



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

# 2020 Local Services Plan For Mental Hygiene Services

NYC Dept. of Health and Mental Hygiene  
August 6, 2019

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**2020 Mental Hygiene Executive Summary**  
NYC Dept. of Health and Mental Hygiene  
Certified: Yoshita Pinnaduwa (6/28/19)

**Executive Summary:**

**Community Input**

The Division of Mental Hygiene continuously looks for opportunities to get community input to understand the mental health, substance use and developmental disability needs of New Yorkers.

Through Take Care New York 2020 (TCNY), we acknowledge that health is not only determined by clinical services but also by community conditions. The NYC Health Department monitors the citywide unmet mental health need with an equity focus. We reported in our Third Annual Take Care New York 2020 Report that the Unmet Mental Health Need Citywide increased from 22% in 2013 to 23% in 2015. Although, in very high poverty neighborhoods, unmet mental health need decreased from 30% in 2013 to 22% in 2015. We hope to continue to reduce unmet mental health needs and meet our 2020 goal of 20% citywide.

In 2015-2016, The NYC Health Department 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 one of their top five priorities. [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) public events and various RPC steering meetings. Additionally, each quarter, we convene the Community Services 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 LGBTQ issues as they relate to behavioral health. Our Community Services Board and subcommittees have been an integral part of the planning process and voice provider and consumer needs. We frequently hear concerns about increasing unmet mental health needs from these stakeholders.

Alongside the CSB core and subcommittees, the NYC Health Department regularly convenes consumer advisory boards (CABs), the Developmental Disabilities Borough Councils, provider agency staff and different communities, such as faith-based leaders, through ThriveNYC initiatives to understand the mental health needs of the community. Furthermore, ThriveNYC has expanded community outreach by hosting Thrive Talks throughout NYC. These community events bring together stakeholders to discuss perceptions of mental health and stigma, community concerns and help share relevant resources such as NYC Well and others.

**Priority Issue Areas:**

- Housing
- Crisis Services
- Workforce Recruitment and Retention
- Substance Use Disorder (SUD) Outpatient Services
- Medicaid Redesign and Racial Equity

**Resource needs:**

The 2020 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. Hence, we seek support and collaboration on the following:

**Mental Health**

- **Supportive housing:** We seek a collaborative process with state partners to increase supportive housing rates in order to preserve existing supportive housing units. Without additional funding, providers will terminate contracts, eliminating permanent homes for people and leading tenants with serious mental illness, substance use disorders and developmental disabilities to potentially become homeless.
- **Expanding NYC's Crisis Response Services:** We seek additional state funding in order to provide expanded access to Mobile Crisis Teams and subsequently avoid psychiatric emergency room visits and hospitalizations. The NYC Health Department requests OMH's support in incorporating the Medicaid Managed Care Crisis Intervention benefit into the existing and developing crisis system within New York City. In addition, with additional funding, the NYC Health Department could begin implementing a plan to provide 24/7 telephone triage and response, two hour mobile crisis response, telephone follow-up and mobile follow-up within New York City for persons of any age who cannot manage their psychiatric or substance use related symptoms without de-escalation or intervention regardless of ability to pay.
- **Substance Use Disorders:**

Drug overdose deaths remain at epidemic levels in New York City, increasing 2% between 2016 and 2017. Fentanyl is now the most common drug involved in overdoses, involved in 57% of all drug overdoses. There are also disparities in drug overdose deaths: overdose death rates increased 26% among Black New Yorkers, increased 3% among Latino New Yorkers, and decreased 11% among White New Yorkers. To this end, significant **support is needed to prevent future overdose deaths and reverse the course of the epidemic**, which includes: (a) creating a pathway for implementing Supervised Injection Facilities (Overdose Prevention Centers), where people who use drugs can use drugs under medical supervision and receive other services; (b) funding for Syringe Service Programs, which provide services to people who use drugs to reduce risk of overdose and other harms and consequences of drug use; (c) funding for medications for addiction treatment (MAT), specifically buprenorphine, to reduce financial barriers to MAT such as poor insurance coverage, poor

provider reimbursement, costly co-pays, coinsurance fees, and other cost-sharing mechanisms; and (d) funding for programs that support parents with children, where this need is expected to increase with implementation of parts of the Comprehensive Addiction and Recovery Act and Child Abuse Prevention and Treatment Act.

#### **Developmental Disabilities:**

- **We seek to establish and strengthen collaborative processes with state partners to determine unmet needs and to identify and analyze reliable data useful in evaluating and planning local services for people with intellectual / developmental disabilities (I/DD) in NYC.** This includes OPWDD system data on population demographics, Medicaid utilization, non-Medicaid state-funded services, care coordination services, and new enrollments. Without access to timely and reliable data, the Local Governing Unit (LGU) is limited in its ability to identify emerging needs, identify and address gaps in access to I/DD services, and prioritize areas for program and services development and for policy discussion. Strengthening such collaboration among city and state partners is particularly important as the I/DD population increasingly integrates into the larger community; as they and their care givers age; as and as the nature and number of service needs increases, changes, and intensifies.

#### **Medicaid Redesign and Racial Equity:**

- The evolving Medicaid managed care transition of behavioral health services has not yet been able to sufficiently engage or provide comprehensive and racially equitable care to the highest-need individuals. For children's Medicaid Redesign, NYS currently has a July 1, 2019 start date for its second phase which includes: implementing Family Peer Support Services; expanding Personalized Recovery Oriented Services (PROS), Assertive Community Treatment (ACT) and other adult behavioral health services for youth 18-20 years of age; providing State Plan behavioral health services for children receiving SSI and those deemed eligible as a Family of One; begin the first year of a three year phase in of Level of Care (LOC) expansion; and, a January 1, 2020 start date to implement Youth Peer Support, Training and Crisis Intervention.

**We request the State to ensure that funds are available to fully support this phase of the children's managed care transition.**

**Additionally, for the adult Medicaid managed care transition, we request the State to review any unresolved issues raised by stakeholders related to unpaid claims, billing, Health Home care management, and community education, and strengthen efforts to increase Health Home and Home and Community Based Services (HCBS) enrollment among adult beneficiaries in NYC.**

[1] [2] Definition from pp2 of the crisis intervention benefit guidance for plans and providers from DOH/OMH/OASAS.

**Mental Hygiene Goals and Objectives Form**  
NYC Dept. of Health and Mental Hygiene (70550)  
Certified: Yoshita Pinnaduwa (6/28/19)

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

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

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

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

Please describe any unmet **mental health** service needs that have **improved**:

Please describe any unmet **mental health** service needs that have **stayed the same**:

Please describe any unmet **mental health** service needs that have **worsened**:

**Mental Health Needs - WORSENERD:**

We have made great strides in addressing unmet need for mental health services, among them expansion of the NYC help line (NYC Well), and new or expanded community-based services for people with serious mental illness (ACT, FACT - Forensic-ACT, and IMT -- Intensive Mobile Treatment). Public health surveillance data lag, so we do not yet have quantitative reports from the past year. We frequently hear from our CSB about increasing unmet mental health needs in their communities. Based on recent provider feedback, and surveillance data from prior years, NYC finds a high demand for the most intensive services and a high number of suicides. Additionally, supportive housing units are at risk due to insufficient funding. Additional details are below.

- Demand remains high for NYC Well, the city's 24/7 behavioral health crisis counseling, peer support, information and referral service. NYC Well answered over 260,000 calls, texts and chats and referred over 49,000 people to behavioral health services in 2018.
- The most recent year of publicly available suicide data is 2016, where both the number of suicide deaths and the rate decreased from the previous year (525 suicide deaths in 2016 compared to 552 suicide deaths in 2015). Suicide rates were lower in 2016 compared to 2015 for both men and women. However, when looking back over ten years, NYC suicide rates among women increased from 2007 to 2016 (2.9 to 3.5 per 100,000 females), with an average annual increase of 4%. Though the rate of suicide among males decreased from 2013 to 2016 (9.8 to 8.5 per 100,000 male), males still account for most suicide deaths [2].
- Protacio A, Norman C. Mental Health Emergency Department Visits among New York City Adults, 2015. New York City Department of Health and Mental Hygiene: Epi Data Brief (107); November 2018.
- Tang E, Protacio A, Norman C. Suicides among Males in New York City, 2007 to 2016. New York City Department of Health and Mental Hygiene: Epi Data Brief 108; January 2019.

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

Please describe any unmet **SUD** service needs that have **improved**:

Please describe any unmet **SUD** service needs that have **stayed the same**:

Please describe any unmet **SUD** service needs that have **worsened**:

**Substance Use Disorder - WORSENERD:**

Under NYC's HealingNYC, our comprehensive opioid overdose response plan, and new investments by the state, a number of new opioid- and other drug-related initiatives have begun. In NYC, deaths due to overdoses have slowed their rise, but the drug overdose epidemic remains epidemic. Drug overdose deaths increased 2% from 2016 to 2017 after increasing 50% from 2015 to 2016. Opioids were involved in over 80% of drug overdose deaths in 2017, and fentanyl was involved in 57% of drug overdoses in 2017. The burden of drug overdoses was not distributed evenly. In particular, the rate of overdose death increased 26% among Black New Yorkers between 2016 and 2017. By contrast, in the same time period, the rate of overdose death decreased by 9% among White New Yorkers during this same time period and increased 3% among Latino New Yorkers.

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

Please describe any unmet **developmentally disability** service needs that have **improved**:

Please describe any unmet **developmentally disability** service needs that have **stayed the same**:

Please describe any unmet **developmentally disability** service needs that have **worsened**:

**Developmental Disabilities - WORSENERD:**

In the absence of sufficient data to quantify how the level of unmet needs have changed for New Yorkers with intellectual/developmental disabilities in the past 12 months, the NYC Health Department relies on the reports of informed stakeholders such as the NYC Regional Office of OPWDD, the five borough DD Councils, Community Services Board DD Subcommittee members, Borough Advisory Councils, people with intellectual/developmental disabilities, providers, families and family advocates representing the five NYC boroughs to identify local needs, and to inform the local services plan for individuals with I/DDs in NYC and their families. Stakeholders represent each borough across the city, and provide information based on their and their constituents' experiences of the NYC service system.

