programs (OOPPs) by helping interested organizations become OOPPs; distributing naloxone to OOPPs and assist OOPPs with increasing naloxone saturation in communities and social networks with high overdose rates or high risk of overdose; design and conduct high-quality overdose response trainings and training-of-trainers trainings to ensure consistently high-quality trainings and overdose response procedures across OOPPs. (Partner with Communities, Close Treatment Gaps)

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

Objective 2: 2. Increase the number of naloxone kits distributed by DOHMH to 65,000 in FY19. (Close Treatment Gaps; Partner with Communities)

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

Objective 3: 3.Promote judicious opioid prescribing among health care providers through outreach and education efforts as well as by disseminating useful tools to aid with judicious opioid prescribing. (Change the Culture)

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

Objective 4: 4.Expand NYC's non-fatal overdose response system, Relay, to 10 hospital emergency departments in FY19 (included under crisis response as well). (Close Treatment Gaps)

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

Objective 5: 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

Objective 5: 6.Increase access to buprenorphine for opioid use disorder treatment in primary care setting. (Close Treatment Gaps)

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

Objective 5: 7.In response to public health concerns related to drug use (determined by unexpected increased in hospital syndromic data, monthly mortality reports, and community reports), connect affected neighborhoods to essential resources and information on how to prevent consequences from substance misuse. (Close Treatment Gaps)

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

Change Over Past 12 Months (Optional)

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

Coordination/Integration with Other Systems for SUD Clients Background:

Improved integration and coordination with the health care, mental health care, and social services sector remains a challenge in NYC. Similarly, law enforcement and criminal justice entities are frequently the first responders to people experiencing behavioral health events where substance use is a component. More effective coordination and integration with other systems has been identified as a need by DOHMH partners as well as people who use drugs and their friends and families.

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

Support NYC diversion programs to substitute criminal justice measures with increased support and services; thereby improving health outcomes for individuals with substance use disorders.

Objective Statement

Objective 1: 1.Building on the Staten Island Heroin Overdose Prevention and Education (HOPE) Project, help 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

Mental Health Clinic Background:

41% of New Yorkers with SMI reported unmet need for mental health treatment in 2012. Almost half of patients who did receive treatment for SMI reported that they needed but did not get additional treatment [1]. 62% of New Yorkers with Depression reported not receiving counseling or medication in 2016 [2]. While ThriveNYC, implemented in 2016, seeks to address these challenges, we continue to see this high level of need through our new service, NYC Well, which handles about 25,000 confidential support, crisis intervention, and information and referral contacts via phone, text, or chat each month. Since its launch in October 2016, NYC Well has made over 70,000 referrals to mental health and/or substance misuse services.

[1] Mental Health Needs Assessment Study, 2013-2014

[2] Community Health Survey, 2016

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: 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: 2.Improve access to mental health screening and evidence-based practices by placing trained early-career clinicians in behavioral health outpatient settings through Mental Health Service Corps. (Close Treatment Gaps)

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

Objective 3: 3.Develop a strategy to promote the health of immigrant communities by convening behavioral health providers and consumers and exploring ways to enhance cultural competency training. (Partner with Communities, Change the Culture, Close Treatment Gaps)

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

Other Mental Health Outpatient Services Background:

Providing mental health services in community settings promotes better outcomes for those with serious mental illness [1]. However, due to significant need in NYC, we continue to see long waitlists for our enhanced services and difficulty engaging the most hard to reach people. In addition, as of 2015, the overall suicide rate in NYC has increased. Rates among females have increased while rates among males have decreased.

