The Mayor's Office of Community Mental Health

2023 Annual Report

on

Critical Gaps in the Mental Healthcare System in New York City

Pursuant to Local Law 155 (2021)

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Introduction

The Mayor's Office of Community Mental Health (OCMH) submits the following report to the Honorable New York City Mayor, Eric Adams, and Speaker of the New York City Council, Adrienne Adams, pursuant to Local Law 155 (2021). This report identifies critical gaps in the mental healthcare system that prevent New Yorkers with mental healthcare needs from accessing and staying connected to care.

To develop this report, OCMH reviewed existing data and research, and met with agency staff to aggregate:

- the critical gaps in mental healthcare that have already been identified through city agency work, and
- the City's responses to addressing those gaps (currently being implemented or in the development stage).

This report is not intended to provide a full comprehensive inventory of all mental health services, programs, and initiatives implemented by NYC agencies.

- Part 1 -
Critical Gaps in the Mental Healthcare System in New York City

I. Mental Health Workforce Shortage

One of the greatest challenges facing the provision of mental health services is the current workforce shortage. There is a dearth of licensed clinical mental health professionals who are equipped to work with certain special populations while providing culturally appropriate care, including bilingual and/or bicultural services.

As part of a recent RAND Corporation study, commissioned by OCMH, a survey of mental health professionals identified accessibility and availability as the two main barriers to receiving mental health services. This study also noted acute shortages of mental healthcare providers from underserved communities for all types of clinicians, but especially mental healthcare providers in outpatient settings who provide specialized evidence-based treatments, experienced licensed clinical social workers, and child psychiatrists under current system criteria. They also described how the COVID-19 pandemic has increased demand for services while exacerbating the workforce shortage causing higher rates of vicarious trauma, grief, stress, anxiety, and burnout among mental health providers.[1]

While city level quantitative data on vacancy rates for mental health professionals is not currently available, providers report increased difficulty recruiting, hiring, and retaining mental health professionals. This is particularly apparent for positions that require staff to be on-site since tele-mental health and hybrid work have become more common since the COVID-19 pandemic. Many clinicians are reportedly leaving positions for higher paying private practice roles that allow for telehealth. In addition to existing workforce shortages, new clinicians are not entering the field fast enough to keep up with the increased demand. From 2017 – 2020, the number of mental health practitioner licensures issued by the New York State Office of Professions remained constant, with just a 5% increase in 2021.[2] Under current regulations, policies and hiring practices, there exist barriers in hiring mental health clinicians of diverse disciplines such as licensed mental health counselors (LMHC), and licensed marriage and family therapists (LMFT), who could help fill some of the vacancies for providers.

The availability of services, utilization of services, and the total capacity of services vary across the city. Although there are many mental health providers in New York City, they are often not located in the communities with the highest need. For example, Northern Queens, along the border of Brooklyn and Queens, and in the South Bronx, had low numbers of mental health treatment facilities that provide services in Spanish although the area has high numbers of Spanish speaking New Yorkers with limited English proficiency.[3] Moreover, many do not accept Medicaid or other forms of insurance, which creates accessibility issues for individuals who cannot pay out-of-pocket for their treatment. In some high need areas of the city, the number of facilities accepting Medicaid is low, creating low geographic access to care for people who rely on Medicaid for their health insurance coverage.[4]

It is important to note that the mental healthcare system is based on reimbursement of services by the respective insurance program rather than reimbursement based on the provider's cost of service delivery. Often, the insurance programs' rates of reimbursement by service do not cover the provider's actual cost to deliver the services. This is true for public services and especially true for commercial mental health services. This gap between reimbursement rates and actual costs of service delivery can, and has, led to understaffing within mental health systems.

Mental health workforce shortages were particularly pronounced for certain special populations, notably children and families. These shortages lead to severely limited access to care. For children and adolescents in New York State, 56% of children reported difficulties obtaining mental healthcare, ranking New York as the 12th worst in the United States.[5] In

New York State there are only 29 child and adolescent psychiatrists per 100,000 children, making New York State a high shortage area.[6] Furthermore, children with Medicaid coverage are significantly impacted because the reimbursement rates are not attractive to child psychiatrists who are moving to accept primarily out-of-pocket payment.

Additionally, there is a critical lack of a diverse clinical workforce whose race, ethnicity, and languages match those needing and seeking mental health supports. This contributes to accessibility and utilizations issues within the mental healthcare system. There is also a shortage of qualified clinicians who are trained and willing to work in more acute settings that support some of the most vulnerable New Yorkers with the most complex needs. Settings such as the shelter system, street and subway outreach, and mobile crisis settings are typically seen as undesirable, yet require a higher degree of specialized training and expertise.

II. Access to Timely Quality Care

Mental health challenges can affect anyone regardless of their background, race and ethnicity, gender orientation, occupation, or socio-economic status. The stresses, fear, isolation, loss, and anxiety brought on by the COVID-19 pandemic and its rippling effects magnified the need for mental health supports and interventions for all New Yorkers. When effective, and responsive services, supports and treatment options are made available, New Yorkers affected by mental health challenges can recover and live fulfilling and healthy lives. However, access to timely quality care is undeniably a critical gap in the mental healthcare system. Barriers to timely access impacts all New Yorkers who experience mental health challenges and exacerbates the conditions of many living with mental illnesses. The impact is especially pronounced for New Yorkers with serious mental illness, those struggling with substance use challenges, and vulnerable populations like children, youth and families, people with disabilities, and older adults.

Just like the disproportionate impact the COVID-19 pandemic has had on New Yorkers from different walks of life, not everyone is equally affected by mental health challenges. Systemic injustices, structural inequalities, and interpersonal racism and discrimination contribute to the health and mental health disparities for Black, Indigenous, and People of Color (BIPOC) communities as well as communities living in historically underinvested neighborhoods. These inequities are notable in the neighborhoods identified by the City's Taskforce on Racial Inclusion and Equity, which focuses on the 33 communities hardest hit by the COVID-19 pandemic as well as neighborhoods impacted by other health and socioeconomic disparities including chronic illness and poverty.[7] As a result of these injustices and inequities, mental health accessibility needs are significantly limited for BIPOC populations in the city.