Stakeholders across NYC report that despite of some system improvements such as well-placed transportation initiatives and some improvements in the process of approval and authorization of services, there are many contributors to the worsening in the level of need. This past year marked a major transition in service coordination, as the OPWDD system transitioned from the Medicaid Service Coordination (MSC) program to Health Home Care Management through Care Coordination Organizations (CCO's). Stakeholders expressed concerns about understaffing and a protracted transition period at the CCO's serving the NYC region, causing significant administrative issues, and resulting in service delays, disruptions, and dissatisfaction. In particular, while overall front door access has somewhat improved, delays in the assignment of a Care Coordinator; being connected to services; and responsiveness to appeals has significantly worsened. Other areas that contribute to the quality and availability of care and an overall worsening of the level of unmet I/DD service needs in all major service areas over the past 12 months include inadequate wages and other supports for Direct Services Professionals (staff turnover and recruitment challenges); increasing numbers of individuals and families who outpace available services; inadequate supports and services to address the emerging needs of aging individuals with I/DD population and aging family caregivers; general workforce recruitment, retention, and advancement issues; and the need for greater integration of health and medical services with other supports. In addition, stakeholders expressed concern with notable slow-downs in responses to inquiries, possibly as a result of recent transitions in administration of the state and regional offices of OPWDD.

The second section of the form includes; goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

## 2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input checked="" 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 checked="" 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 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 checked="" type="checkbox"/>
r) Developmental Disability Children Services			<input type="checkbox"/>
s) Developmental Disability Student/Transition Services			<input checked="" type="checkbox"/>
t) Developmental Disability Respite Services			<input type="checkbox"/>
u) Developmental Disability Family Supports			<input checked="" type="checkbox"/>
v) Developmental Disability Self-Directed Services			<input type="checkbox"/>
w) Autism Services			<input type="checkbox"/>
x) Developmental Disability Front Door			<input type="checkbox"/>
y) Developmental Disability Care Coordination			<input type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) <b>(NEW)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ab) Problem Gambling (NEW)

ac) Adverse Childhood Experiences (ACEs) (NEW)

(After a need issue category is selected, related follow-up questions will display below the table)

## 2a. Housing - Background Information

### Housing Background Information:

The most pressing issue to address, according to data and community stakeholder input, is the lack of accessible and affordable housing for individuals with developmental disabilities and serious mental illness. More than any medical intervention, supportive housing keeps people safe and healthy.

In New York City in February 2019, there were over 60,000 homeless people in New York City, and in NYC fiscal year 2018 (July 2017-June 2018) over 130,000 unique men, women, and children slept in NYC shelters. [1] One third of New Yorkers with serious mental illness lived 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 [2]. Despite the relationship between mental illness and housing, there remains a lack of affordable housing for people with serious mental illness. Supportive Housing rates for older programs, included the NY/NY III funded housing program continue to be too low for providers to remain viable, and providers will terminate contracts because NYC rents have outpaced contractual budgets. NYC 15/15 units continue to be awarded and developed though providers have expressed difficulty finding affordable units for scattered site housing.

Without quality, affordable housing for people with mental illness, we will continue to see significant homelessness and poor outcomes for this population.

For I/DD, stakeholders across NYC report that housing and residential opportunities for individuals with I/DD in NYC continues to worsen. While OPWDD continues to work with HRA and local developers to develop opportunities, in all the boroughs finding affordable housing in safe neighborhoods has become an increasing challenge that is impacted by fair market thresholds and saturation. In the absence of appropriate housing and residential opportunities, individuals with I/DD will likely find it more difficult to achieve independence and integration in the community.

- NYC Department of Homeless Services <https://www1.nyc.gov/site/dhs/about/stats-and-reports.page>
- [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

**Housing Goal:** Increase access to stable housing for those with serious mental illness, substance use issues, developmental disabilities, and other NYC priority concerns.

### Objective Statement

Objective 1: 1. Coordinate with NYC Human Resources Administration (HRA) to award contracts for NYC 15/15 congregate and scattered site supportive housing programs.

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

Objective 2: 2. Continue working with state partners to increase rates for supportive housing providers in NYC.

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

Objective 3: 3. Increase access to new and existing community-based housing units for people with developmental disabilities, including those who need 24-hour nursing services.

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

Objective 4: 4. Develop residential options to support persons with urgent needs or in need of Crisis Services.

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

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

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

Objective 5: 6. 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).

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

Objective 5: 7. Increase the number of accessible homes or modifications of existing homes, developed by agencies that allow individuals to age in place.

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

Objective 5: 8. Increase residential development with innovative support (i.e. Apartment Sharing, Home Sharing, and Family Care.

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.

Stakeholders across NYC report that there have been notable and varied improvements in the area of transportation services in the past 12 months. Programs and initiative such as Access-A-Ride, Accessible Dispatch, and Fast Forward have resulted in advances that support needs and promote independence.

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

Transportation Goal: *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.

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.

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

Objective 3: 3. Increase travel training opportunities.

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.

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

Objective 5: 5. Assure the safety and reliability of transportation services for individuals with disabilities, including Medicaid-funded ambulette and other transportation services.

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.

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

Objective 5: 7. Advocate to maintain or increase the number of working elevators, ramps, wheelchair lifts and accessible platforms.

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. 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.

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 [2]. 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. [3] However, data from the NYC Mental Health Needs Assessment Survey (NYC MHNAS) conducted from 2013-2014 shows that many psychiatric inpatients are not aware of outpatient services that can be used in place of hospitalizations. [4]

NYC children and families continue to experience behavioral and mental health crisis situations that require in-home or community interventions. Since 2013, NYC has implemented dedicated Children's 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. CMCTs citywide receive over 1,500 referrals annually. Performance data collected to assess and review service utilization have shown a significant increase in delivered service hours beginning in FY17. 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. This variable combined with the increase in referrals beginning in FY17, particularly for the Bronx and Brooklyn, has resulted in teams exceeding contract expectations for service hours and unduplicated clients served. Given the level of need, it is vital to ensure that the NYC CMCTs have the resources required to meet the increasing demand for children's crisis intervention services.

Adult Mobile Crisis Teams are similarly aimed at defusing behavioral and mental health crisis situations and linking adults to community services as an alternative to emergency room use and hospitalization. Based on current state requirements, Adult MCTs have up to 48 hours to respond to referrals (MCTs receive approximately 21,000 referrals annually). The State has issued the mobile crisis component of the crisis intervention benefit guidance for Medicaid managed care plans and providers, but this has not yet gone into effect. Once this guidance is finalized, mobile crisis response should be available within three hours of determination of need. Additional resources are needed to meet this goal. With enhanced response times, MCTs will be able to better meet the needs of New York City residents and prevent emergency room use and hospitalization.

- [1] SPARCS 2015 Data
- [2] SPARCS 2014 Data
- [3] SPARCS 2015 Data
- [4] MHNAS 2013-2014.

For substance use, law enforcement responses to crisis and other behavioral health events involving people who use drugs 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: diversion stabilization services, Co-Response teams in which law enforcement and health personnel together respond to calls for assistance in urgent behavioral health situations and HEAT (Health Engagement and Assessment Teams) that provide a health-only response in order to prevent avoidable hospitalization or arrest. This purposeful structuring of law enforcement and mental health responses to crisis calls can improve client outcomes and save valuable resources. However, there is still considerable need for non-law enforcement and/or non-criminal justice responses to people who use drugs experiencing crises or behavioral health events. Preliminary evaluation of existing pre-arraignment diversion programs suggests expanding eligibility criteria would increase access to those who may need services most.

**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

**Crisis Services Goal:** *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.

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.

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.

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

Objective 4: 4. Train NYPD Officers in Crisis Intervention Team (CIT) Training to better manage crisis and increase diversion. Prioritize trainings for NYPD members at the forefront of other cross collaborative efforts, such as the Health Diversion Centers and Co-Response.

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

Objective 5: 5. Leverage/enhance Co-Response (CRT) to better serve people in crisis with mental /substance use issues at increased risk to themselves, others, and the community.

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

Objective 5: 6. Open two Health Diversion Centers to provide New York Police Department a drop off option offering health services and social support as an alternative to arrest and/or hospitalization.

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

Objective 5: 7. Continue to work collaboratively across City government to improve the City's response to those experiencing emotionally distress.

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

Objective 5: 8. Continue to use the Health Engagement and Assessment Teams (HEAT) to improve first responders' ability to meet the mental, health, and substance use needs of individuals residing in communities with high rates of mental health crises and overdose mortality.

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

Objective 5: 9. Expand eligibility criteria for existing pre-arraignment diversion programs.

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

Objective 5: 10. Continue to expand Relay, the City's nonfatal overdose response system, to 15 hospitals by 12/31/2020.

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:**

As a requirement of the NYC Local Services Plan (2019), NYC worked with the OMH Field Office to issue a letter and guidance about a citywide survey for OMH licensed clinics in January 2019. This survey included questions around recruitment and retention difficulties, capacity to serve the community and questions specific to clinics serving children five and under. Survey Results:

- The survey had a 69.2% response rate. The preliminary results of the first category of questions, recruitment and retention difficulties, have been analyzed:
  - The most difficult title to both recruit and retain was reported to be Child Psychiatrist.

- Other titles difficult to recruit include Psychiatrist (Adult and Geriatric), Psychologists, Nurse Practitioners, Physician Assistants, LCSW and Peer Specialist.
- The survey found that “Salary is not competitive” as the most persistent reason for both recruitment and retention difficulty.
- When asked which two titles had the most impact on the operations of the clinic when there was recruitment or retention difficulties, respondents chose LCSW, Adult Psychiatrist and Child Psychiatrist. Respondents chose the same titles when asked which titles had the most impact on the clinic’s ability to serve the community.
- Clinics reported the most difficulty recruiting or retaining bilingual clinicians who spoke: Spanish, Chinese, and Bengali.