Integrating behavioral and physical health is a priority of the Department as the majority of New Yorkers seek mental health care in primary care settings as opposed to settings that specialize in mental health. New Yorkers with depression are more likely to engage in behaviors such as using tobacco that contribute to chronic disease however 62% of adults with depression did not receive counseling or medication in 2016. [1]

Furthermore, LGBTQ community stakeholders consistently highlight the need for outreach and information on LGBTQ-affirming mental health resources to be made available in community settings. Mental Health First Aid (MHFA) training has been reliably demonstrated to improve knowledge of, reduce stigma toward, and increase help-providing behaviors in response to mental health challenges in communities [2]. Guidelines for tailoring MHFA trainings to reflect the lived experiences of LGBTQ communities have been developed through community and clinician input [3]. Providing LGBTQ-responsive MHFA can enhance peer-to-peer support and spread mental health literacy in LGBTQ communities.

[1] Community Health Survey, 2016.

[2] T. Taylor Salisbury, H. Killaspy, 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

[3] Hadlaczk G, Hökby S, Mkrtchian A, Carli V, Wasserman D. Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behavior: a meta-analysis. *Int Rev Psychiatry*. 2014;26:467–475.

[4] Bond KS, Jorm AF, Kelly CM, Kitchener BA, Morris SL, Mason RJ. Considerations when providing Mental Health First Aid to an LGBTQ person: a Delphi study. *Adv Ment Health*. 2017;15:183–197.

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: 1.Enhance Intensive Mobile Treatment (IMT) teams 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: 2.Improve fidelity for all contracted teams to the Assertive Community Treatment (ACT) model by implementing fidelity tools during site visits. (Use Data Better)

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

Objective 3: 3.In an effort to focus on community mental health, Mental Health Service Corps will place 10 early career clinicians in settings that provide rehabilitation and home-based treatment. (Close Treatment Gaps, Partner with Communities)

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

Objective 4: 4.Build capacity within Mental Health Service Corps to implement key suicide prevention practices in primary care and behavioral health settings throughout NYC. (Close Treatment Gaps, Use Data Better)

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

Objective 5: 5.Expand access to behavioral health services in primary care settings by deploying clinicians trained in integrated care through the Mental Health Service Corps. (Close Treatment Gaps)

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

Objective 5: 6.Expand Mental Health First Aid (MHFA) outreach to LGBTQ communities. Highly skilled trainers can craft learning scenarios that reflect the lived experiences of LGBTQ communities. Participant and evaluation forms can be updated to include expanded gender categories to signal inclusion. (Change the Culture, Partner with Communities)

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

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

Mental Health Care Coordination Background:

As the state and localities strive to provide quality care coordination to children and youth with various levels of mental health need as well as cross-system involvement, DOHMH aims to identify ways to ensure that children and youth with the highest mental health needs receive effective care coordination that may not be fully achieved through the existing care management programs such as Health Homes Serving Children and Children's Non-Medicaid Care Coordination. NYC DOHMH in partnership with NYC OMH and NYC stakeholders aims to implement and evaluate High Fidelity Wraparound (HFW), an intensive, individualized planning and management process for children and youth with serious social, emotional or behavioral concerns who are involved in multiple systems. Specifically, HFW is an evidence based model of care coordination that, when practiced to fidelity improves outcomes and lowers rates of hospitalization and residential treatment for youth with serious mental health needs who are also involved in the child welfare, juvenile justice, or special education systems.

With NYC's participation in this effort with other NY State counties, we aim to also (1) test newly developed training, coaching, supervision and workforce credentialing required for individuals to practice this model to fidelity, (2) identify and implement a standardized system for data collection and reporting that future providers would need in order to implement and bill for this model, (3) establish sustainable payment methods of this model to ensure service is fiscally viable and (4) demonstrate cost effectiveness.

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 how mental health care coordination is provided for youth with the highest mental health needs and cross-system involvement.