Specifically:[8]

- Black, Latinx, Asian, and Pacific Islanders experiencing depression are less likely to be connected to mental healthcare than White New Yorkers.
- New Yorkers experiencing serious psychological distress are less likely to be connected to mental healthcare if they do not have health insurance.
- Connection to mental healthcare can differ greatly by neighborhood. In the three neighborhoods with the highest connection to mental healthcare, nearly 70% of those with mental health needs receive treatment. In the three neighborhoods with the lowest connection to mental healthcare, only around 20% of those with mental health needs receive treatment.

Additionally, several special populations with varying vulnerabilities or risk factors continue to have unmet mental health needs due to a lack of adequate care and responsive treatment options. The long-standing disparities experienced by these populations have only worsened with the COVID-19 pandemic. In particular, Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, and Asexual (LGBTQIA+) New Yorkers, uninsured New Yorkers including asylum seekers, New Yorkers with disabilities, veterans, and victims of crime (e.g., domestic and gender-based violence, anti-Asian violence, etc.) face critical gaps across systems that must be addressed.

- Domestic violence, which includes family violence and intimate partner violence, has severe consequences on the mental health of survivors. In New York City, family violence makes up a sizable portion of all domestic violence crime. According to administrative data from the New York City Police Department, in 2021, the New York City Police Department (NYPD) received more than 76,000 reports of family violence, which accounts for about one third of all reported domestic violence incidents. As with intimate partner violence, many more incidents of family violence go unreported to NYPD due to stigma, fear, and other factors. Despite its prevalence, there are few services and resources specifically available for people impacted by family violence.

This is especially apparent for people who experience harm between siblings, towards parents, and between extended family members.

- Recent data indicates that during the COVID-19 pandemic, about 64% of Gay, Lesbian, or Bisexual adolescents reported their mental health was most of the time or not always good (poor mental health includes stress, anxiety, and depression) and 74% reported emotional abuse by a parent, compared with 30% and 50% of heterosexual students, respectively.[9] LGBTQIA+ adults (14.3%) and transgender adults (18.9%) are more likely to report not having health insurance than the general population (12.3%).[10] Compared to the New York State's overall adult population, the occurrence of mental health conditions is more common among LGBTQIA+ adults. While an estimated 12.3% of adults report mental distress, the rate among LGBTQIA+ adults are double, at 24.8%, and even higher among transgender adults (30%).[11]
- In a recent national survey by AAPI Data and Momentive, anti-Asian hate crimes have increased during the pandemic with 1 in 6 Asian American and Pacific Islanders reportedly experiencing a hate crime in 2021, up from 1 in 8 in 2020.[12] Many cities are facing significant increases in hate crimes targeting the AAPI population. In New York City, according to administrative data from the New York City Police Department, the NYPD reported a 361% increase in anti-Asian hate crimes and in a recent national poll, 71% of Asian Americans said they felt discriminated against in the United States in 2021.[13]
- From the Spring of 2022 to January of 2023, over 42,000 asylum seekers have arrived in New York City. Studies have shown that the prevalence of common mental health issues, such as depression, anxiety, and post-traumatic stress disorder (PTSD), are higher among migrants and refugees than among local populations. Additionally, asylum seekers tend to have an elevated risk of suicide.[14]
- New York City is home to over 210,000 veterans.[15] Veterans face significant mental health challenges including PTSD, depression, and high rates of suicide, almost 1.5 times greater than non-veterans.[16] From the most recent Veteran and Military Community Survey administered by NYC Department of Veterans' Services, nearly a quarter of veteran respondents felt lonely three or more days in a week. And while many veterans qualify for healthcare through the U.S. Department of Veteran Services, the same survey found that 14% had no health insurance coverage.[17]
- In New York State, more than 1 in 4 individuals have one or more disabilities, either from birth (e.g., developmental and intellectual disabilities, conditions that affect functions in vision, hearing and mobility, etc.), or due to illness or injury later in life (e.g., traumatic brain injury, loss of limbs or vision from chronic health conditions).[18] A recent study found that adults with disabilities reported experiencing more mental distress than those without disabilities. In 2018, 33% of adults with disabilities experienced frequent mental distress. Importantly, during the COVID-19 pandemic, isolation, disconnect, disrupted routines, and diminished health services have severely impacted the lives and mental well-being of people with disabilities.

II - A. Serious Mental Illness

One of New York City's most vulnerable populations are those who are living with Serious Mental Illness (SMI) defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.[19] Without effective services and supports in place, the onset of SMI often disrupts a person's relationships with family and friends, and impacts education or professional development, leading to increased rates of poverty and isolation. Among individuals experiencing SMI, 29% are at risk for social isolation, 45% report having low social supports, and only 33% are employed.[20] Living with a serious mental illness can also have a deleterious effect on one's ability to find and maintain stable housing without appropriate supports, contributing to increased negative health outcomes. Due to all these contributing factors, individuals living with SMI in New York City have double the premature mortality rate of the general population.[21]

Additionally, referral pathways into specialty SMI care vary widely, leading to inefficiencies that delay or prevent access to care, and causing waitlists for some services and underutilization of other services. Far too often the current system is unable to connect individuals to care before they experience other negative outcomes. Thus, many referrals to SMI treatment are made by hospitals, shelters, and jail. Overall, there is insufficient capacity to meet the demand for specialty mental healthcare – 40% of individuals with SMI want treatment but are unable to get it.[22]

In addition to the critical gap in community-based treatment, there is a significant shortage of inpatient psychiatric beds. Due to reductions of inpatient psychiatric bed capacity starting in 2020, there are significant constraints on New York City's ability to accommodate patient volume within hospital settings. Much of the capacity lost during the pandemic has yet to return to prior levels. In 2019, NYC had 2,664 active psychiatric beds. At the height of the pandemic, the number of active psychiatric beds dropped by 22% to 2,076 beds and had only recovered by 5.6% as of June 2022. A 20% gap from 2019 levels exists for adults (415 beds) and a 12.4% gap for children and adolescents (24 beds).

This lack of inpatient capacity is reflected in long dwell times in Emergency Rooms (ERs) and Comprehensive Psychiatric Evaluation Programs (CPEPs) with dwell times the longest for adolescents. Furthermore, once someone is discharged from the ER or an inpatient setting, intensive care management and transition support are provided only to a small portion of this high need population.