Peers, or 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 need for assistance with incorporating peers into workflows, and support providing ongoing peer training and career advancement. With federal funding and in partnership with NYCServ, the NYC Health Department has implemented PeerCorps, which provides training and support to 20 peer interns and works with employers to integrate peers into workflows.

Stakeholders across NYC report that recruiting and retaining qualified personnel to serve in the I/DD workforce is increasingly challenged in the face of inadequate pay and insufficient training and support opportunities. According to stakeholders, although the BeFair2Direct Care Campaign has made some strides in improving this area, the industry continues to struggle to retain quality staff at all levels. Furthermore, the recent State budget (April 1, 2019) contains a 2% increase for direct service providers (DSP) without a Cost of Living Adjustment (COLA), which compounds staffing issues. According to stakeholders across NYC, an inadequate workforce is the single most impactful area of concern for the I/DD service system in NYC; this has bearing on every area of the service system and significantly contributes to unmet need. There continues to be a need for OPWDD to strive to attract and maintain dedicated staff who are properly educated and trained to attend to this susceptible population.

**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

**Workforce Recruitment and Retention Services Goal:** *Increase recruitment and retention rates of behavioral health professionals in NYC.*

**Objective Statement**

Objective 1: 1. Strengthen existing job retention and advancement initiatives to ensure people are engaged in the workforce.

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

Objective 2: 2. Maintain workforce development efforts to ensure a diverse workforce and provide training opportunities for health care professionals in how to address the complex medical and health care needs of individuals with I/DD, including the special needs of those who are aging.

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

Objective 3: 3. Increase efforts to recruit, train, and retain multi-lingual (including Sign Language) and multi-cultural professionals, to provide appropriate services to individuals with I/DDs and their families.

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

Objective 4: 4. Maintain workforce development efforts to ensure a diverse workforce.

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

Objective 5: 5. To apply results of the 2019 workforce survey to improve recruitment and retention within the MH outpatient system.

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

Objective 5: 6. In 2019, CUCS’ Academy for Justice Informed Practice will train 3,300 legal, law enforcement, and healthcare professionals on the intersection of health and criminal justice.

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

Objective 5: 7. Maintain, expand, and launch new initiatives to recruit peers, support workforce development and advancement opportunities for peers, and work with employers to better integrate peer workers into workflows.

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 SMI 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.

Stakeholders across NYC report that there continues to be a need for OPWDD to enhance services that support individuals’ interest in and ability to achieve competitive employment and other day opportunities; and that widens the range of work opportunities and available positions for individuals with intellectual/developmental disabilities. In addition to enhancing support to programs serving in this area, outreach to employers

who can contribute to the development of meaningful opportunities also is indicated.

[1] CMHS 2012

[2] CHS 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

**Employment/Job Opportunities Goal:** *Increase employment opportunities and reduce employment disparities among people with serious mental illness, substance use disorder and individuals with intellectual/developmental disabilities.*

### Objective Statement

Objective 1: 1. We recommend that OPWDD strive to 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.

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

Objective 2: 2. We recommend that OPWDD strive to 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.

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

Objective 3: 3. Explain benefits and maintain classifications (e.g., SSI, MA) even when the individual in question is employed/employable in outreach and training opportunities that target individuals, caregivers, and providers.

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

Objective 4: 4. Identify baseline measures of employment and education in the NYC Health Department programs serving young adults with serious mental illness to address disparities and increase rates of participation.

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

Objective 5: 5. Hire and recruit people with lived experience for peer engagement and support to people with behavioral health needs encountered by the Health Engagement & Assessment Teams (HEAT), guests served by the Health Diversion Centers, and Relay program.

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

Objective 5:

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

Objective 5:

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

### Change Over Past 12 Months (Optional)

#### 2f. Prevention - Background Information

##### Prevention Background Information:

Prevention is a key public mental health issue. By addressing determinants of mental health problems before a specific mental health problem has been identified in the individual, we can prevent mental health problems and minimize problems when they do occur.

The NYC Health Department 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 [1]. However, early identification and intervention can significantly reduce the duration and impact of psychosis [2]. In NYC, we have seen an increase in intensive service utilization for those experiencing first episode psychosis due in part to ongoing outreach efforts. Additionally, NYC has implemented a first-episode psychosis engagement and connection to treatment program, NYC Supportive Transition and Recovery Team (NYC START), which aims to engage people as early as possible after diagnosis. NYC START connected 87.5% of those participating in the program in 2018 to care in the first 30 days of discharge from hospital. NYC START amended the health code to include mandated reporting starting at age 16 effective January 2018 in order to reach younger people presenting for care after an episode of psychosis.

There is extensive evidence that families, parenting style, and household functioning have a profound impact on children's development, mental health, and wellbeing [3][4][5]. Parents play a central role in supporting the development and well-being of young children; positive parent-child relationships lead to better short- and long-term outcomes for children and support resiliency [6]. Parenting support models, which may be offered on the individual and group level, serve to strengthen families and achieve changes in parenting through a set of structured activities. These interventions involve supporting parents in promoting attachment and strong parent/child relationships, using healthy behavior strategies, building resilience and promoting wellness of themselves and their children, and improving the development and maintenance of social support networks. By strengthening relationships and parenting skills, parenting interventions have been shown to improve children's language acquisition, literacy, behavior, cognitive development, and social-emotional competence. They have also been shown to improve parental outcomes, including psychosocial wellness, and parent-child interactions [7-11].

In 2016, 525 suicides were reported in New York City (NYC). In NYC, suicide rates among men declined from 2013 to 2016, with an average annual decrease of 5% resulting in the lowest rate in the past 10 years in 2016. In NYC the suicide rate among women has increased from 2007 to 2016 (2.9 to 3.5 per 100,000 females), with an average annual increase of 4% [12]. According to the 2017 Youth Behavior Survey, 11% of NYC high school youth have seriously considered attempting suicide and these rates have increased for Black boys from 5.2% to 12.1% from 2007 to 2017. The rates for Latino/a and Black youth are higher than those of their white and Asian peers [13]. Though suicide rates in NYC are lower

than rates across New York State and the United States, the total lives lost in NYC remains high due to population density and is a significant area of concern. The NYC Health Department currently provides a wide range of services for suicide prevention, including crisis counseling, mobile crisis response, and long-term community-based care. We are focusing on establishing a protocol for detecting and responding to suicide-related surveillance data fluctuations and using these data to inform resource allocation for suicide prevention initiatives.

Regarding substance use overall, evidence suggests longer durations and higher doses of opioid analgesic use are associated with the development of an opioid use disorder. Similarly, recent evidence indicates increased risk of long-term opioid use following short-term opioid analgesic 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.

Regarding substance use among youth and adolescents, in 2015, 21% of surveyed NYC public high school students had at least 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. [Epi Data Brief No. 92, June 2017].

Additionally, 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.

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[6] Center on the Developing Child at Harvard University (2015). Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper No. 13. Retrieved from www.developingchild.harvard.edu.

[7] Center for Parent, Family and Community Engagement. (2015). Compendium of parenting interventions. Washington, D.C.: National Center on Parent, Family, and Community Engagement, Office of Head Start, U.S. Department of Health & Human Services

[8] Barlow J, Smailagic N, Ferriter M, Bennett C, Jones H. Group-based parent-training programmes for improving emotional and behavioural adjustment in children from birth to three years old. Cochrane Database Systematic Reviews. 2010;(3):CD003680.

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[11] Barlow J, Smailagic N, Huband N, Roloff V, Bennett C. Group-based parent training programmes for improving parental psychosocial health. 2014;(5):CD002020.

[12] 2016 Vital Signs Report

[13] Youth Risk Behavior Survey 2017

[14] Epi Data Brief No. 94, Nov. 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

**Prevention Goal:** Address key risk factors across the lifespan for behavioral health issues through comprehensive prevention strategies to prevent or reduce mental health and substance use issues.

### Objective Statement

Objective 1: 1. Maintain high percent of NYC START participants who attend mental health services, including Coordinated Specialty Care, following hospitalization for first episode psychosis

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

Objective 2: 2. Procure vendor to offer trainings in evidence-based parenting and family support models to staff in community-based and clinical settings to expand the reach and availability of supports to families that promote secure attachment and positive mental health among children.

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

Objective 3: 3. Establish a protocol for detecting and responding to suicide-related surveillance data fluctuations and use data to inform health department needs.

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

Objective 4: 4. Develop an agency-wide action plan that outlines the health impact of the criminal justice system and its impact and identify opportunities to facilitate improvements.

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

Objective 5: 5. With its expansion in 2018, HEAT will continue to work with community members and first responders to prevent unnecessary hospitalizations and arrests by providing community-based peer engagement and other support services to individuals with mental health and substance use needs.

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

Objective 5: 6. Conduct public awareness campaigns and targeted and broad outreach to prescribers to educate on preventing future cases of opioid addiction as well as on overdose prevention, including use and co-prescribing of naloxone.

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

Objective 5: 7. Continue to provide training and technical assistance to 12 coalitions in an initiative aimed at building capacity to prevent substance misuse among LGBTQ and other youth by changing community conditions. Launch new initiatives targeting youth to educate on risky alcohol and other substance use.

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

Objective 5: 8. 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.

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

Objective 5: 9. Support measures to limit youth exposure to alcohol advertising, consistent with NYC Mayor Executive Order prohibiting alcohol advertising on city property.

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:

Psychiatric hospital readmission remains an issue for many people with mental illness in NYC. About one in three adults who were hospitalized for mental illness in 2013 had three or more hospitalizations during the year. [1] A number of newly expanded initiatives in NYC, in part through ThriveNYC, aim to raise awareness of community mental health treatments and to increase the availability of and co crisis services and post-hospitalization services to prevent admission and readmission, such as ACT team enhancement, Intensive Mobile Treatment, NYC Well (NYC's helpline), NYC START (first-episode psychosis program), Co-Response Teams, and HEAT. These services are funded through a combination of City and State dollars.

[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

**Inpatient Treatment Services Goal:** *Reduce psychiatric hospital readmissions.*

### Objective Statement

Objective 1: 1. Coordinate with state partners to determine ways to assess and balance community need when reviewing requests to change inpatient capacity.

