Goals and Objectives 2024-2027
NYC Department of Health and Mental Hygiene

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Goal 1

Goal 1: Title Provide children and youth with mental health care and developmental disabilities services that is timely, culturally responsive, accessible, and affordable
Goal 1: Target Completion Date Dec 31, 2027
Goal 1: Description Provide children and youth with mental health care and developmental disabilities services that is timely, culturally responsive, accessible, and affordable
Goal 1: OASAS? Yes Goal 1: OMH? Yes Goal 1: OPWDD? Yes
Goal 1: Need Addressed 1 Adverse Childhood Experiences
Goal 1: Need Addressed 2
Goal 1: Need Addressed 3

Goal 1, Objective 1: Title Leverage and increase accessibility of telehealth as part of a continuum of care.
Goal 1, Objective 1, Target Completion Date Dec 31, 2027
Goal 1, Objective 1, Description

Goal 1, Objective 2: Title Support youth facing a mental health crisis
Goal 1, Objective 2, Target Completion Date Dec 31, 2027
Goal 1, Objective 2, Description

Goal 1, Objective 3: Title Increase appropriate care for children and youth impacted by inequities leading to disparate mental health outcomes.
Goal 1, Objective 3, Target Completion Date Dec 31, 2027
Goal 1, Objective 3, Description

Goal 1, Objective 4: Title Build out school capacity to provide and connect children and youth to care.
Goal 1, Objective 4, Target Completion Date Dec 31, 2027
Goal 1, Objective 4, Description

Goal 1, Objective 5: Title Guide mental health system improvements informed by the experiences of youth and families.
Goal 1, Objective 5, Target Completion Date Dec 31, 2027
Goal 1, Objective 5, Description

Goal 1, Objective 6: Title Ensure NYC Well is a more youth-friendly service and increase awareness of and use of NYC Well by youth, their families and child/youth-serving providers.
Goal 1, Objective 6, Target Completion Date Dec 31, 2027
Goal 1, Objective 6, Description

Goal 2

Goal 2: Title Improve access to prevention interventions for children and youth exposed to risk factors
Goal 2: Target Completion Date Dec 31, 2027
Goal 2: Description Improve access to prevention interventions for children and youth exposed to risk factors
Goal 2: OASAS? Yes Goal 2: OMH? Yes Goal 2: OPWDD? Yes
Goal 2: Need Addressed 1 Adverse Childhood Experiences
Goal 2: Need Addressed 2
Goal 2: Need Addressed 3

Goal 2, Objective 1: Title Provide early identification, intervention, and prevention services within systems that serve and support children and youth.
Goal 2, Objective 1, Target Completion Date Dec 31, 2027
Goal 2, Objective 1, Description

Goal 2, Objective 2: Title Expand supports focused on maternal mental health.

Goal 2, Objective 2, Target Completion Date Dec 31, 2027
Goal 2, Objective 2, Description

Goal 2, Objective 3: Title Create a child and youth mental health “safety net”.
Goal 2, Objective 3, Target Completion Date Dec 31, 2027
Goal 2, Objective 3, Description

Goal 2, Objective 4: Title Expand mental health knowledge, skills, and strategies among Youth-serving Community Based Organization (CBO) staff that will enhance their capacity to identify and address mental health needs among community youth and their families.
Goal 2, Objective 4, Target Completion Date Dec 31, 2027
Goal 2, Objective 4, Description

Goal 2, Objective 5: Title Develop a strong partnership with a mental health clinic partner (MHP) that will facilitate referrals for youth when appropriate. Joint trainings and strategies such as warm handoffs, regular consultation and coaching with CBO staff will support service coordination. Further CBO staff will apply acquired skills such as mental health awareness, screening and “light touch” counseling to expand possible intervention options.
Goal 2, Objective 5, Target Completion Date Dec 31, 2027
Goal 2, Objective 5, Description

Goal 2, Objective 6: Title Support development of protective factors for youth at risk of problem substance use by funding community coalitions.
Goal 2, Objective 6, Target Completion Date Dec 31, 2027
Goal 2, Objective 6, Description

Goal 2, Objective 7: Title Intensify support and provide early intervention for youth and families affected by problem substance use.
Goal 2, Objective 7, Target Completion Date Dec 31, 2027
Goal 2, Objective 7, Description

Goal 3
Goal 3: Title Improve quality of life by increasing investments in stable housing
Goal 3: Target Completion Date Dec 31, 2027
Goal 3: Description Improve quality of life by increasing investments in stable housing
Goal 3: OASAS? Yes Goal 3: OMH? Yes Goal 3: OPWDD? Yes
Goal 3: Need Addressed 1 Housing
Goal 3: Need Addressed 2
Goal 3: Need Addressed 3

Goal 3, Objective 1: Title Make safe and stable housing more available, affordable and accessible to help improve the quality of life of New Yorkers with Serious Mental Illness (SMI) and intellectual/developmental disabilities (I/DD).
Goal 3, Objective 1, Target Completion Date Dec 31, 2027
Goal 3, Objective 1, Description

Goal 3, Objective 2: Title Integrate intensive mental health supports for people with SMI to be able to maintain stable housing after leaving a shelter through the NYC Department of Homeless Services Enhanced Aftercare program.
Goal 3, Objective 2, Target Completion Date Dec 31, 2027
Goal 3, Objective 2, Description

Goal 3, Objective 3: Title Coordinate with NYS to increase the number of transitional housing units for people with SMI, autism, and dually-diagnosed I/DD who require this support to live safely in the community, especially people coming out of hospitals, jails, or prisons.
Goal 3, Objective 3, Target Completion Date Dec 31, 2027
Goal 3, Objective 3, Description

Goal 3, Objective 4: Title Open 8,000 units of permanent supportive housing for people with SMI (note: the City set a goal of developing 15,000 units of supportive housing over 15 years and reached 7,000 to date), and preserve existing supportive housing units for people with SMI while accounting for increasing costs.
Goal 3, Objective 4, Target Completion Date Dec 31, 2027
Goal 3, Objective 4, Description

Goal 3, Objective 5: Title Streamline processes through policy changes and reform them across agencies to reduce the time and paperwork to apply for and access permanent supportive housing, as part of implementing Housing Our Neighbors: A Blueprint for Housing and Homelessness.
Goal 3, Objective 5, Target Completion Date Dec 31, 2027
Goal 3, Objective 5, Description

Goal 3, Objective 6: Title Increase access to stable housing for people with development disabilities by increasing residential options for people who have aged out of state placements; Increase access to new and existing community-based housing units for people with developmental disabilities, including those who need 24-hour nursing services and those living at home with aging caregivers.
Goal 3, Objective 6, Target Completion Date Dec 31, 2027
Goal 3, Objective 6, Description

Goal 3, Objective 7: Title Expand housing options for people who use drugs.
Goal 3, Objective 7, Target Completion Date Dec 31, 2027
Goal 3, Objective 7, Description

Goal 4
Goal 4: Title Expand City infrastructure for rehabilitative supports, social services, education, and employment for people with SMI, intellectual/developmental disabilities (I/DD) and/or impacted by the criminal justice system
Goal 4: Target Completion Date Dec 31, 2027
Goal 4: Description Expand City infrastructure for rehabilitative supports, social services, education, and employment for people with SMI, intellectual/developmental disabilities (I/DD) and/or impacted by the criminal justice system
Goal 4: OASAS? Yes Goal 4: OMH? Yes Goal 4: OPWDD? Yes
Goal 4: Need Addressed 1 Non-Clinical supports
Goal 4: Need Addressed 2
Goal 4: Need Addressed 3

Goal 4, Objective 1: Title Ensure that people with SMI are part of the wider community and supported with education, employment and relationship-building opportunities.
Goal 4, Objective 1, Target Completion Date Dec 31, 2027
Goal 4, Objective 1, Description

Goal 4, Objective 2: Title Ensure that families impacted by mental illness are adequately supported.
Goal 4, Objective 2, Target Completion Date Dec 31, 2027
Goal 4, Objective 2, Description

Goal 4, Objective 3: Title Increase and vary employment and internship opportunities to increase the number of people with developmental disabilities who are employed so that employment is person-centered and customized. Efforts may include promotional events such as career fairs and collaborative efforts with OPWDD DDROs, local Chambers of Commerce and other local partners, including not-for-profit entities.
Goal 4, Objective 3, Target Completion Date Dec 31, 2027
Goal 4, Objective 3, Description

Goal 4, Objective 4: Title Through local contracting with vocational support service providers in all 5 boroughs, increase the number of individuals with I/DD (who are not eligible for OPWDD employment support services) who are successfully placed in internships or employed.
Goal 4, Objective 4, Target Completion Date Dec 31, 2027
Goal 4, Objective 4, Description

Goal 4, Objective 5: Title Support and invest in people returning to the community from jails and prisons.
Goal 4, Objective 5, Target Completion Date Dec 31, 2027
Goal 4, Objective 5, Description

Goal 4, Objective 6: Title Provide vocational support for people who are chronically excluded from the workforce.
Goal 4, Objective 6, Target Completion Date Dec 31, 2027
Goal 4, Objective 6, Description

Goal 4, Objective 7: Title Increase referral and capacity at the Support and Connection Centers [to connect community members who are at-risk for legal system involvement to physical health, behavioral health, and social support services.
Goal 4, Objective 7, Target Completion Date Dec 31, 2027
Goal 4, Objective 7, Description

Goal 4, Objective 8: Title Increase participant enrollment to NYC's Health Justice Network participant by identifying additional criminal justice serving partner sites to join the HJN network.
Goal 4, Objective 8, Target Completion Date Dec 31, 2027
Goal 4, Objective 8, Description

Goal 5
Goal 5: Title Serve New Yorkers in mental health crisis through a health-led response
Goal 5: Target Completion Date Dec 31, 2027

Goal 5: Description Serve New Yorkers in mental health crisis through a health-led response
Goal 5: OASAS? No Goal 5: OMH? Yes Goal 5: OPWDD? No
Goal 5: Need Addressed 1 Crisis Services
Goal 5: Need Addressed 2
Goal 5: Need Addressed 3

Goal 5, Objective 1: Title Improve the experience of New Yorkers who are facing a mental health crisis through strengthened connections to a range of community-based supports and acute care services.
Goal 5, Objective 1, Target Completion Date Dec 31, 2027
Goal 5, Objective 1, Description

Goal 5, Objective 2: Title Improve access to and use of crisis stabilization options, including hospitalization and alternatives, for people with SMI in need of intensive and supportive care.
Goal 5, Objective 2, Target Completion Date Dec 31, 2027
Goal 5, Objective 2, Description

Goal 5, Objective 3: Title Collaborate with Asian American, Native Hawaiian, and Pacific Islander (AANHPI) stakeholders to promote awareness, acceptance, and action for mental health concerns, causes, and supports within NYC AANHPI communities.
Goal 5, Objective 3, Target Completion Date Dec 31, 2027
Goal 5, Objective 3, Description

Goal 5, Objective 4: Title Enhance, expand and strengthen programs and initiatives that center behavioral health community preparedness, engagement, and crisis response.
Goal 5, Objective 4, Target Completion Date Dec 31, 2027
Goal 5, Objective 4, Description

Goal 6
Goal 6: Title Advance a range of accessible and high-quality supports and services across the continuum of prevention, treatment, recovery and harm reduction, to reduce the risk of death and drug-related harms and enhance quality of life for individuals with substance use disorders, with a focus on neighborhoods with the highest overdose death rates
Goal 6: Target Completion Date Dec 31, 2027
Goal 6: Description Advance a range of accessible and high-quality supports and services across the continuum of prevention, treatment, recovery and harm reduction, to reduce the risk of death and drug-related harms and enhance quality of life for individuals with substance use disorders, with a focus on neighborhoods with the highest overdose death rates
Goal 6: OASAS? Yes Goal 6: OMH? No Goal 6: OPWDD? No
Goal 6: Need Addressed 1 Other
Goal 6: Need Addressed 2
Goal 6: Need Addressed 3

Goal 6, Objective 1: Title Expand citywide naloxone distribution.
Goal 6, Objective 1, Target Completion Date Dec 31, 2027
Goal 6, Objective 1, Description

Goal 6, Objective 2: Title Expand and enhance nonfatal overdose response efforts.
Goal 6, Objective 2, Target Completion Date Dec 31, 2027
Goal 6, Objective 2, Description

Goal 6, Objective 3: Title Optimize and expand overdose prevention services.
Goal 6, Objective 3, Target Completion Date Dec 31, 2027
Goal 6, Objective 3, Description

Goal 6, Objective 4: Title Understand and respond to the risks of an unregulated drug supply.
Goal 6, Objective 4, Target Completion Date Dec 31, 2027
Goal 6, Objective 4, Description

Goal 6, Objective 5: Title Enhance the scope and reach of existing harm reduction, treatment and recovery services.
Goal 6, Objective 5, Target Completion Date Dec 31, 2027
Goal 6, Objective 5, Description

Goal 6, Objective 6: Title Optimize the availability, accessibility and acceptability of evidence-based treatment.
Goal 6, Objective 6, Target Completion Date Dec 31, 2027
Goal 6, Objective 6, Description

Goal 7
Goal 7: Title Support children, families and communities affected by the overdose crisis

Goal 7: Target Completion Date Dec 31, 2027
Goal 7: Description Support children, families and communities affected by the overdose crisis
Goal 7: OASAS? Yes Goal 7: OMH? No Goal 7: OPWDD? No
Goal 7: Need Addressed 1 Other
Goal 7: Need Addressed 2
Goal 7: Need Addressed 3

Goal 7, Objective 1: Title Provide support to families who have lost a loved one to overdose.
Goal 7, Objective 1, Target Completion Date Dec 31, 2027
Goal 7, Objective 1, Description

Goal 7, Objective 2: Title Enhance place-based capacity to support and respond to community needs.
Goal 7, Objective 2, Target Completion Date Dec 31, 2027
Goal 7, Objective 2, Description

Goal 8
Goal 8: Title Advance systems improvements and equitable access to behavioral health care for NYC residents with public or private insurance
Goal 8: Target Completion Date Dec 31, 2027
Goal 8: Description Advance systems improvements and equitable access to behavioral health care for NYC residents with public or private insurance
Goal 8: OASAS? Yes Goal 8: OMH? Yes Goal 8: OPWDD? Yes
Goal 8: Need Addressed 1 Cross System Services
Goal 8: Need Addressed 2
Goal 8: Need Addressed 3

Goal 8, Objective 1: Title Educate a minimum of 400 NYC service providers and insurance beneficiaries per year on behavioral health parity laws, beneficiary rights, and mechanisms for appeals and complaints.
Goal 8, Objective 1, Target Completion Date Dec 31, 2027
Goal 8, Objective 1, Description

Goal 8, Objective 2: Title Continue to implement social media campaigns to raise awareness among NYC residents and service providers regarding behavioral health parity and rights to accessing care.
Goal 8, Objective 2, Target Completion Date Dec 31, 2027
Goal 8, Objective 2, Description

Goal 8, Objective 3: Title Assess feasibility within existing city agency services to 1) identify behavioral health parity violations, 2) direct individuals to resources, and 3) elevate issues to state regulatory authorities.
Goal 8, Objective 3, Target Completion Date Dec 31, 2027
Goal 8, Objective 3, Description

Goal 8, Objective 4: Title Convene commercial insurance plans, MH and SUD providers, provider and insurer membership associations, and accreditation organizations to fill in information gaps on the MH/SUD care landscape and promote the expansion of behavioral health networks and services covered by commercial insurance plans.
Goal 8, Objective 4, Target Completion Date Dec 31, 2027
Goal 8, Objective 4, Description

Goal 8, Objective 5: Title Educate a minimum of 300 NYC providers and beneficiaries per year on Medicaid managed behavioral healthcare by offering trainings and disseminating information via periodic newsletters.
Goal 8, Objective 5, Target Completion Date Dec 31, 2027
Goal 8, Objective 5, Description

Goal 8, Objective 6: Title Support NYC's behavioral health providers interested in preparing for Value Based Payment (VBP) arrangements by offering trainings on VBP 101, data collection, and networking.
Goal 8, Objective 6, Target Completion Date Dec 31, 2027
Goal 8, Objective 6, Description

Goal 8, Objective 7: Title Increase readiness among NYC behavioral health providers for participation in value based payment arrangements by offering VBP readiness assessments and facilitating connections to payors, hospital systems and primary care partners.
Goal 8, Objective 7, Target Completion Date Dec 31, 2027
Goal 8, Objective 7, Description

Goal 9
Goal 9: Title Advance anti-racist health and social policies, laws, and practices that support the well-being of New Yorkers disproportionately impacted and criminalized due to structural racism

Goal 9: Target Completion Date Dec 31, 2027
Goal 9: Description Advance anti-racist health and social policies, laws, and practices that support the well-being of New Yorkers disproportionately impacted and criminalized due to structural racism
Goal 9: OASAS? Yes Goal 9: OMH? Yes Goal 9: OPWDD? Yes
Goal 9: Need Addressed 1 Other
Goal 9: Need Addressed 2
Goal 9: Need Addressed 3

Goal 9, Objective 1: Title Build collaboration and policy support for criminal legal system reforms with internal and external partners.
Goal 9, Objective 1, Target Completion Date Dec 31, 2027
Goal 9, Objective 1, Description

Goal 9, Objective 2: Title Remove the stigma associated with talking about criminal legal system through messaging and outreach.
Goal 9, Objective 2, Target Completion Date Dec 31, 2027
Goal 9, Objective 2, Description

Goal 9, Objective 3: Title Increase awareness of the health disparities among individuals who have been impacted by the criminal legal system.
Goal 9, Objective 3, Target Completion Date Dec 31, 2027
Goal 9, Objective 3, Description

Goal 9, Objective 4: Title Increase awareness of the impact of social determinants of health on populations disproportionately impacted and criminalized due to systemic racism.
Goal 9, Objective 4, Target Completion Date Dec 31, 2027
Goal 9, Objective 4, Description

Goal 9, Objective 5: Title Elevate surveillance data to inform and advance evidence-based policy development and recommendations.
Goal 9, Objective 5, Target Completion Date Dec 31, 2027
Goal 9, Objective 5, Description

Goal 9, Objective 6: Title Enhance reentry services for people impacted by SMI and the criminal legal system.
Goal 9, Objective 6, Target Completion Date Dec 31, 2027
Goal 9, Objective 6, Description

Goal 9, Objective 7: Title Address racial inequities in health care services and treatment for New Yorkers of color with SMI.
Goal 9, Objective 7, Target Completion Date Dec 31, 2027
Goal 9, Objective 7, Description

Goal 10
Goal 10: Title Support provider organizations in recruitment and retention of the behavioral health workforce
Goal 10: Target Completion Date Dec 31, 2027
Goal 10: Description Support provider organizations in recruitment and retention of the behavioral health workforce
Goal 10: OASAS? Yes Goal 10: OMH? Yes Goal 10: OPWDD? Yes
Goal 10: Need Addressed 1 Workforce
Goal 10: Need Addressed 2
Goal 10: Need Addressed 3

Goal 10, Objective 1: Title In collaboration with state partners, explore/develop a mechanism for collecting reliable data on staff attrition in the behavioral health service system.
Goal 10, Objective 1, Target Completion Date Dec 31, 2027
Goal 10, Objective 1, Description

Goal 10, Objective 2: Title Research existing loan forgiveness programs and innovative models for recruitment and retention, including barriers, challenges, and limitations and disseminate among contracted providers.
Goal 10, Objective 2, Target Completion Date Dec 31, 2027
Goal 10, Objective 2, Description

Goal 10, Objective 3: Title Host feedback sessions with different types of providers (i.e., social workers, peer support workers, community health workers, etc.) to assess their experiences in the behavioral health workforce and develop provider-informed strategies for recruitment and retention.
Goal 10, Objective 3, Target Completion Date Dec 31, 2027
Goal 10, Objective 3, Description

Goal 10, Objective 4: Title Work with community partners to assess emerging needs of the expanding peer workforce and identify strategies to support successful workforce integration.
Goal 10, Objective 4, Target Completion Date Dec 31, 2027
Goal 10, Objective 4, Description

Goal 10, Objective 5: Title Partner with State and community partners to assess the need for long-term technology training and develop a strategy to boost and maintain technology skills among the peer workforces.
Goal 10, Objective 5, Target Completion Date Dec 31, 2027
Goal 10, Objective 5, Description

Goal 10, Objective 6: Title Partner with OMH, OASAS, and NYC community partners to assess the current availability of integrated care training for peer support works and develop a strategy to address unmet need.
Goal 10, Objective 6, Target Completion Date Dec 31, 2027
Goal 10, Objective 6, Description

Goal 10, Objective 7: Title Partner up with criminal justice re-entry programs to increase job development and placement for individuals with criminal justice involvement.
Goal 10, Objective 7, Target Completion Date Dec 31, 2027
Goal 10, Objective 7, Description

Goal 10, Objective 8: Title In partnership with OMH and OASAS, mitigate the impact of Adverse Childhood Experiences by collaborating with trauma survivors and trauma champions to advance collective understanding of trauma, improve practice, and support resilience by increasing the availability of training and technical assistance.
Goal 10, Objective 8, Target Completion Date Dec 31, 2027
Goal 10, Objective 8, Description

Goal 10, Objective 9: Title Identify organizations that work with peer educators in congregate, correctional settings and identify partnership opportunities between organizations and providers to create an employment pipeline from the congregate setting to field placement and employment (e.g. Osborne Association, Bard College Prison Initiative, organizations who work with peer educators and find employment pathways for this pool of potential workers).
Goal 10, Objective 9, Target Completion Date Dec 31, 2027
Goal 10, Objective 9, Description

Update to 2024-2027 Goals and Objectives
NYC Department of Health and Mental Hygiene

Anika Kalra, Sr Planning Analyst
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Goal 1	
Title	Provide children and youth with mental health care and developmental disabilities services that is timely, culturally responsive, accessible, and affordable
Update	Please see Objective updates for details on progress towards meeting Goal 1. We would like to update the language of Objective 1.6.