Objective Statement

Objective 1: 1. Implement and evaluate High Fidelity Wraparound (HFW) in NYC for 20 children and their families, through a demonstration project. (Close Treatment Gaps)

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

Change Over Past 12 Months (Optional)

2q. Developmental Disability Clinical Services - Background Information

Developmental Disability Clinical Services Background:

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: 1. Increase availability of medical and dental services to meet the needs of individuals with developmental disabilities, including those who are aging, have complex healthcare needs or are medically fragile. (Close Treatment Gaps)

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

Objective 2: 2. 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

Objective 3: 3. 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

Change Over Past 12 Months (Optional)

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

Developmental Disability Student/Transition Services Background:

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: 1.Increase outreach and support services, including family education and training, available to assist individuals and families with transitions. (Close Treatment Gaps)

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

Objective 2: 2.Increase coordination with NYC DOE District 75 and other districts, community, parochial and private special education 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: 3.Work with Early Intervention programs to educate families about transition and available services. (Close Treatment Gaps)

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

Objective 4: 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

Developmental Disability Family Supports Background:

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.

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.

Objective Statement

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

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

Objective 2: 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: 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: 4.Increase availability of afterschool, evening, weekend, and holiday, recreational and socialization programs geared specifically for persons with developmental disabilities. (Close Treatment Gaps)

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

Objective 5: 5.Disseminate information about and expand access to 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

Objective 5: 6.Provide training for families and caretakers in addressing and managing the needs of individuals with challenging behaviors. (Partner with Communities, Close Treatment Gaps)

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

Objective 5: 7.Facilitate entrance to and maintenance of benefits, eligibility and governmental entitlements, including OPWDD Front Door. (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

Other areas of need include (1) Excessive Drinking, (2) Services Information/Community Education, (3) Dual Diagnosis/Systems Collaboration, (4) Tobacco and (5) Racial Equity.

1) Other Needs: Excessive Drinking

Applicable NYS: OASAS

Excessive Drinking Background: 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 .

Alcohol misuse is also prevalent among NYC youth: in 2015, 21% of surveyed NYC public high school students had >1 alcoholic drink in the 30 days prior to being surveyed; more than 40% of those youth were identified as binge drinkers. [1]

[1] Epi Data Brief No. 94, Nov. 2017].

Excessive Drinking Goal: Decrease morbidity and mortality associated with alcohol consumption in NYC

Excessive Drinking Objectives:

- 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)
- Launch new initiatives targeting youth to educate on risky alcohol and other substance use. (Change the Culture)

2) Services Information/Community Education

- **Applicable NYS Agencies:** OPWDD

Services Information/Community Education 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.

Other Needs: Services Information/Community Education Objectives:

- 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 Community)
- 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)
- Work with Early Intervention programs to educate families about transition and available services. (Act Early)
- Disseminate information and enforce adherence to relevant legislation surrounding transition periods and processes. (Change the Culture)

3) Dual Diagnosis/Systems Collaboration

Applicable NYS Agencies: OASAS, OMH, OPWDD

Other Needs: Dual Diagnosis/Systems Collaboration 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.

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

Other Needs: Dual Diagnosis/Systems Collaboration Objectives:

- 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)
- 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)

4) Tobacco

Applicable NYS Agencies: OMH

Tobacco Background: There are significant health-related needs for people with serious mental illness that contribute to premature mortality. Of primary concern is that more people with SMI use tobacco compared to the general population [1]: 44% of persons with serious mental illness (SMI) compared with 15.5% of the general 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.

Tobacco use is a particular concern in DOHMH-contracted programs serving people with SMI. Of residents in supportive housing who completed a survey in 2017 (4940), 47% reported current tobacco use. This is significantly higher than the rate reported by the general population. Of those who currently used tobacco, 23% were engaged in smoking cessation counseling and treatment. This increased slightly over a 3 month period but it remains difficult for supportive housing providers, as non-treatment providers, to provide the proper education and support to tenants.

[1] Community Health Survey, 2012.