The City will be releasing a Behavioral Health Agenda in early 2023 that covers serious mental illness, youth and family mental health, and preventing overdoses.

II - B. Children, Youth and Families

The COVID-19 pandemic has had a significant impact on the lives of children. The pandemic disrupted children's routines and exacerbated pre-pandemic conditions that place children, youth, and families at risk for mental health challenges. Disruptions to learning environments, caregiver stress, financial instability, food insecurity, illness, death/loss, and social isolation contribute to enormous stress, elevating the risk of new mental health challenges.[23] A 2021 survey that collected responses from more than 1,300 young people (ages 14 to 24) across New York City, with a representative share from all five boroughs, reported that more than a third (35%) of youth respondents wanted or needed mental health services from a professional, particularly amongst youth in the Bronx and Manhattan and among the youth who wanted or needed mental health services, only 42% reported receiving these services.[24] Even before the pandemic, nearly 40% of New York City high schoolers reported feeling sad or hopeless every day for more than two weeks.[25]

Youth and families that are part of BIPOC communities are exposed to circumstances that lead to greater risk. In 2019, more Black (10.2%) and Latinx (9.4%) NYC high school students reported having attempted suicide within the past 12 months than White students (5.8%).[26] A recent report found that suicide is the second leading cause of death for NYC adolescents ages 15-19 and the third leading cause of death among NYC children ages 5-14.[27] The risk of mental health problems in childhood is also closely associated with social determinants of health such as financial security, housing access, and food security in addition to exposure to neighborhood violence. In New York City, among children ages 3-12, Black and Latinx children are significantly more likely to experience exposure to negative social determinants of health.[28] Many LGBTQIA+ youth face discrimination, hardships, and have difficult or traumatic life experiences that jeopardize their mental health. Recent data indicates that during the COVID-19 pandemic, LGBTQIA+ high school students reported persistent feelings of sadness or hopelessness and that 74% reported emotional abuse by a parent, compared with 37% and 50% of heterosexual students, respectively.[29]

In the previous section on Serious Mental Illness, we noted that access to psychiatric beds for children and adolescents has been limited since the pandemic. This gap has led to New York City adolescents being admitted to out of region hospitals, e.g., Nassau, Westchester, as well as being admitted to non-psychiatric general pediatric beds, ultimately not receiving the most appropriate care. In addition to the shortage of acute hospital beds, over the past decade there has been a reduction in the number of state hospital beds across NYC, significantly impacting children and adolescents with serious emotional disturbance (SED) who need further hospitalization. The number of residential treatment facility beds has also been reduced, leaving these youth with few placement alternatives. Access issues for children and adolescents are also prevalent outside of inpatient settings. In Fiscal Year 2022, it took an average of 8.2 days for outpatient clinics to respond to an electronic referral "e-consult" for mental health services, with the lowest performing facility having a 22 day lag in response time. Of all e-consults scheduled, patients waited on average 31 days to be seen (New York City Health + Hospitals, 2022).

As referenced previously, the reimbursement rates often do not cover the providers' actual cost of delivering services. This is especially true for children and families as care for children typically involves the complexity of families, which can increase the intensity and time needed for cases.

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II – C. Substance Use Disorders

New York City continues to face a crisis of overdose deaths with the problem worsening due to the trauma, loss, and stressors brought on by the pandemic. According to provisional data released by the NYC Health Department in January 2023 – 2,668 individuals died of a drug overdose in 2021, an increase of 78% since 2019 and 27% since 2020. There were evident disparities by age, race, poverty level, and neighborhood of residence. Fentanyl, an opioid that is 50 to 100 times stronger than morphine, was detected in 80% of drug overdose deaths in 2021 and was the most common substance involved in overdose deaths for the fifth year in a row. [30]

There are also persistent and worsening racial and geographic disparities in overdose deaths in New York City. The rates of overdose deaths are 48% higher for Black New Yorkers and 36% higher for Latinx New Yorkers, when compared to White New Yorkers.[31]

It is well documented that substance use disorders and mental health conditions often co-occur.[32,33,34] Recent NYC Health Department surveys show a high prevalence of mental health diagnoses, including serious mental illness, among individuals participating in syringe service program (SSP) services.[35,36] While there are shortages for both mental health and substance use care, people with co-occurring conditions experience even less access to integrated care options, despite integrated care for mental health conditions having been shown to be more effective than separate treatment of individual conditions.[37] This is particularly crucial for populations that are at the greatest risk of fatal overdose, including people experiencing homelessness and those engaged in the criminal-legal system.

A 2020 NYC Health Department survey found that basic need services, including food and hygiene, are critically unmet among syringe service program participants. Nearly a quarter of participants did not have access to soap and running water most of the time. Sixty percent of participants reported that they sometimes, rarely, or never had money for food since the onset of the COVID-19 pandemic.[38] The Office of the Chief Medical Examiner (OCME) has also identified critical gaps for families that have lost loved ones to an overdose namely gaps in access to immediate and impactful mental health and social services.

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II – D. Older Adults

There are mental health risks at every stage of life. For many people, aging itself can be an isolating process because of ailing health, decrease in mobility, and possible decreases in peer and family support. In New York City, 85,000 older adults suffered from depression in 2017, but evidence shows that less than 25% of older adults with mental illness currently receive treatment from a mental health professional.[39] Older adults have higher rates of late onset mental health disorders and low rates of identification and treatment making it difficult to determine accurate prevalence rates. Importantly, many older adults are not diagnosed, misdiagnosed, or do not seek treatment.

The effects of isolation, poverty, and reduced access to care and resources are known factors contributing to and exacerbating declining physical and emotional health. Older adults living in New York City who utilize the City's Older Adult Centers (OACs, formerly Senior Centers) are known to be among those with the lowest incomes, have the fewest resources, are at a heightened risk for poor health, be socially isolated, and have the highest need of services. However, a connection to these services has also had measurable impact on individuals who participate with significant positive impacts on the health of older adults and lower rates of social isolation after six months of attending.[40]

The COVID-19 pandemic was especially difficult on older adults. According to one study in late 2020/early 2021, 63% of respondents reported that COVID-19 had a negative effect on their life and 58% reported not seeing family or friends in person with 68% reporting "a lot less" interaction with people outside their homes.[41] The study also showed that the rates of depression amongst older adults doubled during this time from the New York City Community Health Survey from 2017.[42] Importantly during this time, many of the programs the older adults rely on such as OACs had to pivot their operations during the pandemic and find new ways to serve clients – many are beginning to slowly see their clients return.