OBJECTIVES	
Leverage and increase accessibility of telehealth as part of a continuum of care.	Ongoing
Support youth facing a mental health crisis	Ongoing
Increase appropriate care for children and youth impacted by inequities leading to disparate mental health outcomes.	Ongoing
Build out school capacity to provide and connect children and youth to care.	Ongoing
Guide mental health system improvements informed by the experiences of youth and families.	Ongoing
Ensure NYC Well is a more youth-friendly service and increase awareness of and use of NYC Well by youth, their families and child/youth-serving providers.	Ongoing

OBJECTIVE UPDATES
Objective 1.1: Leverage and increase accessibility of telehealth as part of a continuum of care | In November 2023, NYC DOHMH's Bureau of Children, Youth, and Families and Developmental Disabilities (CYF-DD) launched NYC Teenspace, a free, digital mental health service for NYC teens aged 13-17. Over 6,000 youth have enrolled since the start of the program and have access to licensed therapists to message, speak on the phone with, or videochat, and self-guided lessons and exercises to support mental well-being.
Objective 1.2: Support youth facing a mental health crisis | The Bureau of Children, Youth, and Families and Developmental Disabilities (CYF-DD) at NYC DOHMH is partnering with New York City Health + Hospitals (NYC H+H) to implement a new hospital-based suicide prevention program. In May 2024, the program is launching in hospitals in Queens. The Caring Transitions Program supports youth who present to the hospital following a suicide attempt or serious suicide related behavior. Services include follow-up care and transition support; connections to clinical and community support; caregiver support; and bridging clinical services. Additionally, in collaboration with NYC Public Schools and Health and Hospitals, DOHMH is implementing the Mental Health Continuum Initiative which aims to increase access to mental health services and decrease use of 911 in 50 high needs schools. Through this initiative, DOHMH aims to increase awareness and use of Children Mobile Crisis Teams (CMCTs) among schools. To support this effort, Guidance for Schools on Accessing 988 and Children's Mobile Crisis Teams was developed and administered to all school principals.
Objective 1.3: Increase appropriate care for children and youth impacted by inequities leading to disparate mental health outcomes | NYC DOHMH's Bureau of Children, Youth, and Families and Developmental Disabilities (CYF-DD) is currently planning the following two suicide prevention demonstration projects to address the needs of BIPOC youth (implementation expected by Summer 2024): • Dialectical Behavioral Therapy for Adolescents (DBT-A) - DBT-A has the most empirical support for suicide and self-harm behaviors among youth. While there is preliminary evidence that DBT-A is effective in reducing emotion dysregulation and increasing adaptive coping in a sample of BIPOC youth, more research is required to understand how to address racism and other sociocultural stressors that impact this population. Partners include Montefiore Medical Center and Rutgers Graduate School of Applied and Professional Psychology. • Family Check-Up for Asian American Families (FCU-AA) - FCU is effective in reducing mental health symptoms in children, including suicide risk. While FCU has been tested on diverse populations, there has never been research into the efficacy of the model for Asian youth and their families. FCU-AA will provide individual psychotherapy for Asian-American adolescents and trainings for caregivers around managing difficult emotions associated with suicide risk. Partners include Teachers College, Columbia, and Hamilton-Madison House Additionally, CYF-DD coordinated with the Department of Youth and Community Development (DYCD) to increase the knowledge of staff working in DYCD's youth programs on the range of mental health services available to young people and to improve homeless youth's access to these services.
Objective 1.4: Build out school capacity to provide and connect children and youth to care | The Bureau of Children, Youth, and Families and Developmental Disabilities (CYF-DD) at NYC DOHMH is supporting the expansion of school-based mental health clinics by coordinating and planning with NYS Office of Mental Health (OMH) and DOHMH's Office of School Health (OSH). This includes consulting with interested providers, reviewing licensing applications, and tracking application data. As of April 2024 in NYC, 10 new clinics were approved to open this school year (2023-2024), and 19 new clinics are in the approval process. Additionally, CYF-DD, in collaboration with NYC Public Schools and NYC Health and Hospitals (NYC H+H), is implementing the Mental Health Continuum Initiative to increase access to mental health services and decrease use of 911 in 50 high needs schools. Through this initiative, DOHMH aims to increase awareness and use of Children Mobile Crisis Teams (CMCTs) among schools. To support this effort, we developed a tip sheet providing guidance for schools on accessing 988 and Children's Mobile Crisis Teams and administered it to all school principals. We also consulted NYC H+H in the licensing application process and reviewed applications to establish school-based mental health satellite clinics in 16 of the 50 high needs schools.
Objective 1.5: Guide mental health system improvements informed by the experiences of youth and families | The Bureau of Children, Youth, and Families and Developmental Disabilities (CYF-DD) at NYC DOHMH is implementing Centering Children and Families in NYC's System of Care with the support of a SAMHSA System of Care Expansion Grant. CYF-DD is developing a Community-Based Participatory Action Research approach to support our efforts to partner with youth, families and other stakeholders to identify and implement needed improvements to the children's mental health care system in NYC. By June 2024, we will complete all community forums with youth, families, and providers, and we will take a participatory approach to identifying priorities for system improvements based on the collective feedback received.
Objective 1.6 (changed): Ensure online mental health service directories and other navigational resources are more youth-friendly and increase use of such resources by youth, their families, and child/youth-serving providers | NYC DOHMH's Bureau of Children, Youth, and Families and Developmental Disabilities (CYF-DD) and NYS Office of Mental Health (OMH), in collaboration with the Bureau of Mental Health (BMH), secured resources to design a new mental health resource website to support New

Yorkers, including young people and their family members, in identifying and accessing mental health supports/services based on mental health needs. We anticipate the website to be launched in the summer 2024 (see Objective 11.2 for further details).

Goal 2

Title	Improve access to prevention interventions for children and youth exposed to risk factors
Update	Please see Objective updates for details on progress towards meeting Goal 2.

OBJECTIVES

Provide early identification, intervention, and prevention services within systems that serve and support children and youth.	Ongoing
Expand supports focused on maternal mental health.	Ongoing
Create a child and youth mental health "safety net".	Ongoing
Expand mental health knowledge, skills, and strategies among Youth-serving Community Based Organization (CBO) staff that will enhance their capacity to identify and address mental health needs among community youth and their families.	Ongoing
Develop a strong partnership with a mental health clinic partner (MHP) that will facilitate referrals for youth when appropriate. Joint trainings and strategies such as warm handoffs, regular consultation and coaching with CBO staff will support service coordination. Further CBO staff will apply acquired skills such as mental health awareness, screening and "light touch" counseling to expand possible intervention options.	Ongoing
Support development of protective factors for youth at risk of problem substance use by funding community coalitions.	Ongoing
Intensify support and provide early intervention for youth and families affected by problem substance use.	Ongoing

OBJECTIVE UPDATES

Objective 2.1: Provide early identification, intervention, and prevention services within systems that serve and support children and youth | In the Bureau of Children, Youth, and Families and Developmental Disabilities (CYF-DD) at NYC DOHMH, the NYC Early Childhood Mental Health Training and Technical Assistance Center (TTAC) provides specialized training and technical assistance for the many types of professionals who work with young children, expanding New York's capacity to promote positive mental health in early years. TTAC equips professionals in licensed mental health clinics, early care and education settings, and practitioners in all children serving systems with the knowledge and tools they need to support the healthy social emotional development of New York's youngest children.
Objective 2.2: Expand supports focused on maternal mental health | DOHMH launched a new Perinatal Mental Health Initiative, which expands access to perinatal mental health care within the Early Childhood Mental Health Network. The program provides trainings on equity-focused, culturally appropriate perinatal mental health topics to home visitors, doulas, social workers, and community health workers in DOHMH programs serving pregnant people and families, including the New Family Home Visiting Initiative, Nurse-Family Partnership, Citywide Doula Initiative, and Family Wellness Suites. This initiative is a partnership between the Divisions of Mental Hygiene, Family and Child Health, and Center for Health Equity and Community Wellness (CHECW). Additionally, DOHMH's contracted program, the Strong Families & Communities Center, offers trainings to CBO staff on parenting models to use in their work with parents, including Circle of Security which is for parents of children from birth to age eight.
Objective 2.3: Create a child and youth mental health "safety net" | We continue to work on this objective via various initiatives that are in progress.
Objective 2.4: Expand mental health knowledge, skills, and strategies among Youth-serving Community Based Organization (CBO) staff that will enhance their capacity to identify and address mental health needs among community youth and their families | Since the launch of the Building Resilience in Youth (BRY) program in 2022, 12 youth-serving CBOs (over 130 staff) contracted with DOHMH engaged in various learning exercises to bolster their mental health competencies. CBOs were chosen in neighborhoods defined by the NYC DOHMH Taskforce on Racial Inclusion & Equity (TRIE). These exercises encompassed mental health awareness trainings, stress management interventions, screenings, data sharing/referral platform trainings, and practice and learning collaboratives. The initiatives have been met with positive reception from staff members of the participating CBOs and are ongoing in the Bureau of Community Awareness, Action, Response and Engagement (BCAARE) at NYC DOHMH.
Objective 2.5: Develop a strong partnership with a mental health clinic partner (MHP) that will facilitate referrals for youth when appropriate. Joint trainings and strategies such as warm handoffs, regular consultation and coaching with CBO staff will support service coordination. Further CBO staff will apply acquired skills such as mental health awareness, screening and "light touch" counseling to expand possible intervention options | Under the Building Resilience in Youth (BRY) program at NYC DOHMH's Bureau of Community Awareness, Action, Response, and Engagement (BCAARE), eight local mental health clinic partners (MHPs) established partnerships with 12 youth-serving CBOs. MHPs were actively engaged in an array of learning exercises, including mental health awareness trainings, stress management interventions, screening, data sharing/referral platform practice and learning collaboratives. Facilitated by DOHMH and CUNY, our technical assistance partner, MHPs participated in regular consultation sessions focused on supporting mental health integration tasks, including screening, psychoeducation, referral, and counseling, into BRY CBO services. Concurrently, MHPs provide frequent coaching sessions for BRY CBO staff members, aimed at enhancing their competencies in foundational mental health integration tasks.
Objective 2.6: Support development of protective factors for youth at risk of problem substance use by funding community coalitions | The Bureau of Alcohol, Drug Use, Prevention, Care, and Treatment (BADUPCT) at NYC DOHMH funds five community coalitions citywide to change norms, practices and/or physical environments to reduce risk factors and increase protective factors impacting LGBTQ+ youth substance use. In 2023, these coalitions served more than 300 LGBTQ youth through direct services and reached more than 2,500 community members through various community activities.
Objective 2.7: Intensify support and provide early intervention for youth and families affected by problem substance use | The Bureau of Alcohol, Drug Use Prevention, Care, and Treatment (BADUPCT) at NYC DOHMH is partnering with the Administration for Children's Services (ACS) to inform planning, including substance use care resources oriented towards youth.

Goal 3

Title	Improve quality of life by increasing investments in stable housing
Update	Please see Objective updates for details on progress towards meeting Goal 3. We would like to remove Objectives 3.2, 3.3, and 3.7 (see details in Objective updates section).

OBJECTIVES

Make safe and stable housing more available, affordable and accessible to help improve the quality of life of New Yorkers with Serious Mental Illness (SMI) and intellectual/developmental disabilities (I/DD).	Ongoing
Integrate intensive mental health supports for people with SMI to be able to maintain stable housing after leaving a shelter through the NYC Department of Homeless Services Enhanced Aftercare program.	N/A
Coordinate with NYS to increase the number of transitional housing units for people with SMI, autism, and dually-diagnosed I/DD who require this support to live safely in the community, especially people coming out of hospitals, jails, or prisons.	N/A
Open 8,000 units of permanent supportive housing for people with SMI (note: the City set a goal of developing 15,000 units of supportive housing over 15 years and reached 7,000 to date), and preserve existing supportive housing units for people with SMI while accounting for increasing costs.	Ongoing
Streamline processes through policy changes and reform them across agencies to reduce the time and paperwork to apply for and access permanent supportive housing, as part of implementing Housing Our Neighbors: A Blueprint for Housing and Homelessness.	Complete
Increase access to stable housing for people with development disabilities by increasing residential options for people who have aged out of state placements; Increase access to new and existing community-based housing units for people with developmental disabilities, including those who need 24-hour nursing services and those living at home with aging caregivers.	Ongoing
Expand housing options for people who use drugs.	N/A

OBJECTIVE UPDATES

Objective 3.1: Make safe and stable housing more available, affordable and accessible to help improve the quality of life of New Yorkers with Serious Mental Illness (SMI) and intellectual/developmental disabilities (I/DD) | NYC DOHMH's Bureau of Children, Youth, and Families and Developmental Disabilities (CYF-DD) is working closely with NYS Office for People with Developmental Disabilities (OPWDD) to review and recommend related Certificate of Need applications to create housing for the I/DD population.

Objective 3.2 (remove): Integrate intensive mental health supports for people with SMI to be able to maintain stable housing after leaving a shelter through the NYC Department of Homeless Services Enhanced Aftercare program | We would like to remove this Objective, as it does not currently reflect any programs in Division of Mental Hygiene at DOHMH.

Objective 3.3 (remove): Coordinate with NYS to increase the number of transitional housing units for people with SMI, autism, and dually-diagnosed I/DD who require this support to live safely in the community, especially people coming out of hospitals, jails, or prisons | We would like to remove this Objective, as it does not currently reflect any programs in the Division of Mental Hygiene at DOHMH.

Objective 3.4: Open 8,000 units of permanent supportive housing for people with SMI or SUD (note: the City set a goal of developing 15,000 units of supportive housing over 15 years and reached 7,000 to date), and preserve existing supportive housing units for people with SMI while accounting for increasing costs | NYC DOHMH's Bureau of Mental Health (BMH) opened 617 units of permanent supportive housing for people with Serious Mental Illness (SMI) or Substance Use Disorder (SUD) in FY24, totaling 11,939 units open and available as of April 2024. We meet regularly with the Department of Social Services (DSS), Housing Preservation and Development (HPD), and Human Resources Administration (HRA) to discuss the ongoing NY15/15 initiative (the City's goal of developing 15,000 units of supportive housing over 15 years).

Objective 3.5: Streamline processes through policy changes and reform them across agencies to reduce the time and paperwork to apply for and access permanent supportive housing, as part of implementing Housing Our Neighbors: A Blueprint for Housing and Homelessness | The Bureau of Mental Health (BMH) at NYC DOHMH helped reduce bureaucratic barriers to housing by developing clear guidance for NYC supportive housing providers for referral, intake and admission processes for permanent supportive housing. In July 2023, we publicly released Consolidated Housing Placement Guidance: https://www.nyc.gov/assets/doh/downloads/pdf/home/2023-consolidated-supportive-housing-guidance.pdf, as well as a Memorandum on Low Barrier Admissions: https://www.nyc.gov/assets/doh/downloads/pdf/home/2023-memo-low-barrier-admissions-policies.pdf.

Objective 3.6: Increase access to stable housing for people with development disabilities by increasing residential options for people who have aged out of state placements; Increase access to new and existing community-based housing units for people with developmental disabilities, including those who need 24-hour nursing services and those living at home with aging caregivers | The Bureau of Children, Youth, and Families and Developmental Disabilities (CYF-DD) at NYC DOHMH is working closely with NYS Office for People with Developmental Disabilities (OPWDD) to review and recommend related Certificate of Need applications to create housing for this need.

Objective 3.7 (remove): Expand housing options for people who use drugs | We would like to remove this Objective. NYC DOHMH's Bureau of Alcohol, Drug Use, Prevention, Care, and Treatment (BADUPCT) prioritizes people who use drugs and who are experiencing housing instability. However, while our work helps to support linkages to housing and increasing overdose education and training in supportive housing, BADUPCT is not currently funded to provide housing options.

Goal 4

Title	Expand City infrastructure for rehabilitative supports, social services, education, and employment for people with SMI, intellectual/developmental disabilities (I/DD) and/or impacted by the criminal justice system
Update	Please see Objective updates for details on progress towards meeting Goal 4. We would like to update the language of Objective 4.5 and 4. 6. and remove Objective 4.2 and 4.7 (see details in Objective updates section).

OBJECTIVES

Ensure that people with SMI are part of the wider community and supported with education, employment and relationship-building opportunities.	Ongoing

Ensure that families impacted by mental illness are adequately supported.	N/A
Increase and vary employment and internship opportunities to increase the number of people with developmental disabilities who are employed so that employment is person-centered and customized. Efforts may include promotional events such as career fairs and collaborative efforts with OPWDD DDROs, local Chambers of Commerce and other local partners, including not-for-profit entities.	Ongoing
Through local contracting with vocational support service providers in all 5 boroughs, increase the number of individuals with I/DD (who are not eligible for OPWDD employment support services) who are successfully placed in internships or employed.	Ongoing
Support and invest in people returning to the community from jails and prisons.	Ongoing
Provide vocational support for people who are chronically excluded from the workforce.	Ongoing
Increase referral and capacity at the Support and Connection Centers [to connect community members who are at-risk for legal system involvement to physical health, behavioral health, and social support services.	N/A
Increase participant enrollment to NYC's Health Justice Network participant by identifying additional criminal justice serving partner sites to join the HJN network.	Ongoing
OBJECTIVE UPDATES	
Objective 4.1: Ensure that people with SMI are part of the wider community and supported with education, employment and relationship-building opportunities | In the Bureau of Mental Health (BMH) at NYC DOHMH, contracts for the Clubhouse Request for Proposals were awarded in the Spring. The goal of the contracts is to increase capacity of clubhouses, ensuring that more people with Serious Mental Illness (SMI) have access to a wider community and opportunities for educational and employment support. The anticipated start date for this program is Summer 2024.	
Objective 4.2 (remove): Ensure that families impacted by mental illness are adequately supported | We would like to remove this Objective, as it does not currently reflect any programs in Division of Mental Hygiene.	
Objective 4.3: Increase and vary employment and internship opportunities to increase the number of people with developmental disabilities who are employed so that employment is person-centered and customized. Efforts may include promotional events such as career fairs and collaborative efforts with OPWDD DDROs, local Chambers of Commerce and other local partners, including not-for-profit entities | NYC DOHMH's Bureau of Children, Youth, and Families and Developmental Disabilities (CYF-DD) at DOHMH is continuing its work with the NYS Office for People with Developmental Disabilities (OPWDD) and other community partners to engage the Mayor's Office for Persons with Disabilities (MOPD) to address this objective in the future.	
Objective 4.4: Through local contracting with vocational support service providers in all 5 boroughs, increase the number of individuals with I/DD (who are not eligible for OPWDD employment support services) who are successfully placed in internships or employed | The Bureau of Children, Youth, and Families and Developmental Disabilities (CYF-DD) at NYC DOHMH manages a small portfolio of contracts that provide vocational support to individuals with Intellectual/Developmental Disabilities in the five boroughs. We work in close collaboration with NYS Office for People with Developmental Disabilities (OPWDD) and are exploring partnerships with other key stakeholders, including the Mayor's Office for Persons with Disabilities (MOPD).	
Objective 4.5 (changed): Support and invest in people returning to the community from jails and prisons by facilitating connections to healthcare and social services, and improving social determinants of health | The Bureau of Health Promotion for Justice-Impacted Populations (HPJIP) at NYC DOHMH has secured new funding for the NYC Health Justice Network program. We are exploring collaboration with courts and other City partners for this ongoing work.	
Objective 4.6 (changed): Provide vocational support for people experiencing substance use disorders who are chronically excluded from the workforce | In NYC DOHMH's Bureau of Alcohol, Drug Use, Prevention, Control, and Treatment (BADUPCT), the Peer Corps program trains early-career Peers with lived experience with substance use and places them to work in shelters and other substance use service settings. Peers provide harm reduction and overdose education, naloxone, and service connections. The 2022-23 cohort served more than 2,700 individuals and made more than 1,000 linkages to care, including recovery and treatment services, harm reduction services, support groups, and mental health services.	
Objective 4.7 (remove): Increase referral and capacity at the Support and Connection Centers to connect community members who are at-risk for legal system involvement to physical health, behavioral health, and social support services | We would like to remove this Objective as the scope of work falls under NYC DOHMH's Bureau of Mental Health's (BMH) crisis work, which is detailed in Objectives 5.1 and 5.2.	
Objective 4.8: Increase participant enrollment to NYC's Health Justice Network participant by identifying additional criminal justice serving partner sites to join the HJN network | The Bureau of Health Promotion for Justice-Impacted Populations (HPJIP) at NYC DOHMH is looking for additional funding for the NYC Health Justice Network program. We are exploring collaboration with courts and other City partners for this ongoing work.	

Goal 5

Title	Serve New Yorkers in mental health crisis through a health-led response
Update	Please see Objective updates for details on progress towards meeting Goal 5.

OBJECTIVES	
Improve the experience of New Yorkers who are facing a mental health crisis through strengthened connections to a range of community-based supports and acute care services.	Ongoing
Improve access to and use of crisis stabilization options, including hospitalization and alternatives, for people with SMI in need of intensive and supportive care.	Ongoing
Collaborate with Asian American, Native Hawaiian, and Pacific Islander (AANHPI) stakeholders to promote awareness, acceptance, and action for mental health concerns, causes, and supports within NYC AANHPI communities.	Ongoing
Enhance, expand and strengthen programs and initiatives that center behavioral health community preparedness, engagement, and crisis response.	Ongoing
OBJECTIVE UPDATES	

Objective 5.1: Improve the experience of New Yorkers who are facing a mental health crisis through strengthened connections to a range of community-based supports and acute care services | The Bureau of Mental Health (BMH) at NYC DOHMH has ongoing projects related to this work. However, some Mobile Crisis Teams have varying levels of success with linkages connecting individuals to care post-intervention, often due to a lack of capacity for outpatient treatment.
Objective 5.2: Improve access to and use of crisis stabilization options, including hospital alternatives for people with SMI in need of intensive and supportive care |The contract for the Harlem Support and Connection Center was transferred to NYC DOHMH's Bureau of Mental Health (BMH) in the Spring of 2024. The Support and Connection Center offers person-centered engagement, stabilization, and connection to services as an alternative to avoidable emergency room visits or criminal justice interventions. Funding for the Bronx Support and Connection Center has been discontinued.
Objective 5.3: Collaborate with Asian American, Native Hawaiian, and Pacific Islander (AANHPI) stakeholders to promote awareness, acceptance, and action for mental health concerns, causes, and supports within NYC AANHPI communities | In 2023, the Bureau of Community Awareness, Action, Response, and Engagement (BCAARE) at NYC DOHMH collaborated with AANHPI-serving organizations and community leaders and champions to launch the Promoting Mental Health in Asian American, Native Hawaiian, and Pacific Islander Communities (PMH-AANHPI) Learning Initiative. This program: 1) awarded 10 AANHPI-serving organizations $10,000 each to build capacity for promoting mental health in their respective communities, and 2) developed and implemented a mental health resilience training that provides information on how to identify signs of mental health decline, combat the stigma of mental illness, and access free or low-cost mental health services that are culturally relevant. As of March 2024, we conducted PMH-AANHPI Learning Workshop with more than 2,500 community members, a majority of whom identify as Asian. We are continuing to collaborate with AANHPI-serving organizations in NYC and community champions and provide mental health resilience trainings to AANHPI communities.
Objective 5.4: Enhance, expand and strengthen programs and initiatives that center behavioral health community preparedness, engagement, and crisis response | NYC DOHMH's Bureau of Community Awareness, Action, Response, and Engagement (BCAARE) continues to respond to the mental health needs of New Yorkers via our work with: •The Subway Homeless Outreach program: continuous outreach and engagement and connection to services, and coordination of learning collaborative trainings for staff. •Providing emotional support to asylees, including connections and linkages to ongoing care and Mental Health services. •Providing mental health supportive trainings to staff working with asylees to improve coping and wellness and reduce risk of burnout. •Providing mental health training to DOHMH colleagues, partners agencies and contact providers to improve coping and wellness and reduce risk of burnout.

Goal 6

Title	Advance a range of accessible and high-quality supports and services across the continuum of prevention, treatment, recovery and harm reduction, to reduce the risk of death and drug-related harms and enhance quality of life for individuals with substance use disorders, with a focus on neighborhoods with the highest overdose death rates
Update	Please see Objective updates for details on progress towards meeting Goal 6.

