Office of Addiction Services and Supports | Office of Mental Health | Office for People With Developmental Disabilities

2023 Goals and Plans Form

NYC Department of Health and Mental Hygiene

Goal 1: Improve the quality of life of individuals with serious mental illness (SMI) with services that are trauma informed, equitable and holistic in nature, incorporating the whole person
Goal 2: Reduce substance use-related morbidity and mortality in NYC, with a focus on neighborhoods experiencing the highest burden of drug overdose death, which are primarily high poverty neighborhoods comprised of Black and Latinx communities
Goal 3: Address the increase in crises, suicidality, and mental health symptoms among youth since the start of the pandemic
Goal 4 (Optional): Advance systems improvements and equitable access to behavioral health care for publicly and privately insured individuals in NYC
Goal 5 (Optional): Advance understanding of the social determinants of mental health (SDoMH) and recognition that prevention of serious mental illness (SMI) is not a problem to be solved by the mental health care system alone
Goal 6 (Optional): Enhance, expand and strengthen programs and initiatives that center behavioral health community preparedness, engagement, and response
Goal 7 (Optional): Increase collaboration with other child serving systems to improve coordination of and access to mental healthcare
Goal 8 (Optional): Reduce the negative social and health impacts of criminal legal system by addressing racial inequity, honoring lived experience of the criminal legal system, and by promoting evidence-based best practices
Goal 9 (Optional): Advance understanding of I/DD workforce recruitment and retention challenges through data collection and analysis
Goal 10 (Optional): Advance understanding regarding barriers to housing access and help improve cross-agency collaboration with intra-city and other partners such as Department of Homeless Services, Mayor's Office for People with Disabilities, and the Department of Housing and Urban Development (HUD) to help individuals with I/DD identify and navigate suitable housing opportunities

Annual and intermediate plans for addiction services:
Launched in March 2017, HealingNYC represents a more than $60 million annual investment across City agencies. This will continue to fund many NYC DOHMH initiatives, including naloxone distribution and Relay, a nonfatal overdose response intervention in 2023.

In March 2021, the New York City Department of Health and Mental Hygiene (NYC DOHMH) secured an additional $9 million through HealingNYC in response to increased overdose deaths in 2020. The recent funding went towards three key initiatives: Raise Awareness, Reduce Harm, and Expand Treatment, all of which have

components that will continue throughout 2023. These initiatives build on existing service provision to better respond to the overdose crisis and focus on communities' unique needs.

1. Raise Awareness: The main aim of this strategy is to address the increased risk of fatal overdose due to the increased presence of fentanyl in the drug supply, particularly in drugs other than opioids. To achieve this aim, NYC DOHMH developed a multimedia public awareness campaign in Summer 2021 and disseminated a direct mailer to all NYC residences about fentanyl and overdose prevention. In addition, from October 2021 – August 2022, NYC DOHMH distributed fentanyl test trips (FTS) to 35 community-based organizations (CBOs) and will continue increasing distribution and CBO capacity to distribute FTS in 2023. Combined, these two programs have distributed approximately 30,000 fentanyl test strips to more than 3,000 unique individuals. NYC DOHMH also purchased three mass spectrometers to be utilized at syringe service program (SSP) sites. Drug-checking has commenced at two SSPs and will continue through 2023.

2. Reduce Harm: The main aim of this strategy is to increase outreach and service provision to people who use drugs in public. NYC DOHMH will establish harm reduction vending machines in collaboration with and hosted by community-based organizations in early 2023. Additionally, NYC DOHMH has expanded SSP drop-in center hours to include nights and weekends, increased SSP harm reduction outreach and syringe litter clean-up, and installed syringe disposal kiosks in key locations and funded SSP maintenance/disposal.

3. Expand Treatment: The main aim of this strategy is to expand same-day access to buprenorphine treatment (an evidence-based medication for opioid use disorder), via outreach to unstably housed populations in multiple low-barrier settings, all expected to launch in late 2022. Thus far, NYC DOHMH selected three CBOs to receive funding, technical assistance, and training to connect people who are homeless and/or marginally housed to low-threshold buprenorphine treatment through at least FY 2024. Furthermore, the NYC DOHMH will provide additional funding for same-day buprenorphine navigation in and around two SSP drop-in centers and continue supporting evaluation efforts for the expansion of access to buprenorphine for people in shelters.

The above work builds on our existing treatment and prevention portfolios, including management of a $501M portfolio of New York State Office of Addiction Services and Supports (OASAS) programs encompassing different program types across the continuum of care. NYC DOHMH will continue managing the Coalition and Media Prevention (CAMP) initiative that funds 6 community coalitions working to reduce substance misuse among LGBTQ+ youth by implementing environmental changes that lead to more affirming communities for this population. Each year the coalitions conduct a community assessment to identify the needs and assets of LGBTQ+ youth, the results of which inform subsequent work. The next assessment is projected to be conducted between December 2022 and June 2023.

In addition, the NYC DOHMH will continue to support the implementation of Overdose Prevention Center (OPC) services and other harm reduction services and supports. OPCs are a proven health intervention to prevent fatal overdoses and address community concerns about public drug use and syringe litter. OPCs improve individual and community health, increase public safety, and reduce the social consequences of injection drug use. The first two publicly recognized OPCs in the country were launched in November 2021 in NYC. The OPCs in East Harlem and Washington Heights are within existing syringe service programs (SSPs) that have long histories of providing services in their communities. OPCs have been shown to prevent overdose, reduce injection-related illnesses and injuries, and increase access to health care and referrals to drug treatment. Since opening on November 30, 2021 through September 11, 2022, the OPCs have had a total of 35,480 utilizations by 1,733 unique individuals, and staff have intervened 481 times to prevent overdose-related injury and death.[1] Interventions include administering naloxone and oxygen, providing hydration, cooling, and de-escalation, and on rare occasions, transporting individuals to emergency departments.

[1] https://onpointnyc.org/#about

Annual and intermediate plans for <u>developmental disability</u> services:
In 2019, NYC DOHMH contracted with the New York Academy of Medicine (NYAM) to conduct a brief public health needs assessment of I/DD service providers, individuals with I/DD and their families. The study was designed to:

1. Better understand the needs of NYC residents with I/DD from the perspective of key stakeholders
2. Develop a description of I/DD programs and services available to NYC residents
3. Examine perceptions of I/DD programs and services currently available in NYC.
4. Identify and describe unmet needs and gaps in services

This quantitative/qualitative mixed methods study also focused on COVID-19 impacts on I/DD service delivery and receipt and provided suggestions on local level service improvements. NYC DOHMH aims to continue this study in 2023 to analyze any lasting impacts on I/DD services following the current health crisis. Additionally, we plan to explore the feasibility of further research opportunities to learn more about I/DD workforce recruitment and retention challenges as well as access to housing for people with I/DD; two areas that repeatedly present as areas for significant concern among I/DD stakeholders.