Other Needs Tobacco Objectives:

- Increase the percent of smokers with first episode psychosis who are actively engaged in smoking cessation counseling. (Close Treatment Gaps)
- Increase the percent of smokers with serious mental illnesses (SMI) living in Supportive Housing who are actively engaged in smoking cessation counseling. (Close Treatment Gaps)
- Complete training and technical assistance for an additional 110 clinicians in community-based organizations to implement treatment of tobacco use disorder for people with SMI through the Tobacco Cessation Training and Technical Assistance Center (TCTTAC). (Close Treatment Gaps, Partner with Communities)

5) Racial Equity

Applicable Agencies: OMH, OASAS

Other Needs Racial Equity Background There are significant racial disparities in behavioral health care access, utilization, and outcomes in NYC. DOHMH is dedicated to eliminating the racial disparities that contribute to adverse impacts on the mental health of individuals and communities. DOHMH is committed to recognizing the role of multiple and interlocking identities and “interferences of inequality” in population-level health inequities. Efforts are underway to align LGBTQ and racial equity efforts internally to apply an intersectional lens to programs and policies.

[1] Bowleg L. The problem with the phrase *women and minorities*: intersectionality—an important theoretical framework for public health. *Am J Public Health*. 2012;102:1267–1273.

[2] Verloo M. Intersectional and cross-movement politics and policies: reflections on current practices and debates. *Signs J*. 2013;38:893–915.

Other Needs Racial Equity Objectives

- Identify and mitigate factors contributing to racial disparities in the AOT renewal process including the potential impact of unconscious bias. (Use Data Better)
- Assess racial disparities between successful and unsuccessful reasons for discharge in contracted programs. (Partner with Communities, Close Treatment Gaps)
- Spread awareness among DOHMH-contracted providers of the role of intersecting identity-based oppressions by leveraging internal intersectionality-informed efforts. (Strengthen Government’s Ability to Lead, Change the Culture)

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

Objective Statement

Change Over Past 12 Months (Optional)

3. Goals Based On State Initiatives

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3a. Medicaid Redesign - Background Information

State Initiatives Medicaid Redesign Background:

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 addressing 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 new implementation plan to phase in the six new State Plan Services and Home and Community Based Services has the potential to significantly 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.

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 behavioral health care in NYC’s behavioral health service system by (1) monitoring 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.

Objective Statement

Objective 1: 1.Develop an internal monitoring process with select process and outcome measures to conduct an analysis of the outcomes and impact of the transition of behavioral health services into Medicaid Managed Care in NYC. (Partner with Communities, Close Treatment Gaps)

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

Objective 2: 2.Continue to engage and support the 88 Home and Community Based Service (HCBS) providers that received billing and electronic

health records (EHR) systems through the Behavioral Health Information Technology (BHIT) project to enable them to continue to use their EHRs to collect health outcomes data and improve clinical practices. (Partner with Communities, Close Treatment Gaps)

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

Objective 3: 3.Implement a project to facilitate VBP readiness among 15-20 NYC Community Based Organizations (CBOs) to enhance their ability to address social determinants of health among clientele served by the ThriveNYC Mental Health Service Corps (MHSC) program and other primary care and behavioral health partners. (Partner with Communities, Close Treatment Gaps)

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

Objective 4: 4.Develop and implement a communication plan to educate NYC stakeholders on the children’s Medicaid redesign. (Partner with Communities, Close Treatment Gaps)

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

Change Over Past 12 Months (Optional)

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

DSRIP Background:

The Division of Mental Hygiene has worked with a number of PPS throughout NYC to further delivery system reform efforts. The Division of Mental Hygiene at NYC DOHMH has been convening the 11 Performing Provider Systems (PPSs) in New York City through the Regional Planning Consortium (RPC) since 2015 to share and exchange challenges, lessons learned, and best practices around implementing DSRIP 3.a.i. The RPC has been a forum to discuss integrated care, workforce, behavioral health community crisis stabilization services as well as inform PPSs about City level initiatives and resources through ThriveNYC.

NYCDOHMH actively reviews PPS performance in Quarterly Reports, Achievement Value (AV) Scorecards for Domain 3 Clinical Improvement Projects and other PPS deliverables to assess DSRIP progress and identify potential PPS collaboration. Our goal is to support local PPS efforts to reduce hospitalizations for those with behavioral health needs by promoting community and evidence based interventions in high impact neighborhood.