Older adults face many barriers to accessing and utilizing mental health services, including stigma, issues with transportation, limited working knowledge of technology, and insufficient mental health professionals with the cultural competence to engage, support, and treat the older adult population. Racial and ethnic minority older adults, LGBTQIA+ older adults and those living in poverty are more likely to have limited access to mental health services and experience higher risk for negative health outcomes.[43]

Additional support is needed to recruit and retain mental health workers, especially bilingual counselors, to support older adults.

III. Mental Health Crisis Response

Urgent mental health crises are situations that require prompt attention, but are not immediately life threatening, and they differ from person to person. In general, a mental health crisis is experienced as an intense amount of distress, including overwhelming fear, debilitating sense of anxiety, or depression. Many mental health crises can be prevented if individuals are able to access and stay connected to the care they need. Yet for decades, too many New Yorkers have gone without mental health treatment or support when and where they need it. Within New York City, there are 17 federally designated mental healthcare shortage areas. These areas, similar to food deserts, are neighborhoods without sufficient access to mental healthcare. This results in individuals being forced to either travel outside their neighborhood to seek care, or not seek care at all.

For many New Yorkers, 911 has been the entry-point into care for themselves or a loved one experiencing a mental health crisis. In 2022, administrative data provided by NYPD responded to approximately 15,000 monthly mental health emergency 911 calls. While NYC has made several significant investments in the crisis system with programs like NYC Well - which offers 24/7 access to counselors and peers who can provide immediate help, connect individuals to ongoing care, or send in-person support if necessary - preventable mental health and substance use crises remain far too prevalent. Based on an analysis provided by DOHMH, In January 2022 during the COVID-19 pandemic, NYC Well data on 356 outpatient programs found that only half of these programs reported no service disruptions, and only 17% of these programs accepted immediate referrals or walk-ins, with an additional 9% of programs able to accept patients within one week. Nearly 10% of the outpatient programs had a waitlist of 6-28 weeks.

Despite some improvements in the mental health crisis system, it can still be confusing and frustrating to navigate due to it consisting of multiple siloed pathways. These often take people in crisis through a predetermined set of responses that are not always health-centered for nonviolent situations, nor get them to the most appropriate type of care. For instance, the 911 pathway which often involves dispatching police and EMS, almost exclusively routes someone experiencing a mental health crisis to the hospital when the individual may be better served by being connected to care in the community. On the other end of the spectrum, the 311 pathway can lead to delays in getting much needed mental health treatment and a crisis might be over or worsened after several additional hand-offs before a team arrives. These silos often lead to individuals getting treatment based on their entry point into the crisis response system, rather than their unique situation in the moment. The challenges with a fragmented system are compounded by many of the existing systems not communicating with each other in a seamless and effective way. One prominent example is the inability to have a 911 dispatcher “deescalate” or re-route calls to an NYC Well mental health counselor or peer who would be the most effective and appropriate response for that situation.

- Part 2 -
The City's Responses

Every year, one out of every five adults in New York City experiences symptoms of mental illness.[44] That is roughly equivalent to the number of people who live in Manhattan. Yet hundreds of thousands of these people go without the care they need[45], sometimes because care costs too much, personal or cultural factors may interfere with help-seeking, there is a lack of understanding of mental health, or it is difficult to find a mental health provider who understands their culture or speaks their language.

The City is working to change that and has a number of plans and investments underway to close critical gaps in care and advance mental health equity. The Adams administration's behavioral health initiatives and policies recognize and prioritize mental health as an integral part of health and wellbeing, with a focus on addressing the critical gaps in mental healthcare. All these initiatives are focused on leading with compassion and care for our fellow New Yorkers. Our efforts aim to:

- Ensure access to the care, resources, and the supportive conditions all New Yorkers need to be mentally and physically healthy, and
- Focus on improving the health, safety and wellbeing of people dealing with mental health issues~~,~~ including serious mental illness; children, youth, and families; and older adults, as well as people with substance use issues

Much of our work uses a three-tier framework, rooted in a public health approach, to ensure we are serving people across the mental health continuum:

- Tier 1 – We promote **universal** strategies for all people to improve positive mental health and enhance social-emotional development, increase knowledge of what it means to be mentally healthy, what impacts mental health, and where to go for help.
- Tier 2 – We use **selective** strategies to minimize the incidence of mental health and substance use challenges for those with elevated risk.
- Tier 3 – We use **targeted** strategies to increase access to timely, affordable, high-quality, culturally and racially responsive mental health and substance use treatment and care services, rooted in equity, to all who actively need them.

This City is reaching those with the highest needs including people with serious mental illness who are experiencing homelessness, our youngest and oldest New Yorkers, people struggling with substance use and behavioral health disorders, people in the time of a mental health crisis, and people living in a historically underserved neighborhood. The City is breaking down barriers to care, ensuring that services are low- or no-cost, provided in the most common languages New Yorkers speak, and accessible regardless of insurance coverage or immigration status.

Finally, in the face of a nationwide shortage of mental health professionals, the City has an array of initiatives underway to address the mental health workforce shortage.

Below is a high-level summary of the City's plans, initiatives, and programs already underway, and under development that are aimed at addressing critical gaps in the mental healthcare system.

I. Serious Mental Illness

Mental Health Agenda (Serious Mental Illness) (DOHMH)

- The City is developing a plan to support people with serious mental illness. The aims of this plan are to improve health, prevent suffering, and improve quality of life for New Yorkers living with SMI. This plan will include a focus on ensuring that individuals most impacted by mental illness receive:
    1. connection to specialty SMI care and integrated primary care
    2. access to stable housing
    3. supports for education, employment, and community building
    4. a health-first crisis response

  This will be part of a broader Behavioral Health Agenda the City will be releasing in early 2023 that covers serious mental illness, youth and family mental health, and preventing overdoses.

Continuous Engagement Between Community and Clinic Treatment (CONNECT) (DOHMH)

- The city launched a demonstration project, known as Continuous Engagement between Community and Clinic Treatment Teams (CONNECT), to enhance the capacity of existing clinics to provide a more flexible and nimble treatment model that not only addresses clients' mental health needs, but also their social and physical needs. This program aims to center communities by enhancing the mobile capacity of clinics based in communities most in need as determined by the current waitlist for mobile treatment services.

