

EXPANDING COMMUNITY-BASED MENTAL HEALTH SERVICES AND SUPPORT

PARTNER AGENCIES & OFFICES

	FDNY
	DOE
	DFTA
	DHS
	DOHMH
	DVS
	DYCD
	H + H
	HRA
	NYPD

Mayor's Office
to End Domestic
and Gender
Based Violence

Mayor's Office
for Economic
Opportunity

Mayor's Office
of Labor
Relations

In 2015, Mayor de Blasio and First Lady Chirlane McCray announced a bold and historic new commitment to mental health for all. ThriveNYC represented the first time a large American city dedicated its own funding to supporting the mental health of people who had long been underserved.

Fueled by that vision, New York City today provides more mental health services, in more places and in more ways, than ever before. More than a dozen City agencies and hundreds of community-based organizations have made this possible. Because of their work through ThriveNYC and beyond, hundreds of thousands of New Yorkers from all communities, boroughs, and levels of need are getting care and support they once could not count on.

In May 2021, Mayor de Blasio signed an Executive Order establishing the Mayor's Office of Community Mental Health (OCMH). With that act, the City recognized the long-term value of ThriveNYC's work—and the vision behind it. OCMH, as a permanent part of City Hall, will continue to implement this vision by addressing critical gaps in New York City's mental healthcare system and activating every part of City government to promote mental health.

In Fiscal 2021, OCMH partnered with 13 City agencies and nearly 200 community-based organizations to implement 30 innovative mental health programs. This MMR chapter presents highlights from this work as well as key performance indicators. Beginning in the Fiscal 2022 Preliminary Mayor's Management Report, some of the indicators in this chapter will be reported in the chapter of the primary implementing agency. This will be the final ThriveNYC chapter.

SEVEN YEARS OF PRIORITIZING MENTAL HEALTH

For the past seven fiscal years, the ThriveNYC collaboration chapter in the Mayor's Management Report has tracked a coordinated effort across City government to promote mental health, which included and extended beyond the work of ThriveNYC.

Through ThriveNYC, hundreds of new mental health service locations were added across the City, embedded into places where support was likely to reach New Yorkers who might otherwise go without care. These locations included onsite mental health services at 248 high-need schools, over 100 shelters for families with children; all runaway and homeless youth residences and drop-in centers; 46 older adult-centers; and every police precinct in the City to serve victims of crime, violence and abuse.

Beyond ThriveNYC, many other parts of City government have found new ways to promote mental health, ranging from more supportive housing and reentry services for people leaving the City's jails to social emotional learning programs in public schools and NYC Care, a citywide guarantee of health care, including behavioral health services. Mental health support has also been added to EarlyLearn programs in and outside of Department of Education (DOE) public schools.

These new programs and initiatives have contributed to a significant citywide commitment to promote mental health. They add to considerable work already underway, including programs for New Yorkers with serious mental illness at the Department of Health and Mental Hygiene (DOHMH); street outreach teams and Safe Havens supported by the Department of Homeless Services (DHS); and extensive behavioral healthcare services provided by NYC Health + Hospitals (H+H).

A MENTALLY HEALTHIER NEW YORK CITY

With more mental health support, the mental health landscape in New York City is starting to improve. OCMH's measurement approach is informed by a Science Advisory Group comprised of national and international experts in epidemiology, mental healthcare and the social drivers of mental health. In March 2020, this Science Advisory Group published two population-level measures that can be directly associated with OCMH's contributions to the City's mental healthcare landscape. If the entire range of efforts to promote mental health across City government—including OCMH's work to close gaps in care—continues, the City can expect to see improvements in the following population-level measures within five years:

1. More New Yorkers with mental health needs are connected to treatment. Defined as 1) more New Yorkers with an identified mental health need receive treatment, and 2) greater equity in connection to treatment.
2. Fewer mental health needs become crises. Defined as 1) fewer mental health emergencies, as measured by 911 dispatches and emergency department visits, and 2) less disparity in mental health emergencies.