Annual and intermediate plans for <u>mental health</u> services:
Adult Mental Health Services
As we look to advance prevention of mental illness via action on the social determinants of mental health (SDoMH) and improve the quality of life of individuals with serious mental illness (SMI), we find ourselves also facing a demand for SMI community-based services in the midst of serious workforce shortages. In 2023, NYC DOHMH plans to

continue to participate in interagency collaborations to improve access and reduce silos in care on both a systems level and individual level. In collaboration with various stakeholders, NYC DOHMH will continue to work towards:

1. Expanding clubhouse capacity in NYC to engage more people in the psychiatric rehabilitation services while improving the quality of those services.
2. Increasing the number of New Yorkers with mental illness who are stably housed by expanding access to supportive housing and increasing the number of supportive housing units available to eligible New Yorkers.
3. Promoting recovery and resiliency for people experiencing behavioral health crises by offering rapid mobile crisis team responses inclusive of peers and clinicians thereby limiting police involvement to crises related to public safety.
4. Expanding treatment options for New Yorkers with mental illness via CONNECT. This pilot program provides enhanced funding to nine existing article 31 outpatient clinics in the Bronx, Manhattan and Brooklyn to provide support services and off-site care that may be necessary for people who need more support than traditional clinic services can offer.

Youth Mental Health Services: Suicide Prevention

In an effort to address the increasing rate of suicidality among Black, Indigenous, people of color (BIPOC) youth, NYC DOHMH plans to implement a hospital-based program in collaboration with NYC's public hospital system (NYC Health + Hospitals). This program would conduct follow-up upon discharge for youth who were admitted to the hospital due to suicidality. Research suggests that such follow-up successfully reduces re-attempts. NYC DOHMH is also considering the funding of fund community-based suicide prevention programs focused on BIPOC youth, in which participating CBOs would receive technical assistance from an expert Advisory Panel to help them strengthen their program design and implementation. Both initiatives would undergo robust evaluation.

Youth Mental Health Services: Child Bereavement

To identify and support NYC children who have experienced the loss of a parent or primary caregiver during the COVID-19 pandemic, NYC DOHMH will be partnering with the Jewish Board of Child and Family Services (JBFCS) to train members of NYC DOHMH's Public Health Corps on child bereavement. The Public Health Corps consists of Community Health Workers who are active in over 74 NYC ZIP codes. The training will help these Community Health Workers discuss the topic of childhood grief with community members and provide referrals to bereavement supports when needed by a child and/or family.

Youth Mental Health Services: Centering Children and Families in NYC's System of Care

NYC DOHMH is conducting a SAMHSA grant-funded initiative that utilizes community-based participatory action research (CBPAR) to foster changes in NYC's System of Care (SOC) in partnership with community members. Despite the expansion of Medicaid-funded mental health services through the NY State Children's Medicaid

System Transformation, gaps remain in care delivery to children in NYC, especially to those with the most intensive mental and behavioral health needs. Furthermore, disparities in connection to treatment for mental health care needs exist between NYC neighborhoods and across genders, races, and ethnicities. The lowest income neighborhoods in NYC have over twice as many psychiatric hospitalizations per capita as the highest income neighborhoods2. This initiative will allow DOHMH to solicit input from youth and families on changes needed to the local system of care to better meet their mental health needs. Through the “Centering Children and Families” initiative, we will host community forums in 2023 to solicit input from youth, families and other stakeholders and disseminate findings back to community members. Results will be used to identify priorities and guide the development of community-driven projects at the borough and citywide level.

LGU Representative Name: Kirklyn Escondo
LGU Representative Title: Senior Planning Analyst
Submitted for: NYC Department of Health and Mental Hygiene

1.2.4. Please describe your annual and intermediate plans for cross-system services:

Improving Access to Behavioral Health Services by Medicaid Recipients
In attempts to address barriers to behavioral health care for the Medicaid population, since mid-2011 NYC DOHMH has been working collaboratively with the State Office of Mental Health (OMH) and the Office of Addiction Services and Supports (OASAS) to implement the transition of behavioral health services into Medicaid managed care. From 2014-2022, NYC DOHMH also established and operationalized the New York City Regional Planning Consortium (RPC) to meet regularly with multiple, diverse sets of stakeholders to obtain stakeholder input on the transition. While the RPC in NYC ended on March 31, 2022, NYC DOHMH continues to engage subsets of stakeholders and plans to play a significant role in the Medicaid redesign efforts proposed by New York State via the 1115 waiver amendment. In 2023, NYC DOHMH will:

1. Continue to share Medicaid related updates and information with NYC stakeholders via newsletters and Medicaid managed care 101 trainings for providers and beneficiaries.
2. Support NYC's behavioral health providers that are interested in preparing for Value Based Payment (VBP) arrangements by offering trainings on VBP 101, data collection, and networking, and by offering VBP readiness assessments.
3. Identify opportunities to engage relevant stakeholders including hospital Systems, Behavioral Health Care Collaboratives (BHCC), Medicaid Managed care Plans, Health Homes, behavioral health providers and care managers to support the agency's planning to compliment statewide Medicaid redesign efforts.

Improving Access to Care Among Commercially Insured Individuals
Despite indications in national level research that individuals with private insurance may be even more vulnerable to gaps in behavioral health coverage than those with Medicaid, there have been no studies on this specific to NYC. Additionally, like many other counties in NYS, NYC DOHMH has traditionally focused the majority of its programmatic efforts on populations covered by Medicaid or the uninsured. To address this gap, NYC DOHMH conducted a research project including two surveys in early 2022 to identify unmet needs to determine whether the agency should include private insurance products and privately insured populations in its policy and programmatic efforts. The results of these surveys (mentioned in the needs assessment section) confirmed many gaps in access to care by this population (also mentioned in the needs assessment section). To address unmet needs in access to behavioral healthcare among NYC residents who are commercially insured, in 2023, NYC DOHMH plans to:

1. Consider convening meetings with commercial insurers, MH and SUD providers, provider and insurer membership associations, and accreditation organizations to fill in information gaps on the MH/SUD care landscape and increase commercial insurer interest in expanding their BH networks and services covered.
2. Consider convening a behavioral health workgroup with relevant city agencies, community-based organizations and DOHMH divisions involved in health insurance coverage to develop a shared understanding of services/ supports available, amplify existing efforts, and identify gaps.
3. Assess the feasibility of working with existing city support services (e.g., NYC Well, DOHMH Office of Health Insurance Services) to expand their services/expertise to a) identify BH parity violations, b) direct individuals to resources, and c) elevate issues to regulatory authorities.

4. Assess the feasibility of making NYC Well's BH provider/facility directory more accessible for New Yorkers, more useful for providers looking to make referrals, and as up-to-date and reliable as possible.

Increasing Awareness of Behavioral Health Parity and Consumer Rights to Mental Health and Substance Use Care in NYC

Based on research and multiple discussions with NYS OMH, the Community Health Access to Addiction and Mental Healthcare Project (CHAMP), the Legal Action Center, and several other relevant organizations in New York City, NYC DOHMH identified an unmet need in consumer and provider knowledge of behavioral health parity that can be met by educating these audiences. NYC DOHMH is well positioned to offer these trainings given its stakeholder engagement work and extensive local partnerships. To continue these efforts in 2023, NYC DOHMH plans to:

1. Continue to identify gaps in behavioral health (BH) parity knowledge in NYC in partnership with State and City stakeholders.
2. Educate New York City providers and beneficiaries on the Behavioral Health Parity, beneficiary rights related to the law and avenues for appeals and complaints.
3. Support transparency and compliance with parity laws by disseminating existing parity resources to NYC stakeholders.