Intensive Mobile Treatment (IMT) Teams (DOHMH)

- Intensive Mobile Treatment (IMT) teams provide intensive and continuous support and treatment to individuals right in their communities, where and when they need it. Clients are those who have had recent and frequent contact with the mental health, criminal justice, and homeless services systems, recent behavior that is unsafe and escalating, and who were poorly served by traditional treatment models. IMT teams include mental health, substance use, and peer specialists who provide support and treatment including medication, and facilitate connections to housing and additional supportive services.

Clubhouse expansion (DOHMH)

- Clubhouses are evidence-based models of psychiatric rehabilitation — one-stop places that help people most impacted by mental illness by providing peer support and lifelong friendships, access to benefits and other services such as legal, help obtaining employment and completing formal educational opportunities, opportunities to improve executive function and cognitive skills, healthy snacks and meals, socialization and recreation in a safe, restorative, and structured setting during the day, evening, weekends, and even holidays.30 Research shows that the clubhouse model reduces hospitalization and contact with the criminal legal system and improves health and wellness. In FY22, NYC clubhouses surpassed their expansion goal by 34% and enrolled 1187 new people for a total of almost 4700 clubhouse members citywide and as of November 2022 NYC clubhouses recorded over 5200 members.

Street to Home Pilot (HRA)

- Bring people living on the street directly into supportive housing. Ongoing efforts to fast-track placements, removing administrative burdens and pairing immediate housing with extensive social service provision to enable successful attainment of permanency. Other streamlining efforts will be implemented in parallel to expedite placements and reduce vacancy levels generally.

Reopening Inpatient Beds System-wide (H+H)

- Reopening inpatient beds entails opening units that were previously closed starting in 2020 with the goal to reopen closed beds by the end of 2023. This effort requires new construction/remodeling at several sites, in addition to targeted hiring efforts to scale up our behavioral health workforce. Across all inpatient units, H+H will implement an enhanced model of care to maximize capacity with a safer staffing structure that meets our patients 'needs. Both recruitment and construction have begun and should largely be completed by the end of 2023.

Improving Behavioral Healthcare Management through a Variety of Initiatives (H+H)

- Critical Time Intervention (CTI) is an evidence-based, time-limited, multidisciplinary, and high-touch care transition service for patients flagged as high utilizers of acute care service utilizers. H+H Office of Behavioral Health (OBH) is working with CBC to provide Pathway Home services, following the CTI model, to eligible H+H patients.
- MetroPlus Staff integration places staff from our City operated insurance provider within H+H facilities to assist with case management and consult with H+H treatment teams. This increases engagement and aftercare connections and reduces barriers to care.
- BH Community Health Workers specifically trained in frontline public health and integrated into interdisciplinary team in all outpatient BH services. Through personal engagement, they foster therapeutic bonds between patients and their care teams and ensure linkages to social services, supportive housing resources and community-based care coordination.

II. Children, Youth, and Families

Mental Health Agenda (Children and Family Mental Health) (DOHMH)

- The City has been leading an interagency and multistakeholder working group tasked with developing NYC's first framework on child, youth, and family mental health in three decades. The framework is centered on creating and strengthening a system of care in New York City for children and youth with behavioral health needs and their families/caregivers, which is rooted in prevention, early detection and treatment, and equity, that is delivered when, where and how children and families need them. This will be part of a broader Behavioral Health Agenda the City will be releasing in early 2023 that covers serious mental illness, youth and family mental health, and preventing overdoses.

NYC Speaks (DOHMH, DYCD, DOE)

- NYC Speaks launched in December of 2021 as a movement to transform city government through civic engagement. NYC Speaks is a public-private partnership between the Deputy Mayor's Office of Strategic Initiatives, a consortium of philanthropic partners, and a network of community leaders and civic institutions engaging tens of thousands of everyday New Yorkers in informing the policies and actions of the Adams administration. The citywide civic engagement initiative is lifting up policy priorities and insights across diverse NYC communities in tandem with a process to surface the best thinking from inside city government. The recommendations from NYC Speak pertaining to mental health will be part of the broader Behavioral Health Agenda the City will be releasing in early 2023 that covers serious mental illness, youth and family mental health, and preventing overdoses.

Telehealth in Shelters (DHS, H+H)

- The City will facilitate mental health services for children via telehealth by leveraging existing equipment, deployed during the pandemic to facilitate remote learning, within the DHS family shelter system. These upgrades include enhanced resident access to an iPad or computer, improved Wi-Fi, and private space reserved for health appointments. Shelters will scale existing telehealth services including NYC H+H/ExpressCare Urgent Behavioral Telehealth and Nurse Triage Line to prevent mental health crises and emergency room visits, particularly among teenagers.

Mental Health Service in Family Shelters (DHS)

- Families experiencing homelessness often have multiple service needs, which can be easier to navigate with support from a behavioral health professional. The Mayor's Office of Community Mental Health and DHS have placed Licensed Master Social Workers (LMSWs) or Licensed Mental Health Counselors (LMHCs) in family shelters to provide assessments to families, and coordinate with other shelter social service staff to better connect families to behavioral health and other services.

Newborn Home Visiting Program in Shelters (DOHMH)

- In partnership with the Mayor's Office of Community Mental Health, the Newborn Home Visiting Program was expanded to serve families with newborns up to 2 months of age residing in Department of Homeless Services' shelters. With services collaboratively implemented by a public health advisor and a social worker, families are offered three visits and one follow-up phone call over the course of eight weeks, during which a trained public health advisor provides health education, depression screenings, and resources to improve child development, secure attachment, bonding, breastfeeding, and safe sleep. The public health advisor refers caregivers who could benefit, to mental health counseling provided by a Newborn Home Visiting Program social worker, as well as connects caregivers to mental health services provided in the community.

The Children and Adolescent Mental Health Continuum (DOHMH, DOE)

- The Child and Adolescent Mental Health Continuum supports the behavioral health needs of students in designated high-need neighborhoods (South Bronx, Central Brooklyn) in schools without on-site mental health services. This is a collaboration between the Office of Behavioral Health at NYC Health + Hospitals (H+H), the Office of School Health and Climate at the NYC Department of Education (DOE) and the Bureau of Children, Youth and Family at the NYC Department of Mental Health and Mental Hygiene (DOHMH).