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

### Change Over Past 12 Months (Optional)

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

### Recovery and Support Services Background Information:

Recovery and support services in NYC have expanded, but New Yorkers would benefit from additional services in this area. Almost 70% of New Yorkers with SMI reported needing some/a lot of help meeting people for social support. NYC Well, which launched October 2016, provides City-funded support: about 15% of people calling, texting or chatting are choosing to connect with a 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). These data also shows disparities in the health outcomes related to PDS; Black (16%) and Asian/Pacific Islander (17%) women are more likely to have postpartum depressive symptoms compared with White (7%) and Latina women (9%). [1]

Drug overdose deaths increased 2% from 2016 to 2017. Opioids were involved in over 80% of drug overdose deaths in 2017, and fentanyl was involved in 57% of drug overdose in 2017. The burden of drug overdoses is not distributed evenly. In particular, rate of overdose deaths increased 26% among Black New Yorkers between 2016 and 2017. By contrast, in the same time period, the rate of overdose death decreased by 9% among White New Yorkers during this same time period and increased 3% among Latino New Yorkers. Furthermore, people who use drugs and are also homeless frequently experience displacement. This displacement disrupts connections between service providers and people who use drugs, thereby increasing need for additional support services for people who use drugs.

[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

**Recovery and Support Services Goal:** *Increase the number of individuals, adolescents and families receiving appropriate recovery-oriented services for substance use.*

### Objective Statement

Objective 1: 1. Promote perinatal depression awareness, screening, and connections to care by disseminating a perinatal depression City Health Information (CHI) bulletin and implementing initiatives to increase training and capacity for providers.

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

Objective 2: 2. Work with syringe service programs and other providers to increase outreach to and engagement of people who use drugs.

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

Objective 3: 3. Continue to support OASAS effort to develop new models for engaging and treating adolescents.

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

Objective 4: 4. Continue to work with OASAS to implement evidence-based practices for both adolescent treatment and substance use prevention programs for adolescents.

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

Objective 5: 5. Increase treatment available to adolescents and young adults that include medications for addiction treatment as a treatment option.

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

Objective 5:

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, people who use drugs, people with substance use disorders, or people with co-occurring substance use/mental health disorders.

Additionally, stakeholders across NYC report that too often, individuals with I/DD either go unnoticed or receive negative notice that inhibits their ability to enjoy safety and a high quality of life in the community. As such, there is an increasing need for partnerships across the mental hygiene serving systems (OPWDD, OMH, OASAS) and with other local public-serving systems (NYPD, FDNY, EMS, etc.) to build awareness; promote a more inclusive community; support health and wellness; and endorse equity in access to resources and information.

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

**Reducing Stigma Goal:** *Increase awareness of behavioral health conditions.*

### Objective Statement

Objective 1: 1. 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.

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.

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

Objective 3: 3. 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.

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

Objective 4: 4. Implement the Community Partners in Care (CPIC) program to promote mental health awareness and prevention through technical assistance, guidance and collaborative planning. Efforts will be guided by a community engagement approach, quality improvement and task sharing to address gaps in providers' cultural competency, community traditional beliefs, and stigma.

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

Objective 5: 5. Develop and conduct public awareness and education campaigns to reduce stigma, particularly around medications for addiction treatment.

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

Objective 5: 6. Coordinate and educate public-serving systems across NYC, including first responders (NYPD, FDNY, EMS, etc.), and family, civil and criminal justice, among others.

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

Objective 5: 7. Educate the public and create opportunities to support community integration and inclusion through anti-stigma campaigns and other efforts.

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 Goal Background Information:

Given the current drug overdose epidemic in NYC, where fentanyl is now the most common drug involved in overdoses and where the burden of overdose is not spread evenly across race and neighborhood, there is substantial need for treatment and other services for people who use drugs. Access and uptake for medications for addiction treatment (MAT) for opioid use disorder—the gold standard of treatment for opioid use disorder—is not increasing rapidly given the current drug overdose epidemic. The NYC Health Department is seeking to increase the number of New Yorkers receiving medication treatment for opioid use disorder. However, there are disparities in access to buprenorphine, and buprenorphine is heavily regulated (prescribers must seek a waiver in order to prescribe buprenorphine). Additionally, not all people who use drugs are ready to engage in treatment services. Therefore, there is substantial need to increase access to substance use disorder and especially other kinds of outpatient services for people who use drugs. Engaging people who use drugs in other services, such as harm reduction services, and connecting them to other resources may reduce risk of drug overdose and other health consequences of drug use.

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

**SUD Outpatient Services Goal:** *Increase demand for, and uptake into medications for addiction treatment (MAT).*

##### Objective Statement

Objective 1: 1. Conduct buprenorphine prescriber waiver trainings for MDs, NPs, and PAs.

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

Objective 2: 2. Increase number of people receiving buprenorphine at syringe service programs and buprenorphine nurse care manager sites, as well as increase availability of buprenorphine in hospital emergency department settings.

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

Objective 3: 3. Conduct health care provider education outreach to address providers' stigma about MAT as well as encourage use of MAT, as well as stigma related to drug use, people who use drugs, and harm reduction principles.

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

Objective 4: 4. Conduct public education campaigns to address stigma around MAT and drug use.

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

Objective 5: 5. Work with syringe service programs to expand engagement of people who use drugs and other services that may reduce risk of drug overdose and other health consequences of drug use.

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

Objective 5: 6. Continue to advocate for and explore strategies to reduce or eliminate financial barriers to MAT.

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 medications for addiction treatment as part of their services. Although the NYC Health Department has worked with providers to increase access to MAT, there is still significant need.

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

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

**SUD Residential Treatment Services Goal:** *Increase demand for, and uptake into medications for addiction treatment (MAT) 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.

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:

Drug overdose deaths increased for the seventh consecutive year, increasing 2% from 2016 to 2017. Opioids were involved in over 80% of drug overdose deaths in 2017 and fentanyl was involved in 57% of drug overdose in 2017—both are increases from 2016. The burden of drug overdoses was not distributed evenly. In particular, rate of overdose death increased 26% among Black New Yorkers and 3% among Latino New Yorkers between 2016 and 2017. By contrast, in the same time period, the rate of overdose death decreased by 9% among White New Yorkers. SSPs and other harm reduction services are critical services for people who use heroin and other drugs.

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

**Heroin and Opioid Programs and Services Goal:** *Reduce opioid overdose deaths and expand access to and uptake of medications for addiction treatment (MAT) for patients with opioid use disorder.*

### Objective Statement

Objective 1: 1. Continue to expand the NYC Health Department's new naloxone and overdose prevention training and technical assistance initiative, which aims to: expand the network of opioid overdose prevention programs (OOPPs); distribute naloxone to OOPPs in communities with high overdose rates or high risk of overdose; conduct high-quality trainings on overdose response procedures across OOPPs.

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

Objective 2: 2. Continue to distribute 100,000 naloxone kits citywide annually.

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.

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

Objective 4: 4. Expand NYC's non-fatal overdose response system, Relay, to 15 hospital emergency departments by December 2020.

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

Objective 5: 5. Raise awareness about overdose prevention, naloxone availability, and medications for addiction treatment through public education campaigns.

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 settings as well as other settings where people who use drugs access services, specifically syringe service programs and emergency departments.

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 increases in hospital syndromic data, monthly mortality reports, and/or community reports), connect affected neighborhoods to essential resources and information on how to prevent consequences from substance misuse.

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

Objective 5: 8. Continue to seek increased resources for harm reduction services for people who use heroin and other opioids to increase availability of services for people who use drugs but are not ready for treatment services.

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

Objective 5: 9. Continue to advocate for and explore strategies to reduce or eliminate any financial barriers to MAT.

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 the NYC Health

Department's 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

**Coordination/Integration with Other Systems for SUD Clients Goal:** *Increase use of diversion programs to substitute criminal justice measures with increased support and services.*

#### 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 people who use drugs and are facing arrest or prosecution in Staten Island, Bronx, Kings, and New York Counties.

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

Objective 2: 2. On-going support and monitoring of NYC's four pre-arraignment drug diversion programs: Staten Island (HOPE), Brooklyn (CLEAR), Manhattan (HOPE) and Bronx (HOPE).

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 (Non-Clinic) 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, such as ACT teams and difficulty engaging the most hard to reach people. Ensuring individuals enrolled in intensive community-based treatment receive the highest level of care is a priority of the NYC Health Department.

Additionally, 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 NYC Health Department-contracted programs serving people with SMI. Of residents in supportive housing who completed a survey in 2017 (4,940), 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. NYC Tobacco Cessation Training and Technical Assistance Center (NYC TCTTAC) aims to build the capacity of the behavioral health providers to provide effective tobacco dependence treatment to New Yorkers with co-occurring conditions.

Furthermore, the NYC Mental Health Subcommittee of the Community Services Board (CSB) has expressed concerns about the impact of the political climate on immigrants' access to mental health treatment and support. Some members of the Subcommittee affiliated with provider agencies have anecdotally reported a decline in mental health service utilization by immigrants, which they attributed to a fear of federal immigration repercussions.

[1] 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

**Other Mental Health Outpatient Services (Non-Clinic) Goal:** *Promote holistic health of people living with serious mental illness and increase engagement with people who have not traditionally connected well with mental health services.*

#### Objective Statement

Objective 1: 1. Conduct an assessment of contracted Assertive Community Treatment (ACT) teams to determine the teams' fidelity to the model and provide technical assistance to improve fidelity as needed.

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

Objective 2: 2. Teach tobacco cessation skills and knowledge to 110 NYC behavioral healthcare providers that leads to improved consumer engagement and retention in tobacco cessation treatment.

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

Objective 3: 3. Implement communication tools and strategies to reach and educate housing and behavioral health providers on maintaining smoke-free environments.

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

Objective 4: 4. Engage with stakeholders (e.g., community members, CBOs, other City agencies) to collect data on the issues and concerns facing the immigrant community.

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

Objective 5: 5. Develop communication strategies to promote the mental health of immigrant communities in collaboration with these stakeholders.