Peer Workforce

Since 2014, NYC DOHMH has supported the advancement of the Peer Support and Community Health Worker workforce by maintaining, expanding, and launching new initiatives to recruit and retain peers, supporting workforce development and advancement opportunities for peers, and working with employers to better integrate peer workers into workflows. Community input continues to identify peer support workers as integral components of the behavioral health workforce in New York City. Their specialized training and intentional use of lived experience has uniquely positioned them to engage and support clients burdened with a mental health concern(s), substance use disorders, and intellectual/developmental disabilities. Despite the promise of the peer support workforce, challenges such as limited opportunities for career advancement and provider readiness continue to be identified as barriers to workforce integration. In 2023, NYC DOHMH will:

1. Sponsor conferences and webinars to support the professional development of the Peer Workforce.
2. Continue to advocate for training for non-peer supervisors on the peer support worker role, and increased opportunities for peer support workers to become supervisors.

NYC peer support workers (PSWs) played a pivotal role as public health first responders during the COVID-19 pandemic and provided a range of critical services including social/emotional support, sharing their lived experience, and advocating for clients (NYC DOHMH Peer Survey, 2021). Research found that ensuring peers support workers access to technology was critical, yet many PSWs reported needing additional support in learning how to use telehealth technology to support the well-being of the individuals and communities they serve. In 2023, NYC DOHMH will:

1. Partner with State and community organizations to develop technology training and train-the -trainer sessions to boost and maintain technology skills for the peer workforce.

As integrated healthcare becomes an increasing focus of the service delivery system, peer support workers have also expressed interest in receiving additional training to prepare them to practice across systems. Currently, each system offers training resources through peer training entities but there continues to be limited resources for learning about co-occurring disorders, systems navigation, harm reduction, and trauma-informed care across the behavioral health workforce. In 2023, NYC DOHMH will:

1. Partner with OMH, OASAS, and NYC community partners to support the provision of integrated care training for peer support workers (PSWs).
2. Advocate for the expansion of training resources such as co-occurring certificates, incorporation of these topic areas into the core certification, and increased availability of courses from other disciplines eligible for continuing education units (CEU's) as an incentive.
3. Collaborate with OMH and OASAS Peer certification, credentialing & training entities to identify strategies to effectively centralize workforce resources and information for all peer support workers.

Justice-Impacted Populations

NYC DOHMH will continue ongoing programs in 2023 to connect justice-impacted individuals and communities to critical behavioral health care, via:

1. **Health Engagement and Assessment Teams (HEAT)**: Comprised of a behavioral health clinician and a person with lived experience, HEAT help New Yorkers with mental health or substance use concerns get the care and services they need to stay healthy by providing time-limited pre- and post-crisis care management and community engagement. HEAT also receives referrals for short term case management.
2. **Co-Response Teams (CRT):** Consisting of 2 NYPD and 1 behavioral health clinician, CRT help New Yorkers with mental health or substance use concerns and who may have an elevated risk of harm to themselves or others get the care and services they need to stay healthy by providing time-limited pre- and post-crisis care management.
3. **Support and Connection Centers**, previously called diversion centers, were established in February 2020, and offer short-term, stabilizing services for people with mental health and substance use needs who come into contact with the police, giving officers an alternative to avoidable emergency room visits or criminal justice interventions. In recent months, referral sources have expanded to include criminal legal touchpoints. Facilities are located in East Harlem operated by Project Renewal, and in the Bronx, operated by Samaritan Daytop Village. The program is voluntary. The Center will offer mental health and substance use services, including screening and assessments; counseling services; short-term case management; links to ongoing health and social care; medically supervised substance use withdrawal services; and access to naloxone. In addition, people can access other services such as food, showers, laundry, overnight shelter, and support from peers. The length of stay at the Center will vary from hours to days depending on the person's needs, with a maximum stay of 10 days. Once the person is stabilized, Center staff will work with the person to develop a discharge plan that aims to connect or reconnect them to health care, social services, and other supports.

4. **New York City Health Justice Network (HJN)** provides individualized mentoring and support to persons who have experienced criminal-legal system involvement in the last 3 years to make re-entry as positive as possible. HJN engages program participants by way of six partner locations in NYC; a team model is not used.
5. **Manhattan Justice Opportunities (MJO)** offers many programs and services —including connection to healthcare and identification procurement—to New Yorkers passing through the Manhattan Criminal Court. MJO is modelled on the Health Justice Network, described above. MJO has two community health workers who work individually in the community at the Resource Center next to the Manhattan Criminal Court and Metropolitan Hospital.

Family Pathways to Care

Funded by NYC Opportunity, this is a collaborative and innovative initiative between the Administration for Children's Services (ACS)'s Division of Prevention and DOHMH's Bureau of Children, Youth, and Families. NYC DOHMH and ACS are working with Public Policy Lab (PPL) to (1) engage families and service providers to explore how families connect with and experience mental health and therapeutic support services; and (2) develop strategies to expand access, support more cross-system referral pathways, improve family experience, and create sustainable feedback channels for families and providers' voices to be heard.

During the final year of the grant, we will work on 1) a scaled implementation of provider- and family-facing tools developed through the project and 2) ongoing collaboration between ACS and NYC DOHMH around cross-system referral issues, including working with NYC Well to facilitate cross-system referrals.

Opportunity Starts with a Home

DOHMH is a partner organization in NYC's plan to prevent and end Youth Homelessness ("Opportunity Starts with a Home"[1]) led by the Department of Youth and Community Development (DYCD). In 2023, NYC DOHMH has committed to working on the following actions to improve access to mental health and harm reduction/addiction supports and services for homeless youth and young adults (YYA):

1. Work with DYCD and community-based organizations to increase awareness and accessibility of Crisis Respite/Residence Centers to support YYA experiencing mental or emotional health crises, including family conflict.
2. Explore creating a connection between the Runaway and Homeless Youth (RHY) drop-in centers and DOHMH-contracted Family and Youth Peer Support programs that employ Youth Peer Advocates.
3. Work on stronger linkages between the RHY drop-in centers and DOHMH-contracted mental health providers and addiction services providers so mental health staff currently placed at the drop-in centers can refer YYA with mental health needs to needed services (for example, Adolescent Skills Centers or Care Coordination).
4. In partnership with the Mayor's Office of Community Mental Health (OCMH), explore the potential of NYC Well and other external providers to meet the needs of YYA who experience homelessness.

[1] Opportunity Starts with a Home

5. In partnership with DYCD, ensure all RHY residential programs and drop-in centers are trained in harm reduction and overdose prevention, including activities such as staff training to administer naloxone and safe disposal of used needles.
6. Educate schools and DOE staff on how to better use Children's Mobile Crisis teams.

School Mental Health Continuum is a collaboration between the Department of Education (DOE), NYC Health & Hospitals (H+H), and NYC DOHMH to increase access to a range of services for youth with higher levels of mental health needs in select schools. NYC DOHMH is collaborating with DOE to increase schools' awareness of the supports available to them through NYC Well. DOHMH will develop materials to educate schools about the role NYC Well can play in connecting them to mental health services in both crisis and non-crisis situations. We will also do cross-education with NYC Well about school protocols and resources for addressing students' mental health needs, in both crisis and non-crisis circumstances. Our goal is to help schools make timely connections to mental health services on behalf of their students and avert unnecessary calls to 911 by:

1. Fostering stronger connections between DYCD's drop-in centers and Children's Mobile Crisis teams.
2. Exploring work being done by NYC DOHMH, H+H and DOE to facilitate access to mental and physical health services and harm reduction and/or addiction services through a variety of settings, including telehealth.