School Based Mental Health Managers (DOHMH, DOE)

- School Based Mental Health Managers collaborates with over 700 schools to ensure that partnered CBOs are providing access to resources appropriate to the mental health needs in each school. The Office of School Mental Health (SMH) also ensures that the providers are flexible and can provide access to the appropriate resources as the needs of the students and families change. Guided by research and evidence, SMH enhances existing resources by facilitating and maintaining CBO partnerships with schools.
- Working across agency stakeholder offices, including Office of Community Schools, Prevention Intervention Schools, Students in Temporary Housing, and other populations, SMH works across school buildings to implement mental health programming and maintain quality for the entire school community. The goal is to build a sustainable system of mental health services provided by community-based organizations that understand the needs of the communities they serve.

Centralized School Response Clinicians (DOE)

- The Centralized School Response Clinicians (CSRCs) program is comprised of licensed social workers who support students facing crises in schools across the City. Centralized School Response Clinicians supplement onsite mental health support in schools and aim to reduce the practice of school staff calling 911 thereby reducing unnecessary trips to emergency departments. CSRCs provide care for students in times of immediate emotional distress, including immediate counseling and assessment, and connecting students to long-term care if necessary. A prior version of this program, which included up to 85 licensed social workers, began in September 2019. In Summer of 2021, in anticipation of more onsite mental health support being added to schools across the city as students return in Fall of 2021, the School Response Clinicians program transitioned into the scaled down Centralized School Response Clinician program, with a focus on supplementing new, more expansive onsite services.

Centralized Mental Health Service for Youth and Young Adults (DYCD)

- The Centralized Mental Health Services for Youth and Young Adults Program consists of eight mental health “hubs” located in all five boroughs and situated in DYCD’s Runaway and Homeless Youth (RHY) drop-in centers. RHY drop-in centers offer a variety of services to youth who run away, are experiencing homelessness, or are otherwise at risk and vulnerable. Each hub is equipped with experienced behavioral health professionals who are certified and trained to administer screenings and facilitate group and individual therapy to youth. The program provides much needed mental health services to youth who deal with traumatic circumstances and uncertainty, or may otherwise benefit from behavioral health support, and provides for a continuum of care at a centralized location. RHY drop-in centers and transitional living facilities can refer youth to the hubs for services.

III. Substance Use Disorders

Mental Health Agenda (Overdose Prevention) (DOHMH)

- The City is currently working on a response plan to the overdose crisis, which builds on the foundation laid by HealingNYC, a NYC initiative introduced in March 2017 to reduce opioid overdose deaths. The plan will propose a series of programmatic expansions and policy initiatives that:
    1. reduce risk of death for people who use drugs
    2. ensure access to high-quality harm reduction, treatment, and recovery services
    3. increase investments in housing, employment, and health care
    4. support the children, families, and communities affected by the overdose crisis
    5. reduce the number of people who develop problem substance use

    This will be part of a broader Behavioral Health Agenda the City will be releasing in early 2023 that covers serious mental illness, youth and family mental health, and preventing overdoses.

Drug Intelligence and Intervention Group (OCME)

- The Drug Intelligence and Intervention Group is to support highly vulnerable New Yorkers who have lost a loved one to overdose by focusing on their mental health and other critical needs identified by the client as most urgent and important.
- Mental Health Counselors and Navigators to services at OCME provide direct outreach to any individuals identified during the death investigation process, including immediate and extended family, friends, roommates, and others who may have witnessed or been affected by the overdose.
- OCME Family Support Team Crises Counselors check-in with overdose bereaved New Yorkers multiple times in the weeks and months after their loss, using a person-centered approach to care.
- OCME connects survivors with long and short-term mental health care, as well as emergency financial support services, harm reduction and substance use treatment, housing support programs, and immigration services.
- OCME helps families navigate common administrative issues related to the sudden and unexpected passing of a loved one, including benefits transfers and applications, financing of funeral arrangements, retrieval of the deceased property, etc.

Improving Behavioral Healthcare Management through a Variety of Initiatives (H+H)

- Consult for Addiction Treatment and Care in Hospital (CATCH) is offered in six H+H hospitals and offers a spectrum of services to treat Substance Use Disorder (SUD): brief intervention, referral to treatment, peer counseling, Medication-Assisted Treatment (MAT), opioid overdose education, and NARCAN kit distribution.
- ED Leads are teams of social workers and peer counselors who provide substance use services including screening, brief intervention, referral to treatment (SBIRT) peer counseling services, opioid overdose education and NARCAN kit distribution in all 11 H+H care facilities and medical emergency departments**.**

IV. Other Special Populations

Mental Health Service in Family Justice Centers (ENDGBV)

- To bring mental health support to survivors of intimate partner violence, the Mayor's Office to End Domestic and Gender-Based Violence partnered with NYC Health + Hospitals to add dedicated mental health teams to Family Justice Centers (FJCs). These new mental health teams include a full-time therapist, a part-time psychiatrist, and a full-time program administrator who provide direct on-site clinical services and complement the trauma-informed, comprehensive services available in each of the City's five Family Justice Centers.

Asylum Seekers (MOIA)

- MOIA has been working to address a critical gap related to a lack of trust between immigrant communities and the government. Vital to the smooth operation of any governmental entity is having the trust of those it is trying to serve. To that end, MOIA's Community Services (CS) department has been proactively responding to the mental health inquiries of constituents by providing referrals to mental health services via its constituent hotline, email address, and Know Your Rights presentations (education). Over the course of this year, the CS team has reached out and provided information in this regard to 696 constituents across NYC. Specifically, we've connected constituents to mental health resources via Mental Health for All NYC (e.g. NYC Well and the suicide prevention lifeline).

Connections to Care (C2C) Jobs Plus (NYCO, DOHMH)

- This model of the Connections to Care (C2C) program will integrate mental health support into City-sponsored workforce development programs known as JobsPlus for New York City Housing Authority (NYCHA) residents. JobsPlus sites, which are located at or near NYCHA developments, will work with mental health professionals that train and coach JobsPlus staff to screen their clients for mental health needs, offer direct support when appropriate, and link to local health providers for further care if needed. The program aims to help clients address mental health barriers that may stand in their way of successful job placement or retention.