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

Objective 5:

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, the NYC Health Department 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. The NYC Health Department, in partnership with OMH and NYC stakeholders is conducting a demonstration project 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 with other select NY State pilot 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) identify 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

**Mental Health Care Coordination Goal:** *Improve mental health care coordination and cross system collaboration needed to serve youth with the highest mental health needs.*

### Objective Statement

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

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 Clinic Services Background:

Stakeholders across NYC report that there continues to be a need for OPWDD to enhance services to address medical and health needs of individuals with I/DD. There are limited medical and health centers that cater to the needs of this population, as well as a limitation in the number of trained personnel who are equipped to identify and treat special care needs; this is especially important as individuals and their caregivers age.

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

**Developmental Disability Clinic Services Goal:** *Enhance access to all services to meet the medical and dental needs of children and adults with developmental disabilities.*

### Objective Statement

Objective 1: 1. Increase availability and accessibility of medical, vision, auditory, podiatry 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.

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.

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.

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

Objective 4: 4. Enhance Care Coordination Organization (CCO) and all providers' awareness of medical and health service options.

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

Objective 5: 5. Expand provider plan coverage for physicians and other medical/health providers to accommodate intensive, specialty care for this population.

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

Objective 5: 6. Identify program development opportunities through collaboration with OASAS, OMH, Access-VR, DFTA and other partners that can meet the needs of individuals with developmental disabilities and co-occurring behavioral health conditions.

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

### Change Over Past 12 Months (Optional)

## 2s. 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. There continues to be a need for OPWDD to disseminate information and education about managing transition issues 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

**Developmental Disability Student/Transition Services Goal:** *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.

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.

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.

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.

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

### Change Over Past 12 Months (Optional)

## 2u. Developmental Disability Family Supports - Background Information

### Developmental Disability Family Supports Background:

Stakeholders across NYC report that while the NYC START program has been established to assist in bridging the gap with the need, and there have been expanding service authorizations for weekend respite services and extended Day Habilitation services, there remains significant limitations on opportunities to meet the increasing need for these services by individuals and their caregivers. As such, there continues to be a need for OPWDD to enhance support and access to services within the family support services plans as this immediately affects outcomes and quality of living for individuals as well as for their caregivers.

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

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

### 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.

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.

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.

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, including funding for transportation and/or travel reimbursement.

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.

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.

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.

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

## Change Over Past 12 Months (Optional)

### 2z. Other Need (Specify in Background Information) - Background Information

#### Medicaid Redesign Background:

The publicly funded behavioral health system in New York City serves over 325,000 people. Medicaid redesign seeks to offer new services to people with behavioral health needs and to integrate the benefit with physical health services. But, the still evolving system has not sufficiently engaged or provided comprehensive and racially equitable care to the highest-need individuals, nor fully integrated behavioral health services with physical health care. There are significant racial disparities in behavioral health care access, utilization, and outcomes in New York City. In attempts to address these issues, since mid-2011, the NYC Health Department has been working collaboratively with the state offices of mental health (OMH) and alcohol and substance use (OASAS) to design and implement the transition of behavioral health services into Medicaid managed care in NYC. Additionally, in preparation for NYC's Medicaid Managed Care transition that took place in October 2015, New York City established its Regional Planning Consortium (RPC) and has continued to meet regularly with multiple, diverse sets of stakeholders including Medicaid Managed Care Plans, beneficiaries, Health Homes, Delivery System Reform Incentive Program (DSRIP) performing provider systems (PPS), behavioral health service providers, and city agencies to obtain stakeholder input on the transition. In the latter part of 2019 and in 2020, New York City plans to focus its Medicaid redesign efforts on assisting behavioral health providers and community-based organizations serving communities of color in preparing for value-based payment and in preparing relevant providers focusing on the transition of children's behavioral health services into managed care. NYC will also continue some efforts to increase Health Home enrollment and HCBS uptake among adult beneficiaries especially from communities of color, in Health and Recovery Plans (HARP).

The Children's Medicaid implementation in 2019 includes the implementation of the Children and Family Treatment and Support Services (CFTSS), and the transition of HCBS Waiver eligibility and care management to Health Homes Serving Children. The Medicaid redesign has the potential to significantly increase access to Medicaid services. Providers and children's advocates have shown a strong interest in a) understanding the impact of the redesign on service utilization and b) increasing awareness of and/or access to these services in schools. Furthermore, the NYC Health Department is engaging with the local CCSI structure to learn from family members and other cross-systems stakeholders about their priorities regarding the Medicaid redesign to incorporate their input in our local planning. The NYC Health Department will support access to new state plan services and HCBS by monitoring service utilization in NYC to inform policy and planning, and work with OMH and the educational system to plan for how schools can help children to gain access to CFTSS.

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

**Medicaid Redesign and Racial and Ethnic Equity Goal:** *Advance systems improvements through Medicaid to increase access to integrated, racially and ethnically equitable, high quality care to all adult and child Medicaid recipients in New York City.*

#### Objective Statement

Objective 1: 1. Educate a minimum of 75 behavioral health providers on value-based payments (VBP) and provide direct support to 10 that serve communities of color to develop a value proposition and partner with health systems in preparation for participation in VBP arrangements.

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

Objective 2: 2. Develop an internal monitoring process with select process and outcome measures stratified by race and ethnicity to analyze the outcomes and impact of the transition of adult behavioral health services into Medicaid Managed Care in NYC.

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

Objective 3: 3. Assist the 10 selected community-based organizations (CBOs) to measure at least one value-based payment outcome measure of a selected social determinants of health intervention.

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

Objective 4: 4. Engage and enroll racially diverse Harlem residents into Health Homes and facilitate Home and Community Based Services (HCBS) enrollment by partnering with the East Harlem Neighborhood Action Center and the Visiting Nurse Services.

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

Objective 5: 5. Engage relevant NYC stakeholders via the Regional Planning Consortium (RPC) for ongoing monitoring and problem solving around the adult and children's Medicaid managed care transitions and readiness for value-based payments.

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

Objective 5: 6. Monitor the access to new State Plan Services / CFTSS and HCBS through MDW and other data sources.

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

Objective 5: 7. Develop a plan with NYC Department of Education on how to increase access to CFTSS in school settings.

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

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

**2ac. Adverse Childhood Experiences (ACEs) (NEW) - Background Information**

**Adverse Childhood Experiences (ACEs) Background:**

Childhood exposure to adverse events, including domestic violence, is associated with chronic diseases and threats to mental health in adulthood [1][2]. Adolescents exposed to childhood adversity, including family malfunctioning, abuse, neglect, violence, and economic adversity, are nearly twice as likely to experience the onset of mental disorders; the risk to mental health grows with additional exposures [3]. Among adults, domestic violence is associated with adverse mental health outcomes, particularly depression, PTSD, and anxiety, as well as reduced economic security long after the violence occurs [4][5].

[1] Chapman, D.P., Whitfield, C.L., Felitti V.J., Dube S.R., Edwards, V.J, Anda, R.F. Adverse Childhood Experiences and the Risk of Depressive Disorders in Adulthood. *Journal of Affective Disorders*. 82: 217–225 2004, 2004.

[2] Halfon, N. Wise, P.H. and Forrest, C.B. The Changing Nature of Children's Health Development: New Challenges Require Major Policy Solutions *Health Affairs* 33, no.12:2116-2124 doi: 10.1377/hlthaff.2014.0944, 2014.

[3] <https://thrivenyc.cityofnewyork.us/wp-content/uploads/2018/02/ThriveNYC-3.pdf>, accessed 10/16/18

[4] Lagdon S, Armour C, Stringer M. Adult experience of mental health outcomes as a result of intimate partner violence victimisation: a systematic review. *European Journal of Psychotraumatology*. 2014;5:10.3402/ejpt.v5.24794. doi:10.3402/ejpt.v5.24794.

[5] Lindhorst T, Oxford M, Gillmore MR. Longitudinal Effects of Domestic Violence on Employment and Welfare Outcomes. *Journal of interpersonal violence*. 2007;22(7):812-828. doi:10.1177/0886260507301477.

**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

**Adverse Childhood Experiences (ACEs) Goal:** *Raise awareness among providers of adverse childhood experiences and their long-term impact on development and mental health.*

**Objective Statement**

Objective 1: 1. Raise awareness of trauma-informed care approaches among providers that strengthen families and build resilience. (MH/CYF)

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

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

**New York State Prevention Agenda Survey**  
NYC Dept. of Health and Mental Hygiene (70550)  
Certified: Nicholas Hobson (6/11/19)

The following survey is intended to promote alignment with the NYS Prevention Agenda for 2019-2024 as part of local services plan development.

All inquiries regarding this survey should be directed to [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov).

**Background**

The New York State Prevention Agenda for 2019-2024 aims to make New York State the Healthiest State in the Nation for People of All Ages. The Prevention Agenda's overarching strategy is to implement public health approaches that improve the health and well-being of entire populations and eliminate health inequities. This strategy includes an emphasis on social determinants of health - the social, cultural and environmental factors that influence health status, and are root causes of poor health and adverse outcomes. An agenda that focuses on social determinants necessitates cross-cutting policy development and support for local implementation.

As part of the Prevention Agenda, counties are required to submit Community Health Assessment and Community Health Improvement Plans to the Department of Health. LGUs responsible for mental hygiene services have often been active partners in the development and implementation of these plans that align with the statewide prevention agenda. The 2019-2024 Prevention Agenda includes goals and interventions specific to behavioral health, and overall health and well-being. Within the Prevention Agenda, available here, please review the Healthy Women, Infants, and Children Action Plan (pgs. 97-153) and the Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan (pgs. 154-171).

To reach the statewide prevention goals, future local service planning should include implementation of identified or other evidence-based interventions. Localities will need to create or identify metrics and data collection methods to determine impact. In some cases, data or metrics may not exist. Therefore, data collection will need to occur at the county/provider levels. These activities will require the support of all stakeholders.

**Questions**

1. Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?