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2023 Needs Assessment Form

NYC Department of Health and Mental Hygiene

Adverse Childhood Experiences Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Need description (Optional): Adverse Childhood Experiences/Adverse Community Environments (ACEs) have been shown to increase risk for a variety of medical, psychological, and behavioral conditions in adulthood.[1] ACEs research also sheds light on the importance of protective factors during childhood and adolescence that promote resiliency and the ability to cope with toxic stress, while also targeting structural risk factors for trauma exposure.[2]

NYC DOHMH's 2015 Child Health, Emotional Wellness, and Development Survey found that racial inequities persist in children's exposure to adverse events:

· 89% of Black children and 90% of Latinx children had a regular place to live in the last year compared to 99% of White children.
· 12% of Black children and 8% of Latinx children were reported by their caregiver(s) to have witnessed or been the targets of violence in their neighborhoods compared to 1% of White children.
· 45% of Black children and 46% of Latinx children were experiencing food insecurity, as reported by caregivers, in the last year compared to 12% of White children.

Furthermore, Latinx and Black children in NYC were less likely to live in supportive neighborhoods, defined as feeling that people in families' neighborhoods help each other out, than White children (61% and 72% vs. 84%).[3] The 2021 Health Opinion Poll found that 68% of Asian/Pacific Islander (API) adults in NYC reported feeling a lack of emotional support compared to 47% of White adults. This is particularly important given the recent spate of Anti-Asian hate crimes, both in NYC and nationally.[4]

Reducing children's exposure to adverse events and increasing their access to supportive environments requires us to address the long-standing economic and social ramifications of structural racism in addition to offering trauma-informed care.

[1] https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html
[2] https://www.health.ny.gov/statistics/brfss/reports/docs/adverse_childhood_experiences.pdf
[3] https://www1.nyc.gov/site/doh/data/data-sets/child-chs.page
[4] https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief130.pdf

Crisis Services Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Need description (Optional): New York City's NYC Well hotline provides crisis counseling, peer support, information and referral to crisis and non-crisis behavioral health services. Beginning in July 2022, NYC

Well began answering calls from NYC area codes to 988. Calls, texts and chats to NYC Well have grown 150% from fiscal year 2017-2018 through fiscal year 2021-2022, from 152,600 to 394,631 answered calls, texts and chats. This includes an increase in the number of calls assessed to be in crisis. We anticipate promotion of 988 will further contribute to demand for this service throughout 2023.

NYC Well/988 is the single point of access to Mobile Crisis Teams in NYC. Beginning in 2020, Mobile Crisis Teams expanded services to include peer support and a faster response time— optimally within 2 hours. Mobile Crisis Teams responded to nearly 11,000 referrals from NYC Well from July 2021 through June 2022. The teams provided urgent crisis intervention, assessment and linkages to ongoing care as needed. From April to June 2022, 72.7% of NYC Well referrals to mobile crisis teams were responded to in under two hours.[1]

Beginning in 2021, select calls to 911 in certain precincts began being routed to B-HEARD, a collaboration between NYC Health and Hospitals and the New York City Fire Department to provide social worker and Emergency Medical Technician (EMT)/paramedic response to behavioral health crises. This innovative new program offers emergency level response without police and provides, where appropriate, options such as onsite assistance and transport to community-based care locations in lieu of transportation to a hospital, which previously has been the default response for all 911 mental health calls irrespective of public safety concerns.

Mobile Crisis, accessed through NYC Well, and B-HEARD, accessed through 911, offer valuable alternatives to the traditional response for people experiencing behavioral health crisis. Both services could potentially be accessed through 988 if and when the Federal Communications Commission (FEC) adopts geo-location. The current area code-based routing unfortunately directs too many callers to 988 from NYC-based locations to non-local 988 providers because they have non-NYC area codes.

Furthermore, multiple providers have reported a concerning increase in suicidality and mental health acuity among NYC youth. After a decrease in Emergency Department (ED) visits during the early years of the COVID-19 pandemic, NYC has begun to see increasing levels over time.

In May 2021, NYC DOHMH and the New York State Office of Mental Health (OMH) convened the first monthly meeting of the NYC Crisis Collaborative. This "Collaborative" consists of ten local and state government partners and aims to develop and propose a unified vision for a comprehensive behavioral health crisis system. The collaborative utilized SAMHSA's National Guidelines for Behavioral Health Crisis Care and GAP's Roadmap to the Ideal Crisis System as a guiding framework, while keeping in mind NYC's unique needs, challenges, and opportunities. NYC DOHMH and NYC Crisis Collaborative Stakeholders will continue to:

- Develop standardized BH call triaging algorithms to facilitate bi-directional call transfers between 911, 988/NYC Well and 311
- Create flowcharts of the current behavioral health landscape to assist providers and community members in conceptualizing services available to New York populations (e.g., adults, youth, individuals with I/DD, people experiencing homelessness)
- Engage community members and behavioral health providers to obtain feedback on a "future state" behavioral health crisis system

[1] https://mentalhealth.cityofnewyork.us/data/#/program/60d3420d49decc6f4d058fd6

Cross System Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Need description (Optional): Despite a significant number of ongoing initiatives aimed at improving behavioral health conditions among New York City residents, there continue to be disparities in behavioral health care access, utilization, and outcomes in New York City.

At least one in five adult New Yorkers is likely to experience a mental health disorder in any given year and 8% of NYC public high school students have reported attempting suicide.[1] Additionally, a 2018 study found that 8.3% of NYC adults had current symptomatic depression.[2] Socioeconomic inequalities in mental health persist in NYC and highlight the need for better diagnosis and treatment.

Within the Medicaid funded behavioral health service system, the number of adult and youth Medicaid recipients with at least one mental health or substance use related primary diagnosis in 2021 was 533,276. Despite significant spending on behavioral health care, the current Medicaid funded system still struggles to offer comprehensive and equitable care to the highest-need individuals, and to effectively integrate behavioral health services with physical health care.

Regarding the privately/commercially insured population, research shows individuals with private insurance may be even more vulnerable to gaps in behavioral health coverage than those with Medicaid. NYC's Community Health Survey conducted in 2020 indicated that approximately 45% of New York City residents are covered by private insurance plans, and a 2019 Kaiser Foundation study showed that 55% of adults with mental illness have private insurance. A 2015 study published in the journal of Psychiatric Services and NIH stated that U.S. adults with mental illness covered by Medicaid had over 2 to 3 times the odds, of receiving treatment compared to individuals with private insurance that had 1.5 times the odds. As there are currently no NYC specific studies on behavioral health care access by this population, in 2022, NYC DOHMH conducted interviews and focus groups with key stakeholders (n=71) and surveys of insurance beneficiaries (n=194) and healthcare providers (n=88) to gather NYC specific data on this topic.