OBJECTIVES

Expand citywide naloxone distribution.	Ongoing
Expand and enhance nonfatal overdose response efforts.	Ongoing
Optimize and expand overdose prevention services.	Ongoing
Understand and respond to the risks of an unregulated drug supply.	Ongoing
Enhance the scope and reach of existing harm reduction, treatment and recovery services.	Ongoing
Optimize the availability, accessibility and acceptability of evidence-based treatment.	Ongoing

OBJECTIVE UPDATES

Objective 6.1: Expand citywide naloxone distribution | In 2024, the Bureau of Alcohol, Drug Use, Prevention, Control, and Treatment (BADUPCT) at NYC DOHMH distributed more than 289,000 naloxone kits to hundreds of Opioid Overdose Prevention Programs citywide, where they were provided for free to community members. In addition, since June 2023, we launched NYC's first four Public Health Vending Machines in Brooklyn and Queens to support 24/7 low-barrier, no-cost, and anonymous access to naloxone and a range of additional health and wellness supplies.
Objective 6.2: Expand and enhance nonfatal overdose response efforts | In October 2023, Relay, the City's peer-led, hospital based non-fatal overdose response service in NYC DOHMH's Bureau of Alcohol, Drug Use, Prevention, Control, and Treatment (BADUPCT), expanded to its 15th hospital at Brookdale Hospital Medical Center in Brooklyn. In 2023, Relay was activated 2,954 times. 91.8% of patients in eligible activations (N=2,012) accepted Relay services in the ED and 51.9% of those patients also accepted additional 90-day follow-up services.
Objective 6.3: Optimize and expand overdose prevention services | In 2023, both OnPoint NYC and the Bureau of Alcohol, Drug Use, Prevention, Control, and Treatment (BADUPCT) at NYC DOHMH released reports on first-year operations of the country's first two publicly recognized Overdose Prevention Centers (OPCs). OPCs are a proven public health intervention that aim to improve many facets of individual and community health, increase public safety, and reduce consequences of drug use, including overdose deaths, public drug use, and syringe litter. The reports can be found here: https://onpointnyc.org/baseline-annual-report-2023/ (OnPoint) and https://catalyst.nejm.org/doi/abs/10.1056/CAT.23.0341 (NYC DOHMH). Since inception in November 2021, OnPoint NYC's OPCs have served more than 5,000 unique participants, safely supervised more than 135,000 utilizations of OPC services, and successfully intervened in more than 1,500 overdoses.
Objective 6.4: Understand and respond to the risks of an unregulated drug supply | The Bureau of Alcohol, Drug Use, Prevention, Control, and Treatment (BADUPCT) at NYC DOHMH runs a drug-checking initiative at five syringe service programs in NYC with trained technicians. The drug-checking initiative allows program participants to analyze pre-obtained drug samples to determine what they contain. Participants receive results along with individualized counseling to help make more informed choices about their substance use. The City's drug-checking initiative began in November 2021. As of January 31, 2024, 1,719 drug samples from 406 unique participants have been analyzed.
Objective 6.5: Enhance the scope and reach of existing harm reduction, treatment and recovery Services | NYC DOHMH's Bureau of Alcohol, Drug Use, Prevention, Control, and Treatment (BADUPCT) works along the substance use continuum of care to promote accessible, evidence-based best practices in care in a variety of systems, including 63 contracted substance use prevention, treatment, and recovery programs. This includes sharing programmatic and public health interventions to improve the health and wellness of people and communities impacted by drugs and alcohol.
Objective 6.6: Optimize the availability, accessibility and acceptability of evidence-based treatment | NYC DOHMH's Bureau of Alcohol, Drug Use, Prevention, Control, and Treatment (BADUPCT) operates multiple learning collaboratives on a range of substance use topics for a spectrum of service providers, including youth and adolescent treatment programs, primary care providers, emergency departments, and syringe service programs. This includes creating and disseminating resources to improve the continuum of care for patients receiving and initiating buprenorphine treatment.

Goal 7

Title	Support children, families and communities affected by the overdose crisis
Update	We would like to remove Goal 7 as the work described in the Objectives falls outside the scope of our Division and/or within other Goals and Objectives already detailed. We would like to replace Goal 7 with a new Goal and Objectives to reflect activities that began after LSP 2024 submission, as follows: New Goal 7 - Improve access to specialty SMI care and primary care that is race conscious and trauma informed New Objective 7.1 - Add 475 mobile treatment spots New Objective 7.2 - Create a public-facing website to help New Yorkers better search and access child, adult, and family mental health services in the city. New Objective 7.3 - In partnership with OMH and OASAS, mitigate the impact of Adverse Childhood Experiences by collaborating with trauma survivors and trauma champions to advance collective understanding of trauma, improve practice, and support resilience by increasing the availability of training and technical assistance.

OBJECTIVES

Provide support to families who have lost a loved one to overdose.	N/A
Enhance place-based capacity to support and respond to community needs.	N/A

OBJECTIVE UPDATES

Objective 7.1 (remove): Provide support to families who have lost a loved one to overdose | We would like to remove this Objective, as it falls outside the scope of work of NYC DOHMH's Bureau for Alcohol, Drug Use, Prevention, Control, and Treatment (BADUPCT) and the Division of Mental Hygiene. This remains an important priority for DOHMH and sits in NYC DOHMH's Office of the Chief Medical Examiner.
Objective 7.2 (remove): Enhance place-based capacity to support and respond to community needs | We would like to remove this Objective, as centering place-based work is reflected in many of our programs and initiatives at the Bureau for Alcohol, Drug Use, Prevention, Control and Treatment (BADUPCT) at NYC DOHMH and is described in other Objectives in detail.
New Objective 7.1: Add 475 mobile treatment spots | The Bureau of Mental Health at NYC DOHMH opened five new Intensive Mobile Treatment (IMT) teams and five new Assertive Community Treatment (ACT) teams, adding 475 slots total.
New Objective 7.2: Create a public-facing website to help New Yorkers better search and access child, adult, and family mental health services in the city | NYC DOHMH's Bureau of Mental Health (BMH) and the Bureau of Children, Youth, and Families and Developmental Disabilities (CYF-DD), with input from the Bureau of Health Promotion for Justice-Impacted Populations (HPJIP), are working together to create the website, which is currently being developed and will launch by the end of this year (see more details in Objective 1.6).
New Objective 7.3: In partnership with OMH and OASAS, mitigate the impact of Adverse Childhood Experiences by collaborating with trauma survivors and trauma champions to advance collective understanding of trauma, improve practice, and support resilience by increasing the availability of training and technical assistance | NYC DOHMH's Office of Consumer Affairs (OCA) within the Division of Mental Hygiene is partnering with NYS Office of Mental Health (OMH) and NYS Office of Addiction Services and Supports (OASAS) to launch a virtual network to strengthen resources, collaboration, and communication among individuals and agencies implementing equity-focused, trauma-responsive practices through the Trauma-Informed Network and Resource Center (TINRC). In 2024, the TINRC received additional funding for the following, and implementation will begin in the upcoming months: • Promote collaboration and connection through quarterly statewide networking meetings; workgroups: training of trainers, community engagement, conference planning; a monthly newsletter; enhanced TINRC website; and annual in-person conference. • Expand the Trauma Responsive and Resilient Informed Training of Trainers to provide Trauma 101 training to communities and organizations. • Assess organizational readiness to implement Trauma Informed Care/Equity principles by expanding use of the Trauma Responsive Understanding Self-Assessment Tool (TRUST)/ Trauma Responsive Understanding Self-Assessment Tool for Schools (TRUST-S) assessment tool and increase technical assistance to organizations. • Promote trauma and resilience-informed approaches to prevention and wellness through the expansion of the Breath, Body, Mind program and development of the Frontline Worker wellness toolkit. • Begin working with NYC agencies that interface with the public to explore opportunities to provide Trauma-Informed Care trainings

Goal 8

Title	Advance systems improvements and equitable access to behavioral health care for NYC residents with public or private insurance
Update	Please see Objective updates for details on progress towards meeting Goal 8.

OBJECTIVES

Educate a minimum of 400 NYC service providers and insurance beneficiaries per year on behavioral health parity laws, beneficiary rights, and mechanisms for appeals and complaints.	Ongoing
Continue to implement social media campaigns to raise awareness among NYC residents and service providers regarding behavioral health parity and rights to accessing care.	Ongoing
Assess feasibility within existing city agency services to 1) identify behavioral health parity violations, 2) direct individuals to resources, and 3) elevate issues to state regulatory authorities.	Ongoing
Convene commercial insurance plans, MH and SUD providers, provider and insurer membership associations, and accreditation organizations to fill in information gaps on the MH/SUD care landscape and promote the expansion of behavioral health networks and services covered by commercial insurance plans.	N/A
Educate a minimum of 300 NYC providers and beneficiaries per year on Medicaid managed behavioral healthcare by offering trainings and disseminating information via periodic newsletters.	Ongoing
Support NYC's behavioral health providers interested in preparing for Value Based Payment (VBP) arrangements by offering trainings on VBP 101, data collection, and networking.	Ongoing

Increase readiness among NYC behavioral health providers for participation in value based payment arrangements by offering VBP readiness assessments and facilitating connections to payors, hospital systems and primary care partners.	Ongoing

OBJECTIVE UPDATES

Objective 8.1: Educate a minimum of 400 NYC service providers and insurance beneficiaries per year on behavioral health parity laws, beneficiary rights, and mechanisms for appeals and complaints | From January 2023 to April 2024, the Bureau of Community Awareness, Action, Response, and Engagement (BCAARE) at NYC DOHMH educated a total of 889 New Yorkers, including 608 providers and 311 beneficiaries, and staff at several city agencies on behavioral health parity. We plan to offer 22 trainings for community-based service providers and 14 trainings for beneficiaries by the end of 2024. Additionally, we are in conversations with several additional city agencies to train staff in upcoming months.

Objective 8.2: Continue to implement social media campaigns to raise awareness among NYC residents and service providers regarding behavioral health parity and rights to accessing care | NYC DOHMH's Bureau of Community Awareness, Action, Response, and Engagement (BCAARE) developed a social media campaign on behavioral health parity in 2023. Since April 2023, we have promoted the social media ads via the agency's Instagram, Facebook, Twitter and LinkedIn accounts during significant periods, such as public health week, mental health awareness month, recovery week and several others, and will continue to promote the ads in coming months.

Objective 8.3: Assess feasibility within existing city agency services to 1) identify behavioral health parity violations, 2) direct individuals to resources, and 3) elevate issues to state regulatory authorities | Since September 2023, NYC DOHMH's Bureau of Community Awareness, Action, Response, and Engagement (BCAARE) has met with several city agencies including the Administration for Children's Services (ACS), Department for the Aging (DFTA), New York City Housing Authority (NYCHA), the Department of Consumer and Worker Protection (DCWP), the Office of School Health (OSH) within DOHMH, and the Mayor's Office for Community Mental Health (OCMH). We offer behavioral health parity trainings to city staff and contracted providers so they can identify parity issues, direct clients who experience parity issues to resources, and contact the Division of Mental Hygiene if there is a need to elevate an issue to state regulatory authorities. We are working with additional city agencies throughout the year.

Objective 8.4 (not started yet): Convene commercial insurance plans, MH and SUD providers, provider and insurer membership associations, and accreditation organizations to fill in information gaps on the MH/SUD care landscape and promote the expansion of behavioral health networks and services covered by commercial insurance plans | We have not started the work described in this objective yet.

Objective 8.5: Educate a minimum of 300 NYC providers and beneficiaries per year on Medicaid managed behavioral healthcare by offering trainings and disseminating information via periodic newsletters | From January to December 2023, NYC DOHMH's Bureau of Community Awareness, Action, Response, and Engagement (BCAARE) offered two-to-three trainings per month on Medicaid managed behavioral healthcare to 349 individuals. The audience included community-based service providers and consumers, such as primary care providers and care managers. Of the total number educated, 277 attendees were service providers and 72 were consumers. The trainings were put on hold from January to June 2024 due to a temporary lack of staff capacity and will resume in July 2024.

Objective 8.6: Support NYC's behavioral health providers interested in preparing for Value Based Payment (VBP) arrangements by offering trainings on VBP 101, data collection, and networking | The Bureau of Community Awareness, Action, Response, and Engagement (BCAARE) at NYC DOHMH conducted interviews with all former Behavioral Health Care Collaboratives (BHCCs) in NYC in late 2023 to understand the Status-Bureau of value-based payment (VBP) participation among behavioral health providers. Our results indicated that there is significant interest among behavioral health Independent Practice Associations (IPAs) to participate in VBP arrangements. We are currently awaiting the State's implementation of the Health Equity Regional Organization (HERO) to explore mechanisms to support VBP participation among the city's behavioral health providers.

Objective 8.7: Increase readiness among NYC behavioral health providers for participation in value based payment arrangements by offering VBP readiness assessments and facilitating connections to payors, hospital systems and primary care partners | NYC DOHMH's Bureau of Community Awareness, Action, Response, and Engagement (BCAARE) conducted interviews with all former Behavioral Health Care Collaboratives (BHCCs) in NYC in late 2023 to understand the Status-Bureau of value-based payment (VBP) participation among behavioral health providers. Our results indicated that there is significant interest among behavioral health Independent Practice Associations (IPAs) to participate in VBP arrangements. We are currently awaiting the State's implementation of the Health Equity Regional Organization (HERO) to explore mechanisms to support VBP participation among the city's behavioral health providers.

Goal 9

Title	Advance anti-racist health and social policies, laws, and practices that support the well-being of New Yorkers disproportionately impacted and criminalized due to structural racism
Update	Please see Objective updates for details on progress towards meeting Goal 9. We would like to update the language in objective 9.2.

OBJECTIVES

Build collaboration and policy support for criminal legal system reforms with internal and external partners.	Ongoing
Remove the stigma associated with talking about criminal legal system through messaging and outreach.	Ongoing
Increase awareness of the health disparities among individuals who have been impacted by the criminal legal system.	Ongoing
Increase awareness of the impact of social determinants of health on populations disproportionately impacted and criminalized due to systemic racism.	Ongoing
Elevate surveillance data to inform and advance evidence-based policy development and recommendations.	Ongoing
Enhance reentry services for people impacted by SMI and the criminal legal system.	Ongoing
Address racial inequities in health care services and treatment for New Yorkers of color with SMI.	Ongoing

OBJECTIVE UPDATES

Objective 9.1: Build collaboration and policy support for criminal legal system reforms with internal and external partners | The Bureau of Health Promotion for Justice-Impacted Populations (HPJIP) at NYC DOHMH works within a Divisional policy group in the Division of Mental Hygiene for legislative and regulatory comments. We are also conducting external outreach with community partners and leaders regarding criminal legal system reform.

Objective 9.2 (changed): Reduce the stigma associated with talking about criminal legal system through educating the public during outreach and community tabling events | Health Engagement and Assessment Teams (HEAT) in NYC DOHMH'S Bureau of Health Promotion for Justice-Impacted Populations (HPJIP) are actively

participating in tabling events regarding mental health awareness, gun violence prevention, and reentry support. HEAT is conducting joint operations throughout NYC and is working with other city agencies, including NYC Police Department and Department of Homeless Services.
Objective 9.3: Increase awareness of the health disparities among individuals who have been impacted by the criminal legal system | The Bureau of Health Promotion for Justice-Impacted Populations (HPJIP) at NYC DOHMH is conducting external outreach with community partners and leaders regarding criminal legal system reform. Health Engagement and Assessment Teams (HEAT) are actively participating in tabling events regarding mental health awareness, gun violence prevention, and reentry support. HEAT is conducting joint operations throughout NYC and is working with other city agencies, including NYC Police Department and the Department of Homeless Services (DHS).
Objective 9.4: Increase awareness of the impact of social determinants of health on populations disproportionately impacted and criminalized due to systemic racism | Our epidemiology team in NYC DOHMH'S Bureau of Health Promotion for Justice-Impacted Populations (HPJIP) contributed analyses regarding individuals impacted by the criminal legal system to the DOHMH Mental Health Report, which will be published and distributed in May 2024. We also met with Vital Records and established a workflow for vital documents for justice impacted participants. Furthermore, we work to secure non-driver's license identification cards for participants. HPJIP is maintaining close relationships and partnerships with community-based organizations that promote racial equity.
Objective 9.5: Elevate surveillance data to inform and advance evidence-based policy development and recommendations | Our epidemiology team in NYC DOHMH'S Bureau of Health Promotion for Justice-Impacted Populations (HPJIP) is advocating for inclusion and analysis of questions on criminal legal system involvement on multiple citywide population-based surveys, and currently drafting manuscripts using these data. Our Epidemiology team and Policy team are collaborating on a project using cannabis arrest and summonses data to monitor implementation of cannabis legalization. Our Epidemiology team is also pursuing critical data use agreements with multiple criminal legal system agencies.
Objective 9.6: Enhance reentry services for people impacted by SMI and the criminal legal system | The Health Justice Network (HJN) meets quarterly with Point of Reentry and Transition (PORT) and identifies ways to work on the City's Mental Health Plan. The Bureau of Health Promotion for Justice-Impacted Populations (HPJIP) at NYC DOHMH shares best practices and materials. PORT is supporting our sustainability Request for Proposals submission with Letters of Support and Memorandums of Agreement around substance use.
Objective 9.7: Address racial inequities in health care services and treatment for New Yorkers of color with SMI | The Bureau of Mental Health (BMH) at NYC DOHMH released racial justice and health equity guidance to all our contracted providers. We will be conducting an evaluation of the impact of this guidance in coming months.

Goal 10

Title	Support provider organizations in recruitment and retention of the behavioral health workforce
Update	Please see Objective updates for details on progress towards meeting Goal 10. We would like to remove Objectives 10.5, 10.6, and 10.9 (see details in Objective updates section). We would also like to move Objective 10.8 to the new Goal 7.

OBJECTIVES

In collaboration with state partners, explore/develop a mechanism for collecting reliable data on staff attrition in the behavioral health service system.	Complete
Research existing loan forgiveness programs and innovative models for recruitment and retention, including barriers, challenges, and limitations and disseminate among contracted providers.	Complete
Host feedback sessions with different types of providers (i.e., social workers, peer support workers, community health workers, etc.) to assess their experiences in the behavioral health workforce and develop provider-informed strategies for recruitment and retention.	Ongoing
Work with community partners to assess emerging needs of the expanding peer workforce and identify strategies to support successful workforce integration.	Ongoing
Partner with State and community partners to assess the need for long-term technology training and develop a strategy to boost and maintain technology skills among the peer workforces.	N/A
Partner with OMH, OASAS, and NYC community partners to assess the current availability of integrated care training for peer support works and develop a strategy to address unmet need.	N/A
Partner up with criminal justice re-entry programs to increase job development and placement for individuals with criminal justice involvement.	Ongoing
In partnership with OMH and OASAS, mitigate the impact of Adverse Childhood Experiences by collaborating with trauma survivors and trauma champions to advance collective understanding of trauma, improve practice, and support resilience by increasing the availability of training and technical assistance.	N/A
Identify organizations that work with peer educators in congregate, correctional settings and identify partnership opportunities between organizations and providers to create an employment pipeline from the congregate setting to field placement and employment (e.g. Osborne Association, Bard College Prison Initiative, organizations who work with peer educators and find employment pathways for this pool of potential workers).	N/A

OBJECTIVE UPDATES

Objective 10.1 (completed): In collaboration with state partners, explore/develop a mechanism for collecting reliable data on staff attrition in the behavioral health service system | NYC DOHMH's Bureau of Community Awareness, Action, Response and Engagement (BCAARE) manages a Community Services Board (CSB) that recommended Objective 10.1 to the agency. BCAARE invited representatives of a data team from NYS Office of Mental Health (OMH) to present behavioral health workforce data collected via a survey to the CSB and Division of Mental Hygiene staff. CSB members made several recommendations to the OMH team directly and urged OMH to continue exploring ways to collect better data on staff attrition, including on race/ethnicity demographics.
Objective 10.2 (completed): Research existing loan forgiveness programs and innovative models for recruitment and retention, including barriers, challenges, and limitations and disseminate among contracted providers | In the Bureau of Community Awareness, Action, Response, and Engagement (BCAARE) at NYC DOHMH, we compiled a list of loan forgiveness programs applicable to staff of behavioral health provider organizations and shared it with all Division of Mental Hygiene contracted providers.
Objective 10.3: Host feedback sessions with different types of providers (i.e., social workers, peer support workers, community health workers, etc.) to assess their experiences in the behavioral health workforce and develop provider-informed strategies for recruitment and retention | NYC DOHMH's Bureau of Health Promotion for Justice-Impacted Populations (HPJIP) is collaborating with various Bureaus on this Objective. The Bureau of Community Awareness, Action, Response, and Engagement (BCAARE) in the Division of Mental Hygiene runs initiatives on peer work and holds monthly meetings where HPJIP Community Health Workers (CHW) and representatives from the Justice Peer Initiative participate. We are also collaborating with the Center for Health Equity and Community Wellness (CHECW), who have CHW programs that are related to this Objective.

Objective 10.4: Work with community partners to assess emerging needs of the expanding peer workforce and identify strategies to support successful workforce integration | NYC DOHMH's Bureau of Community Awareness, Action, Response, and Engagement (BCAARE) assembled an interagency work group with 15+ City and State agencies to coordinate efforts to address the behavioral health workforce crisis. The work group is focused on strategies to strengthen the non-clinical behavioral health workforce in NYC, specifically, Peer Support Workers (PSWs) and Community Health Workers (CHWs). The workgroup engaged PSWs and CHWs through a listening and feedback tour, and the following recommendations were compiled: •Develop best practices and promote training to strengthen PSW and CHW supervision focused on managing supervisory relationships, professional development, and wellness. •Explore strategies to increase the living wage by developing a committee to recommend a standard pay scale and classifications for PSWs and CHWs. •Develop behavioral health career pathways to meet the demand for mid-level behavioral health paraprofessional positions by offering a clear career ladder for PSWs, CHWs and others. •Advocate for more career and training opportunities to support PSW and CHW skill building. In upcoming months, meetings with potential partners will be scheduled to plan for implementing these actions.
Objective 10.5 (remove): Partner with State and community partners to assess the need for long-term technology training and develop a strategy to boost and maintain technology skills among the peer workforces | We would like to remove this Objective, as the Division of Mental Hygiene is currently assessing feasibility and may not have the resource capacity to complete it. If DOHMH has future capacity to implement, it will be consolidated under other objectives listed in the LSP.
Objective 10.6 (remove): Partner with OMH, OASAS, and NYC community partners to assess the current availability of integrated care training for peer support workers and develop a strategy to address unmet need | We would like to remove this Objective, as the Division of Mental Hygiene is currently assessing feasibility and may not have the resource capacity to complete it. If DOHMH has future capacity to implement, it will be consolidated under other objectives listed in the LSP.
Objective 10.7: Partner up with criminal justice re-entry programs to increase job development and placement for individuals with criminal justice involvement | The Bureau of Health Promotion for Justice-Impacted Populations (HPJIP) at NYC DOHMH is conducting external outreach with community partners and leaders regarding criminal legal system reform. HPJIP and DOHMH's Bureau for Alcohol, Drug Use, Prevention, Control, and Treatment (BADUPCT) are supporting DOHMH's Bureau of Administration in hiring a Professional Development Manager, who will oversee support for all trainees (interns, apprentices in the Division) and a new public health fellowship for people with lived experience of the criminal legal system to receive public health training. We are also proposing policy in the Divisional legislative agenda to improve access to behavioral health careers for people with lived experience of the criminal legal system.
Objective 10.8 (move to new Goal 7): In partnership with OMH and OASAS, mitigate the impact of Adverse Childhood Experiences by collaborating with trauma survivors and trauma champions to advance collective understanding of trauma, improve practice, and support resilience by increasing the availability of training and technical assistance | Move to new Goal.
Objective 10.9 (remove): Identify organizations that work with peer educators in congregate, correctional settings and identify partnership opportunities between organizations and providers to create an employment pipeline from the congregate setting to field placement and employment (e.g. Osborne Association, Bard College Prison Initiative, organizations who work with peer educators and find employment pathways for this pool of potential workers) | We would like to remove this Objective as it overlaps with Objective 10.7

2024 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
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): 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 American/Pacific Islander (AAPI) adults in NYC reported feeling a lack of emotional support compared to 47% of White adults.[4] This is particularly important given the recent spate of Anti-Asian hate crimes, both in NYC and nationally. 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.

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[1] https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html 5

[2] https://www.health.ny.gov/statistics/brfss/reports/docs/adverse_childhood_experiences.pdf 6

[3] https://www1.nyc.gov/site/doh/data/data-sets/child-chs.page 7

[4] https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief130.pdf 12

Crisis Services Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Acute care is a critical component of our mental health care system and essential for supporting many people when they are in crisis. However, acute care is not a solution to homelessness or other social factors that worsen mental illness. The entry way to our serious mental illness (SMI) care systems is often through emergency response systems, the majority of which have been led by law enforcement. Law enforcement and mental health advocates agree this situation is not ideal, and would prefer a clinical, trauma informed, and health-led response to mental health crises. This recognition is also shared nationally, with the initiation of 988, the National Suicide Prevention Hotline, as a direct connection to compassionate and accessible care for people experiencing emergency mental health needs.

Because community-based mental health care can be difficult and confusing to access, many people end up calling 911 and getting transported to care in emergency and inpatient settings. According to data from the New York Police Department (NYPD), there were an average of nearly 15,000 911 calls per month in 2022 that were related to a mental health emergency and responded to by NYPD. We must improve availability of and funding for health-led response options and reduce police involvement in behavioral crisis while also increasing access to intensive community treatment and support options.

Cross System Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Despite a significant number of ongoing initiatives aimed at improving behavioral health conditions among NYC residents, there continue to be disparities in behavioral health care access, utilization, and outcomes in NYC.