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

Goal Statement- Is this Goal a priority goal? Yes No

Support PPS in local efforts to reduce preventable hospitalizations for those with behavioral health needs by promoting community and evidence based interventions in high impact neighborhoods.

Objective Statement

Objective 1: 1.Analyze baseline survey findings to identify barriers and facilitators to increased behavioral health integration. Implement strategy to establish annual survey of providers to assess for behavioral health integration. (Close Treatment Gaps)

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

Objective 2: 2.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 3: 3.Support efforts by a partnership between CBOs, trusted community members and DSRIP PPSs to implement a Community Partners in Care (CPIC) depression intervention, through technical assistance, guidance and collaborative planning. Efforts will be guided by a community engagement approach, quality improvement and task shifting and sharing in stressed NYC communities. (Close Treatment Gaps, Partner with Communities)

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

Objective 4: 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

State Initiative: Regional Planning Consortium Background:

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) performing 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 deliberations that lead to local and state level solutions for issues identified by stakeholders.

Objective Statement

Objective 1: 1.From June 2018 to February 2019, implement a time-limited intervention project in the East Harlem neighborhood by placing five to ten peer specialists at the East Harlem Health Action Center with the goal of engaging with 1,500 community members and enrolling at least 300 East Harlem community members into Health Homes, HARP, and/or HCBS. (Partner with Communities, Close Treatment Gaps)

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

Objective 2: 2.From June to December 2019, implement a time-limited intervention project in the Brooklyn by placing five to ten peer specialists at the Brownsville Neighborhood Health Action Center with the goal of engaging with 1,500 community members and enrolling at least 300 Brownsville community members into Health Homes, HARP, and/or HCBS. (Partner with Communities, Close Treatment Gaps)

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

Objective 3: 3.Disseminate beneficiary and provider education materials to providers in NYC and offer a minimum of a 100 community based 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 increase access to care management and HCBS. (Partner with Communities, Close Treatment Gaps)

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

Objective 4: 4.Implement quarterly HCBS Networking Events with at least 150 attendees from Care Management Agencies, HCBS providers, MCOs, and Health Homes to increase and expedite referrals from Care Management Agencies to HCBS organizations. (Partner with Communities, Close Treatment Gaps)

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

State Initiative Prevention Agenda Background:

NYC DOHMH has a city specific population health improvement plan: Take Care New York 2020 (TCNY). This is the Department of Health and Mental Hygiene's blue print to help everyone achieve a healthier life with a focus on equity and making NYC a healthier place to live for everyone. Under TCNY2020, the Department has focused on expanding work with CBOs in NYC and currently working with over 9,000 nonprofit organizations, local businesses, schools, health care providers, faith based institutions and community leaders that have engaged in our programs. The TCNY 2020 behavioral health goal aligns with the NYS Prevention agenda around the priority of Promoting Mental Health and Prevent Substance Abuse. To develop the TCNY plan, the NYC Health Department held dozens of Community Consultations in neighborhoods where many identified unmet mental health needs as a priority. As of 2017, the rate of unmet mental health need has improved for very high and high-poverty neighborhoods down to 22% from 30% in 2013. [1]

NYCDOHMH helps advance the Prevention Agenda and TCNY 2020 as a lead organization with the Fund for Public Health for the NYC Population Health Improvement Plan (PHIP). To achieve TCNY 2020 goals, NYC worked with neighborhoods and planning partners to address health priorities identified during the Community Consultations. These resulted in the Neighborhood Health Initiatives sponsored by PHIP. The guiding principles for the NYC PHIP include (1) inclusive, cross sector stakeholder engagement, (2) evidence-informed decision-making and (3) transparency through communications and accountability of actions.

Along with TCNY 2020, NYC has launched ThriveNYC to reduce the toll of mental illness, promote mental health and protect resiliency and self-esteem among New York City residents. ThriveNYC has six guiding principles: (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. Together, these guiding principles have helped develop 54 different initiatives that are focused on evidence based approaches to change the city's mental health system in all five boroughs. There has been significant progress in the first two years of ThriveNYC: over 24,000 women have been screened for maternal depression, NYC Well has received over 250,000 calls, texts, chats and Mental Health Service Corp has provided over 60,000 clinical hours to more than 10,000 patients citywide.