Select results from the beneficiary survey showed that:

- 78% of providers cited low reimbursement rates as the main challenge they face when working with commercial insurance companies
- 85% of providers surveyed said a helpline, chat services, or insurance navigators designated for providers to assist in resolved insurance-related issues would be most helpful for their work.
- 61% said standardized administrative process across all insurers would be most helpful
- 50% of providers cited difficulties with denials as a main challenge

Additionally, despite the increased attention to the enforcement of behavioral health parity laws, a 2019 report showed that most consumers in NYS regardless of insurance type, experienced denials of MH/SUD coverage due to medical necessity criteria and pre-authorization of services. Most consumers surveyed for the report had little to no knowledge of MH/SUD visit and prior approval limitations and needed more information on how to challenge treatment denials. The most common insurance-related parity barrier cited by NYS providers was concerning financial requirements and pre-authorization. Most providers mentioned that they would be willing to file appeals on behalf of their patients but required more information on Non-Quantitative Treatment Limitations (NQTLs) since claims denials was not their area of expertise. (Note: NQTLs include utilization review practices, preauthorization/medical necessity criteria, step therapy/fail-first policies, formulary design for prescription drugs, geographic/facility type/scope or duration of benefits limits and failure to complete treatment course exclusions etc.).

Finally, with regard to youth behavioral health, NYC DOHMH has identified a number of barriers to accessing cross-system behavioral health services among NYC youth and families.

For the Family Pathways to Care project, Public Policy Lab used human-centered research and design methods to understand how families connect with and experience ACS- and DOHMH-contracted mental health and prevention services. Regarding cross-system referrals, they noted that families struggle to find services that are accessible within their neighborhoods and don't always know what they should be looking for. For example, when searching for services, they may not know what search terms to use or what clinical terms mean when reading program descriptions. Families who are non-English speaking, undocumented, or without community networks face additional fears or barriers to accessing the services they need.

Service providers in child-serving systems also face challenges referring families to mental health services in that they frequently don't fully understand the range of services available in the mental health system. Strategies and tools for making referrals across agencies are inconsistent. High staff turnover at provider agencies means that institutional knowledge, which is infrequently documented, can be lost as staff come and go. Providers seek up-to-date, easy to access, and approachable information about programs, which ideally, they could filter and search by eligibility rules. They need a centralized system for locating appropriate and available services for families. We are working to expand use of NYC Well by service providers and youth and families.

[1] https://www1.nyc.gov/assets/citiesthrive/downloads/pdf/thrive-nyc-road-map.pdf
[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6286273/

Housing Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Need description (Optional): Despite investment in supportive housing, including NY 15/15 which will create 15,000 new units of supportive housing for NYC by 2028, homelessness continues to increase and threatens to erase progress made, especially among New Yorkers with behavioral health concerns.[1] However, despite this investment in supportive housing, homelessness, continues to increase and threatens to erase progress made, especially among New Yorkers with behavioral health concerns.[2] Housing instability and homelessness are particularly important social determinants of health for people with behavioral health concerns; evidence shows that both housing instability and homelessness are linked to premature morbidity and mortality, as well as poorer mental and physical health outcomes. [3][4][5]

Since 2017 New York City has had more homeless individuals and families sleeping in Department of Homeless Services (DHS) shelters or rough on the streets than at any time since the Great Depression. Many homeless individuals are living with serious mental illness (SMI), substance use disorders (SUD) or other behavioral health concerns, further highlighting the importance of the supportive housing model, which provides subsidized permanent housing alongside wraparound care and social services for residents who need them.[6]

While many homeless individuals in New York City currently qualify for supportive housing due to SMI, SUD or other behavioral health issues, there is currently only one available unit of supportive housing for every five eligible applicants. There remains a significant need in New York City for both additional funding for supportive housing and additional units of supportive housing.

Stable housing is closely associated with a person's ability to protect and enhance their health and well-being and is associated with improved health and social outcomes for people who use drugs. However, people with a history of drug use are frequently denied housing services, due to program restrictions based on urine toxicology results and prior criminal legal system involvement. In order to recognize housing as a basic necessity and platform to improve an individual's health, supportive housing and other programs should take a "Housing First" approach, which does not restrict eligibility based on current or previous drug use.

People experiencing homelessness are more vulnerable to criminal legal system involvement, unnecessary hospitalizations, and potential for increased exposure to law enforcement on the subway system. In addition, the NYC Emergency Reentry Hotel program will end in December 2022, creating less housing inventory for people released from jail and prison.

Stable housing, particularly for justice-impacted and formerly incarcerated individuals returning to the community continues to be a fundamental determinant of health. To alleviate the burden of homelessness from formerly incarcerated individuals returning to the community, NYC DOHMH has

programs like the NYC Health Justice Network, which aims to connect participants to mental health and healthcare and works to assist with other challenges during reentry to community, including shortening the timeline and streamlining the application process for housing. DOHMH supports the continuation and expansion (program operations and funding) of short-term housing solutions for people returning from the criminal legal system. DOHMH supports standing up and expanding more permanent housing programs. Finally, DOHMH supports reforms to streamline the transitional housing process and to ensure continuity and consistency of supportive services, in order to ensure that there are no interruptions in housing for program participants.

In addition, housing for individuals with intellectual/developmental disabilities (I/DD) in NYC is a significant area of unmet need. For the past several years, adequate and accessible housing options for individuals with I/DD has been repeatedly identified as a key barrier to appropriate, continuous care for individuals and their families. As in the past, this year, housing options was ranked among the top five areas of concern by NYC DOHMH I/DD stakeholders.

More information may be needed to understand ways to expand least-restrictive housing options while maintaining high quality housing for individuals with I/DD. Many advocates, including Self-Advocacy Association of New York State (SANYS), believe enhanced regulatory flexibility is needed, and suggest further study of ways to improve regulatory flexibility in the housing arena. Finally, better prioritization of residential placements is needed. Specifically, stakeholders have expressed difficulty with finding placements for people with I/DD who live in the community but need housing as parents age and are no longer able to care for their children.

[1] https://www1.nyc.gov/assets/home/downloads/pdf/office-of-the-mayor/2022/Housing-Blueprint.pdf (pg. 63)
[2] Coalition for the Homeless. (2022). State of the Homeless 2022: New York at a Crossroads. Coalition for the Homeless. https://www.coalitionforthehomeless.org/wp-content/uploads/2022/03/StateofThe-Homeless2022.pdf.
[3] Taylor, L. (2018). “Housing and Health: An Overview of the Literature.” Health Affairs. https://doi.org/10.1377/hpb20180313.396577.
[4] Padgett, DK. (2020). Homelessness, housing instability and mental health: making the connections. BJPsych Bull. 44(5):197-201. doi: 10.1192/bjb.2020.49. PMID: 32538335; PMCID: PMC7525583.
[5] Fazel S, Geddes JR, Kushel M. (2014). The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. The Lancet. 384(9953):1529-40. doi: 10.1016/S0140-6736(14)61132-6.
[6] US Department of Housing and Urban Development. (2015). The 2015 Annual Homeless Assessment Report (AHAR) to Congress, Part 2: Estimates of Homelessness in the United States. US Department of Housing and Urban Development.

Inpatient Treatment Yes
Applies to OASAS? Yes
Applies to OMH? No
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Need description (Optional): NYC’s inpatient programs continue to screen for COVID-19 and maximize social distancing in congregate programs and have reduced bed capacity when needed to manage infections with OASAS oversight. These programs (especially non-hospital based) will have continued need of Personal Protective Equipment (PPE) and other materials to support infection control.

A number of hospital-based detox programs have been moving towards including their beds under med-surg during non-emergencies, which makes some sense in normalizing substance use withdrawal as a routine medical need. However, there is continued concern whether beds are made available equitably to those needing medically managed withdrawal when med-surg beds are in high demand. NYC DOHMH will be reviewing and monitoring changes in bed utilization in these settings as well as inviting comment from community groups to ensure proper access to these critical services.