One in five New Yorkers experiences mental illness in a given year, and hundreds of thousands of these New Yorkers are not connected to care.[5] Additionally, 9.2% of NYC public high school students have reported attempting suicide. Moreover, a 2018 study found that 8.3% of NYC adults had current symptomatic depression. 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 2022 was 526,137. 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. Throughout the country, as well as in NYS, behavioral healthcare providers also lag behind their primary care counterparts in opportunities to increase their revenue streams including through value-based payment arrangements. During NYC's community feedback process for local services planning, a Community Services Board (CSB) member shared that "smaller organizations are providing mental health services but don't have a system to actually generate revenue, despite the fact that these organizations have been in the communities for decades and have public trust". Another member stated that "it is much easier for primary care professionals who have data and analysis departments to negotiate rates, etc. We have to think boldly and differently and outside the box if we are going to meet all of this unmet need" (December 2022).

Regarding the privately/commercially insured population, research shows that 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 NYC 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 the National Institute of Health (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:

Service providers:

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

Insurance beneficiaries:

- 80% have at some point had to seek behavioral health care outside of their insurance network.
- 65% have encountered incorrect insurance acceptance information from a directory, website, or third-party platform like ZocDoc.
- 69% have been denied coverage of BH services by their health insurance plan.

Furthermore, 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 mental health and substance use disorder (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.). In addition to research and survey data, a NYC CSB member shared that “parity between physical health and behavioral health is key to promoting access and engaging community members in treatment programs” (December 2022).

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 Administration for Children’s Services (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 they could ideally 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.

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[5] Mayor's Office of Community Mental Health | Data Dashboard (cityofnewyork.us.)

Housing Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): NYC currently contracts for approximately 11,200 units of supportive housing. 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.[6] 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 morbidity and premature mortality and worse mental and physical health outcomes.[7][8][9] Housing insecurity can worsen symptoms of mental illness and increase the likelihood a person will encounter high-risk situations that lead to avoidable hospitalization or incarceration.

Since 2017, NYC 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.[10] In 2020, approximately 13,000 people with SMI experienced homelessness in the NYC shelter system or on the street.[11]

Some people with SMI will be able to maintain independent housing with financial supports and effective services. Others benefit from higher levels of care, including supportive housing, which offers permanent, affordable rental housing with support services.[12][13][14] While many homeless individuals in NYC 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 NYC for both additional funding for supportive housing and additional units of supportive housing.

Furthermore, 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. Unstable housing status and contact with the criminal legal system are both risk factors for overdose and drug-related harms. Drug-related death is the leading cause of death among people experiencing homelessness in NYC.[15] In addition, those who are involved in the criminal legal system are at increased risk of drug-related harms, including but not limited to overdose, HIV and hepatitis C virus infection.[16]

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 and provides re/habilitation supports to increase the ability to remain safely housed.

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, housing continues to be a major unmet need for individuals with intellectual/ developmental disabilities (I/DD) in NYC. 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 research 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.

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[6] https://www1.nyc.gov/assets/home/downloads/pdf/office-of-the-mayor/2022/Housing-Blueprint.pdf (pg. 63)

[7] Taylor, L. (2018). “Housing and Health: An Overview of the Literature.” Health Affairs. https://doi.org/10.1377/hpb20180313.396577.

[8] 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.

[9] 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.

[10] 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. The 2015 Annual Homeless Assessment Report (AHAR) to Congress Part 2 (huduser.gov)

[11] U.S. Department of Housing and Urban Development. 2020 Continuum of Care Homeless Assistance

Programs Homeless Populations and Subpopulations. Published December 15, 2020. Accessed February 17,

2023. https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_NY-600-2020_NY_2020.pdf

[12] Culhane DP, Metraux S, Hadley T. Public service reductions associated with placement of homeless persons

with severe mental illness in supportive housing. Hous Policy Debate. 2022;13(1):107-163.

doi:10.1080/10511482.2002.9521437

[13] Lim S, Gao Q, Stazesky E, Singh TP, Harris TG, Levanon Seligson A. Impact of a New York City supportive

housing program on Medicaid expenditure patterns among people with serious mental illness and chronic homelessness. BMC Health Services Research. 2018;18(1):1-3. doi:10.1186/s12913-017-2816-9

[14] Gouse I, Walters S, Miller-Archie S, Singh T, Lim S. Evaluation of New York/New York III permanent supportive housing program. Evaluation and Program Planning. 2023;97:1-9. doi:10.1016/j.evalprogplan.2023.102245

[15] NYC Department of Health and Mental Hygiene and NYC Department of Homeless Services. Sixteenth annual report on deaths among persons experiencing homelessness. July 1, 2020-June 30, 2021. https://a860-gpp.nyc.gov/concern/parent/zg64tp214/file_sets/j9602313t

[16] Freudenberg N, Heller D. A review of opportunities to improve the health of people involved in the criminal justice system in the United States. Annu Rev Public Health. 2016;37:313-333. doi:10.1146/annurev-publhealth-032315-021420

Inpatient Treatment Yes
Applies to OASAS? Yes
Applies to OMH? No
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Several hospital-based detoxification programs include their beds under Med-Surg during non-emergencies, which is needed in order to normalize 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 review and monitor changes in bed utilization in these settings as well as inviting comment from community groups to ensure proper access to these critical services.

Additionally, NYC's inpatient programs (especially non-hospital based) have continued need of Personal Protective Equipment (PPE) and other materials to support infection control.

Non-Clinical Supports Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): The onset of severe mental illness (SMI) often interrupts a person's relationships, education and employment in ways that substantially and negatively impact their quality of life — 45% of New Yorkers with SMI report having low social support, and 29% are at risk for social isolation.[17] Social isolation, in turn, increases the risk of mental health crisis, due to things like falling out of care or off treatment, or even struggling to maintain housing. People with SMI are also more likely to be unemployed and have a lower household income and lower levels of educational attainment.[18] Discrimination due to mental health diagnosis exacerbates the barriers to employment and social inclusion that people of color already face due to structural racism. People with SMI need more social infrastructure to connect with others and form community and relationships. Clubhouses are one-stop

programs offering an array of services including, but not limited to, building strong support networks, socialization through joining a clubhouse community, supported employment, education support, skill building, case management including identifying supportive housing, advocacy, low or no-cost snacks and meals, and recreation in a recovery-oriented environment.

Research shows the clubhouse model reduces people's hospitalization and contact with the criminal legal system, and improves their health and wellness.[19][20] Over the last year, NYC clubhouses have enrolled more than 1,000 new members. This ongoing growth demonstrates a clear demand for these services. By expanding clubhouses, more New Yorkers with SMI will be welcomed into safe, supportive communities and engaged in efforts to advance their quality of life, including social, educational and employment activities, while reducing their risk of isolation and crisis and associated risks like homelessness and hospitalization.

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. Considerable investments are needed to grow and support this workforce.

Psychiatric rehabilitation, occupational therapy, and peer support services are important and often overlooked, complementary and/or alternative services to clinical services. After decades of flat enrollment, NYC 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 and occupational therapy 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, clubhouse and recovery services similar to referrals for clinical services. More Certified Peer Specialists and Certified Peer Recovery Advocates are needed to staff the expanding field of non-clinical behavioral health services and considerable investments are needed to grow and support this workforce.

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[17] Unpublished raw data from the 2012 Community Mental Health Survey. NYC Department of Health and Mental Hygiene; 2012. Accessed February 17, 2023

[18] Unpublished raw data from the 2012 Community Mental Health Survey. NYC Department of Health and Mental Hygiene; 2012. Accessed February 17, 2023.

[19] Killaspy H, Harvey C, Brasier C, et al. Community-based social interventions for people with severe mental illness: A systematic review and narrative synthesis of recent evidence. World Psychiatry. 2022;21(1):96-123. doi:10.1002/wps.20940

[20] McKay C, Nugent KL, Johnsen M, et al. A systematic review of evidence for the clubhouse model of

psychosocial rehabilitation. Adm Policy Ment Health. 2018;45:28-47. doi:10.1007/s10488-016-0760-3

Outpatient Treatment Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): There is insufficient capacity to meet NYC's demand for specialty mental health care: 41% of people with severe mental illness (SMI) (around 100,000 New Yorkers) want treatment but are unable to get it.[21] Many of the greatest mental health provider shortages are concentrated in neighborhoods with the highest proportion of people of color. The services available are complex, inequitable, and difficult to navigate. These access issues are made worse by cost. One in eight (12.1%) New Yorkers are uninsured,[22] and for people who do have insurance, finding affordable mental health services is challenging due to low reimbursement rates. These financial barriers are more significant for people of color, who face greater inequities in access to health insurance and fair wages. New Yorkers need equitable access to culturally responsive, race-conscious, and trauma-informed care to improve mental health outcomes.

A single system for people with SMI to engage in care is necessary to facilitate efficient, well-planned connections from hospitals, jails and shelters to outpatient mental health and social services that tailor support for people to successfully reenter communities. Additionally, expanding access to comprehensive primary and community mental health care is essential for people to be able to establish relationships with trusted providers who can support their whole health over time. Only providers who have continuous relationships with individuals can identify changes in their circumstances that might quickly bring on a crisis, intervene to prevent it, and make sure they have the resources necessary to stabilize and recover. Lastly, people with SMI also may use drugs and alcohol or have a co-occurring substance use disorder (SUD). A holistic approach for people with SMI must include access to evidence-based substance use treatment and harm reduction services.

Significant investment is needed in order to expand access to outpatient mental healthcare for all New Yorkers who need it.

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[21] Unpublished raw data from the 2012 Community Health Survey. NYC Department of Health and Mental Hygiene; 2012. Accessed February 17, 2023.

[22] Unpublished raw data from the 2021 Community Mental Health Survey. NYC Department of Health and Mental Hygiene; 2021. Accessed February 17, 2023.

Prevention Yes

Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Despite investment in behavioral healthcare services in NYC, 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.”[23] 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 compared to treatment within the mental healthcare system. The current model in NYC relies on treating behavioral health problems when they arise rather than working to prevent them to begin with.

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, grow, live, work and age.[24] 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).[25] 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.

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 NYC. In line with the World Health Organization’s report on the Social Determinants of Mental Health, we call for an approach that follows the concept of proportionate universalism—policies should be universal, across the whole of society and proportionate to need. In practice, such an approach will be grounded in social and economic rights—including the right to housing, healthcare, employment and education—and will rely 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.

When it comes to social conditions NYC ranks particularly poorly with high rates of homelessness, income and wealth inequality and poverty as well as unequal access to healthcare and higher education— New Yorkers of low socioeconomic status (SES) are less likely to have stable access to healthcare or access to higher education and are far more likely to experience substandard mental and physical health and worse health outcomes.[26][27] Without meaningful 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 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 conditions in which New Yorkers are born, grow, live, work and age. 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 result in.[28][29] As the 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.”

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 disproportionately benefit black and brown New Yorkers and work to reduce racial health inequalities.

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 (SDoMH), is urgently needed in NYC.

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Problem Gambling Yes
Applies to OASAS? Yes
Applies to OMH? No
Applies to OPWDD? No
Need Applies to: Adults Only
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Our two contracted programs providing problem gambling treatment services reported experiencing an increase in demand for services and admissions to treatment for mobile gambling since the legalization of online sport betting in NYS in 2021. One program reported the average debt from mobile gambling upon admission is at least $50,000, and that it's not uncommon for individuals to have debt into the hundreds of thousands. Another program reported that from January to December of 2022, 33% of patients admitted reported mobile gambling as the main type of gambling they engaged in compared to 57% patients reporting this for only the first half of 2023. This program also reports a waitlist due to this increased demand for treatment, thereby necessitating more staff. Given these reports, there is a need for more problem gambling programming in NYC.

Refugees and Immigrants Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): In NYC, reports of hate crimes against members of the Asian American, Native Hawaiian, Pacific Islander (AANHPI) community in 2021 outpaced records of similar complaints in 2020.[30] In addition to being targeted for hate crimes, the prevalence of experiencing physical violence by an intimate partner among U.S.-born AANHPI adults is about three times that of AANHPI adults born outside of the U.S. (8% vs. 2%).[31] AANHPI adults willing to report intimate partner violence may face barriers due to language accessibility in our health systems or lack of knowledge of resources. NYC DOHMH anticipates that the AANHPI community will require additional support and culturally competent services to ensure safety and wellness.

Furthermore, NYC has provided services to more than 14,000 asylum seekers arriving from the southern border of the United States since May 2022.[32] 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 incoming asylum seekers and staff at the Resources Navigation Center. Services include supporting those in distress to cope better with stressors while accessing services. Additional support services include crisis counseling and facilitating connections 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 2024 to meet mental health needs of the individuals and families currently experiencing crisis. NYC DOHMH recognizes that the refugees arriving to New York 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.

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[30] NYPD Hate Crimes Dashboard. (n.d.).

[31] NYC Health Department. (2021, September). Health of Asians and Pacific Islanders - New York City. Retrieved January 29, 2023, from https://www1.nyc.gov/assets/doh/downloads/pdf/episrv/asian-pacific-islander-health-2021-summary.pdf

[32] Mayor Adams Releases "The Road Forward," New Blueprint to Handle Asylum Seeker Crisis Moving Forward | City of New York (nyc.gov)

Residential Treatment Services Yes
Applies to OASAS? Yes
Applies to OMH? No
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
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. The most recent guidance issued on February 16, 2023, permits all programs to return to admitting and discharging participants based on criteria, but also requires programs to adhere to infection control guidance from OASAS, state and local health departments. Masking is encouraged but not mandated. DOHMH Office of Emergency Response has coordinated with OASAS and OMH to receive regular transmission of program location and contact data in order to expedite communication around outbreaks and other regional disasters.

Transition Age Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Youth Only
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): DOHMH is a partner organization in NYC's plan to prevent and end Youth Homelessness ("Opportunity Starts with a Home")[33] led by the Department of Youth and Community Development (DYCD). 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.
- 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. Please enter needs assessment here. Please cite sources as comments.

Additionally, through this initiative DOHMH has committed to working on following action steps to improve access to mental health and harm reduction/addiction supports and services for homeless youth and young adults (YYA):

- 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.
- Explore creating a connection between the Runaway and Homeless Youth (RHY) drop-in centers.

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[33] https://www.nyc.gov/assets/home/downloads/pdf/press-releases/2022/NYC-Community-Plan-DIGITAL.pdf

Workforce Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): According to a recent report from the Center for Health Workforce Studies (CHWS) on Health Worker Recruitment and Retention in NYC, behavioral health providers are some of the most difficult health care occupations to recruit and retain. The report identifies psychiatrists in particular as one of the most difficult behavioral health occupations to recruit and retain. This aligns with observations made by the NYC Community Services Board (CSB), who have also raised concerns about a shortage of child psychiatrists in particular, as well as widespread workforce shortages in community-based settings.

The findings from the CHWS report on the reasons for difficulties in retention and recruitment generally align with those identified by NYC CSB members, including:

- Demand outstripped supply: The COVID-19 pandemic exacerbated health workforce shortages in NYC, dramatically increasing the number of occupations in short supply as well as the magnitude of the shortages. This aligns with observations made by the NYC CSB, who have stated that the demand for behavioral health services have grown exponentially, but staffing hasn't grown to meet the demand. The NYC CSB have continually advocated for the expansion of professional development pipelines that connect new behavioral health providers to community-based organizations (CBOs) in need of staff, particularly for social workers.

- Noncompetitive salaries: This finding in the CHWS report aligns with observations made by the NYC CSB, particularly regarding higher starting salaries for behavioral health occupations in private sectors that CBOs are unable to compete with. Noncompetitive salaries (and low entry level pay in particular), in combination with the high cost of living in NYC and limited affordable housing opportunities, may have driven workers out of the behavioral health sector and the city entirely. While the proposed FY24 NYS Budget recommends $38 million to support minimum wage increases for existing staff at programs licensed, certified, or otherwise authorized by OPWDD, OMH, and OASAS, continued funding and opportunities for permanent or long-term wage increases may need to be explored.

- Lack of flexible scheduling: In alignment with observations made by the NYC CSB about the behavioral health workforce in NYC, the CHWS report shows that there is a significant generational and workforce culture shift among health care occupations, indicating that the younger workforce is more concerned with work-life balance and opportunities for flexible scheduling, including remote telework. Similarly, the NYC CSB has elevated the need for new types of incentives to ensure retention, including innovative scheduling models that provide flexible hours, as well as opportunities to meet childcare, eldercare, and other needs to better prevent burnout. In Mayor Adams's newly released Care, Community, Action: A Mental Health Plan for NYC, the City committed to reduce burnout by increasing quality supervision and appropriate staffing ratios (which requires a sufficient workforce), supporting continuing education and advancement, and creating financial incentives to make sure mental health staff can meet their work-related needs.

Concerning the peer workforce in particular, community input continues to identify peer support workers as integral components of the behavioral health workforce in NYC. 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 disorder, 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. Moreover, as New York State considers expansion of the peer workforce through the 1115 Waiver by including Community Health Workers and other healthcare titles that prioritize lived experience, it will be critical to better understand their unique needs and develop strategies to ensure that are successfully integrated into the behavioral health workforce.

Telehealth and tele-support have become commonplace in the provision of behavioral health services, requiring peer support workers to adapt their services to virtual, digital, and telephonic platforms. Although the provision of in-person services have increased post-pandemic, there will be an ongoing need for peer support workers to successfully use technology in their practice. However, this segment of the workforce continues to experience barriers in accessing and using technology to provide telehealth

peer support. Moreover, there is some concern that principles of peer support may not be easily translated through tele-support, which will require additional training for the peer workforce.

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

- 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.

The New York State Office of Mental Health also conducted a survey that included peer support workers and managers/supervisors on competencies in peer telehealth during the COVID-19 (n=313, n=164)[34] found that competency-based training and performance-based training was needed to preserve the unique nature of peer support services in the provision of Peer Telehealth.

These findings suggest there is an area of ongoing need for peer support workers and their supervisors/managers to ensure that they are able to successfully integrate technology into their work. As New York State continues to build its digital telehealth structure, targeted resources are needed to study potential barriers to successful integration of the technology and develop strategies to increase workforce literacy as needed.

A centralized system for receiving workforce information and updates has also been identified as essential to the advancement of the Peer and Community Health Worker workforce. This need has become increasingly evident as Peer and Community Health Workers complete dual certifications. 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.

While peer support workers are considered to be especially vulnerable to burnout and stress, many have noted that this stress is often in reaction to toxic workplace culture and is pervasive in organizations regardless of title. Since the onset of the pandemic, the workforce has been increasingly complex which has contributed to heightened levels of stress and burnout among many workers. Studies indicate that:

- 80% of workers reported that workplace stress affects their relationships with friends, family, and coworkers. Only 38% of those who knew about their organization’s mental health services would feel comfortable using them.[35]

- It is estimated that cost employers in the United States up to $193.2 billion annually in lost earnings due to absenteeism and presenteeism. Anxiety and depression cost the global economy over $1

trillion in lost productivity yearly.[36]

- Workplace stress costs U.S. employers $500 billion annually in lost productivity.

As NYC's workforce continues to adapt and evolve, there is an urgent need to increase access to resources and tools to support the well-being of the workforce. Many of these strategies are currently being used but will need to be built to scale such as:

- Assuring access and connection to culturally responsive resources and services that address traumatic stress and loss.

- Employing supports and resources that address underlying complex trauma due to historical or racial trauma and its disproportionate impact on historically underrepresented workers- LGBTQIA+, BIPOC, differently abled, neurodivergent, etc.

- Increasing awareness of trauma-specific treatment modalities.

Ongoing development of tools to track the impact of COVID-19 associated collective trauma and the needs of frontline workers.[37]

Concerning 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.

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[34] Spagnolo, A. B., Pratt, C. W., Jia, Y., DeMasi, M., Cronise, R., & Gill, K. (2022) The Competencies of Telehealth Peer Support: Perceptions of Peer Support Specialists and Supervisors During the COVID-19 Pandemic. Community mental health journal, 58(7), 1386–1392.

[35] Reinert, Nguyen, & Fritze. (2021) The State of Mental Health in America. Mental Health America, Alexandria VA.

[36] Adams & Nguyen. (2022) Mind the Workplace 2022 Report: Employer Responsibility to Employer Mental Health. Mental Health America, Alexandria VA.

[37] https://omh.ny.gov/omhweb/statistics/2021-needs-of-frontline-workers-interim-report.pdf

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
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): The unintentional overdose rate in NYC is at an all-time high, with 2,668 overdose deaths reported in 2021, making it the deadliest year on record. As a result, there is a need to strengthen and enhance the following services and initiatives, many of which exist but could be broadened/bolstered across the harm reduction service continuum:

- Identifying sustainable funding to support enhancement of low threshold wraparound services at SSPs, including mental health, primary care, SUD treatment, and meeting basic needs (e.g., food, showers, laundry), with a focus on neighborhoods with high overdose mortality rates

- Expanding additional OPC services throughout NYC including in areas with high overdose mortality rates

- Building greater capacity to address access to fentanyl test strips through various types of service providers

- Expanding access to drug checking technology (e.g., tests drug sample for fentanyl and xylazine) so participants can make better informed decisions around their use

- Promoting safer means of syringe disposal including more syringe litter kiosks

- Creating post-use clinical observation programs

Racial Equity and Justice-Impacted Populations Yes

Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Communities of Color in the U.S. experience significant health inequities laid bare and exacerbated by the COVID 19 pandemic; these inequities severely impact persons with criminal legal system involvement.

The impact of long-standing systemic racism is evident in the US criminal legal system (CLS), with persons of color experiencing disproportionately high incarceration rates.[38] Persons with criminal legal system involvement (CLSI) also face systemic racism and other barriers when re-entering the community, experiencing poorer health outcomes, higher rates of heart disease, trauma, hypertension, behavioral health conditions,[39], and premature mortality.[40] Housing insecurity is widespread, with persons with CLSI experiencing almost 10 times the rate of homelessness compared to the general population.[41] Persons with CLSI also face numerous barriers to employment, with only 55% of individuals report having any income during the first year following release.

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[38] The Sentencing Project. Lifetime likelihood of imprisonment of US residents born in 2001. https://www.sentencingproject.org/criminal-justice-facts/ Accessed May 6, 2020

[39] Siegler A, Bersofsky M, Unangst J. Medical problems of state and prisoner and jail inmates. 2011-2012. US Department of Justice. 2015

[40] Binswanger IA, Stern CF, Deyo RA, et al. Release from prison — a high risk of death for former inmates. N Engl J Med. 2007;356(5):157-165. doi:10.1056/ NEJMsa064115.

[41] https://www.prisonpolicy.org/reports/housing.html

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
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Research and anecdotal evidence from previous disasters and public health emergencies highlighted the need for a better prepared behavioral health service system to address the impact of these events on their workforce and the population they serve. This need was further exacerbated by the COVID-19 pandemic.

Disaster planning and preparedness often neglects to adequately consider the unique event related needs of the service recipients of all three areas of the behavioral health service system. This can lead to inadequate response to their event-related behavioral health needs and contribute to adverse outcomes such as impaired coping, inability to access needed care, worsening of existing conditions, and

diminished chance for recovery. Evidence also indicates lack of adequate readiness and failure to engage the staff of the Behavioral Health Service System in disaster planning and prerenders negatively affects their health and functioning during an event, with high rates of burnout and turn around. It also increases their risk for event related mental health illnesses, such as depression anxiety, and alcohol and substance use.

NYC DOHMH identified three main gaps in the Behavioral Health Service System planning, preparedness, response. Addressing these will be essential to improve future response outcomes. Activities need to focus on 1) Engaging staff in planning and preparedness and enhancing their resilience and supporting their emotional health and well-being to prevent burnout and costly high turn around. 2) providing adequate and timely behavioral health support services to individuals and communities most impacted by the incident. 3) planning to coordinate response among Behavioral Health Service providers

NYC DOHMH requires support from city and state leadership to enhance its behavioral health care system's response readiness, most urgently to develop comprehensive, standardized, and scalable disasters and public health emergencies response plans with corresponding tools, protocols, and trainings, and to build and strengthen systems for collaboration among behavioral health care providers around resource sharing.