Health Justice Network (DOHMH)

- The NYC Health Justice Network (HJN) works with persons coming home from jail or prison to make re-entry as person-centered as possible by meeting participant-identified priorities and goals. This innovative, public health approach pairs community health workers (CHWs) with lived experience of re-entry with participants to meet basic social, health, and material needs through a voluntary, anti-racist, and trauma-and-resilience-informed approach.

Support and Connection Centers (DOHMH)

- New York City is pioneering two Support and Connection Centers to give individuals in need of behavioral health support the interact with first responders an alternative to avoidable emergency room visits or criminal justice interventions. The centers offer short-term clinical and non-clinical services to people with mental health and substance use needs, and promotes community-based and person-centered engagement, stabilization, and connection to services. Guests (defined as people who were referred to, eligible for, and chose to receive services at a Center) are offered mental health, medical, substance use and peer support services, help with basic needs, and discharge planning. Length of stay varies from a few hours to a few days depending on the guest's needs. The East Harlem Support and Connection Center, which opened in February 2020, suspended in-person operations from March to October 2020 due to the COVID-19 pandemic, and re-opened with modified services in late October 2020. In July 2022, the center began operating at full capacity and a second center opened in the Bronx with limited capacity.

Geriatric Mental Health Initiative (DGMH) (NYC Aging)

- The NYC Aging's Geriatric Mental Health Initiative (DGMH) program provides an innovative approach to alleviating mental health problems though client-centered, accessible, and culturally conscious mental health services. The DGMH program has continued to assist older adults in working through problems such as depression, suicidal ideation, anxiety, grief, and substance abuse. The interventions and treatment provided by the licensed mental health clinicians have provided the tools and interventions to help older adults address innumerable mental health challenges while also providing strategies to help mitigate the impact of social isolation stemming from the COVID-19 pandemic. Embedding mental health services within NYC Aging's network of OACs decreases barriers that typically prevent older adults from seeking mental health services by increasing access, decreasing transportation needs, and decreasing stigma. On-site services have the added benefit of attracting clients who typically would not access or seek mental health services. NYC Aging has a long history of addressing the mental health needs of older adults. DGMH was developed to bridge the gap in mental health service provision and utilization stemming from unequal access, affordability, stigma and to help NYC address unmet mental health needs of older adults.

V. Mental Health Crisis Response

NYC Well (DOHMH)

- NYC Well provides a single point of entry to the City's mental health and substance misuse services via comprehensive 24/7/365 support over the phone, through text messaging, or through online chat. NYC Well provides robust crisis counseling, referrals to ongoing care, help with scheduling appointments, connection to mobile crisis services, peer support, and follow-up. NYC Well works to connect people to appropriate services regardless of insurance or immigration status. Any New Yorker in need, or who knows someone in need, can call 888-NYC-WELL (1-888-692-9355), text WELL to 65173, or chat online at nyc.gov/nycwell.

Behavioral Health Emergency Assistance Response Division (B-HEARD) (FDNY, H+H, DOHMH, NYPD, OCMH)

- B-HEARD ("Behavioral Health Emergency Assistance Response Division") is part of NYC's commitment to treat mental health crises as public health problems, not public safety issues. Teams of health professionals, including EMTs/Paramedics and Mental Health Clinicians, are responding to 911 mental health calls.
    - B-HEARD Teams use their expertise to de-escalate emergency situations and provide immediate care, including conducting physical and mental health assessments. They can also provide on-site assistance, take people to community-based care locations, call for an ambulance transport to hospital if needed, and offer options for follow-up care.
    - B-HEARD was launched in Spring 2021 in East Harlem and has since expanded to all upper Manhattan, the South Bronx, and into Central Brooklyn (East New York and Brownsville).

Mobile Crisis Teams (DOHMH, H+H, OMH)

- Mobile Crisis Teams, multidisciplinary teams of behavioral health professionals such as social workers, peer specialists, and family peer advocates, use face-to-face interventions with the identified individual in crisis, as well as their family or other support systems, to engage, assess, deescalate and connect individuals to the most appropriate services. In collaboration with DOHMH and OMH, the teams have been working to reduce their average response time to 2 hours for referrals coming from NYC Well. Children mobile crisis teams already regularly respond within 2 hours.

The Extended Care Unit (H+H)

- The Extended Care Unit is a specialized unit at Bellevue Hospital that provides extended care and intermediate level treatment and stabilization for homeless/undomiciled individuals as a result of complex behavioral health issues compromised by unstable housing. The unit provides continued behavioral health treatment and life skills development necessary to prepare patients for stable housing and continue ongoing treatment in the community. In addition to treatment, services to obtain appropriate housing will be provided. The average length of stay would be from 3 – 4 months.

Co-Response Teams (DOHMH, NYPD)

- Co-Response Teams (CRT) are a collaboration between the NYPD and DOHMH. CRT is a pre- and post-crisis intervention. Each team includes two police officers and one behavioral health professional. These teams work 14 hours per day, 7 days per week, to serve community members presenting with mental health or substance use challenges who are at an elevated risk of harm to themselves or others. The teams offer short-term engagement to facilitate connections to care and linkages to support services.

Heath Engagement and Assessment Teams (HEAT) 911 Follow Up (DOHMH, FDNY)

- Health Engagement and Assessment Teams (HEAT), comprised of a behavioral health professional and a peer, is a time-limited case management intervention initially launched in late 2018 geared towards individuals

exhibiting health or behavioral health needs that can benefit from peer engagement and support. The program is designed to help individuals remain connected to their communities and assist them in obtaining the care and services they need to remain healthy. The expansion of HEAT allows the Department of Health and Mental Hygiene to extend their services to people served by the Behavioral Health Emergency Assistance Response Division (B-HEARD), as needed, including follow-up care for everyone who is served by B-HEARD in their homes. The expansion also allows HEAT to proactively engage New Yorkers who most frequently call 911 and are transported to a hospital by the Fire Department (FDNY) Bureau of Emergency Medical Services (EMS).