Non-Clinical Supports Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Need description (Optional): Psychiatric rehabilitation and peer support services are important and often overlooked, complementary and/or alternative services to clinical services. After decades of flat enrollment, New York City successfully increased the number of people in clubhouses citywide by 30% with a $4M investment and coordinated recruitment effort. This expansion demonstrated previously unacknowledged demand for this valuable service. Additional financial investment is needed to expand the capacity and quality of psychiatric rehabilitation services available in NYC, and to promote broader awareness of these resources so that providers more routinely refer people to peer support, supported employment, education support and clubhouse services similar to referrals for clinical services. More Certified Peer Specialists are needed to staff the expanding field of non-clinical behavioral health services and considerable investments are needed to grow and support this workforce.

Outpatient Treatment Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Adults Only
Need description (Optional): Currently, New York City's Single Point of Access (SPOA) to mobile treatment and care coordination services manages access to 5,169 slots of Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), Shelter Partnered Assertive Community Treatment (SPACT) and Intensive Mobile Treatment (IMT) services.

NYC DOHMH developed IMT beginning in 2016 as a mental health service delivery model that assists with securing physical and behavioral health care, benefits, housing and community supports for New Yorkers with involvement with homeless services, criminal justice, and the behavioral health service systems, who may not meet eligibility criteria for ACT or FACT. The program has been very successful engaging people in care, helping them to move into stable housing and reducing criminal justice involvement. Based on this success, NYC has steadily increased capacity, which we expect to be over 800 slots by June 2023. The New York State Office of Mental Health (OMH) launched ten Shelter Partnered Assertive Community Treatment (SPACT) teams serving 680 individuals in select New York City shelters. OMH also recently awarded 10 ACT teams to increase capacity by another 680 individuals by spring of 2023.

Despite this substantial growth, demand for SPOA accessible mobile treatment services continues to outstrip capacity. We have identified two main reasons for this. First, referral sources—mostly hospitals, shelters and jails—report that Health Home Care Coordination, including Health Home Plus, does not meet the complex behavioral health, social and economic needs of their clients. Second, many clients remain in mobile treatment for prolonged periods of time. Providers report the step-down to clinic treatment, as too steep. To address the high demand that we see when it comes to accessing SPOA as well as the difficulty many individuals experience stepping down from ACT, NYC developed CONNECT as both a diversion and a step-down from the ACT-level of care. This demonstration project enhances and expands Article 31 clinics to provide rapid access to services and a more flexible and holistic approach to mental health that is engaged with the community and the whole person outside of the clinic walls and beyond the traditional doctor/therapist-patient interaction. We look forward to reporting on the success of this project in future Local Services Plans.

Prevention Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults

Need description (Optional): Despite significant investments in behavioral healthcare services in New York City, including investment specifically aimed at treatment of serious mental illness (SMI), serious psychological distress (SPD) and other behavioral health issues, there is “a considerable need to raise the priority given to the prevention of mental disorders and to the promotion of mental health through action on the social determinants of health.”[1]

Prevention is a central tenet of public health practice and yet when it comes to SMI, SPD and other behavioral health issues, prevention receives little attention or funding as compared to treatment within the mental healthcare system. The current model in New York City relies on treating behavioral health problems when they arise rather than preventing their onset.

Prevention is complex and relies on a wide array of resources and stakeholders; it is not relegated to the hospital, the clinic, or the physician's office but is diffused throughout the areas of society in which individuals are “born, live, work and age.16 Prevention often operates at the population level and is driven by politics and policy choices, economics, and social and cultural factors—what are often collectively referred to as social determinants of health (SDoH).16 Decades of research have indicated the outsized impact that these social determinants of health have on patterns of morbidity and mortality, and the extent to which addressing upstream social determinants improves health and health outcomes and prevents disease at the population level.[1][2][3]

A renewed focus on the social determinants of mental health (SDoMH) is required to adequately address prevention of SMI, SPD and other behavioral health issues in New York City. Since public health professionals and policymakers often disagree on what policies focused on social determinants of health should look like in practice, we call for an approach that is universal and grounded in social and economic rights—including the right to housing, healthcare, employment, and education—and which relies on publicly run and funded programs to provide these rights to New Yorkers. It is by now well documented that access to stable and affordable housing, healthcare, a living wage, and education are health protective in nature and that reducing inequalities in access to these health protective resources also works to reduce health inequalities more broadly.[1][3]

When it comes to social inequalities, New York City ranks particularly poorly with high rates of homelessness, income and wealth inequality, poverty, and unequal access to healthcare and higher education— New Yorkers of low social economic status are less likely to have stable access to healthcare or higher education and are far more likely to experience substandard mental and physical health and worse health outcomes.[3][4][5] Without meaningful state intervention to address this, SMI, SPD and other behavioral health issues will continue to disproportionately impact the most vulnerable New Yorkers and preventable health inequalities will continue to be commonplace.

New Yorkers of low SES are disproportionately represented among those with behavioral health issues, SPD and SMI. According to the 2020 NYC Community Health Survey:

- The prevalence of serious psychological distress (SPD) was significantly higher among those who are unemployed (8.2%) or not in the labor force (8.9%) compared to those who are employed (4.1%).
- The prevalence of SPD among those with an annual household income lower than 200% of the federal poverty level (FPL) was significantly higher (8.8%) than it was among those with household incomes that are greater than 400% of the FPL (4.0%).
- The prevalence of SPD was significantly higher among those with less than a high school education (8.5%), high school graduates (6.6%), and some college (6.5%) compared with those who are college graduates (4.8%).
- The prevalence of SPD was significantly higher among those who delayed paying or were unable to pay rent in the past 12 months (12.7%) compared to those who did not delay paying rent (4.9%).

Such data underscores the importance of an approach to prevention that is grounded in addressing the social and economic conditions that put individuals and populations at risk of poor mental and physical

health and worsening health outcomes. Concretely, this means ensuring that all New Yorkers have access to the health protective benefits of stable housing, healthcare, education, and a living wage, while also promoting policies like progressive taxation and wealth taxation that reduce income and wealth inequality and the health inequalities they lead to.[2][3][6][7] As the 2014 World Health Organization (WHO) report on the Social Determinants of Mental Health notes, "action [to address the social determinants of mental health] needs be universal: across the whole of society and proportionate to need in order to level the social gradient in health outcomes."[1]

Working to prevent behavioral health issues through action on the SDoMH is also a racial justice issue. Race-based health inequalities are often the result of decades of austerity and disinvestment in black and brown neighborhoods. Ensuring that all New Yorkers have access to housing, healthcare, higher education, and a living wage will not only benefit black and brown New Yorkers and improve racial health inequalities but promote behavioral health and health access to the entirety of the population.

With regard to youth and the impact of the COVID-19 pandemic, NYC DOHMH allocated/contracted substance misuse prevention programs have seen increased demand for early intervention counseling amongst youth with increased acute mental health symptoms. As the pandemic continues, youth struggle to adjust to interrupted developmental milestones and socialization, and experience trauma and loss associated with the pandemic. Other types of trauma also occurred particularly with immigrant families (e.g., separation trauma of split families in US and Latin America) as immigration policy was also affected by the pandemic.