LGU Representative: Kirklyn Escondo

Submitted for: NYC Department of Health and Mental Hygiene

2025 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
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Experiences/Adverse Community Environments (ACEs) have been shown to increase risk for a variety of medical, psychological, and behavioral conditions in adulthood. 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. 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%). The 2021 Health Opinion Poll found that 68% of Asian American/Pacific Islander (AAPI) 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. 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.

Crisis Services Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Acute care is a critical component of our mental health care system and essential for supporting many people when they are in crisis. However, acute care is not a solution to homelessness or other social factors that worsen mental illness. The entry way to our serious mental illness (SMI) care systems is often through emergency response systems, the majority of which have been led by law enforcement. Law enforcement and mental health advocates agree this situation is not ideal, and would prefer a clinical, trauma informed, and health-led response to mental health crises. This recognition is also shared nationally, with the initiation of 988, the National Suicide Prevention Hotline, as a direct connection to compassionate and accessible care for people experiencing emergency mental health needs.

Because community-based mental health care can be difficult and confusing to access, many people end up calling 911 and getting transported to care in emergency and inpatient settings. According to data from the New York Police Department (NYPD), there were an average of nearly 15,000 911 calls per month in 2022 that were related to a mental health emergency and responded to by NYPD. We must improve availability of and funding for health-led response options and reduce police

involvement in behavioral crisis while also increasing access to intensive community treatment and support options.

Cross System Services Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Despite a significant number of ongoing initiatives aimed at improving behavioral health conditions among NYC residents, there continue to be disparities in behavioral health care access, utilization, and outcomes in NYC.

One in five New Yorkers experiences mental illness in a given year, and hundreds of thousands of these New Yorkers are not connected to care. Additionally, 9.2% of NYC public high school students have reported attempting suicide. Moreover, a 2018 study found that 8.3% of NYC adults had current symptomatic depression. 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 2022 was 526,137. 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. Throughout the country, as well as in NYS, behavioral healthcare providers also lag behind their primary care counterparts in opportunities to increase their revenue streams including through value-based payment arrangements. During NYC's community feedback process for local services planning, a Community Services Board (CSB) member shared that "smaller organizations are providing mental health services but don't have a system to actually generate revenue, despite the fact that these organizations have been in the communities for decades and have public trust". Another member stated that "it is much easier for primary care professionals who have data and analysis departments to negotiate rates, etc. We have to think boldly and differently and outside the box if we are going to meet all of this unmet need" (December 2022).

Regarding the privately/commercially insured population, research shows that 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 NYC 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 the National Institute of Health (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:

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

Insurance beneficiaries:
• 80% have at some point had to seek behavioral health care outside of their insurance network.
• 65% have encountered incorrect insurance acceptance information from a directory, website, or third-party platform like ZocDoc.
• 69% have been denied coverage of BH services by their health insurance plan.

Furthermore, 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 mental health and substance use disorder (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.). In addition to research and survey data, a NYC CSB member shared that “parity between physical health and behavioral health is key to promoting access and engaging community members in treatment programs” (December 2022).

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 Administration for Children’s Services (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 they could ideally 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.

Housing Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): NYC currently contracts for approximately 11,200 units of supportive housing. 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. 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 morbidity and premature mortality and worse mental and physical health outcomes. Housing insecurity can worsen symptoms of mental illness and increase the likelihood a person will encounter high-risk situations that lead to avoidable hospitalization or incarceration.

Since 2017, NYC 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. In 2020, approximately 13,000 people with SMI experienced homelessness in the NYC shelter system or on the street.

Some people with SMI will be able to maintain independent housing with financial supports and effective services. Others benefit from higher levels of care, including supportive housing, which offers permanent, affordable rental housing with support services. While many homeless individuals in NYC 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 NYC for both additional funding for supportive housing and additional units of supportive housing.

Furthermore, 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. Unstable housing status and contact with the criminal legal system are both risk factors for overdose and drug-related harms. Drug-related death is the leading cause of death among people experiencing homelessness in NYC. In addition, those who are involved in the criminal legal system are at increased risk of drug-related harms, including but not limited to overdose, HIV and hepatitis C virus infection.

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 and provides re/habilitation supports to increase the ability to remain safely housed.

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, housing continues to be a major unmet need for individuals with intellectual/ developmental disabilities (I/DD) in NYC. 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 research 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.

Inpatient Treatment Yes
Applies to OASAS? Yes
Applies to OMH? No
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Several hospital-based detoxification programs include their beds under Med-Surg during non-emergencies, which is needed in order to normalize 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 review and monitor changes in bed utilization in these settings as well as inviting comment from community groups to ensure proper access to these critical services.

Additionally, NYC's inpatient programs (especially non-hospital based) have continued need of Personal Protective Equipment (PPE) and other materials to support infection control.

Non-Clinical Supports Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): The onset of severe mental illness (SMI) often interrupts a person's relationships, education and employment in ways that substantially and negatively impact their quality of life — 45% of New Yorkers with SMI report having low social support, and 29% are at risk for social isolation. Social isolation, in turn, increases the risk of mental health crisis, due to things like falling out of care or off treatment, or even struggling to maintain housing. People with SMI are also more likely to be unemployed and have a lower household income and lower levels of educational attainment. Discrimination due to mental health diagnosis exacerbates the barriers to employment and social inclusion that people of color already face due to structural racism. People with SMI need more social infrastructure to connect with others and form community and relationships. Clubhouses are one-stop programs offering an array of services including, but not limited to, building strong support networks, socialization through joining a clubhouse community, supported employment, education support, skill building, case management including identifying supportive housing, advocacy, low or no-cost snacks and meals, and recreation in a recovery-oriented environment.

Research shows the clubhouse model reduces people's hospitalization and contact with the criminal legal system, and improves their health and wellness. Over the last year, NYC clubhouses have enrolled more than 1,000 new members. This ongoing growth demonstrates a clear demand for these services. By expanding clubhouses, more New Yorkers with SMI will be welcomed into safe, supportive communities and engaged in efforts to advance their quality of life, including social, educational and employment activities, while reducing their risk of isolation and crisis and associated risks like homelessness and hospitalization.

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. Considerable investments are needed to grow and support this workforce.

Psychiatric rehabilitation, occupational therapy, and peer support services are important and often overlooked, complementary and/or alternative services to clinical services. After decades of flat enrollment, NYC 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 and occupational therapy 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, clubhouse and recovery services similar to referrals for clinical services. More Certified Peer Specialists and Certified Peer Recovery Advocates 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: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): There is insufficient capacity to meet NYC's demand for specialty mental health care: 41% of people with severe mental illness (SMI) (around 100,000 New Yorkers) want treatment but are unable to get it. Many of the greatest mental health provider shortages are concentrated in neighborhoods with the highest proportion of people of color. The services available are complex, inequitable, and difficult to navigate. These access issues are made worse by cost. One in eight (12.1%) New Yorkers are uninsured, and for people who do have insurance, finding affordable mental health services is challenging due to low reimbursement rates. These financial barriers are more significant for people of color, who face greater inequities in access to health insurance and fair wages. New Yorkers need equitable access to culturally responsive, race-conscious, and trauma-informed care to improve mental health outcomes.

A single system for people with SMI to engage in care is necessary to facilitate efficient, well-planned

connections from hospitals, jails and shelters to outpatient mental health and social services that tailor support for people to successfully reenter communities. Additionally, expanding access to comprehensive primary and community mental health care is essential for people to be able to establish relationships with trusted providers who can support their whole health over time. Only providers who have continuous relationships with individuals can identify changes in their circumstances that might quickly bring on a crisis, intervene to prevent it, and make sure they have the resources necessary to stabilize and recover. Lastly, people with SMI also may use drugs and alcohol or have a co-occurring substance use disorder (SUD). A holistic approach for people with SMI must include access to evidence-based substance use treatment and harm reduction services.

Significant investment is needed in order to expand access to outpatient mental healthcare for all New Yorkers who need it.

Prevention Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Despite investment in behavioral healthcare services in NYC, 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.”
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 compared to treatment within the mental healthcare system. The current model in NYC relies on treating behavioral health problems when they arise rather than working to prevent them to begin with.

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, grow, live, work and age. 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). 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.

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 NYC. In line with the World Health Organization’s report on the Social Determinants of Mental Health, we call for an approach that follows the concept of proportionate universalism—policies should be universal, across the whole of society and proportionate to need. In practice, such an approach will be grounded in social and economic rights— including the right to housing, healthcare, employment and education—and will rely 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.

When it comes to social conditions NYC ranks particularly poorly with high rates of homelessness, income and wealth inequality and poverty as well as unequal access to healthcare and higher education— New Yorkers of low socioeconomic status (SES) are less likely to have stable access to healthcare or access to higher education and are far more likely to experience substandard mental and physical health and worse health outcomes. Without meaningful 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 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 conditions in which New Yorkers are born, grow, live, work and age. 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 result in. As the 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.”

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 disproportionately benefit black and brown New Yorkers and work to reduce racial health inequalities.

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 (SDoMH), is urgently needed in NYC.

Problem Gambling Yes
Applies to OASAS? Yes
Applies to OMH? No
Applies to OPWDD? No
Need Applies to: Adults Only
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Our two contracted programs providing problem gambling treatment services reported experiencing an increase in demand for services and admissions to treatment for mobile gambling since the legalization of online sport betting in NYS in 2021. One program reported the average debt from mobile gambling upon admission is at least $50,000, and that it’s not uncommon for individuals to have debt into the hundreds of thousands. Another program reported that from January to December of 2022, 33% of patients admitted reported mobile gambling as the main type of gambling they engaged in compared to 57% patients reporting this for only the first half of 2023. This program also reports a waitlist due to this increased demand for treatment, thereby necessitating more staff. Given these reports, there is a need for more problem gambling programming in NYC.

Refugees and Immigrants Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): In NYC, reports of hate crimes against members of the Asian American, Native Hawaiian, Pacific Islander (AANHPI) community in 2021 outpaced records of similar complaints in 2020. In addition to being targeted for hate crimes, the prevalence of experiencing physical violence by an intimate partner among U.S.-born AANHPI adults is about three times that of AANHPI adults born outside of the U.S. (8% vs. 2%). AANHPI adults willing to report intimate partner

violence may face barriers due to language accessibility in our health systems or lack of knowledge of resources. NYC DOHMH anticipates that the AANHPI community will require additional support and culturally competent services to ensure safety and wellness.

Furthermore, NYC has provided services to more than 14,000 asylum seekers arriving from the southern border of the United States since May 2022. 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 incoming asylum seekers and staff at the Resources Navigation Center. Services include supporting those in distress to cope better with stressors while accessing services. Additional support services include crisis counseling and facilitating connections 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 2024 to meet mental health needs of the individuals and families currently experiencing crisis. NYC DOHMH recognizes that the refugees arriving to New York 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.

Residential Treatment Services Yes
Applies to OASAS? Yes
Applies to OMH? No
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
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. The most recent guidance issued on February 16, 2023, permits all programs to return to admitting and discharging participants based on criteria, but also requires programs to adhere to infection control guidance from OASAS, state and local health departments. Masking is encouraged but not mandated. DOHMH Office of Emergency Response has coordinated with OASAS and OMH to receive regular transmission of program location and contact data in order to expedite communication around outbreaks and other regional disasters.

Transition Age Services Yes
Applies to OASAS? Yes
Applies to OMH? No
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): DOHMH is a partner organization in NYC's plan to prevent and end Youth Homelessness ("Opportunity Starts with a Home") led by the Department of Youth and Community Development (DYCD). 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.
• 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. Please enter needs assessment here. Please cite sources as comments.

Additionally, through this initiative DOHMH has committed to working on following action steps to improve access to mental health and harm reduction/addiction supports and services for homeless youth and young adults (YYA):

• 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.
• Explore creating a connection between the Runaway and Homeless Youth (RHY) drop-in centers.

Workforce Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): According to a recent report from the Center for Health Workforce Studies (CHWS) on Health Worker Recruitment and Retention in NYC, behavioral health providers are some of the most difficult health care occupations to recruit and retain. The report identifies psychiatrists in particular as one of the most difficult behavioral health occupations to recruit and retain. This aligns with observations made by the NYC Community Services Board (CSB), who have also raised concerns about a shortage of child psychiatrists in particular, as well as widespread workforce shortages in community-based settings.

The findings from the CHWS report on the reasons for difficulties in retention and recruitment generally align with those identified by NYC CSB members, including:

• Demand outstripped supply: The COVID-19 pandemic exacerbated health workforce shortages in NYC, dramatically increasing the number of occupations in short supply as well as the magnitude of the shortages. This aligns with observations made by the NYC CSB, who have stated that the demand for behavioral health services have grown exponentially, but staffing hasn't grown to meet the demand. The NYC CSB have continually advocated for the expansion of professional development pipelines that connect new behavioral health providers to community-based organizations (CBOs) in need of staff, particularly for social workers.
• Noncompetitive salaries: This finding in the CHWS report aligns with observations made by the NYC CSB, particularly regarding higher starting salaries for behavioral health occupations in private sectors that CBOs are unable to compete with. Noncompetitive salaries (and low entry level pay in particular), in combination with the high cost of living in NYC and limited affordable housing opportunities, may have driven workers out of the behavioral health sector and the city entirely. While the proposed FY24 NYS Budget recommends $38 million to support minimum wage increases for existing staff at programs licensed, certified, or otherwise authorized by OPWDD, OMH, and OASAS, continued funding and opportunities for permanent or long-term wage increases may need to be explored.
• Lack of flexible scheduling: In alignment with observations made by the NYC CSB about the behavioral health workforce in NYC, the CHWS report shows that there is a significant generational and workforce culture shift among health care occupations, indicating that the younger workforce is more concerned with work-life balance and opportunities for flexible scheduling, including remote telework. Similarly, the NYC CSB has elevated the need for new types of incentives to ensure retention, including innovative scheduling models that provide flexible hours, as well as opportunities to meet childcare, eldercare, and other needs to better prevent burnout. In Mayor Adams's newly released Care, Community, Action: A Mental Health Plan for NYC, the City committed to reduce burnout by increasing quality supervision and appropriate staffing ratios (which requires a sufficient workforce), supporting continuing education and advancement, and creating financial incentives to make sure mental health staff can meet their work-related needs.

Concerning the peer workforce in particular, community input continues to identify peer support workers as integral components of the behavioral health workforce in NYC. 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 disorder, 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. Moreover, as New York State considers expansion of the peer workforce through the 1115 Waiver by including Community Health Workers and other healthcare titles that prioritize lived experience, it will be critical to better understand their unique needs and develop strategies to ensure that are successfully integrated into the behavioral health workforce.

Telehealth and tele-support have become commonplace in the provision of behavioral health services, requiring peer support workers to adapt their services to virtual, digital, and telephonic platforms. Although the provision of in-person services have increased post-pandemic, there will be an ongoing need for peer support workers to successfully use technology in their practice. However, this segment of the workforce continues to experience barriers in accessing and using technology to provide telehealth peer support. Moreover, there is some concern that principles of peer support may not be easily translated through tele-support, which will require additional training for the peer workforce.

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

• 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.

The New York State Office of Mental Health also conducted a survey that included peer support workers and managers/supervisors on competencies in peer telehealth during the COVID-19 (n=313, n=164) found that competency-based training and performance-based training was needed to preserve the unique nature of peer support services in the provision of Peer Telehealth.

These findings suggest there is an area of ongoing need for peer support workers and their supervisors/managers to ensure that they are able to successfully integrate technology into their work. As New York State continues to build its digital telehealth structure, targeted resources are needed to study potential barriers to successful integration of the technology and develop strategies to increase workforce literacy as needed.

A centralized system for receiving workforce information and updates has also been identified as essential to the advancement of the Peer and Community Health Worker workforce. This need has become increasingly evident as Peer and Community Health Workers complete dual certifications. 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.

While peer support workers are considered to be especially vulnerable to burnout and stress, many have noted that this stress is often in reaction to toxic workplace culture and is pervasive in organizations regardless of title. Since the onset of the pandemic, the workforce has been increasingly complex which has contributed to heightened levels of stress and burnout among many workers. Studies indicate that:

• 80% of workers reported that workplace stress affects their relationships with friends, family, and coworkers. Only 38% of those who knew about their organization's mental health services would feel comfortable using them.
• It is estimated that cost employers in the United States up to $193.2 billion annually in lost earnings due to absenteeism and presenteeism. Anxiety and depression cost the global economy over $1 trillion in lost productivity yearly.
• Workplace stress costs U.S. employers $500 billion annually in lost productivity.

As NYC's workforce continues to adapt and evolve, there is an urgent need to increase access to resources and tools to support the well-being of the workforce. Many of these strategies are currently being used but will need to be built to scale such as:

• Assuring access and connection to culturally responsive resources and services that address traumatic stress and loss.
• Employing supports and resources that address underlying complex trauma due to historical or racial trauma and its disproportionate impact on historically underrepresented workers- LGBTQIA+, BIPOC, differently abled, neurodivergent, etc.
• Increasing awareness of trauma-specific treatment modalities.

Ongoing development of tools to track the impact of COVID-19 associated collective trauma and the needs of frontline workers.

Concerning 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.

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
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): The unintentional overdose rate in NYC is at an all-time high, with 2,668 overdose deaths reported in 2021, making it the deadliest year on record. As a result, there is a need to strengthen and enhance the following services and initiatives, many of which exist but could be broadened/bolstered across the harm reduction service continuum:
• Identifying sustainable funding to support enhancement of low threshold wraparound services at SSPs, including mental health, primary care, SUD treatment, and meeting basic needs (e.g., food, showers, laundry), with a focus on neighborhoods with high overdose mortality rates
• Expanding additional OPC services throughout NYC including in areas with high overdose mortality rates
• Building greater capacity to address access to fentanyl test strips through various types of service providers
• Expanding access to drug checking technology (e.g., tests drug sample for fentanyl and xylazine) so participants can make better informed decisions around their use
• Promoting safer means of syringe disposal including more syringe litter kiosks
• Creating post-use clinical observation programs

Racial Equity and Justice-Impacted Populations Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): Communities of Color in the U.S. experience significant health inequities laid bare and exacerbated by the COVID 19 pandemic; these inequities severely impact persons with criminal legal system involvement.

The impact of long-standing systemic racism is evident in the US criminal legal system (CLS), with persons of color experiencing disproportionately high incarceration rates. Persons with criminal legal system involvement (CLSI) also face systemic racism and other barriers when re-entering the community, experiencing poorer health outcomes, higher rates of heart disease, trauma, hypertension, behavioral health conditions, and premature mortality. Housing insecurity is widespread, with persons with CLSI experiencing almost 10 times the rate of homelessness compared to the general population. Persons with CLSI also face numerous barriers to employment, with only 55% of individuals report having any income during the first year following release.

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
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Research and anecdotal evidence from previous disasters and public health emergencies highlighted the need for a better prepared behavioral health service system to address the impact of these events on their workforce and the population they serve. This need was further exacerbated by the COVID-19 pandemic.

Disaster planning and preparedness often neglects to adequately consider the unique event related needs of the service recipients of all three areas of the behavioral health service system. This can lead to inadequate response to their event-related behavioral health needs and contribute to adverse outcomes such as impaired coping, inability to access needed care, worsening of existing conditions, and diminished chance for recovery. Evidence also indicates lack of adequate readiness and failure to engage the staff of the Behavioral Health Service System in disaster planning and prerenders negatively affects their health and functioning during an event, with high rates of burnout and turn around. It also increases their risk for event related mental health illnesses, such as depression anxiety, and alcohol and substance use.

NYC DOHMH identified three main gaps in the Behavioral Health Service System planning, preparedness, response. Addressing these will be essential to improve future response outcomes. Activities need to focus on 1) Engaging staff in planning and preparedness and enhancing their resilience and supporting their emotional health and well-being to prevent burnout and costly high turn around. 2) providing adequate and timely behavioral health support services to individuals and communities most impacted by the incident. 3) planning to coordinate response among Behavioral Health Service providers

NYC DOHMH requires support from city and state leadership to enhance its behavioral health care system's response readiness, most urgently to develop comprehensive, standardized, and scalable disasters and public health emergencies response plans with corresponding tools, protocols, and trainings, and to build and strengthen systems for collaboration among behavioral health care providers around resource sharing.

LGU Representative: Anika Kalra

Submitted for: NYC Department of Health and Mental Hygiene

2024-2027 Needs Assessment Form

2.1. Adverse Childhood Experiences

- **Applies to the following state mental hygiene office(s):** OMH
- **Applies to the following age groups:** Both youth and adults

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 American/Pacific Islander (AAPI) adults in NYC reported feeling a lack of emotional support compared to 47% of White adults.[4] This is particularly important given the recent spate of Anti-Asian hate crimes, both in NYC and nationally. 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.

2.2. Case Management/Care Coordination [No submission for 2024-2027]

2.3. Crisis Services

- **Applies to the following state mental hygiene office(s):** OMH
- **Applies to the following age groups:** Both youth and adults

Acute care is a critical component of our mental health care system and essential for supporting many people when they are in crisis. However, acute care is not a solution to homelessness or other social factors that worsen mental illness. The entry way to our serious mental illness (SMI) care systems is

[1] https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html 5
[2] https://www.health.ny.gov/statistics/brfss/reports/docs/adverse_childhood_experiences.pdf 6
[3] https://www1.nyc.gov/site/doh/data/data-sets/child-chs.page 7
[4] https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief130.pdf 12

often through emergency response systems, the majority of which have been led by law enforcement. Law enforcement and mental health advocates agree this situation is not ideal, and would prefer a clinical, trauma informed, and health-led response to mental health crises. This recognition is also shared nationally, with the initiation of 988, the National Suicide Prevention Hotline, as a direct connection to compassionate and accessible care for people experiencing emergency mental health needs.

Because community-based mental health care can be difficult and confusing to access, many people end up calling 911 and getting transported to care in emergency and inpatient settings. According to data from the New York Police Department (NYPD), there were an average of nearly 15,000 911 calls per month in 2022 that were related to a mental health emergency and responded to by NYPD. We must improve availability of and funding for health-led response options and reduce police involvement in behavioral crisis while also increasing access to intensive community treatment and support options.

2.4. Cross System Services

- **Applies to the following state mental hygiene office(s):** OMH
- **Applies to the following age groups:** Both youth and adults

Despite a significant number of ongoing initiatives aimed at improving behavioral health conditions among NYC residents, there continue to be disparities in behavioral health care access, utilization, and outcomes in NYC.

One in five New Yorkers experiences mental illness in a given year, and hundreds of thousands of these New Yorkers are not connected to care.[5] Additionally, 9.2% of NYC public high school students have reported attempting suicide. Moreover, a 2018 study found that 8.3% of NYC adults had current symptomatic depression. 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 2022 was 526,137. 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. Throughout the country, as well as in NYS, behavioral healthcare providers also lag behind their primary care counterparts in opportunities to increase their revenue streams including through value-based payment arrangements. During NYC's community feedback process for local services planning, a Community Services Board (CSB) member shared that "smaller organizations are providing mental health services but don't have a system to actually generate revenue, despite the fact that these organizations have been in the communities for decades and have public trust". Another member stated that "it is much easier for primary care professionals who have data and analysis departments to negotiate rates, etc. We have to think boldly and differently and outside the box if we are going to meet all of this unmet need" (December 2022).

[5] Mayor's Office of Community Mental Health | Data Dashboard (cityofnewyork.us.)

Regarding the privately/commercially insured population, research shows that 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 NYC 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 the National Institute of Health (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:

Service providers:

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

Insurance beneficiaries:

- 80% have at some point had to seek behavioral health care outside of their insurance network.
- 65% have encountered incorrect insurance acceptance information from a directory, website, or third-party platform like ZocDoc.
- 69% have been denied coverage of BH services by their health insurance plan.

Furthermore, 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 mental health and substance use disorder (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.). In addition to research and survey data, a NYC CSB member shared that "parity between physical health and behavioral health is key to promoting access and engaging community members in treatment programs" (December 2022).

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 Administration for Children's Services (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 they could ideally 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.