9.58 Clinician Training (DOHMH)

- OMH and DOHMH provide training on 9.58 removal policy and practice to clinicians working in outreach to unhoused individuals. OMH and DOHMH will also work to provide an environment for ongoing learning collaborative with 9.58 designated providers.

VI. Mental Health Workforce Shortages

Behavioral Health for New York City Student Loan Repayment Grant (BH4NYC) (H+H)

- BH4NYC (Behavioral Health for New York City Student Loan Repayment Grant) NYC Health + Hospitals is strengthening its commitment to its workforce. Recognizing that many behavioral health professionals are burdened by student loan debt, BH4NYC provides grants to clinicians who meet the eligibility criteria. This program was started with a $1 million grant from a generous donor to retain and recruit behavioral health talent to NYC largest public health system.

Psychiatry Jobs at NYC Health + Hospitals (PSCH DOCS4NYC) (H+H)

- PSYCH DOCS4NYC (Psychiatry Jobs at NYC Health + Hospital) is a public facing social media recruitment campaign for psychiatry clinicians to continue addressing the demands for mental health services across for NYC. PSYCH DOCS4NYC highlights opportunities for psychiatrists depending on expertise and interest, across psychiatric emergency services, acute in-patient treatment, primary care integrated services, assertive community treatment, and substance use services. The PSYCH DOCS4NYC webpage features compelling video testimonials by psychiatrists whose personal stories underscore the growth and leadership opportunities available to providers in the system. The webpage also highlights the system's institutional academic affiliations with some of the nation's premier medical schools, which offer psychiatrists opportunities to be involved in scholarly work and teach both medical students and residents, as well as other trainees.

Mental Health Service Corps (MHSC) (H+H)

- Mental Health Service Corp (MHSC) is 3-year workforce development program of the Mayor's Office of Community Mental Health that aims to build a diverse generation of early career social workers who are trained to integrate behavioral health strategies and interventions into a variety of settings. MHSC Social Workers, called *Corps Members*, receive training and supervision in evidence-based and patient responsive modalities which they utilize in clinical settings at NYC Health + Hospitals facilities throughout the 5 boroughs. Corps Members are placed throughout the NYC Health + Hospitals system in behavioral health and primary care settings.

Peer Academy (H+H)

- NYC H+H Peer Academy/Workforce Development and Training for Peer Counselors (Peer Academy) was created to train cohorts of Peer Counselors (maximum of 50 individuals per year) to use lived experience with mental illness, substance use, homelessness, and justice involvement to engage patients and connect them to ongoing care throughout the system. Graduates receive 330 hours of training, including seven weeks of hospital-based internships. Peer Academy graduates can earn both the NYS Certified Peer Specialist credential recognized by OMH and the Certified Recovery Peer Advocate credential recognized by OASAS. The Academy has graduated 38 peers in 2022. The first class had 18 graduates with 14 offered jobs. The second class had 24 individuals graduate in late December 2022.

The Behavioral Health Associate (BHA) Academy (H+H)

- The Behavioral Health Associate (BHA) Academy provides training that reduces risk of violence in the workplace. In November 2021, NYC Health + Hospitals launched the Behavioral Health Associate Academy where newly hired BHA staff learn critical skills to work safely with psychiatric patients. The Behavioral Health Associate is a unique title that was born at NYC Health + Hospitals out of a clinical need to care for patients at risk for violence in a compassionate way. The mandatory, 150-hour BHA Academy training program was created jointly by Workforce Development, the Office of Patient Centered Care, and the Office of Behavioral Health. It aims to maintain a safe and therapeutic environment for patients, families, and staff. The Academy has graduated 271

BHAs as of December 2022 since the program started. As of December 2022, the BHA Academy offers a 3-day annual refresher for all BHAs (including PMCS recertification) as part of their yearly mandates.

Academy for Community Behavioral Health (ACBH) (NYCO, CUNY)

- The Academy for Community Behavioral Health (the Academy) provides training, coaching, and technical assistance that build the capacity of community-based organizations, City and State agencies, and others to integrate proactive and culturally responsive behavioral health support into social services. Every day, social service providers encounter a range of behavioral health issues and have important opportunities to deliver care. The Academy aims to empower social service providers with skills and resources to name and address behavioral health and support to manage the emotional demands of their work.

Salary Realignment (H+H)

- H+H implemented salary realignment for psychiatrists, psychologists, social workers and behavioral health associates to stabilize the current provider workforce.

Mental Health Service Corps (H+H)

- The Mental Health Service Corps (MHSC) is a workforce development program that aims to build a diverse generation of mental health clinicians equipped to integrate behavioral health into a variety of settings including primary care, women's health, pediatrics, and other non-behavioral health care settings. Early career clinicians receive intensive training in evidence-based practices and are placed throughout the NYC Health + Hospitals system with the goal of emerging from the three-year program as seasoned and adept clinicians. Under the supervision of licensed clinicians, this intensive and innovative training experience will allow Corps Members to work effectively within interdisciplinary teams and become prepared to screen, assess, and treat patients in a culturally competent manner.

NYC Aging Task Force (DFTA)

- NYC Aging meets with a task force to explore developing and expanding the aging workforce, a goal that NYC Aging is continuing work to address. This is an area for further growth as NYC Aging continues to provide mental health services.

Conclusion

The goal of this report, OCMH's first annual report on the Critical Gaps in the Mental Healthcare System in New York City, is to focus and concentrate on aggregating existing knowledge from city agencies about the gaps in services across New York City and how the City is addressing those gaps. The City is committed to recognizing that mental health for all New Yorkers is a top priority and is committed to continue working within and across agencies to address these critical gaps, along with working with community and other partners.

Many of the gaps outlined within this report are not new and have been plaguing the city for decades. Many are unique and come from the enormous challenges brought on by the COVID-19 pandemic. While we are proud of the City's responses to the critical gaps in the mental healthcare system, there is much more work to be done. We want to highlight some work that is on the horizon which includes the City issuing a Mental Health Agenda addressing several key areas, including serious mental illness, substance use, and youth and families, to address these critical gaps.

Addressing gaps in the mental healthcare system is not the work of a singular agency and will take a coordinated effort amongst the whole of city government to continue tackling these challenges head on. We at The Mayor's Office of Community Mental Health look forward to working with agency partners, community partners, nonprofit providers, the City Council, and fellow New Yorkers to promote mental health for all New Yorkers.

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