Provision for a full continuum of prevention, treatment and recovery services and integrating them into spaces (e.g., schools, community center) where young people can access them freely and without barriers. More targeted services that addresses disparities that exist for young people of color and LGBTQ+ youths should also be prioritized.

More resources such as access to healthcare (physical, behavioral, and mental health) should be made available and more accessible for families of previously incarcerated persons and their communities. In addition, people with criminal legal system involvement need the stability of intensive housing in order to benefit from treatments for mental illness, substance use disorders, and/or trauma.

We recognize that many of the programs and policies outlined here fall outside of the purview of traditional public health discourse yet have an outsized impact on patterns of morbidity and mortality, mental and physical health outcomes and health inequalities. For these reasons we believe that a population approach to prevention, grounded in addressing the social determinants of mental health, is urgently needed in New York City.

[1] World Health Organization. (2014). Social Determinants of Mental Health. World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf
[2] Rose, G. (2001). Sick individuals and sick populations. Int J Epidemiol. 30(3):427-34. doi: 10.1093/ije/30.3.427.
[3] BG, Phelan J. (1995). Social conditions as fundamental causes of disease. J Health Soc Behav. Spec No:80-94. PMID: 7560851.
[4] US Department of Housing and Urban Development. (2021). The 2020 Annual Homeless Assessment Report (AHAR) to Congress, Part 1: Point-in-Time Estimates of Homelessness in the United States. US Department of Housing and Urban Development.
https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf
[5] Sommellier, E. and Price, M. (2018). The New Gilded Age: Income Inequality in the US by State, Metropolitan Area, and County. Economic Policy Institute (EPI). https://www.epi.org/publication/the-new-gilded-age-income-inequality-in-the-u-s-by-state-metropolitan-area-and-county/
[6] Pickett KE, Wilkinson RG. (2015). Income inequality and health: A Causal Review. Social Science & Medicine. 128:316-26.
[7] Piketty, T., & Goldhammer, A. (2013). Capital in the Twenty-First Century. Belknap Press: An Imprint of Harvard University Press.

Refugees and Immigrants Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Need description (Optional): Since May 2022, New York City has provided services to more than 11,000 asylum seekers arriving from the southern border of the United States.[1] NYC's Office of Immigrant Affairs (MOIA), in conjunction with NYC Emergency Management (NYEM) and other City agencies, has tapped NYC DOHMH to provide health insurance enrollment, mental health support, and referrals to pediatric care and immunizations. NYC DOHMH is the lead agency providing emotional support services to all incoming asylum seekers, including assisting those in distress to navigate the welcome center, reducing stressors, improving coping, and facilitating connection to case management services for ongoing support.

NYC DOHMH anticipates that this unprecedented influx of asylum seekers and refugees will continue into the foreseeable future and will require additional resources and funding in 2023 to meet mental health needs of the individuals and families currently experiencing crisis. NYC DOHMH recognizes that the refugees arriving via Texas are predominantly from Central and South America, and will need to ensure that services provided are culturally sensitive and, to the extent possible, in-language to promote engagement.

[1] https://www1.nyc.gov/office-of-the-mayor/news/666-22/mayor-adams-on-influx-asylum-seekers-arriving-new-york-city

Residential Treatment Services Yes
Applies to OASAS? Yes
Applies to OMH? No
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Need description (Optional): Congregate care settings, including crisis and residential bedded programs, experienced challenges in maintaining social distancing amongst participants and staff during the COVID-19 pandemic. NYS OASAS had issued guidance encouraging programs to reduce their census by discharging stabilized participants who had a safe place to isolate off-site and minimizing new admissions; some programs also reduced participant census due to staffing shortages.

However, since then, the most recent guidance issued on 7/18/22 encourages all programs to return to admitting and discharging participants based on criteria but adhering to infection control guidance from OASAS, state and local health departments.

Transition Age Services Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Youth Only
Need description (Optional): As noted elsewhere in the Local Services Plan, NYC DOHMH participated in DYCD's community coordinated planning process to support the health and well-being of youth experiencing homelessness, called "Opportunity Starts with a Home." The Youth Advisory Board (YAB) recommended that the City address the following needs for youth and young adults (YYA):
- Hire mental health professionals within DYCD shelters for more accessible mental health supports
- Improve access to existing health-related resources that meet a broad array of YYA basic needs, provide ongoing support, and offer training for YYA to lead healthy lives. (One-stop health clinic with 24/7 drop-in centers or establish formal connection with nearby clinics and ensure YYA is within their service capacity.)
- Ensure that YYA have a broad array of options to engage in social activities that help them

build relationships, develop skills, relieve stress, contribute to the community, and enjoy themselves.
• Increase opportunities for YYA survivors of violence to build healthy relationships and support their wellbeing.

Workforce Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Need description (Optional): NYC DOHMH has identified several persistent workforce issues in the behavioral health service system, further exacerbated by the COVID-19 pandemic. Low wages have been an ongoing concern for several staff titles, and NYC DOHMH stakeholders, including former NYC Regional Planning Consortium (RPC) and Community Services Board (CSB) members have reported that some of their staff would rather receive unemployment benefits than continue employment with such low pay. Additionally, there is a persistently high level of vacancies in the workforce that interfere with adequate service delivery.

With regard to the youth behavioral health system, workforce shortages are leading to long wait lists for appointments at child and adolescent clinics, hampering families' ability to access needed care in a timely manner. In particular, providers report a shortage of child psychiatrists, a lack of staff who are trained in evidence-based practices for kids, and a need for more bilingual staff.

NYC DOHMH-contracted specialized early childhood mental health programs, which serve young children 0-5, their families, and pregnant individuals, are similarly unable to meet the demand for their services. Contributing factors include challenges in recruiting and retaining clinicians, especially those who speak languages other than English and who have training and expertise in early childhood therapeutic models.

Similarly, stakeholders in the CSB Criminal Justice Committee expressed the need for more mental health doctors from Black and Brown communities in order to improve the level of culturally competent mental healthcare, particularly for young people. The Committee has stated that wealthier neighborhoods have more resources for youth to cope with stress and feelings and that the model for mental health in schools exists in wealthier neighborhoods. The CSB Criminal Justice Committee has advised that those types of program models should be available and implemented in Black and Brown communities.

With regard to the I/DD workforce, recruitment and retention have been repeatedly identified as a key barrier to appropriate, continuous care for individuals with I/DD and their families. The COVID-19 pandemic has further exacerbated a historic need to strengthen I/DD workforce recruitment and retention. While OPWDD has begun crucial work in this area, including dedicating 76% of the American Rescue Plan Act (ARPA) to workforce development grants and workforce incentives and bonuses, a variety of structural factors impact the DD workforce. These include high stress, low wages, a lack of professional development opportunities, a lack of retention incentives, and insufficient and/or ineffective marketing of DD workforce careers.

Direct Support Professionals (DSPs), both those employed directly by OPWDD as well as contracted providers through the nonprofit sector, remain the backbone of the I/DD workforce. These critical staff contribute to community habilitation programs, respite services, and congregate settings, among others, and essential to day-to-day programming. Chronic underfunding continues to create barriers to a sustainable, well-trained and supported workforce.

Stakeholders, including Self-Advocacy Association of New York State (SANYS) and the Interagency Council of Developmental Disabilities Agencies (IAC), have advocated for increased incentives for DSP training and professional development and have recommended that OPWDD promote opportunities for people to make their work a long-term career.