2.5. Employment/volunteer (client) [No submission for 2024-2027]

2.6. Forensics [No submission for 2024-2027]

2.7. Housing

- **Applies to the following state mental hygiene office(s):** OMH, OASAS, and OPWDD
- **Applies to the following age groups:** Both youth and adults

NYC currently contracts for approximately 11,200 units of supportive housing. 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.[6] 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 morbidity and premature mortality and worse mental and physical health outcomes.[7] [8] [9] Housing insecurity can worsen symptoms of mental illness and increase the likelihood a person will encounter high-risk situations that lead to avoidable hospitalization or incarceration.

Since 2017, NYC 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

[6] https://www1.nyc.gov/assets/home/downloads/pdf/office-of-the-mayor/2022/Housing-Blueprint.pdf (pg. 63)
[7] Taylor, L. (2018). "Housing and Health: An Overview of the Literature." Health Affairs. https://doi.org/10.1377/hpb20180313.396577.
[8] 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.
[9] 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.

provides subsidized permanent housing alongside wraparound care and social services for residents who need them.[10] In 2020, approximately 13,000 people with SMI experienced homelessness in the NYC shelter system or on the street.[11]

Some people with SMI will be able to maintain independent housing with financial supports and effective services. Others benefit from higher levels of care, including supportive housing, which offers permanent, affordable rental housing with support services.[12] [13] [14] While many homeless individuals in NYC 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 NYC for both additional funding for supportive housing and additional units of supportive housing.

Furthermore, 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. Unstable housing status and contact with the criminal legal system are both risk factors for overdose and drug-related harms. Drug-related death is the leading cause of death among people experiencing homelessness in NYC.[15] In addition, those who are involved in the criminal legal system are at increased risk of drug-related harms, including but not limited to overdose, HIV and hepatitis C virus infection.[16]

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 and provides re/habilitation supports to increase the ability to remain safely housed.

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.

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[10] 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. The 2015 Annual Homeless Assessment Report (AHAR) to Congress Part 2 (huduser.gov)

[11] U.S. Department of Housing and Urban Development. 2020 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. Published December 15, 2020. Accessed February 17, 2023. https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_NY-600-2020_NY_2020.pdf

[12] Culhane DP, Metraux S, Hadley T. Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing. Hous Policy Debate. 2022;13(1):107-163. doi:10.1080/10511482.2002.9521437

[13] Lim S, Gao Q, Stazesky E, Singh TP, Harris TG, Levanon Seligson A. Impact of a New York City supportive housing program on Medicaid expenditure patterns among people with serious mental illness and chronic homelessness. BMC Health Services Research. 2018;18(1):1-3. doi:10.1186/s12913-017-2816-9

[14] Gouse I, Walters S, Miller-Archie S, Singh T, Lim S. Evaluation of New York/New York III permanent supportive housing program. Evaluation and Program Planning. 2023;97:1-9. doi:10.1016/j.evalprogplan.2023.102245

[15] NYC Department of Health and Mental Hygiene and NYC Department of Homeless Services. Sixteenth annual report on deaths among persons experiencing homelessness. July 1, 2020-June 30, 2021. https://a860-gpp.nyc.gov/concern/parent/zg64tp214/file_sets/j9602313t

[16] Freudenberg N, Heller D. A review of opportunities to improve the health of people involved in the criminal justice system in the United States. Annu Rev Public Health. 2016;37:313-333. doi:10.1146/annurev-publhealth-032315-021420

In addition, housing continues to be a major unmet need for individuals with intellectual/ developmental disabilities (I/DD) in NYC. 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 research 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.

2.8. Inpatient Treatment

- **Applies to the following state mental hygiene office(s):** OASAS
- **Applies to the following age groups:** Both youth and adults

Several hospital-based detoxification programs include their beds under Med-Surg during non-emergencies, which is needed in order to normalize 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 review and monitor changes in bed utilization in these settings as well as inviting comment from community groups to ensure proper access to these critical services.

Additionally, NYC's inpatient programs (especially non-hospital based) have continued need of Personal Protective Equipment (PPE) and other materials to support infection control.

2.9. Non-Clinical Supports

- **Applies to the following state mental hygiene office(s):** OMH, OASAS
- **Applies to the following age groups:** Both youth and adults

The onset of severe mental illness (SMI) often interrupts a person's relationships, education and employment in ways that substantially and negatively impact their quality of life — 45% of New Yorkers with SMI report having low social support, and 29% are at risk for social isolation.[17] Social isolation, in turn, increases the risk of mental health crisis, due to things like falling out of care or off treatment, or even struggling to maintain housing. People with SMI are also more likely to be unemployed and have a lower household income and lower levels of educational attainment.[18] Discrimination due to mental health diagnosis exacerbates the barriers to employment and social inclusion that people of color

[17] Unpublished raw data from the 2012 Community Mental Health Survey. NYC Department of Health and Mental Hygiene; 2012. Accessed February 17, 2023

[18] Unpublished raw data from the 2012 Community Mental Health Survey. NYC Department of Health and Mental Hygiene; 2012. Accessed February 17, 2023.

already face due to structural racism. People with SMI need more social infrastructure to connect with others and form community and relationships. Clubhouses are one-stop programs offering an array of services including, but not limited to, building strong support networks, socialization through joining a clubhouse community, supported employment, education support, skill building, case management including identifying supportive housing, advocacy, low or no-cost snacks and meals, and recreation in a recovery-oriented environment.

Research shows the clubhouse model reduces people's hospitalization and contact with the criminal legal system, and improves their health and wellness.[19] [20] Over the last year, NYC clubhouses have enrolled more than 1,000 new members. This ongoing growth demonstrates a clear demand for these services. By expanding clubhouses, more New Yorkers with SMI will be welcomed into safe, supportive communities and engaged in efforts to advance their quality of life, including social, educational and employment activities, while reducing their risk of isolation and crisis and associated risks like homelessness and hospitalization.

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. Considerable investments are needed to grow and support this workforce.

Psychiatric rehabilitation, occupational therapy, and peer support services are important and often overlooked, complementary and/or alternative services to clinical services. After decades of flat enrollment, NYC 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 and occupational therapy 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, clubhouse and recovery services similar to referrals for clinical services. More Certified Peer Specialists and Certified Peer Recovery Advocates are needed to staff the expanding field of non-clinical behavioral health services and considerable investments are needed to grow and support this workforce.

2.10. Outpatient Treatment

- **Applies to the following state mental hygiene office(s):** OMH
- **Applies to the following age groups:** Both youth and adults

[19] Killaspy H, Harvey C, Brasier C, et al. Community-based social interventions for people with severe mental illness: A systematic review and narrative synthesis of recent evidence. World Psychiatry. 2022;21(1):96-123. doi:10.1002/wps.20940

[20] McKay C, Nugent KL, Johnsen M, et al. A systematic review of evidence for the clubhouse model of psychosocial rehabilitation. Adm Policy Ment Health. 2018;45:28-47. doi:10.1007/s10488-016-0760-3

There is insufficient capacity to meet NYC's demand for specialty mental health care: 41% of people with severe mental illness (SMI) (around 100,000 New Yorkers) want treatment but are unable to get it.[21] Many of the greatest mental health provider shortages are concentrated in neighborhoods with the highest proportion of people of color. The services available are complex, inequitable, and difficult to navigate. These access issues are made worse by cost. One in eight (12.1%) New Yorkers are uninsured,[22] and for people who do have insurance, finding affordable mental health services is challenging due to low reimbursement rates. These financial barriers are more significant for people of color, who face greater inequities in access to health insurance and fair wages. New Yorkers need equitable access to culturally responsive, race-conscious, and trauma-informed care to improve mental health outcomes.

A single system for people with SMI to engage in care is necessary to facilitate efficient, well-planned connections from hospitals, jails and shelters to outpatient mental health and social services that tailor support for people to successfully reenter communities. Additionally, expanding access to comprehensive primary and community mental health care is essential for people to be able to establish relationships with trusted providers who can support their whole health over time. Only providers who have continuous relationships with individuals can identify changes in their circumstances that might quickly bring on a crisis, intervene to prevent it, and make sure they have the resources necessary to stabilize and recover. Lastly, people with SMI also may use drugs and alcohol or have a co-occurring substance use disorder (SUD). A holistic approach for people with SMI must include access to evidence-based substance use treatment and harm reduction services.

Significant investment is needed in order to expand access to outpatient mental healthcare for all New Yorkers who need it.

2.11. Prevention

- **Applies to the following state mental hygiene office(s):** OMH
- **Applies to the following age groups:** Both youth and adults

Despite investment in behavioral healthcare services in NYC, 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."[23] 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 compared to treatment within the mental healthcare system. The current model in NYC relies on treating behavioral health problems when they arise rather than working to prevent them to begin with.

[21] Unpublished raw data from the 2012 Community Health Survey. NYC Department of Health and Mental Hygiene; 2012. Accessed February 17, 2023.
[22] Unpublished raw data from the 2021 Community Mental Health Survey. NYC Department of Health and Mental Hygiene; 2021. Accessed February 17, 2023.
[23] World Health Organization. (2014). Social Determinants of Mental Health. World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf

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, grow, live, work and age.[24] 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).[25] 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.

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 NYC. In line with the World Health Organization's report on the Social Determinants of Mental Health, we call for an approach that follows the concept of proportionate universalism—policies should be universal, across the whole of society and proportionate to need. In practice, such an approach will be grounded in social and economic rights—including the right to housing, healthcare, employment and education—and will rely 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.

When it comes to social conditions NYC ranks particularly poorly with high rates of homelessness, income and wealth inequality and poverty as well as unequal access to healthcare and higher education— New Yorkers of low socioeconomic status (SES) are less likely to have stable access to healthcare or access to higher education and are far more likely to experience substandard mental and physical health and worse health outcomes.[26] [27] Without meaningful 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 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%).

[24] Rose, G. (2001). Sick individuals and sick populations. Int J Epidemiol. 30(3):427-34. doi: 10.1093/ije/30.3.427.
[25] BG, Phelan J. (1995). Social conditions as fundamental causes of disease. J Health Soc Behav. Spec No:80-94. PMID: 7560851.
[26] 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
[27] 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/

- 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 conditions in which New Yorkers are born, grow, live, work and age. 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 result in.[28] [29] As the 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."

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 disproportionately benefit black and brown New Yorkers and work to reduce racial health inequalities.

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 (SDoMH), is urgently needed in NYC.

2.12. Problem Gambling

- **Applies to the following state mental hygiene office(s):** OASAS
- **Applies to the following age groups:** Adults only

Our two contracted programs providing problem gambling treatment services reported experiencing an increase in demand for services and admissions to treatment for mobile gambling since the legalization of online sport betting in NYS in 2021. One program reported the average debt from mobile gambling upon admission is at least $50,000, and that it's not uncommon for individuals to have debt into the hundreds of thousands. Another program reported that from January to December of 2022, 33% of patients admitted reported mobile gambling as the main type of gambling they engaged in compared to 57% patients reporting this for only the first half of 2023. This program also reports a waitlist due to this increased demand for treatment, thereby necessitating more staff. Given these reports, there is a need for more problem gambling programming in NYC.

[28] Pickett KE, Wilkinson RG. (2015). Income inequality and health: A Causal Review. Social Science & Medicine. 128:316-26.
[29] Piketty, T., & Goldhammer, A. (2020). Capital and Ideology. Belknap Press: An Imprint of Harvard University Press.

2.13. Refugees and Immigrants

- **Applies to the following state mental hygiene office(s):** OMH
- **Applies to the following age groups:** Both youth and adults

In NYC, reports of hate crimes against members of the Asian American, Native Hawaiian, Pacific Islander (AANHPI) community in 2021 outpaced records of similar complaints in 2020.[30] In addition to being targeted for hate crimes, the prevalence of experiencing physical violence by an intimate partner among U.S.-born AANHPI adults is about three times that of AANHPI adults born outside of the U.S. (8% vs. 2%).[31] AANHPI adults willing to report intimate partner violence may face barriers due to language accessibility in our health systems or lack of knowledge of resources. NYC DOHMH anticipates that the AANHPI community will require additional support and culturally competent services to ensure safety and wellness.

Furthermore, NYC has provided services to more than 14,000 asylum seekers arriving from the southern border of the United States since May 2022.[32] 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 incoming asylum seekers and staff at the Resources Navigation Center. Services include supporting those in distress to cope better with stressors while accessing services. Additional support services include crisis counseling and facilitating connections 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 2024 to meet mental health needs of the individuals and families currently experiencing crisis. NYC DOHMH recognizes that the refugees arriving to New York 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.

2.14. Residential Treatment Services

- **Applies to the following state mental hygiene office(s):** OASAS
- **Applies to the following age groups:** Both youth and adults

Congregate care settings, including crisis and residential bedded programs, experienced challenges in maintaining social distancing amongst participants and staff during the COVID-19 pandemic. The most recent guidance issued on February 16, 2023, permits all programs to return to admitting and discharging participants based on criteria, but also requires programs to adhere to infection control

[30] NYPD Hate Crimes Dashboard. (n.d.).
[31] NYC Health Department. (2021, September). Health of Asians and Pacific Islanders - New York City. Retrieved January 29, 2023, from https://www1.nyc.gov/assets/doh/downloads/pdf/episrv/asian-pacific-islander-health-2021-summary.pdf
[32] Mayor Adams Releases "The Road Forward," New Blueprint to Handle Asylum Seeker Crisis Moving Forward | City of New York (nyc.gov)

guidance from OASAS, state and local health departments. Masking is encouraged but not mandated. DOHMH Office of Emergency Response has coordinated with OASAS and OMH to receive regular transmission of program location and contact data in order to expedite communication around outbreaks and other regional disasters.

2.15. Respite [No submission for 2024-2027]

2.16. Transition age services

- **Applies to the following state mental hygiene office(s):** OASAS
- **Applies to the following age groups:** Both youth and adults

DOHMH is a partner organization in NYC's plan to prevent and end Youth Homelessness ("Opportunity Starts with a Home")[33] led by the Department of Youth and Community Development (DYCD). 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.
- 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. Please enter needs assessment here. Please cite sources as comments.

Additionally, through this initiative DOHMH has committed to working on following action steps to improve access to mental health and harm reduction/addiction supports and services for homeless youth and young adults (YYA):

- 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.
- Explore creating a connection between the Runaway and Homeless Youth (RHY) drop-in centers.

2.17. Transportation [No submission for 2024-2027]

2.18. Workforce

- **Applies to the following state mental hygiene office(s):** OMH, OASAS, and OPWDD
- **Applies to the following age groups:** Both youth and adults

[33] https://www.nyc.gov/assets/home/downloads/pdf/press-releases/2022/NYC-Community-Plan-DIGITAL.pdf

According to a recent report from the Center for Health Workforce Studies (CHWS) on Health Worker Recruitment and Retention in NYC, behavioral health providers are some of the most difficult health care occupations to recruit and retain. The report identifies psychiatrists in particular as one of the most difficult behavioral health occupations to recruit and retain. This aligns with observations made by the NYC Community Services Board (CSB), who have also raised concerns about a shortage of child psychiatrists in particular, as well as widespread workforce shortages in community-based settings.

The findings from the CHWS report on the reasons for difficulties in retention and recruitment generally align with those identified by NYC CSB members, including:

- **Demand outstripped supply:** The COVID-19 pandemic exacerbated health workforce shortages in NYC, dramatically increasing the number of occupations in short supply as well as the magnitude of the shortages. This aligns with observations made by the NYC CSB, who have stated that the demand for behavioral health services have grown exponentially, but staffing hasn't grown to meet the demand. The NYC CSB have continually advocated for the expansion of professional development pipelines that connect new behavioral health providers to community-based organizations (CBOs) in need of staff, particularly for social workers.
- **Noncompetitive salaries:** This finding in the CHWS report aligns with observations made by the NYC CSB, particularly regarding higher starting salaries for behavioral health occupations in private sectors that CBOs are unable to compete with. Noncompetitive salaries (and low entry level pay in particular), in combination with the high cost of living in NYC and limited affordable housing opportunities, may have driven workers out of the behavioral health sector and the city entirely. While the proposed FY24 NYS Budget recommends $38 million to support minimum wage increases for existing staff at programs licensed, certified, or otherwise authorized by OPWDD, OMH, and OASAS, continued funding and opportunities for permanent or long-term wage increases may need to be explored.
- **Lack of flexible scheduling:** In alignment with observations made by the NYC CSB about the behavioral health workforce in NYC, the CHWS report shows that there is a significant generational and workforce culture shift among health care occupations, indicating that the younger workforce is more concerned with work-life balance and opportunities for flexible scheduling, including remote telework. Similarly, the NYC CSB has elevated the need for new types of incentives to ensure retention, including innovative scheduling models that provide flexible hours, as well as opportunities to meet childcare, eldercare, and other needs to better prevent burnout. In Mayor Adams's newly released *Care, Community, Action: A Mental Health Plan for NYC*, the City committed to reduce burnout by increasing quality supervision and appropriate staffing ratios (which requires a sufficient workforce), supporting continuing education and advancement, and creating financial incentives to make sure mental health staff can meet their work-related needs.

Concerning the peer workforce in particular, community input continues to identify peer support workers as integral components of the behavioral health workforce in NYC. 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 disorder, 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. Moreover, as New York State considers expansion of the peer workforce through the 1115 Waiver by including Community Health Workers and other healthcare titles that prioritize lived

experience, it will be critical to better understand their unique needs and develop strategies to ensure that are successfully integrated into the behavioral health workforce.

Telehealth and tele-support have become commonplace in the provision of behavioral health services, requiring peer support workers to adapt their services to virtual, digital, and telephonic platforms. Although the provision of in-person services have increased post-pandemic, there will be an ongoing need for peer support workers to successfully use technology in their practice. However, this segment of the workforce continues to experience barriers in accessing and using technology to provide telehealth peer support. Moreover, there is some concern that principles of peer support may not be easily translated through tele-support, which will require additional training for the peer workforce.

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

- 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.

The New York State Office of Mental Health also conducted a survey that included peer support workers and managers/supervisors on competencies in peer telehealth during the COVID-19 (n=313, n=164)[34] found that competency-based training and performance-based training was needed to preserve the unique nature of peer support services in the provision of Peer Telehealth.

These findings suggest there is an area of ongoing need for peer support workers and their supervisors/managers to ensure that they are able to successfully integrate technology into their work. As New York State continues to build its digital telehealth structure, targeted resources are needed to study potential barriers to successful integration of the technology and develop strategies to increase workforce literacy as needed.

A centralized system for receiving workforce information and updates has also been identified as essential to the advancement of the Peer and Community Health Worker workforce. This need has become increasingly evident as Peer and Community Health Workers complete dual certifications. 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.

While peer support workers are considered to be especially vulnerable to burnout and stress, many have noted that this stress is often in reaction to toxic workplace culture and is pervasive in organizations regardless of title. Since the onset of the pandemic, the workforce has been increasingly complex which has contributed to heightened levels of stress and burnout among many workers. Studies indicate that:

[34] Spagnolo, A. B., Pratt, C. W., Jia, Y., DeMasi, M., Cronise, R., & Gill, K. (2022) The Competencies of Telehealth Peer Support: Perceptions of Peer Support Specialists and Supervisors During the COVID-19 Pandemic. Community mental health journal, 58(7), 1386–1392.

- 80% of workers reported that workplace stress affects their relationships with friends, family, and coworkers. Only 38% of those who knew about their organization's mental health services would feel comfortable using them.[35]
- It is estimated that cost employers in the United States up to $193.2 billion annually in lost earnings due to absenteeism and presenteeism. Anxiety and depression cost the global economy over $1 trillion in lost productivity yearly.[36]
- Workplace stress costs U.S. employers $500 billion annually in lost productivity.

As NYC's workforce continues to adapt and evolve, there is an urgent need to increase access to resources and tools to support the well-being of the workforce. Many of these strategies are currently being used but will need to be built to scale such as:

- Assuring access and connection to culturally responsive resources and services that address traumatic stress and loss.
- Employing supports and resources that address underlying complex trauma due to historical or racial trauma and its disproportionate impact on historically underrepresented workers- LGBTQIA+, BIPOC, differently abled, neurodivergent, etc.
- Increasing awareness of trauma-specific treatment modalities.

Ongoing development of tools to track the impact of COVID-19 associated collective trauma and the needs of frontline workers.[37]

Concerning 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.

[35] Reinert, Nguyen, & Fritze. (2021) The State of Mental Health in America. Mental Health America, Alexandria VA.
[36] Adams & Nguyen. (2022) Mind the Workplace 2022 Report: Employer Responsibility to Employer Mental Health. Mental Health America, Alexandria VA.
[37] https://omh.ny.gov/omhweb/statistics/2021-needs-of-frontline-workers-interim-report.pdf

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.

2.19. Other

Harm Reduction Services to Combat Overdose Epidemic

The unintentional overdose rate in NYC is at an all-time high, with 2,668 overdose deaths reported in 2021, making it the deadliest year on record. As a result, there is a need to strengthen and enhance the following services and initiatives, many of which exist but could be broadened/bolstered across the harm reduction service continuum:

- Identifying sustainable funding to support enhancement of low threshold wraparound services at SSPs, including mental health, primary care, SUD treatment, and meeting basic needs (e.g., food, showers, laundry), with a focus on neighborhoods with high overdose mortality rates
- Expanding additional OPC services throughout NYC including in areas with high overdose mortality rates
- Building greater capacity to address access to fentanyl test strips through various types of service providers
- Expanding access to drug checking technology (e.g., tests drug sample for fentanyl and xylazine) so participants can make better informed decisions around their use
- Promoting safer means of syringe disposal including more syringe litter kiosks
- Creating post-use clinical observation programs

Racial Equity and Justice-Impacted Populations

Communities of Color in the U.S. experience significant health inequities laid bare and exacerbated by the COVID 19 pandemic; these inequities severely impact persons with criminal legal system involvement.

The impact of long-standing systemic racism is evident in the US criminal legal system (CLS), with persons of color experiencing disproportionately high incarceration rates.[38] Persons with criminal legal system involvement (CLSI) also face systemic racism and other barriers when re-entering the community, experiencing poorer health outcomes, higher rates of heart disease, trauma, hypertension, behavioral health conditions [39], and premature mortality.[40] Housing insecurity is widespread, with

[38] The Sentencing Project. Lifetime likelihood of imprisonment of US residents born in 2001. https://www.sentencingproject.org/criminal-justice-facts/ Accessed May 6, 2020

[39] Siegler A, Bersofsky M, Unangst J. Medical problems of state and prisoner and jail inmates. 2011-2012. US Department of Justice. 2015

[40] Binswanger IA, Stern CF, Deyo RA, et al. Release from prison — a high risk of death for former inmates. N Engl J Med. 2007;356(5):157-165. doi:10.1056/ NEJMsa064115.

persons with CLSI experiencing almost 10 times the rate of homelessness compared to the general population.[41] Persons with CLSI also face numerous barriers to employment, with only 55% of individuals report having any income during the first year following release.

Emergency Preparedness in the Behavioral Health Service System

Research and anecdotal evidence from previous disasters and public health emergencies highlighted the need for a better prepared behavioral health service system to address the impact of these events on their workforce and the population they serve. This need was further exacerbated by the COVID-19 pandemic.

Disaster planning and preparedness often neglects to adequately consider the unique event related needs of the service recipients of all three areas of the behavioral health service system. This can lead to inadequate response to their event-related behavioral health needs and contribute to adverse outcomes such as impaired coping, inability to access needed care, worsening of existing conditions, and diminished chance for recovery. Evidence also indicates lack of adequate readiness and failure to engage the staff of the Behavioral Health Service System in disaster planning and prerenders negatively affects their health and functioning during an event, with high rates of burnout and turn around. It also increases their risk for event related mental health illnesses, such as depression anxiety, and alcohol and substance use.

NYC DOHMH identified three main gaps in the Behavioral Health Service System planning, preparedness, response. Addressing these will be essential to improve future response outcomes. Activities need to focus on 1) Engaging staff in planning and preparedness and enhancing their resilience and supporting their emotional health and well-being to prevent burnout and costly high turn around. 2) providing adequate and timely behavioral health support services to individuals and communities most impacted by the incident. 3) planning to coordinate response among Behavioral Health Service providers

NYC DOHMH requires support from city and state leadership to enhance its behavioral health care system's response readiness, most urgently to develop comprehensive, standardized, and scalable disasters and public health emergencies response plans with corresponding tools, protocols, and trainings, and to build and strengthen systems for collaboration among behavioral health care providers around resource sharing.