[1] TCNY 2020 Annual Report

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

Goal Statement- Is this Goal a priority goal? Yes No

Partner with communities to decrease the rate of unmet mental health needs.

Objective Statement

Objective 1: 1.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 2: 2.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 a total of 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 70,000. (Partner with Communities, Change the Culture)

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

Objective 3: 3.Conduct unique community engagement programming, outreach and peer support in collaboration with NYC Well and Neighborhood Health Action Centers. (Change the Culture, Partner with Communities)

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

Objective 4: 4. Implement the Early Years Collaborative which includes Bronx and Brooklyn CBOs that participate in a collaborative learning community to identify, implement, and test processes aimed to improve how existing service provision to reduce parenting stress and improve: 1) healthy pregnancy; 2) school readiness; and 3) secure parent-child attachment, safety, and stability. (Partner with Communities, Close Treatment Gaps, Act Early)

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)

Community Service Board Roster
 NYC Dept. of Health and Mental Hygiene (70550)
 Certified: Laryssa Boyko (6/1/18)

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 Representative", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Chairperson		Member	
Name	Gail Nayowith	Name	Roberto Lewis-Fernandez
Physician	No	Physician	Yes
Psychologist	No	Psychologist	No
NYC Borough	Manhattan	NYC Borough	
Term Expires	12/31/2019	Term Expires	12/31/2019
eMail	gnayowith@gmail.com	eMail	rlewis@nyspi.columbia.edu

Member		Member	
Name	Lynnae Brown	Name	Wanda Greene
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Community Access, Inc.	Represents	Mental Health Association of NYC
NYC Borough	Bronx	NYC Borough	Bronx
Term Expires	12/31/2017	Term Expires	12/31/2018
eMail	LBrown@communityaccess.org	eMail	WGreene@mhaofnyc.org

Member		Member	
Name	Denise Rosario	Name	Christy Parque
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Hispanic Family Services	NYC Borough	Brooklyn
NYC Borough	Brooklyn	Term Expires	12/31/2020
Term Expires	12/31/2017	eMail	cparque@coalition.org
eMail	drosario@hispanicfamilyservices.org		

Member		Member	
Name	Louise Cohen	Name	Rosa Gil
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Primary Care Development Corporation	Represents	Comunilife
NYC Borough	Brooklyn	NYC Borough	Manhattan
Term Expires	12/31/2019	Term Expires	12/31/2018
eMail	LCohen@pcdc.org	eMail	rgil@comunilife.org

Member		Member	
Name	Stephanie LeMelle	Name	Jun Matsuyoshi
Physician	Yes	Physician	No
Psychologist	No	Psychologist	No
NYC Borough	Manhattan	Represents	Apicha Community Health Center
Term Expires	12/31/2019	NYC Borough	Manhattan
eMail	lemelle@nyspi.columbia.edu	Term Expires	12/31/2018
		eMail	jmatsuyoshi@apicha.org

Member		Member	
Name	Thelma Dye	Name	Sarah Church
Physician	No	Physician	No

Psychologist Yes
Represents Northside Center for Child Development
NYC Borough Manhattan
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

Psychologist Yes
NYC Borough Queens
Term Expires 12/31/2017
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: Laryssa Boyko (6/1/18)

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 Representative", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson

Name Debbie Pantin
Represents VIP Community Services
eMail Dpantin@vipservices.org
Is CSB Member No

Member

Name Felecia Pullen
Represents Let's Talk Safety
eMail fpullen@lets-talk-safety.org
Is CSB Member No

Member

Name Anderson Sungmin Yoon
Represents The Child Center of NY's Asian Outreach Program
eMail 'sungminyoon@childcenterny.org';
Is CSB Member No