Addressing challenges with the DD workforce can have a cascading effect in improving other areas of unmet need impacted by staffing shortages, such as crisis services and service continuity for of

individuals with developmental disabilities.

NYC DOHMH will consider the merits of conducting a research study to better understand underlying I/DD workforce recruitment and retention concerns. Such a study would be conducted in collaboration with intergovernmental partners (OPWDD, etc.) and among contractors for services.

In 2021, NYC conducted a survey on the Effects of COVID-19 on Peer Support Workforce (n= 275). Findings included:[1]

- 50% of Peer support workers said the in-ability to meet in-person was the biggest barrier to delivering services during the pandemic.
- 48% reported technology as the most critical new skill they learned, yet 45% felt they were not very well or only somewhat supported in learning how to use technology.

These findings suggest there is an area of ongoing need for peer support workers (and individuals supervising their work) to ensure that they are able to successfully integrate technology into their work.

Additionally, in 2021, NYC DOHMH conducted interviews and focus groups with key stakeholders (n=85) to learn:

- How Peer Support Workers found information about substance use and the substance use prevention, harm reduction, treatment and recovery.
- How Peer Support Workers found information about mental health and the mental health recovery services.
- What information was most urgently needed but could not be found for either need.
- What barriers and gaps they encountered when seeking information.

In general, participants preferred finding information through the certification entity but reported difficulty accessing general information and resources outside of their system and found government websites difficult to navigate (I.e., excessive use of jargon, acronyms, outdated information, etc.).

Participants also reported struggling to find information about trainings and professional development opportunities outside of their immediate system through formal channels such as websites and listservs and often relied on word of mouth.

A centralized system for receiving workforce information and updates has been identified as essential to the advancement of the Peer and Community Health Worker workforce. However, there is currently no central point of access for all peer support workers (PSWs) to obtain information on training, continuing education units (CEU) and professional development opportunities, or general community resources of interest to the workforce. Focus group participants strongly supported a better coordinated system for sharing information specific to the peer support workforce and general resources they can use to support their clients.

Potential employment opportunities for family peer advocates and youth peer advocates is growing with the addition of these services to the Part 599 regulations. Family and youth advisors and related LGU staff identified the following steps needed to successfully integrate family and youth peers into the clinic workforce:

With regard to peers:

- Training on the role of family and youth peer advocates in the clinic setting as well as interventions used in clinical settings.
- Training should include how to work in tandem with treatment staff (therapists and other clinicians) and prepare advocates for the cultural and environmental shift of moving into a clinical setting.
- Professional development opportunities to foster personal growth, leadership skills, and promotional opportunities, alongside ongoing support through supervision.

Regarding employers:

Regarding employers:

- Training to ensure that supervisors know how to support the growth and development of the peer workforce and will consider the specific and unique needs of peers, who may still be experiencing mental health related needs.
- Training should foster an understanding of how FPA and YPA work is different from and at the same time supportive of mental health treatment (individual and group therapy) and case management.
- Flexible work arrangements for FPAs and YPAs who make seek career advancement through per diem or part-time work as they rely on public benefits.
- Integration of the peer workforce at the leadership level to contribute to interdisciplinary case studies, grand rounds, and treatment planning.

[1] https://aps-community.org/nyc-survey-effects-of-covid-19-on-peer-support-workforce/

Harm Reduction Services to Combat Overdose Epidemic Yes
Applies to OASAS? Yes
Applies to OMH? No
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Need description (Optional): Unintentional drug overdose deaths in NYC are at an all-time high, with 1,956 overdoses reported in the first three quarters of 2021. When the data is finalized, 2021 will have been, by far, the deadliest year on record for overdose deaths. As a result, there is a need to strengthen and enhance harm reduction services and initiatives to respond to the magnitude of the overdose crisis.

Harm reduction is an evidence-based set of strategies that empower people who use drugs to make informed decisions about their drug use to prevent overdose, disease transmission, and other health consequences. Harm reduction services are primarily administered by syringe service programs (SSPs), community-based health care organizations that distribute sterile syringes, collect and dispose of used syringes, and provide other health services at no cost. SSPs are a highly successful and proven public health intervention which reduce the transmission of HIV, hepatitis C, and other blood-borne diseases among people who inject drugs.

In March 2021, NYC committed an additional $9 million annually to address recent increases in overdose deaths, one component of which was dedicated to expanding outreach, syringe litter clean-up, and drop-in services at SSPs in high-need neighborhoods. However, increased funding for SSPs is needed to address unmet needs for mental health, health care, and basic needs services (including food and hygiene services) among participants, as evidenced by a recent NYC DOHMH survey of SSP participants.[1] Expanding syringe litter clean-up and outreach services and syringe kiosks to additional neighborhoods would also address community concerns of syringe litter.

Additional funding is also required to expand fentanyl test strip distribution and drug-checking services, two key initiatives which identify the presence of fentanyl and other potent substances in drugs to inform the use of overdose prevention and risk reduction strategies. These tools are of heightened importance as the increasing presence of fentanyl in the drug supply continues to drive the overdose epidemic. Further, increased funding for harm reduction services would allow for the expansion of syringe litter clean-up, outreach services, and syringe kiosks to additional neighborhoods, addressing community concerns of syringe litter and public drug use.

Finally, Overdose Prevention Center (OPC) services have demonstrated efficacy in preventing overdose deaths, reducing illness and injury related to drug use, and connecting people to services. There is a need to expand OPC services in neighborhoods experiencing high burdens of overdose deaths. However, OPCs can only currently receive private donations and therefore cannot be funded by the City at this time.

[1] Dominguez Gomez L, Jessell L, Zaidi I, Nolan M, Harocopos A. Basic Needs among People Who Use Opioids in New York City during the COVID-19 Pandemic. New York City Department of Health and Mental Hygiene: Epi Data Brief (131); February 2022.

Emergency Preparedness in the Behavioral Health Service System Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Need description (Optional): Research data and anecdotal evidence from previous large-scale disasters and public health emergencies (e.g., Superstorm Sandy, Ebola, and the COVID-19 pandemic) highlighted the need for a better prepared workforce in the behavioral health service system to address the behavioral support needs generated by these events. Service recipients of all three areas of the behavioral health service system are often left out of disaster planning and preparedness, contributing to an inadequate response to their event-related behavioral health needs. This can cause unnecessary burden on the service recipient and potentially worsen their condition.

NYC DOHMH identified gaps in planning, preparedness, and mitigation activities in response to these public health emergencies, which contributed to less-than-optimal readiness to 1) support staff's emotional health and well-being, 2) prevent burnout and costly high staff turn around, and 3) provide adequate and timely behavioral health support services to individuals and communities most impacted by the incident. The COVID-19 pandemic further exacerbated these deficiencies and highlighted a critical need to address them.

NYC DOHMH requires support from city and state leadership to develop comprehensive, standardized, and scalable behavioral health readiness plans in response to large-scale disasters and public health emergencies. In addition to coordinated action plans, protocols, trainings, and opportunities for collaboration and resource sharing will need to be explored and developed. Furthermore, resources and support will be necessary to increase response capacity and share best practices with service providers and community members.

LGU Representative: Kirklyn Escondo

Submitted for: NYC Department of Health and Mental Hygiene