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[41] https://www.prisonpolicy.org/reports/housing.html

Provider	Program Code Description	Program Unit Site Name
ACMH, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Manhattan (Adult)
ACMH, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
ACMH, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
ACMH, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
ACMH, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
African American Planning Commission, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
African American Planning Commission, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Association to Benefit Children	1510-School-OMH	School Response Team Program
Association to Benefit Children	2100-Clinic Treatment-OMH	Early Childhood MH Network - Bronx Zone 1
Association to Benefit Children	2680-Crisis Intervention-OMH	Children's Mobile Crisis Team
Astor Services for Children & Families	099C-Special Demo - City Council-OMH	City Council - Court Involved Youth Mental Health Initiative
Astor Services for Children & Families	1510-School-OMH	School Response Team Program
Astor Services for Children & Families	2620-Non-Medicaid Care Coordination OMH-OMH	Children's Non -Medicaid Care Coordination (Bronx)
Astor Services for Children & Families	2720-Non-Medicaid Care Coordination; (Non-Licensed Program)-OMH	Transitions Case Management
Astor Services for Children & Families	2720-Non-Medicaid Care Coordination; (Non-Licensed Program)-OMH	NYC High Fidelity Wraparound (HFW) Demonstration Project
Bailey House, Inc.	2100-Clinic Treatment-OMH	Bailey House at East Harlem
Bailey House, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Baltic Street AEH, Inc.	1760-Advocacy Services-OMH	Baltic Street Peer Advocacy
Baltic Street AEH, Inc.	2720-Non-Medicaid Care Coordination; (Non-Licensed Program)-OMH	Baltic Street Peer Bridger
Baltic Street AEH, Inc.	2750-Recovery Center-OMH	Recovery Center
Baltic Street AEH, Inc.	2770-Self-Help-OMH	Baltic Street Self-Help
Barrier Free Living, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Barrier Free Living, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Berkshire Farm Center and Services for Youth	5990-MICA Network-OMH	MICA Network
Beth Israel Medical Center	0800-Assertive Community Treatment-OMH	Assertive Community Treatment
Beth Israel Medical Center	1680-CPEP Crisis Outreach-OMH	Mobile Crisis
Beth Israel Medical Center	3130-CPEP Crisis Intervention-OMH	CPEP Crisis Intervention
Bowery Residents' Committee, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Manhattan (Adult)
Bowery Residents' Committee, Inc.	3370-NY NY III Supported Housing-OASAS	Program name not reported to protect the residence location
Bowery Residents' Committee, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Bowery Residents' Committee, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Bowery Residents' Committee, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Bowery Residents' Committee, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Bridging Access to Care, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Bridging Access to Care, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Bridging Access to Care, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
BronxCare Health System	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Bronx (Adult)
BronxWorks, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
BronxWorks, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location

Provider	Program Code Description	Program Unit Site Name
BronxWorks, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
BronxWorks, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
BronxWorks, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
BronxWorks, Inc.	5990-MICA Network-OMH	Living Room
Brookdale Hospital Medical Center	1680-CPEP Crisis Outreach-OMH	Mobile Crisis
Brooklyn Bureau of Community Service d/b/a Brooklyn Community Services	0320-On-Site Rehabilitation-OMH	Transitional Living Community (Non-Permanent Transitional Housing)
Brooklyn Bureau of Community Service d/b/a Brooklyn Community Services	0770-Psychosocial Club-OMH	BCS, Greater Heights Clubhouse
Brooklyn Bureau of Community Service d/b/a Brooklyn Community Services	1320-Vocational Services-OMH	Youth Stand United
Brooklyn Community Housing and Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Brooklyn Community Housing and Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Brooklyn Community Housing and Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Brooklyn Community Housing and Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
CAMBA, Inc.	3370-NY NY III Supported Housing-OMH	Program name not reported to protect the residence location
CAMBA, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
CAMBA, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
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CAMBA, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
CAMBA, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
CAMBA, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
CAMBA, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
CAMBA, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
CAMBA, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Catholic Charities Neighborhood Services, Inc.	0770-Psychosocial Club-OMH	Open Door Psychosocial Club
Catholic Charities Neighborhood Services, Inc.	099C-Special Demo - City Council-OMH	City Council - Court Involved Youth Mental Health Initiative
Catholic Charities Neighborhood Services, Inc.	1760-Advocacy Services-OMH	Peer Advocacy
Catholic Charities Neighborhood Services, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Brooklyn (Adult)

Provider	Program Code Description	Program Unit Site Name
Catholic Charities Neighborhood Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Catholic Charities Neighborhood Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Catholic Charities Neighborhood Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Catholic Charities Neighborhood Services, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Cecil Housing Development Fund Corporation	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Center for Alternative Sentencing and Employment Services, Inc.	0800-Assertive Community Treatment-OMH	Forensic Assertive Community Treatment (FACT) Brooklyn
Center for Alternative Sentencing and Employment Services, Inc.	0800-Assertive Community Treatment-OMH	Forensic Assertive Community Treatment (FACT) Manhattan I
Center for Alternative Sentencing and Employment Services, Inc.	0800-Assertive Community Treatment-OMH	Forensic Assertive Community Treatment (FACT) Manhattan II
Center for Alternative Sentencing and Employment Services, Inc.	0800-Assertive Community Treatment-OMH	Assertive Community Treatment
Center for Alternative Sentencing and Employment Services, Inc.	099C-Special Demo - City Council-OMH	City Council - Court Involved Youth Mental Health Initiative
Center for Alternative Sentencing and Employment Services, Inc.	IMT-Intensive Mobile Treatment	Intensive Mobile Treatment
Center for Urban Community Services, Inc.	0320-On-Site Rehabilitation-OMH	Kelly Transitional Community Living
Center for Urban Community Services, Inc.	0320-On-Site Rehabilitation-OMH	Prospect Place
Center for Urban Community Services, Inc.	0690-Outreach-OMH	Outreach - PPOH
Center for Urban Community Services, Inc.	0800-Assertive Community Treatment-OMH	Assertive Community Treatment
Center for Urban Community Services, Inc.	1380-Assisted Competitive Employment-OMH	Assisted Competitive Employment
Center for Urban Community Services, Inc.	1380-Assisted Competitive Employment-OMH	Bronx-Assisted Competitive Employment
Center for Urban Community Services, Inc.	1760-Advocacy Services-OMH	Advocacy and Training
Center for Urban Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Center for Urban Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Center for Urban Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
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Center for Urban Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Center for Urban Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Center for Urban Community Services, Inc.	IMT-Intensive Mobile Treatment	Intensive Mobile Treatment
Clinton Housing Development Company, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Columba Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location

Provider	Program Code Description	Program Unit Site Name
Common Ground Management Corp d/b/a Breaking Ground Management	3370-NY NY III Supported Housing-OASAS	Program name not reported to protect the residence location
Common Ground Management Corp d/b/a Breaking Ground Management	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Common Ground Management Corp d/b/a Breaking Ground Management	6050-Supported Housing-OASAS	Program name not reported to protect the residence location
Common Ground Management Corp d/b/a Breaking Ground Management	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Community Access, Inc.	0800-Assertive Community Treatment-OMH	Community Access Shelter ACT Team
Community Access, Inc.	0910-Crisis Residence-OMH	Crisis Respite Center (Manhattan)
Community Access, Inc.	1380-Assisted Competitive Employment-OMH	Assisted Competitive Employment
Community Access, Inc.	1760-Advocacy Services-OMH	Howie the Harp
Community Access, Inc.	2750-Recovery Center-OMH	Recovery Center
Community Access, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Community Access, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Community Access, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
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Community Access, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Community Access, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Community Access, Inc.	IMT-Intensive Mobile Treatment	Intensive Mobile Treatment
Community Association of Progressive Dominicans, Inc.	1510-School-OMH	School Response Team Program
Community Counseling and Mediation Services, Inc.	1650-Family Support Services-OMH	FYPS Brooklyn Alliance
Community Counseling and Mediation Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Community Counseling and Mediation Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Community Counseling and Mediation Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Comunilife, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Comunilife, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Concern for Independent Living, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Covenant House	0320-On-Site Rehabilitation-OMH	Under 21, Inc. Support Congregate Program
Covenant House	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Discipleship Outreach Ministries, Inc. dba Turning Point	5070-Supported SRO-OMH	Program name not reported to protect the residence location
EAC, Inc.	0860-Local Governmental Unit Administration-OMH	Medication Grant Program
EAC, Inc.	099C-Special Demo - City Council-OMH	City Council Court involved Youth Initiative
Elmcor Youth and Adult Activities Inc	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Encore Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Episcopal Health Services Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Queens Children's Non Medicaid Care Coordination
Episcopal Health Services Inc.	3040-Home Based Crisis Intervention-OMH	HBCI (Kids)
Faces NY, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Fedcap Rehabilitation Services, Inc.	0770-Psychosocial Club-OMH	The Chelton Loft

Provider	Program Code Description	Program Unit Site Name
Federation of Organizations for the New York State Mentally Disabled, Inc.	0800-Assertive Community Treatment-OMH	Assertive Community Treatment
Federation of Organizations for the New York State Mentally Disabled, Inc.	0800-Assertive Community Treatment-OMH	Forensic Assertive Community Treatment (FACT)
Federation of Organizations for the New York State Mentally Disabled, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Queens (Adult)
Federation of Organizations for the New York State Mentally Disabled, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Federation of Organizations for the New York State Mentally Disabled, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Fountain House, Inc.	0770-Psychosocial Club-OMH	Psychosocial Clubhouse
Fountain House, Inc.	0770-Psychosocial Club-OMH	Fountain House Bronx Psychosocial Clubhouse
Geel Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Geel Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Geel Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Geel Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Geel Community Services, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Getting Out and Staying Out, Inc.	099C-Special Demo - City Council-OMH	City Council Court Involved Youth
Goddard-Riverside Community Center	0770-Psychosocial Club-OMH	The Other Place
Goddard-Riverside Community Center	0800-Assertive Community Treatment-OMH	Homeless Assertive Community Treatment
Goddard-Riverside Community Center	1380-Assisted Competitive Employment-OMH	TOP Opportunities
Goddard-Riverside Community Center	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Goddard-Riverside Community Center	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Goddard-Riverside Community Center	IMT-Intensive Mobile Treatment	Intensive Mobile Treatment
Good Shepherd Services	099C-Special Demo - City Council-OMH	City Council - Court Involved Youth Mental Health Initiative
Good Shepherd Services	099C-Special Demo - City Council-OMH	City Council - Children Under Five Initiative
Good Shepherd Services	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Good Shepherd Services	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Good Shepherd Services	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Goodwill Industries of Greater New York & Northern New Jersey, Inc.	0770-Psychosocial Club-OMH	Citiview Psychosocial Clubhouse
Goodwill Industries of Greater New York & Northern New Jersey, Inc.	0770-Psychosocial Club-OMH	Lantern House
Goodwill Industries of Greater New York & Northern New Jersey, Inc.	1380-Assisted Competitive Employment-OMH	Bronx Assisted Competitive Employment
Goodwill Industries of Greater New York & Northern New Jersey, Inc.	1760-Advocacy Services-OMH	PAL Queens Peer Advocacy
Greenwich House, Inc.	099C-Special Demo - City Council-OMH	Children Under Five
Greenwich House, Inc.	2100-Clinic Treatment-OMH	Senior Citizens Health and Consultation
Hamilton Madison House, Inc.	2100-Clinic Treatment-OMH	Hamilton-Madison House Behavioral Health Services
Heights Hill Mental Health Service Community Advisory Board, Inc.	1760-Advocacy Services-OMH	Rainbow Heights Club, Advocacy Services
HELP USA, Inc. (HELP Social Service Corporation)	5070-Supported SRO-OMH	Program name not reported to protect the residence location
HELP USA, Inc. (HELP Social Service Corporation)	5070-Supported SRO-OMH	Program name not reported to protect the residence location
HELP USA, Inc. (HELP Social Service Corporation)	5070-Supported SRO-OMH	Program name not reported to protect the residence location
HELP USA, Inc. (HELP Social Service Corporation)	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Henry Street Settlement	2100-Clinic Treatment-OMH	Henry Street Settlement Community Consultation Center
Henry Street Settlement	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Hetrick Martin Institute	099C-Special Demo - City Council-OMH	Citywide LGBTQ Youth Initiative

Provider	Program Code Description	Program Unit Site Name
Hetrick Martin Institute	099C-Special Demo - City Council-OMH	Citywide LGBTQ Youth Initiative
Hour Children, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Housing and Services Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Housing Plus Solutions, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Housing Works, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Housing Works, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Institute for Community Living, Inc.	0800-Assertive Community Treatment-OMH	The Chapel Street Shelter ACT Team
Institute for Community Living, Inc.	0800-Assertive Community Treatment-OMH	East New York HUB Shelter ACT Team
Institute for Community Living, Inc.	0800-Assertive Community Treatment-OMH	Bronx ACT Team
Institute for Community Living, Inc.	0800-Assertive Community Treatment-OMH	Assertive Community Treatment
Institute for Community Living, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Brooklyn (Adult)
Institute for Community Living, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Children's Non-Medicaid Care Coordination
Institute for Community Living, Inc.	2720-Non-Medicaid Care Coordination; (Non-Licensed Program)-OMH	Bridger
Institute for Community Living, Inc.	3370-NY NY III Supported Housing-OMH	Program name not reported to protect the residence location
Institute for Community Living, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Institute for Community Living, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Institute for Community Living, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Institute for Community Living, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Institute for Community Living, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Institute for Community Living, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Institute for Community Living, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Institute for Community Living, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Institute for Community Living, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Institute for Community Living, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Institute for Community Living, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Institute for Community Living, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Institute for Community Living, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Institute for Community Living, Inc.	IMT-Intensive Mobile Treatment	Intensive Mobile Treatment
Institute for Community Living, Inc.	IMT-Intensive Mobile Treatment	Intensive Mobile Treatment
Interborough Developmental and Consultation Center, Inc.	1510-School-OMH	School Response Team Program
Interborough Developmental and Consultation Center, Inc.	1510-School-OMH	School Response Team Program
Interborough Developmental and Consultation Center, Inc.	2100-Clinic Treatment-OMH	Interborough Crown Heights and Williamsburg Centers
Iris House: A Center for Women Living with HIV, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Jamaica Hospital Medical Center	1680-CPEP Crisis Outreach-OMH	Mobile Crisis
Jewish Association for Services for the Aged, Inc.	0770-Psychosocial Club-OMH	Bronx Friendship House
Jewish Association for Services for the Aged, Inc.	0770-Psychosocial Club-OMH	Brooklyn Friendship House
Jewish Association for Services for the Aged, Inc.	2100-Clinic Treatment-OMH	Geriatric Mental Health Outreach Services (GMHOS)
Jewish Board of Family and Children's Services, Inc.	0320-On-Site Rehabilitation-OMH	Riveredge Community House Bridger
Jewish Board of Family and Children's Services, Inc.	0800-Assertive Community Treatment-OMH	The Jewish Board Shelter ACT Team

Provider	Program Code Description	Program Unit Site Name
Jewish Board of Family and Children's Services, Inc.	1510-School-OMH	School Response Team Program
Jewish Board of Family and Children's Services, Inc.	1760-Advocacy Services-OMH	Loss and Bereavement
Jewish Board of Family and Children's Services, Inc.	2100-Clinic Treatment-OMH	Early Childhood MH Network - Brooklyn Zone 1
Jewish Board of Family and Children's Services, Inc.	2100-Clinic Treatment-OMH	Early Childhood MH Network - Bronx Zone 2
Jewish Board of Family and Children's Services, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Bronx (Adult)
Jewish Board of Family and Children's Services, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Citywide (Adult)
Jewish Board of Family and Children's Services, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Staten Island Children's Non -Medicaid Care Coordination
Jewish Board of Family and Children's Services, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Staten Island Children's Non -Medicaid Care Coordination
Jewish Board of Family and Children's Services, Inc.	2680-Crisis Intervention-OMH	Children's Mobile Crisis Team
Jewish Board of Family and Children's Services, Inc.	3040-Home Based Crisis Intervention-OMH	Staten Island Home Based Crisis Intervention
Jewish Board of Family and Children's Services, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Jewish Board of Family and Children's Services, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Jewish Board of Family and Children's Services, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Jewish Child Care Association of New York	099C-Special Demo - City Council-OMH	City Council - Court Involved Youth Mental Health Initiative
Jewish Child Care Association of New York	1980-Home Based Family Treatment-OMH	Functional Family Therapy
Jewish Child Care Association of New York	2620-Non-Medicaid Care Coordination OMH-OMH	Brooklyn Children's Non -Medicaid Care Coordination
Justice Innovation, Inc.	099C-Special Demo - City Council-OMH	Court-Involved Youth Mental Health Initiative
Lantern Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lantern Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lantern Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lantern Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lantern Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lantern Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lantern Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lantern Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lantern Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lantern Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lantern Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lenox Hill Neighborhood House, Inc.	1760-Advocacy Services-OMH	Peer Advocacy
Lenox Hill Neighborhood House, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lexington Center for Mental Health Services, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Queens Children's Non -Medicaid Care Coordination
Long Island Jewish Medical Center	1380-Assisted Competitive Employment-OMH	Assisted Competitive Employment - Staten Island
Lower East Side Service Center, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lower East Side Service Center, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lutheran Social Services of Metropolitan New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lutheran Social Services of Metropolitan New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lutheran Social Services of Metropolitan New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lutheran Social Services of Metropolitan New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Lutheran Social Services of Metropolitan New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location

Provider	Program Code Description	Program Unit Site Name
Lutheran Social Services of Metropolitan New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Mental Health Providers of Western Queens, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Queens (Adult)
Mental Health Providers of Western Queens, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Queens Children's Non Medicaid Care Coordination
Mobilization for Justice, Inc.	1760-Advocacy Services-OMH	Advocacy
Montefiore Medical Center	099C-Special Demo - City Council-OMH	City Council Children Under 5 Initiative
National Alliance on Mental Illness of NYC (NAMI-NYC)	1760-Advocacy Services-OMH	Advocacy Services
New Alternatives for Children, Inc.	099C-Special Demo - City Council-OMH	City Council Initiative
New Alternatives for Children, Inc.	099C-Special Demo - City Council-OMH	City Council Court involved Youth Initiative
New Alternatives for Children, Inc.	099C-Special Demo - City Council-OMH	Children Under Five
New Horizon	0800-Assertive Community Treatment-OMH	New Horizon Shelter ACT Team
New Horizon	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination
New York City Department of Health and Mental Hygiene	Adult Single Point of Access (SPOA)	Adult Single Point of Access (SPOA)
New York City Department of Health and Mental Hygiene	Assisted Outpatient Treatment	Assisted Outpatient Treatment
New York City Department of Health and Mental Hygiene	NYC Supportive Transition and Recovery Team (START)	NYC Supportive Transition and Recovery Team (START)
New York Presbyterian Hospital	1680-CPEP Crisis Outreach-OMH	Mobile Crisis
New York Presbyterian Hospital	1680-CPEP Crisis Outreach-OMH	Mobile Crisis
Northside Center for Child Development, Inc.	099C-Special Demo - City Council-OMH	City Council - Court Involved Youth Mental Health Initiative
Northside Center for Child Development, Inc.	099C-Special Demo - City Council-OMH	City Council - Children Under Five Initiative
Northside Center for Child Development, Inc.	2100-Clinic Treatment-OMH	Early Childhood MH Network - Manhattan
Northside Center for Child Development, Inc.	3040-Home Based Crisis Intervention-OMH	Home Based Crisis Intervention I
NYC Department of Homeless Services	0320-On-Site Rehabilitation-OMH	On Site Rahabilitation
NYC Department of Homeless Services	0690-Outreach-OMH	Homeless Outreach (Non-Permanent Transitional Housing)
NYC Health + Hospitals	0860-Local Governmental Unit Administration-OMH	Reinvestment and Medication Grant Program (MGP) (Non-Licensed Program).
NYC Health + Hospitals	1760-Advocacy Services-OMH	Peer Counseling
NYC Health + Hospitals	1760-Advocacy Services-OMH	Peer Academy
NYC Health + Hospitals	MOA-Intra-City Agreement-Intracity	Caring Transitions Program
NYC Health + Hospitals	MOA-OMH	Lincoln- Caring Transitions Program
NYC Health + Hospitals	MOA-OMH	Elmhurst- Caring Transitions Program
NYC Health + Hospitals Bellevue Hospital Center	0800-Assertive Community Treatment-OMH	ACT Team Bellevue (Managers)
NYC Health + Hospitals Bellevue Hospital Center	1680-CPEP Crisis Outreach-OMH	Mobile Crisis-Bellevue
NYC Health + Hospitals Bellevue Hospital Center	1760-Advocacy Services-OMH	ACS Preplacement - Bellevue Hospital Center
NYC Health + Hospitals Bellevue Hospital Center	2620-Non-Medicaid Care Coordination OMH-OMH	Bellevue - Non-Medicaid Care Coordination
NYC Health + Hospitals Bellevue Hospital Center	3130-CPEP Crisis Intervention-OMH	Children's Crisis Intervention - Bellevue
NYC Health + Hospitals Coney Island Hospital	0800-Assertive Community Treatment-OMH	ACT Team I Coney Island Hospital Cntr
NYC Health + Hospitals Coney Island Hospital	0800-Assertive Community Treatment-OMH	ACT Team II Coney Island Hospital Cntr
NYC Health + Hospitals Coney Island Hospital	2620-Non-Medicaid Care Coordination OMH-OMH	Coney Island-Non-Medicaid Care Coordination
NYC Health + Hospitals Coney Island Hospital	3130-CPEP Crisis Intervention-OMH	Children's Crisis Intervention - Coney Island
NYC Health + Hospitals East New York Diagnostic and Treatment Center	0800-Assertive Community Treatment-OMH	ACT Team East New York
NYC Health + Hospitals Elmhurst Hospital Center	0770-Psychosocial Club-OMH	Psychosocial Club - Elmhurst