Member

Name Sonia Lopez
Represents Damian
eMail Slopez@damian.org
Is CSB Member No

Member

Name Soteri Polydorou, MD
Represents Bellvue Hospital Center
eMail Soteri.Polydorou@nychhc.org
Is CSB Member No

Member

Name Evelyn Milan
Represents VOCAL NY
eMail evelyn@vocal-ny.org
Is CSB Member No

Member

Name Diane Arneth
Represents Brightpoint Health
eMail Diane.Arneth@chasiny.org
Is CSB Member Yes

Member

Name Sarah Church
Represents Montefiore
eMail sachurc@montefiore.org
Is CSB Member Yes

Member

Name Jun Matsuyoshi
Represents APICHA
eMail jmatsuyoshi@apicha.org
Is CSB Member Yes

Mental Health Subcommittee Roster
 NYC Dept. of Health and Mental Hygiene (70550)
 Certified: Laryssa Boyko (6/1/18)

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 Representative", etc. to indicate the perspective the member brings to the subcommittee.

Co-chairperson

Name Lynnae Brown
Represents Howie the Harp
eMail LBrown@communityaccess.org
Is CSB Member Yes

Co-chairperson

Name Angela Kwok
Represents Jewish Board of Family and Children's Services
eMail akwok@jbfcs.org
Is CSB Member No

Member

Name Scott Shapiro, MD
Represents Milestones
eMail scott@scottshapiro.md.com;
Is CSB Member No

Member

Name Stephanie LeMelle
eMail lemelle@nyspi.columbia.edu;
Is CSB Member Yes

Member

Name Wanda Greene
Represents Provider
eMail wgreene@mhaofnyc.org;
Is CSB Member Yes

Member

Name Warren Berke
eMail warrenberke@gmail.com;
Is CSB Member No

Member

Name Tony Hannigan
Represents Center for Urban Community Services
eMail tonyh@cucs.org;
Is CSB Member No

Member

Name Liz Roberts
Represents Safe Horizon
eMail liz.roberts@safehorizon.org;
Is CSB Member No

Member

Name Rachel Salomon
Represents Lived Experience
eMail rchlsalomon22@hotmail.com;
Is CSB Member No

Member

Name Devon Bandison
Represents Visiting Nurses Services of New York
eMail devon.bandison@vnsny.org
Is CSB Member No

Member

Name Irene Chung
Represents New York Coalition for Asian American Mental Health
eMail ichung@hunter.cuny.edu;
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 NYC Dept. of Health and Mental Hygiene (70550)
 Certified: Laryssa Boyko (6/1/18)

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 Representative", etc. to indicate the perspective the member brings to the subcommittee.

Co-chairperson

Name Joanne Siegel
Represents Rose F. Kennedy Center
eMail josiegel@montefiore.org;
Is CSB Member No

Co-chairperson

Name Freeman Tsui
Represents General Human Outreach
eMail ftsui@ghoinc.org;
Is CSB Member No

Member

Name Marco Damiani
Represents Cerebral Palsy Associations of New York State
eMail marco.damiani@ahrcnyc.org
Is CSB Member No

Member

Name Cheryelle Cruickshank
Represents Human First
eMail CCruickshank@humanfirst.org
Is CSB Member No

Member

Name Thelma Dye
Represents Northside Center for Child Development
eMail TDye@northsidecenter.org
Is CSB Member Yes

Member

Name Gail Nayowith
eMail gnayowith@gmail.com
Is CSB Member Yes

Member

Name Louise Cohen
Represents PCDC
eMail Lcohen@pcdc.org
Is CSB Member Yes

Member

Name Edie Weber
Represents Parent
eMail Edie.Weber@ahrcnyc.org
Is CSB Member No

Member

Name Lisa Veglia
Represents Queens DD Council
eMail lveglia@qsac.com
Is CSB Member No

2019 Mental Hygiene Local Planning Assurance
NYC Dept. of Health and Mental Hygiene (70550)
Certified: Laryssa Boyko (6/1/18)

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 2019 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 2019 Local Services planning process.