No

Yes, please explain:

Yes, NYCDOHMH's blueprint for health improvement, Take Care New York 2020 (TCNY2020), and the State's prevention agenda share some similar goals. The plans for two TCNY 2020 indicators are the main focus areas for the 2016-2018 Community Health Assessment – Community Health Improvement Plan submitted to the State (hypertension and overdose prevention). In 2019, we are working towards the new version of the CHA-CHIP and identifying TCNY goals that align with the 2019-2024 Prevention Agenda. NYCDOHMH is involved in comprehensive local planning to identify our communities' needs and evidence-based interventions in all areas related to public health. We will highlight a few of these areas below.

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

**Focus Area 1: Promote Well-Being**

**Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan**

- 1.1 a) Build community wealth
- 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
- 1.1 c) Create and sustain inclusive, healthy public spaces
- 1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.
- 1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.
- 1.1 f) Implement evidence-based home visiting programs
- 1.1 g) Other

**Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages**

- 1.2 a) Implement Mental Health First Aid
- 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence
- 1.2 c) Use thoughtful messaging on mental illness and substance use
- 1.2 d) Other

**Focus Area 2: Mental and Substance Use Disorders Prevention**

**Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults**

- 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
- 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services

- 2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI
- 2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration
- 2.1 e) Other

### Goal 2.2 Prevent opioid overdose deaths

- 2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine
- 2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.
- 2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.
- 2.2 d) Build support systems to care for opioid users or those at risk of an overdose
- 2.2 e) Establish additional permanent safe disposal sites for prescription drugs and organized take-back days
- 2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy
- 2.2 g) Other

### Goal 2.3 Prevent and address adverse childhood experiences (ACEs)

- 2.3 a) Address Adverse Childhood Experiences and other types of trauma in the primary care setting
- 2.3 b) Grow resilient communities through education, engagement, activation/mobilization and celebration
- 2.3 c) Implement evidence-based home visiting programs
- 2.3 d) Other

### Goal 2.4 Reduce the prevalence of major depressive disorders

- 2.4 a) Strengthen resources for families and caregivers
- 2.4 b) Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention
- 2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC\_CBT)
- 2.4 d) Other

### Goal 2.5 Prevent suicides

- 2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing
- 2.5 b) Strengthen access and delivery of suicide care – Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems)
- 2.5 c) Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use
- 2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program
- 2.5 f) Other

### Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population

- 2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.
- 2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction
- 2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers
- 2.6 d) Other

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care Working with the Department of City Planning and the Department of Housing Preservation and Development to apply a "health across all policies" approach to the creation of comprehensive plans for neighborhoods where new affordable housing is being developed. Through our partnership with PPSs we are also connecting health systems and CBOs that improve housing stability and that make residents of housing developments healthier. 1.1 c) Create and sustain inclusive, healthy public spaces <https://www.muralartsproject.cityofnewyork.us/> The NYC Mural Arts Project uses collaborative mural-making process to discuss mental health and foster new relationships throughout NYC. Public murals help promote mental health awareness, break down stigma in communities and elevate the impact of mental health on individuals and communities. DOHMH has led "creative placemaking" initiatives across the city and is working with Gehl Institute to develop evaluation tool to understand the impact of these interventions in creating healthy, active public places. 1.2 a) Implement Mental Health First Aid NYC has embraced the Mental Health First Aid training as a part of ThriveNYC. As of January 31st, 2019 MHFA has trained a total of 102,193 individuals, and aims to train a total of 250,000 New Yorkers (adults and youth) in Mental Health First Aid by the end of 2020. 1.2 c) Use thoughtful messaging on mental illness and substance use Through our comprehensive city wide initiative ThriveNYC, DOHMH has increased mental health awareness through a number of public awareness campaigns including "NYC Well Helps Me", "We're Here", "Thrive Well", "Today I Thrive" among others. 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access DOHMH is providing financial support and training to community-based organizations which will build or are involved in coalitions working to: prevent substance misuse;

identify and address upstream factors/environmental prevention strategies; recruit, engage, and retain new coalition members; improve coalitions' understanding of and engagement strategies for working with the LGBTQ+ community; conduct needs assessments and understand how to use data; implement best-practices in identifying risk- and protective-factors in communities; and more. Following this capacity building process, DOHMH will select and continue to support the coalitions best prepared to use environmental prevention strategies to prevent the initiation of substance misuse among LGBTQ+ and other youth.

2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services  
 DOHMH is investing in variety of universal trainings for NYC Department of Education staff such as the web-based Kognito At Risk simulations and Youth Mental Health First Aid. This is one of many strategies the City is using to increase mental health awareness among schools staff and build capacity for early connection to care for children and youth. Additionally, DOHMH created substance misuse prevention materials to be disseminated in every school.

2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI OASAS provides funding for SBIRT in Health+Hospitals emergency departments, and DOHMH previously served as the technical assistance provider. DOHMH is no longer the lead on technical assistance, as this role was recently transitioned to Health+Hospitals. DOHMH provides some support as requested by Health+Hospitals.

2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine  
 DOHMH is working to increase the number of prescribers trained to prescribe buprenorphine by partnering with several large hospitals and community-based health centers to reach large numbers of providers and facilitate institutional support for this practice change. The initiative consists of free monthly buprenorphine waiver trainings, promoted to prescribers using a variety of strategies, including medical professional organizations, hospitals, newsletters, and existing partnerships within DOHMH. DOHMH also offers trainees technical assistance to implement buprenorphine prescribing into practice (e.g., workflow assistance, all staff trainings), and mentorship from local clinical experts in buprenorphine prescribing. As of 12/31/2018, 1424 providers have been trained to prescribe buprenorphine.

2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.  
 DOHMH leads NYC's effort to get naloxone into the hands of those most at risk of experiencing or witnessing overdose by increasing access to overdose education and distributing 100,000 naloxone kits, annually. DOHMH equips community-based organizations, healthcare providers, City agencies, and other entities with naloxone at no-charge, and provides training to all naloxone dispensers to ensure quality and consistent overdose response education. DOHMH Overdose Prevention Trainers also dispense naloxone directly to community members and providers citywide. DOHMH is implementing a multi-part strategy that focuses overdose education and naloxone distribution in areas where overdose numbers and rates are high, and across settings most likely to engage people who use drugs (PWUD). The strategies include: (1) Increasing the number of opioid overdose prevention programs (OOPPs) dispensing naloxone and conducting overdose response trainings by providing technical guidance on program implementation and expansion; (2) Building capacity among OOPPs by funding 20 CBOs to expand targeted outreach to PWUD and their friends/family, and funding three organizations to increase naloxone distribution among justice-involved individuals; (3) Increasing access to overdose education and naloxone by conducting regular community trainings at DOHMH offices, and by extending our reach through partnership with other NYC government agencies, organizations and providers who can host training events; (4) Increasing access to naloxone in pharmacies by conducting outreach to enroll or re-enroll pharmacies to dispense under a voluntary standing order program, conducting site visits and secret shopper calls to increase pharmacy engagement and inform best practices.

2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.  
 DOHMH educates providers on judicious opioid prescribing through distribution of our updated City Health Information: Judicious Opioid Prescribing Guidelines, and ongoing distribution to our networks about legislative and regulatory updates around opioid analgesic prescribing. We also maintain the desktop version of the OpioidCalc, an online calculator that allows providers to calculate a patient's total daily morphine milligram equivalents and assess for high-risk dose thresholds.

2.2 d) Build support systems to care for opioid users or those at risk of an overdose  
 DOHMH provides funding and technical assistance to support a variety of initiatives, including but not limited: drop-in centers which provide low-threshold services and linkages to other resources; syringe service programs, which also offer other services related to drug use, health, behavioral health, well-being, and referrals; Relay, which provides peer Wellness Advocates to meet with people in emergency departments for a non-fatal overdose to provide overdose risk-reduction counseling and linkages to care and resources; and Health Engagement and Assessment Teams (HEAT), which provides a peer and social-worker to deliver a health response alongside first responders or to issues normally addressed by first responders where mental health and substance use is a concern.

2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy  
 DOHMH overdose response trainings provide education on the relationship between drug-related stigma and related trauma on overdose risk, and provide specific guidance on how to avoid language that perpetuates stigma and trauma. DOHMH's webinar for pharmacists who are enrolled or enrolling to participate in the New York City Pharmacy Naloxone Initiative, Reducing Opioid Overdose in New York City: Naloxone Non-Patient Specific Prescription and Dispensing for Pharmacists, also includes language on drug-related stigma and associated trauma. DOHMH public education and awareness campaigns avoid using stigmatizing and triggering language and images, consistent with harm reduction principles, consistent with principles of trauma-informed care. Primary care providers participating in DOHMH's Buprenorphine Nurse Care Manager Initiative staff have all received extensive training on both harm reduction and providing trauma-informed care to people who use drugs. DOHMH's technical assistance to emergency department prescribers includes delivering harm reduction messages, such as the importance of avoiding stigmatizing language, where avoiding use of stigmatizing or triggering language is consistent with principle of trauma-informed care. DOHMH works with OASAS-licensed substance use programs and harm reduction programs to ensure that principles of both trauma-informed care and harm reduction are deeply embedded in their service models. Finally, DOHMH's Relay initiative (nonfatal overdose response system) staff are educated in both harm reduction principles and trauma-informed care principles as a foundation to the program model. Given the type of work, staff are constantly receiving training and reinforcement for using harm reduction principles in their duties. The program is grounded in providing services in the harm reduction and trauma-informed care approach given that our staff engage with people immediately following a traumatic event. Staff are trained to recognize trauma so that they can provide appropriate, tailored care without triggering or re-traumatizing their clients.

2.3 e) Other  
 The Early Childhood Mental Health (ECMH) Network in NYC consists of seven (7) early childhood therapeutic centers that provide specialized mental health services to families with children under five, mental health consultation to Administration for Children's Services (ACS) early care and education (EarlyLearn) staff and caregivers at their sites, and family peer support services to families in centers and the community. Within the Network is a citywide early childhood mental health training and technical assistance center that provides trainings in early childhood mental health evidence-based practices and social and emotional development topics to early childhood clinical staff and allied professionals. The goal of training and ongoing consultation is 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.