Provider	Program Code Description	Program Unit Site Name
NYC Health + Hospitals Elmhurst Hospital Center	0800-Assertive Community Treatment-OMH	ACT Team Elmhurst Hospital Cntr
NYC Health + Hospitals Elmhurst Hospital Center	1680-CPEP Crisis Outreach-OMH	Mobile Crisis - Elmhurst
NYC Health + Hospitals Elmhurst Hospital Center	2620-Non-Medicaid Care Coordination OMH-OMH	Elmhurst Hospital-Non-Medicaid Care Coordination
NYC Health + Hospitals Elmhurst Hospital Center	3130-CPEP Crisis Intervention-OMH	Children's Crisis Intervention - Elmhurst
NYC Health + Hospitals Gouverneur Healthcare Services	0690-Outreach-OMH	Geriatric Outreach - Gouverneur
NYC Health + Hospitals Harlem Hospital Center	1680-CPEP Crisis Outreach-OMH	Mobile Crisis - Harlem
NYC Health + Hospitals Harlem Hospital Center	2620-Non-Medicaid Care Coordination OMH-OMH	Harlem Hospital-Non-Medicaid Care Coordination
NYC Health + Hospitals Harlem Hospital Center	3130-CPEP Crisis Intervention-OMH	Children's Crisis Intervention - Harlem
NYC Health + Hospitals Harlem Hospital Center	5990-Dual Diagnosis Coordinator-OASAS	MICA - Harlem
NYC Health + Hospitals HHC Central Office	1760-Advocacy Services-OMH	Peer Academy
NYC Health + Hospitals HHC Central Office	2100-Clinic Treatment-OMH	Clinic Treatment
NYC Health + Hospitals Jacobi Medical Center	0800-Assertive Community Treatment-OMH	ACT Team Jacobi Hospital Cntr
NYC Health + Hospitals Jacobi Medical Center	1680-CPEP Crisis Outreach-OMH	Mobile Crisis - Jacobi Hospital
NYC Health + Hospitals Jacobi Medical Center	3130-CPEP Crisis Intervention-OMH	Children's Crisis Intervention - Jacobi
NYC Health + Hospitals Kings County Hospital Center	1680-CPEP Crisis Outreach-OMH	Mobile Crisis-Kings County
NYC Health + Hospitals Kings County Hospital Center	3130-CPEP Crisis Intervention-OMH	Children's Crisis Intervention - Kings County
NYC Health + Hospitals Kings County Hospital Center	5990-Dual Diagnosis Coordinator-OASAS	MICA-Kings County
NYC Health + Hospitals Lincoln Medical and Mental Health Center	2680-Crisis Intervention-OMH	Mobile Crisis - Lincoln
NYC Health + Hospitals Lincoln Medical and Mental Health Center	3130-CPEP Crisis Intervention-OMH	Children's Crisis Intervention - Lincoln
NYC Health + Hospitals Lincoln Medical and Mental Health Center	5990-Dual Diagnosis Coordinator-OASAS	MICA - Lincoln
NYC Health + Hospitals Metropolitan Hospital Center	0800-Assertive Community Treatment-OMH	ACT Team I Metropolitan Hospital Cntr
NYC Health + Hospitals Metropolitan Hospital Center	0800-Assertive Community Treatment-OMH	ACT Team II Metropolitan Hospital Cntr
NYC Health + Hospitals Metropolitan Hospital Center	3130-CPEP Crisis Intervention-OMH	Children's Crisis Intervention - Metropolitan
NYC Health + Hospitals North Central Bronx Hospital	0800-Assertive Community Treatment-OMH	ACT Team North Central Bronx
NYC Health + Hospitals North Central Bronx Hospital	3130-CPEP Crisis Intervention-OMH	Children's Crisis Intervention - NCB
NYC Health + Hospitals Queens Hospital Center	0800-Assertive Community Treatment-OMH	ACT Team I Queens Hospital Cntr
NYC Health + Hospitals Queens Hospital Center	0800-Assertive Community Treatment-OMH	ACT Team II Queens Hospital Cntr
NYC Health + Hospitals Queens Hospital Center	1680-CPEP Crisis Outreach-OMH	Mobile Crisis - Queens
NYC Health + Hospitals Queens Hospital Center	2100-Clinic Treatment-OMH	On Site School Services
NYC Health + Hospitals Queens Hospital Center	2620-Non-Medicaid Care Coordination OMH-OMH	Queens Hospital-Non Medicaid Care Coordination
NYC Health + Hospitals Queens Hospital Center	3130-CPEP Crisis Intervention-OMH	Children's Crisis Intervention - Queens
NYC Health + Hospitals Woodhull Medical and Mental Health Center	0800-Assertive Community Treatment-OMH	ACT Team Woodhull Hospital Medical and Mental Health Cntr
NYC Health + Hospitals Woodhull Medical and Mental Health Center	1680-CPEP Crisis Outreach-OMH	Mobile Crisis - Woodhull
NYC Health + Hospitals Woodhull Medical and Mental Health Center	3130-CPEP Crisis Intervention-OMH	Children's Crisis Intervention - Woodhull
NYC Human Resources Administration	0690-Outreach-OMH	Visiting Psychiatric Services to Shelters and to NY/NY Housing Site
NYC Human Resources Administration	0690-Outreach-OMH	Visiting Psychiatric Services to NY/NY Housing Sites - DOHMH, HRA, OMH
NYSARC, Inc. New York City Chapter	0770-Psychosocial Club-OMH	Job Connection Center
Odyssey House, Inc.	0690-Outreach-OMH	Outreach
Odyssey House, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location

Provider	Program Code Description	Program Unit Site Name
Odyssey House, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Ohel Children's Home and Family Services, Inc.	2100-Clinic Treatment-OMH	Early Childhood MH Network - Brooklyn Zone 2
Ohel Children's Home and Family Services, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Palladia, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Palladia, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Palladia, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Phipps Neighborhoods Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Phipps Neighborhoods Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Phipps Neighborhoods Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Pibly Residential Programs, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Postgraduate Center for Mental Health	0800-Assertive Community Treatment-OMH	Assertive Community Treatment
Postgraduate Center for Mental Health	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Bronx (Adult)
Postgraduate Center for Mental Health	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Brooklyn (Adult)
Postgraduate Center for Mental Health	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Manhattan (Adult)
Postgraduate Center for Mental Health	2620-Non-Medicaid Care Coordination OMH-OMH	Manhattan Children's Non-Medicaid Care Coordination
Postgraduate Center for Mental Health	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Postgraduate Center for Mental Health	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Postgraduate Center for Mental Health	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Postgraduate Center for Mental Health	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Postgraduate Center for Mental Health	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Postgraduate Center for Mental Health	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Postgraduate Center for Mental Health	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Postgraduate Center for Mental Health	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Postgraduate Center for Mental Health	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Praxis Housing Initiatives, Inc	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Praxis Housing Initiatives, Inc	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Praxis Housing Initiatives, Inc	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Project Hospitality, Inc.	1770-Drop-In Centers-OMH	CSS Mental Health Drop In
Project Hospitality, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Project Hospitality, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Project Renewal, Inc.	0320-On-Site Rehabilitation-OMH	Fort Washington Shelter
Project Renewal, Inc.	0690-Outreach-OMH	Psychiatric Consultation for OMH Forensic Case Management Team
Project Renewal, Inc.	09900990Special Demo -CTL	Manhattan Public Health Support and Connection Center
Project Renewal, Inc.	1380-Assisted Competitive Employment-OMH	Next Step ACE
Project Renewal, Inc.	1960-Homeless Placement Services (Non-Licensed Program)-OMH	Mobile Psychiatric Outreach
Project Renewal, Inc.	3370-NY NY III Supported Housing-OASAS	Program name not reported to protect the residence location
Project Renewal, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Project Renewal, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Project Renewal, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location

Provider	Program Code Description	Program Unit Site Name
Project Renewal, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Project Renewal, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Project Renewal, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Promesa, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Promesa, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Promesa, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Promesa, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Promesa, Inc.	IMT-Intensive Mobile Treatment	Intensive Mobile Treatment
Providence House, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Providence House, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Providence House, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Providence House, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Puerto Rican Family Institute, Inc.	1760-Advocacy Services-OMH	Peer Advocacy 6
Puerto Rican Family Institute, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Citywide (Adult)
Puerto Rican Family Institute, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Brooklyn Children's Non -Medicaid Care Coordination
Puerto Rican Family Institute, Inc.	3040-Home Based Crisis Intervention-OMH	Home Based Crisis Intervention 3
Puerto Rican Orgnz To Motivate Enlighten and Serve Addicts, Inc. (PROMESA)	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Research Foundation of the City University of New York	1760-Advocacy Services-OMH	Behavioral Health Care Coordination - Training
Research Foundation of the City University of New York	1760-Advocacy Services-OMH	Mental Health Scholarship/One Year Residency
Richmond Medical Center d/b/a Richmond University Medical Center	099C-Special Demo - City Council-OMH	City Council Court-Involved Youth Mental Health Initiative
Richmond Medical Center d/b/a Richmond University Medical Center	1320-Vocational Services-OMH	Youth Achieving Independence
Richmond Medical Center d/b/a Richmond University Medical Center	1680-CPEP Crisis Outreach-OMH	Mobile Crisis
Richmond Medical Center d/b/a Richmond University Medical Center	2100-Clinic Treatment-OMH	Early Childhood MH Network - Staten Island
Rising Ground, Inc.	099C-Special Demo - City Council-OMH	City Council - Children Under Five Initiative
Riverdale Mental Health Association	1600-Crisis/Respite Beds-OMH	Crisis Respite Center (Bronx)
Safe Horizon, Inc.	099C-Special Demo - City Council-OMH	City Council - Court Involved Youth Mental Health Initiative
Safe Horizon, Inc.	099C-Special Demo - City Council-OMH	City Council Under 5 Initiative
Saint Dominic's Home	2620-Non-Medicaid Care Coordination OMH-OMH	Bronx Children's Non-Medicaid Care Coordination
Samaritan Daytop Village, Inc.	0800-Assertive Community Treatment-OMH	SVD Shelter ACT Team
Samuel Field YM & YWHA, Inc. d/b/a Commonpoint Queens	2100-Clinic Treatment-OMH	Clinic Treatment
SCO Family of Services	2620-Non-Medicaid Care Coordination OMH-OMH	Brooklyn Children's Non -Medicaid Care Coordination
SCO Family of Services	2720-Non-Medicaid Care Coordination; (Non-Licensed Program)-OMH	NYC High Fidelity Wraparound (HFW) Demonstration Project
SCO Family of Services	2720-Non-Medicaid Care Coordination; (Non-Licensed Program)-OMH	Queens HFW (SAMHSA)
SCO Family of Services	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Service Program for Older People, Inc.	2100-Clinic Treatment-OMH	Mental Health Clinic
Services for the Underserved, Inc.	0770-Psychosocial Club-OMH	Brooklyn Clubhouse
Services for the Underserved, Inc.	0800-Assertive Community Treatment-OMH	Assertive Community Treatment
Services for the Underserved, Inc.	1380-Assisted Competitive Employment-OMH	Assisted Competitive Employment
Services for the Underserved, Inc.	1600-Crisis/Respite Beds-OMH	Crisis Respite Center (Brooklyn)

Provider	Program Code Description	Program Unit Site Name
Services for the Underserved, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Services for the Underserved, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Services for the Underserved, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Services for the Underserved, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Services for the Underserved, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Services for the Underserved, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Services for the Underserved, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Services for the Underserved, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Services for the Underserved, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Services for the Underserved, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Services for the Underserved, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
St. Francis Friends of the Poor, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
St. Joseph's Hospital	0800-Assertive Community Treatment-OMH	Assertive Community Treatment
St. Joseph's Hospital	5070-Supported SRO-OMH	Program name not reported to protect the residence location
St. Joseph's Hospital	5070-Supported SRO-OMH	Program name not reported to protect the residence location
St. Joseph's Hospital	6060-Supported Housing-OMH	Program name not reported to protect the residence location
St. Luke's-Roosevelt Hospital Center	1680-CPEP Crisis Outreach-OMH	Mobile Crisis
St. Luke's-Roosevelt Hospital Center	2620-Non-Medicaid Care Coordination OMH-OMH	Manhattan Children's Non-Medicaid Care Coordination
St. Vincent's Services, Inc. d/b/a Heartshare St. Vincent's Services	6050-Supported Housing-OMH	Program name not reported to protect the residence location
St. Vincent's Services, Inc. d/b/a Heartshare St. Vincent's Services	6050-Supported Housing-OMH	Program name not reported to protect the residence location
St. Vincent's Services, Inc. d/b/a Heartshare St. Vincent's Services	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Sun River Health Inc.	2100-Clinic Treatment-OMH	Inwood Health Center
Sun River Health Inc.	2100-Clinic Treatment-OMH	Sun River's The Hub CONNECT Program
SUS-Mental Health Programs Inc	5070-Supported SRO-OMH	Program name not reported to protect the residence location
SUS-Mental Health Programs Inc	5070-Supported SRO-OMH	Program name not reported to protect the residence location
SUS-Mental Health Programs Inc	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Talkspace Medical Services NY, P.C.	09900990Special Demo -CTL	Youth Virtual Mental Health Services (NYC Teenspace)
The Bridge, Inc.	0800-Assertive Community Treatment-OMH	Assertive Community Treatment
The Bridge, Inc.	0800-Assertive Community Treatment-OMH	Forensic Assertive Community Treatment (FACT)
The Bridge, Inc.	0800-Assertive Community Treatment-OMH	The Bridge Manhattan Shelter ACT Team I
The Bridge, Inc.	0800-Assertive Community Treatment-OMH	The Bridge Manhattan Shelter ACT Team II
The Bridge, Inc.	0800-Assertive Community Treatment-OMH	The Bridge Bronx Shelter ACT Team
The Bridge, Inc.	0800-Assertive Community Treatment-OMH	Assertive Community Treatment
The Bridge, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Queens (Adult)
The Bridge, Inc.	3370-NY NY III Supported Housing-OASAS	Program name not reported to protect the residence location
The Bridge, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Bridge, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Bridge, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Bridge, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location

Provider	Program Code Description	Program Unit Site Name
The Bridge, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Bridge, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Bridge, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
The Bridge, Inc.	IMT-Intensive Mobile Treatment	Intensive Mobile Treatment
The Child Center of NY, Inc.	099C-Special Demo - City Council-OMH	City Council - Court Involved Youth Mental Health Initiative
The Child Center of NY, Inc.	099C-Special Demo - City Council-OMH	City Council - Court Involved Youth Mental Health Initiative
The Child Center of NY, Inc.	1320-Vocational Services-OMH	Job Net 3
The Child Center of NY, Inc.	1760-Advocacy Services-OMH	Asian Outreach
The Child Center of NY, Inc.	1760-Advocacy Services-OMH	Benefits Access
The Child Center of NY, Inc.	2100-Clinic Treatment-OMH	Early Childhood MH Network - Queens
The Child Center of NY, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Queens Children's Non -Medicaid Care Coordination
The Child Center of NY, Inc.	2720-Non-Medicaid Care Coordination; (Non-Licensed Program)-OMH	Step-Down Case Management
The Child Center of NY, Inc.	3040-Home Based Crisis Intervention-OMH	Home Based Crisis Intervention 1
The Children's Aid Society	099C-Special Demo - City Council-OMH	Mental Health Services for Vulnerable Populations
The Children's Aid Society	099C-Special Demo - City Council-OMH	City Council - Court-Involved Youth Mental Health Initiative
The Coalition of Behavioral Health Agencies, Inc.	099C-Special Demo - City Council-OMH	City Council - Court Involved Youth Mental Health Initiative
The Doe Fund, Inc.	3370-NY NY III Supported Housing-OMH	Program name not reported to protect the residence location
The Doe Fund, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Door - A Center of Alternatives, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Door - A Center of Alternatives, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Door - A Center of Alternatives, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Door - A Center of Alternatives, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Fortune Society, Inc.	099C-Special Demo - City Council-OMH	City Council - Court Involved Youth Mental Health Initiative
The Fortune Society, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Fortune Society, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Fortune Society, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
The Fortune Society, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
The Jericho Project, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Jericho Project, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Jericho Project, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Jericho Project, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Jericho Project, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Jericho Project, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Jericho Project, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
The Jericho Project, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
The Jericho Project, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
The Mental Health Association of NYC, Inc. d/b/a Vibrant Emotional Health	0800-Assertive Community Treatment-OMH	Geriatric ACT Team Community Older Adult Recovery Program (CORE)
The Mental Health Association of NYC, Inc. d/b/a Vibrant Emotional Health	1320-Vocational Services-OMH	YES Adolescent Skills Center
The Mental Health Association of NYC, Inc. d/b/a Vibrant Emotional Health	1320-Vocational Services-OMH	Adolescent Skills Center - South

Provider	Program Code Description	Program Unit Site Name
The Mental Health Association of NYC, Inc. d/b/a Vibrant Emotional Health	1320-Vocational Services-OMH	Adolescent Skills Center
The Mental Health Association of NYC, Inc. d/b/a Vibrant Emotional Health	1650-Family Support Services-OMH	FYPS Queens Alliance
The Mental Health Association of NYC, Inc. d/b/a Vibrant Emotional Health	1650-Family Support Services-OMH	FYPS Bronx Alliance
The Mental Health Association of NYC, Inc. d/b/a Vibrant Emotional Health	1650-Family Support Services-OMH	FYPS Staten Island Alliance
The Mental Health Association of NYC, Inc. d/b/a Vibrant Emotional Health	1720-988 Crisis Hotline Center	NYC 988
The Neighborhood Coalition for Shelter, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Neighborhood Coalition for Shelter, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Neighborhood Coalition for Shelter, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The Neighborhood Coalition for Shelter, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
The New York Foundling Hospital	1510-School-OMH	School Response Team Program
The New York Foundling Hospital	1510-School-OMH	School Response Team Program - Queens
The New York Foundling Hospital	1650-Family Support Services-OMH	Family Strengthening Training and Advisory Center (FSTAC)
The New York Foundling Hospital	6050-Supported Housing-OMH	Program name not reported to protect the residence location
The New York Foundling Hospital	6050-Supported Housing-OMH	Program name not reported to protect the residence location
The Osborne Association, Inc.	099C-Special Demo - City Council-OMH	City Council - Court Involved Youth Mental Health Initiative
Transitional Services for New York, Inc.	0690-Outreach-OMH	Queens Mobile Outreach
Transitional Services for New York, Inc.	0910-Crisis Residence-OMH	Crisis Respite Center (Queens)
Transitional Services for New York, Inc.	1760-Advocacy Services-OMH	Empowerment Center
Transitional Services for New York, Inc.	2340-Affirmative Business/Industry-OMH	Affirmative Business
Transitional Services for New York, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Queens (Adult)
Transitional Services for New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Transitional Services for New York, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Unique People Services, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Unique People Services, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
United Jewish Council of the East Side, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
University Consultation and Treatment Center for Mental Hygiene, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Bronx (Adult)
University Settlement Society of New York	099C-Special Demo - City Council-OMH	Children Under 5 Initiative
University Settlement Society of New York	1650-Family Support Services-OMH	FYPS Manhattan Alliance
University Settlement Society of New York	2620-Non-Medicaid Care Coordination OMH-OMH	Manhattan Children's Non-Medicaid Care Coordination
University Settlement Society of New York	3040-Home Based Crisis Intervention-OMH	Home Based Crisis Intervention
Upper Manhattan Mental Health Center, Inc.	0770-Psychosocial Club-OMH	Rainbow Psychosocial Program
Upper Manhattan Mental Health Center, Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Manhattan (Adult)
Urban Justice Center	1760-Advocacy Services-OMH	Advocacy Services
Urban Pathways, Inc.	1380-Assisted Competitive Employment-OMH	Assisted Competitive Employment
Urban Pathways, Inc.	1380-Assisted Competitive Employment-OMH	Bronx-Assisted Competitive Employment
Urban Pathways, Inc.	3370-NY NY III Supported Housing-OASAS	Program name not reported to protect the residence location
Urban Pathways, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Urban Pathways, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Urban Pathways, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location

Provider	Program Code Description	Program Unit Site Name
Urban Pathways, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Urban Pathways, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Urban Pathways, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Urban Youth Alliance International, Inc.	099C-Special Demo - City Council-OMH	City Council Court involved Youth Initiative
Venture House, Inc.	0770-Psychosocial Club-OMH	Venture House, Inc.
Venture House, Inc.	0770-Psychosocial Club-OMH	Venture House Clubhouse - Staten Island
Visiting Nurse Service of New York Home Care II	0690-Outreach-OMH	VNSNY Home Care Geriatric Mobile Outreach
Visiting Nurse Service of New York Home Care II	0690-Outreach-OMH	Geriatric Mobile Outreach
Visiting Nurse Service of New York Home Care II	0800-Assertive Community Treatment-OMH	VNS Manhattan Shelter ACT Team
Visiting Nurse Service of New York Home Care II	0800-Assertive Community Treatment-OMH	Assertive Community Treatment
Visiting Nurse Service of New York Home Care II	1510-School-OMH	Promise Zone Initiative
Visiting Nurse Service of New York Home Care II	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Manhattan (Adult)
Visiting Nurse Service of New York Home Care II	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Bronx (Adult)
Visiting Nurse Service of New York Home Care II	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Manhattan (Adult)
Visiting Nurse Service of New York Home Care II	2680-Crisis Intervention-OMH	VNSNY Home Care - Bronx Mobile Crisis 5
Visiting Nurse Service of New York Home Care II	2680-Crisis Intervention-OMH	Brooklyn Mobile Crisis
Visiting Nurse Service of New York Home Care II	2680-Crisis Intervention-OMH	Children's Mobile Crisis Team
Visiting Nurse Service of New York Home Care II	2680-Crisis Intervention-OMH	Queens Mobile Crisis
Visiting Nurse Service of New York Home Care II	2680-Crisis Intervention-OMH	Children's Mobile Crisis Team
Visiting Nurse Service of New York Home Care II	2680-Crisis Intervention-OMH	Children's Mobile Crisis Team
Visiting Nurse Service of New York Home Care II	2720-Non-Medicaid Care Coordination; (Non-Licensed Program)-OMH	VNSNY Home Care Geriatric Case Management 7
Visiting Nurse Service of New York Home Care II	3040-Home Based Crisis Intervention-OMH	VNSNY Home Care - Bronx HBCl - l
Visiting Nurse Service of New York Home Care II	3040-Home Based Crisis Intervention-OMH	Brooklyn HBCl
Visiting Nurse Service of New York Home Care II	IMT-Intensive Mobile Treatment	Intensive Mobile Treatment
Visiting Nurse Service of New York Home Care II	IMT-Intensive Mobile Treatment	Intensive Mobile Treatment
Visiting Nurse Service of New York Home Care II	IMT-Intensive Mobile Treatment	Intensive Mobile Treatment
Visiting Nurse Service of New York Home Care II	MOA-Intra-City Agreement-Intracity	Youth Suicide Prevention
Vocational Instruction Project Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Vocational Instruction Project Community Services, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Volunteers of America - Greater New York, Inc.	0320-On-Site Rehabilitation-OMH	Charles Gay Shelter CSS
Volunteers of America - Greater New York, Inc.	3370-NY NY III Supported Housing-OASAS	Program name not reported to protect the residence location
Volunteers of America - Greater New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Volunteers of America - Greater New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Volunteers of America - Greater New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Volunteers of America - Greater New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Volunteers of America - Greater New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Volunteers of America - Greater New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Volunteers of America - Greater New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Volunteers of America - Greater New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location

Provider	Program Code Description	Program Unit Site Name
Volunteers of America - Greater New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Volunteers of America - Greater New York, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
WellLife Network Inc.	0800-Assertive Community Treatment-OMH	Assertive Community Treatment
WellLife Network Inc.	1380-Assisted Competitive Employment-OMH	PSCH Inc. ACE/Brooklyn
WellLife Network Inc.	1380-Assisted Competitive Employment-OMH	WellLife Network Inc. ACE/ Queens
WellLife Network Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Queens (Adult)
WellLife Network Inc.	2620-Non-Medicaid Care Coordination OMH-OMH	Non-Medicaid Care Coordination - Brooklyn (Adult)
WellLife Network Inc.	2720-Non-Medicaid Care Coordination; (Non-Licensed Program)-OMH	Transitional Bridger - Brooklyn
WellLife Network Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
WellLife Network Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
West End Residences Housing Development Fund Company, Inc. d/b/a Homeward NYC	5070-Supported SRO-OMH	Program name not reported to protect the residence location
West End Residences Housing Development Fund Company, Inc. d/b/a Homeward NYC	5070-Supported SRO-OMH	Program name not reported to protect the residence location
West End Residences Housing Development Fund Company, Inc. d/b/a Homeward NYC	5070-Supported SRO-OMH	Program name not reported to protect the residence location
West Harlem Group Assistance, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
West Side Federation for Senior and Supportive Housing, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
West Side Federation for Senior and Supportive Housing, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
West Side Federation for Senior and Supportive Housing, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
West Side Federation for Senior and Supportive Housing, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
West Side Federation for Senior and Supportive Housing, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
West Side Federation for Senior and Supportive Housing, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Weston United Community Renewal, Inc.	0320-On-Site Rehabilitation-OMH	Transitional Living Community
Weston United Community Renewal, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Weston United Community Renewal, Inc.	6050-Supported Housing-OMH	Program name not reported to protect the residence location
Weston United Community Renewal, Inc.	6060-Supported Housing-OMH	Program name not reported to protect the residence location
Women in Need, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Women in Need, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
Women in Need, Inc.	5070-Supported SRO-OMH	Program name not reported to protect the residence location
YM&YWHA of Washington Heights & Inwood	099C-Special Demo - City Council-OMH	City Council - Children Under Five Initiative
Young New Yorkers, Inc.	099C-Special Demo - City Council-OMH	City Council - Court-Involved Youth Mental Health Initiative