2.5 b) Strengthen access and delivery of suicide care  
 "Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems) DOHMH is currently working to establish a protocol for detecting and responding to suicide related surveillance data fluctuations, in order to use data to better inform programming and resource allocation.

2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program  
 Life is Precious (LIP) is a DOHMH-contracted program that provides culturally and linguistically appropriate services for Latina teens between 12-18 years of age, who are living with depression, a mental illness, or have seriously consider or attempted suicide, and their families. LIP's goal is to eliminate suicide by Latina adolescents by giving them tools that build their resistance and provide the skills to succeed. Services include educational support, creative art therapies, wellness activities and concrete family services, to address the risk factors that may result in suicide ideation among Latina teens.

2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction  
 NYC Tobacco Cessation Training and Technical Assistance Center (NYC TCTTAC) aims to build the capacity of the behavioral health providers to provide effective tobacco dependence treatment to New Yorkers with co-occurring conditions. In 2018 TCTTAC trained 212 behavioral health providers in NYC.

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health

Department, hospital or hospital system, substance use disorder prevention coalition)?

No

Yes, please explain:

Yes, DOHMH does a variety of community engagement for its public health priorities, which is often aligned with the NYS Prevention Agenda. In addition, DOHMH supports hospitals in Community Service Plan planning, and oversees several activities under the Population Health Improvement Program (PHIP).

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?

No

Yes, please explain:

Yes, DOHMH tracks the impact of different behavioral health interventions that may be related to Prevention Agenda focus areas, goals and objectives. With our implementation of ThriveNYC, we are looking of metrics for 54 initiatives; many of which are aligned with different areas of the Prevention Agenda.

5. Has your LGU identified statewide policies that assist or impede implementation of Prevention Agenda interventions?

No

Yes, please explain:

Currently, there is no minimum expenditure mandate on hospitals for Prevention Agenda components relative to their tax exemptions. We find there is a lack of minimum mandates on community health investment tied to Certificate of Need (CON) approvals. New York State is the overseer of the wealthiest parts of the healthcare delivery system, so Health Departments are left with little authority for health planning. Therefore, we encourage NYS to increase the role of LGUs/LHDs to oversee and monitor the community health investments tied to CON approvals and to encourage tax exempt health systems to contribute more to community health interventions.

6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.

No

Yes, please explain:

Currently, the LGU does not have oversight authority over Article 31 and 32 clinics regarding their involvement with planning for Prevention Agenda alignment.

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?

No

Yes, please explain:

Yes, DOHMH reported on the areas of Hypertension and Overdose Prevention for the last wave of CHA-CHIP. The next CHA-CHIP is currently under planning, as it is due by December 2019 and will address cross cutting goals and principles.

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?

No

Yes, please explain:

Yes, DOHMH worked with Performing Provider Systems (PPS) throughout the DSRIP program to contribute to the improvement of the health and well-being of the behavioral health population. PPSs collaborated with our LGU on a number of projects in key areas of workforce, access and equity, prevention and promotion of mental health. Initiatives include piloting 911 diversion with NYC Well, 100 Schools Project, Tobacco Cessation Treatment and Technical Assistance Centers (TCTTAC), Mental Health Service Corps recruitment and placement of early career social workers in high need areas and Community Partners in Care (CPIC) to create networks in key areas to improve community capacity to address mental health and to connect communities to needed mental health resources. As the future of DSRIP funding is unclear, DOHMH and partners are currently discussing sustainability strategies. DOHMH is currently implementing a VBP Readiness Project with a select number of Community Based Organizations (CBOs) in NYC. This project is helping to build CBO capacity to strategize and plan for the health and social service sector paradigm shift towards value. Much of this work is building on and sustaining work supported by DSRIP.

9. Aside from Prevention Agenda activities, please identify any of the following social determinants of mental health that you are addressing in your community:

Un/Underemployment and Job Insecurity

Food Insecurity

Adverse Features of the Built Environment

Housing Instability or Poor Housing Quality

Discrimination/Social Exclusion

Poor Education

Poverty/Income Inequality

Adverse Early Life Experiences

Poor Access to Transportation

Other

Please describe your efforts in addressing the selections above:

Our LGU has always been focused on the many social factors that contribute to or exasperate mental illness. We hold contracts with a variety of service providers for housing support services, case management, employment and job placement services, legal services and more. Several of our contracted providers also address adverse early life experiences and offer trauma informed care.

10. In your county, do you or your partners offer training related to strengthening resilience, trauma-informed or trauma-sensitive approaches?

a)  No  Yes

b) If yes, please list

Title of training(s): The following programs led by DOHMH provides training to a variety of individuals and service providers on , trauma-informed or trauma-sensitive approaches: - The Academy for Justice Informed Practice - Buprenorphine Nurse Care Manager Initiative - Early Childhood Mental Health Network (ECMHN) - ACS Pre-Placement Center - Intensive Mobile Treatment (IMT) - NYC Trauma Informed Learning Community

How many hours: Varies for each training

Target audience for training: Disproportionately affected communities, individuals suffering from substance-use disorders, SMIs, trauma survivors, domestic abuse survivors, caregivers, peers, educators, frontline staff, providers, responders, etc.

Estimate number trained in one year: Approximately 4,000

11. New to the 2019-2024 cycle of the Prevention Agenda is the incorporation of a Health-Across-all-Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. As part of this effort, New York State was designated as the first Age-Friendly State in the nation by the American Association of Retired Persons (AARP).

Does your LGU have policies and procedures in place to support the positive environmental, economic, and social factors that influence the health and well-being of all residents, especially older adults?

No

Yes, please provide examples:

Yes, we have a Healthy Aging Work Group currently working on a report for this population. DOHMH also co-chairs the Falls Coalition. We do significant research and education related to the need for Air Conditioning in homes of the elderly to avoid heat related illness. We also promote a variety of policies and programs that improve health outcomes for all ages.

**Office of Mental Health Agency Planning (VBP) Survey**  
NYC Dept. of Health and Mental Hygiene (70550)  
Certified: Nicholas Hobson (6/11/19)

The purpose of this survey is to promote continued and improved access to quality mental health services in Medicaid Reform (DSRIP/Value Based Payment). All questions regarding this survey should be directed to Melissa Staats, MA MSW, at 518-408-8533, or [Melissa.Staats@omh.ny.gov](mailto:Melissa.Staats@omh.ny.gov)

**Background**

On April 14, 2014, New York received a waiver from the federal government that allowed the state to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms and support the redesign of the health care delivery system. Of this, \$6.42 billion is used to support Delivery System Reform Incentive Payments (DSRIP). The DSRIP program promotes community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. DSRIP projects focus on system transformation, clinical improvement and population health improvement. All DSRIP funds are based on performance linked to achievement of project milestones.

**DSRIP serves as a bridge to value-based payment in New York State.**

DOH website

**DSRIP Performing Provider Systems (PPS)**

Organizations responsible for implementing DSRIP goals via Project Plans are called Performing Provider Systems. Many counties report the value PPS brings to communities as they provide resources that support efforts currently not funded by Medicaid.

**DSRIP Project Lists**

New York State Delivery System Reform Incentive Payment Program Project Toolkit  
DSRIP Performing Provider Systems (PPS Statewide)

**Value Based Payment (VBP) - Reduce Costs/Improve Quality**

The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. This transformation is detailed in the NYS VBP Roadmap for Medicaid Payment Reform.

New York State VBP Roadmap

Further details regarding VBP readiness and implementation can be found at: DSRIP - Value Based Payment Reform (VBP) and VBP for Providers

**NYS Behavioral Health (BH) Value Based Payment (VBP) Readiness Program**

The BH VBP Readiness Program provides funding over 3 years to selected BH provider networks that have formed a Behavioral Health Care Collaborative (BHCC), beginning in 2017. There are 19 BHCCs across the state receiving this funding.

A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. The BHCC includes, but is not limited to, all licensed/certified/designated OMH/OASAS/Adult BH HCBS programs and service types. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

New York State's goal is to have the vast majority of total managed care payments tied to VBP arrangements by 2020. DSRIP funding to support BHCCs and PPS projects ends March 31, 2020.

**Questions**

1. Have the PPS supported your LGU and community? For example, support for efforts such as: addressing gaps in services, promoting evidence based and best practices, and facilitating clinical integration.

a)  Yes  No

b) Please provide more information:

In general, PPSs have promoted the evidence based practices that were mandated as part of their mandated DSRIP projects, and most are investing in clinical integration. Overall, some PPSs have supported public health goals more broadly than others, and the extent of financial investment in the community has also varied greatly across PPSs. NYC DOHMH has worked with many NYC PPSs throughout the DSRIP program to contribute to the improvement of the health and well-being of the behavioral health population in NYC. PPSs collaborated with our LGU on a number of projects in key areas of workforce, access and equity, prevention and promotion of mental health. Initiatives include piloting 911 diversion with NYC Well, the 100 Schools Project, Tobacco Cessation Treatment and Technical Assistance Centers (TCTTAC), Mental Health Service Corps (MHSC) recruitment and placement of early career social workers in high need areas and Community Partners in Care (CPIC) to create networks in key areas to improve community capacity to address mental health and to connect communities to needed mental health resources. As the future of DSRIP funding is unclear, PPS are currently discussing sustainability strategies.

2. Has your LGU planned for PPS project sustainability beyond March 31, 2020?

a)  Yes  No

b) Please explain:

New York State did not provide our LGU with oversight responsibilities over DSRIP, and therefore PPSs rarely involve NYC DOHMH in sustainability planning. Therefore, we are documenting best practices and bright spots, but health system leaders of PPSs are the ones responsible for sustaining their interventions. We recommend that local LGUs/LHDs are given oversight responsibilities or a more notable role in future DSRIP-like initiatives.

3. Are there any behavioral health providers in your county in VBP arrangements?

a)  Yes  No

b) Please explain (if "yes" include steps providers have taken to execute contracts):

New York State did not provide our LGU with oversight responsibilities for behavioral health providers in VBP arrangements. We are aware of a VBP pilot program in which Healthfirst PHSP, Inc. is piloting a HARP VBP arrangement with Maimonides Medical Center, and another between Mount Sinai Health Partners and the Institute for Community Living. We have heard that several other behavioral health providers in NYC are in discussions with a variety of partners about potential VBP- like pilots, but we are unaware of any other formal VBP pilots or arrangements. It would be beneficial for LGUs to have immediate access to the VBP arrangements that are being considered and processed, so that LGUs can utilize this information in local health planning.

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?

a)  Yes  No

b) Please explain:

The NYC Regional Planning Consortium (RPC) held an all-day event to gather BHCCs, MCOs, PPS and the lead Health Homes in November 2018 to share VBP related best practices. A portion of the time was spent discussing how different entities supported incorporating integrated and collaborative care models in their organizations and networks. The RPC plans to hold a follow up event with similar stakeholders to continue to solicit and share best practices and lessons learned both on the VBP paradigm shift and integrated and coordinated care.

5. Is the LGU aware of the development of In-Lieu of proposals?

a)  Yes  No

b) Please explain:

We are unaware of the development of In-Lieu of proposals but would like to be informed of any that have been developed in NYC.

6. Can your LGU support the BHCC planning process?

a)  Yes  No

b) Please explain:

Our LGU does not have any oversight responsibility over the BHCC planning process but NYC DOHMH has been involved and worked closely with state partners to monitor BHCC network development and implementation. Our LGU reviewed BHCC applications and provided recommendations based on our assessment of local needs. We have convened the BHCCs with other key stakeholders such as MCOs, PPSs, lead Health Homes and IPAs to share best practices and to encourage lessons learned from entities like PPSs. We plan to continue engaging with BHCCs as valuable partners and to support behavioral health providers in transitioning to a more value and outcomes based system. Additionally, NYC DOHMH is in the process of developing a small scale training and technical assistance project for our contracted behavioral health providers who are not in a BHCC in an effort fill any gaps in VBP readiness among behavioral health providers in NYC.

7. Does your county have access to data and IT systems that will support further transformation to VBP and outcomes management?

a)  Yes  No

b) Please explain:

Currently, we have access to Medicaid claims data but do not necessarily have information related to client outcomes that can support a provider's readiness for or transition to VBP. We encourage the state and other partners like MCOs to allow NYC DOHMH access to this valuable information so our LGU can support behavioral health providers in their readiness activities for VBP and outcomes management.

**Community Service Board Roster**  
 NYC Dept. of Health and Mental Hygiene (70550)  
 Certified: Laryssa Boyko (3/28/19)  
 Approved: Nicholas Hobson (6/11/19)

**Note:**

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.

<b>Name:</b> Gail Nayowith	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Manhattan	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> gnayowith@gmail.com
<b>Name:</b> Roberto Lewis-Fernandez	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Manhattan	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> rlewis@nyspi.columbia.edu
<b>Name:</b> Cheryle Hinds-Leslie	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Consumer, Bronx	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> chindsleslie@jbfcs.org
<b>Name:</b> Ina Concepcion	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Family, Bronx	<b>Term Expires:</b> 12/2022	<b>Email Address:</b> Inaconcepcion@gmail.com
<b>Name:</b> Denise Rosario	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Hispanic Family Services	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> drosario@hispanicfamilyservices.org
<b>Name:</b> Cheryelle Cruishank	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Brooklyn	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> cparque@coalition.org
<b>Name:</b> Louise Cohen	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Providers	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> LCohen@pcdc.org
<b>Name:</b> Rosa Gil	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Comunilife	<b>Term Expires:</b> 12/2018	<b>Email Address:</b> rgil@comunilife.org
<b>Name:</b> Stephanie LeMelle	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Provider, Manhattan	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> lemelle@nyspi.columbia.edu
<b>Name:</b> Jun Matsuyoshi	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Provider	<b>Term Expires:</b> 12/2022	<b>Email Address:</b> jmatsuyoshi@apicha.org
<b>Name:</b> Thelma Dye	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	<b>Represents:</b> Provider	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> TDye@northsidecenter.org

<b>Name:</b> Sarah Church	<input type="checkbox"/> Physician	<b>Represents:</b> Queens	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> SChurch@elevate360.com
	<input checked="" type="checkbox"/> Psychologist			
<b>Name:</b> Ahmed Jamil	<input type="checkbox"/> Physician	<b>Represents:</b> Queens, Community	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> ahmedabujamil@yahoo.com
	<input type="checkbox"/> Psychologist			
<b>Name:</b> Diane Arneth	<input type="checkbox"/> Physician	<b>Represents:</b> Provider ,Staten Island	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> Diane.Arneth@chasiny.org
	<input type="checkbox"/> Psychologist			
<b>Name:</b> Pankaj Patel	<input checked="" type="checkbox"/> Physician	<b>Represents:</b> Staten Island	<b>Term Expires:</b> 12/2022	<b>Email Address:</b> PPatel@RUMCSI.org
	<input type="checkbox"/> Psychologist			

Indicate the number of mental health subcommittee members who are or were consumers of mental health services:

Indicate the number of mental health subcommittee members who are parents or relatives of persons with mental illness:

**Alcoholism and Substance Abuse Subcommittee Roster**

NYC Dept. of Health and Mental Hygiene (70550)

Certified: Laryssa Boyko (3/25/19)

Approved: Nicholas Hobson (6/11/19)

**Note:**

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.

<b>Name:</b> Debbie Pantin	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> VIP Community Services	<b>Email Address:</b> Dpantin@vipservices.org
<b>Name:</b> Felecia Pullen	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Let's Talk Safety	<b>Email Address:</b> fpullen@lets-talk-safety.org
<b>Name:</b> Anderson Sungmin Yoon	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> The Child Center of NY's Asian Outreach Program	<b>Email Address:</b> sungminyoon@childcenterny.org
<b>Name:</b> Sonia Lopez	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Damian	<b>Email Address:</b> Slopez@damian.org
<b>Name:</b> Soteri Polydorou, MD	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Bellvue Hospital Center	<b>Email Address:</b> Soteri.Polydorou@nychhc.org
<b>Name:</b> Evelyn Milan	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> VOCAL NY	<b>Email Address:</b> evelyn@vocal-ny.org
<b>Name:</b> Diane Arneth	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Brightpoint Health	<b>Email Address:</b> Diane.Arneth@chasiny.org
<b>Name:</b> Sarah Church	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Elevate Psychological Services, PLLC	<b>Email Address:</b> sachurc@montefiore.org
<b>Name:</b> Jun Matsuyoshi	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> APICHA	<b>Email Address:</b> jmatsuyoshi@apicha.org

**Mental Health Subcommittee Roster**  
 NYC Dept. of Health and Mental Hygiene (70550)  
 Certified: Laryssa Boyko (3/25/19)  
 Approved: Nicholas Hobson (6/11/19)

**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.

New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."

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.

<b>Name:</b> Scott Shapiro, MD	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Milestones	<b>Email Address:</b> scott@scottshapiromd.com;
<b>Name:</b> Jo Park	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Korean Community Services of Metropolitan New York Inc	<b>Email Address:</b> jsp622@gmail.com
<b>Name:</b> Jennifer Magida	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Youth Advocacy Corps	<b>Email Address:</b> jennifermagida@gmail.com
<b>Name:</b> Devon Bandison	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Visiting Nurses Services of New York	<b>Email Address:</b> devon.bandison@vnsny.org
<b>Name:</b> Rachel Salomon	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Lived Experience	<b>Email Address:</b> rchlsalomon22@hotmail.com
<b>Name:</b> Liz Roberts	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Safe Horizon	<b>Email Address:</b> liz.roberts@safehorizon.org
<b>Name:</b> Tony Hannigan	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Center for Urban Community Services	<b>Email Address:</b> tonyh@cucs.org
<b>Name:</b> Warren Berke	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Lived Experience	<b>Email Address:</b> warrenberke@gmail.com
<b>Name:</b> Ina Concepcion	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Lived Experience, Family Peer Advocate	<b>Email Address:</b> inaconcepcion@gmail.com
<b>Name:</b> Stephanie LeMelle	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Columbia University, Department of Psychiatry and NYS Psychiatric Institute	<b>Email Address:</b> lemelle@nyspi.columbia.edu
<b>Name:</b> Cheryle Hinds-Leslie	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Lived Experience	<b>Email Address:</b> chindsleslie@jbfcs.org

Indicate the number of mental health CSB members who are or were consumers of mental health services:

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness:

**Developmental Disabilities Subcommittee Roster**  
 NYC Dept. of Health and Mental Hygiene (70550)  
 Certified: Laryssa Boyko (3/25/19)  
 Approved: Nicholas Hobson (6/11/19)

**Note:**

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.

<b>Name:</b> Joanne Siegel	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Rose F. Kennedy Center	<b>Email Address:</b> josiegel@montefiore.org;
<b>Name:</b> Freeman Tsui	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> General Human Outreach	<b>Email Address:</b> ftsui@ghoinc.org;
<b>Name:</b> Marco Damiani	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Cerebral Palsy Associations of New York State	<b>Email Address:</b> marco.damiani@ahrcnyc.org
<b>Name:</b> Cheryelle Cruickshank	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Human First	<b>Email Address:</b> CCruickshank@humanfirst.org
<b>Name:</b> Thelma Dye	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Northside Center for Child Development	<b>Email Address:</b> TDye@northsidecenter.org
<b>Name:</b> Gail Nayowith	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Principal, 1 Digit LLC	<b>Email Address:</b> gnayowith@gmail.com
<b>Name:</b> Elana Schwartz	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Self Advocate	<b>Email Address:</b> elanaschw@gmail.com
<b>Name:</b> Edie Weber	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Parent	<b>Email Address:</b> Edie.Weber@ahrcnyc.org
<b>Name:</b> Lisa Veglia	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Queens DD Council	<b>Email Address:</b> lveglia@qsac.com

**2020 Mental Hygiene Local Planning Assurance**  
NYC Dept. of Health and Mental Hygiene (70550)  
Certified: Nicholas Hobson (6/11/19)

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 2020 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 2020 Local Services planning process.