In Fiscal 2021, New York City experienced population-level progress on both goals. First, there is some indication that more New Yorkers with mental health needs are connected to care. According to a recent evaluation of NYC Well, the City's behavioral health helpline, nearly one in five NYC Well users surveyed stated that they would not have contacted anyone in the absence of NYC Well, indicating that the helpline is increasing mental health support for people who would otherwise go without. According to data from DOHMH, in 2015, 45.9 percent of adults with suspected serious psychological distress reported that they had received counseling or prescription medication in the past 12 months. In 2019, 58.2 percent had, according to the most recent data published in Fiscal 2021.

Second, mental health emergencies are declining. From 2008 to 2018, the number of mental health 911 calls in New York City nearly doubled, increasing every year and in every precinct. In 2019, the total number of calls dropped for the first time in a decade, by nearly 8,000. In 2020, the number of calls fell by another 6 percent, to 166,565 calls. In the first half of 2021, this trend held steady. And we know that new resources, such as NYC Well, are connecting people to care so emergency resources are less needed: according to a recent evaluation, more than 20 percent of NYC Well users surveyed reported that they would have considered calling 911 or going to an emergency room if not for NYC Well.

OCMH'S APPROACH

Through high-level policy coordination, programmatic oversight, and strategic partnerships, OCMH works with City agencies to build new strategies to close gaps in mental healthcare. OCMH incubates these new strategies—helping agencies to launch or change how they deliver services, enhance existing services, and maximize the reach and impact of these new approaches. The programs included in OCMH's portfolio advance four goals:

- Promote mental health for the youngest New Yorkers
- Eliminate barriers to care
- Reach people with the highest need
- Strengthen crisis prevention and response

The programs supported by OCMH bring mental health support to communities and locations where it did not exist. OCMH does this by reaching people with the highest need—those with serious mental illness, those affected by trauma and those living in historically underserved neighborhoods—and by breaking down barriers to care for all New Yorkers. OCMH's programs are motivated by six foundational principles: change the culture; act early; close treatment gaps; partner with communities; use data better; and strengthen government's ability to lead. Data on over 100 reach and impact metrics for OCMH's programs are regularly updated on OCMH's website.

OCMH is committed to countering painful, long-standing and racist inequities in mental health. One way OCMH advances equity is by concentrating new mental health support where it is needed most: in Fiscal 2021, over 70 percent of service locations for OCMH programs were in federally designated mental health provider shortage areas—neighborhoods with low levels of mental health providers per capita.

PROMOTING MENTAL HEALTH DURING THE COVID-19 PANDEMIC

The COVID-19 pandemic has profoundly affected the mental health of New Yorkers. To ensure that services continued to reach people who need care, nearly all of OCMH's 30 programs have continued to deliver services during the pandemic. Many programs—specifically those that reach New Yorkers with the highest need and those that strengthen crisis prevention and response—have continued to provide in-person services. Mobile treatment teams continued to provide intensive, ongoing, community-based treatment to people with serious mental illness, many of whom are experiencing homelessness. And several programs introduced new tele-mental health services, including those for isolated older adults and students.

During the COVID-19 pandemic, OCMH also launched new engagement strategies to eliminate barriers to care for particularly high-need populations. For example, to address veterans' needs during the pandemic, OCMH and the Department of Veterans' Services (DVS) launched Mission: VetCheck, in which volunteers from the veterans' community were trained to make supportive check-in calls to veterans. Volunteers have made nearly 31,000 calls to veterans since Mission: VetCheck began in April 2020, with nearly 18,000 calls made during Fiscal 2021. Mission: VetCheck has helped reduce social isolation for veterans and is addressing veterans' needs during the pandemic (callers made 836 referrals back to DVS for help with issues like food assistance, housing insecurity, unemployment, and COVID-19 testing information during Fiscal 2021). More information, including additional COVID-19 mental health resources and toolkits, is available on OCMH's website.

PROMOTE MENTAL HEALTH FOR THE YOUNGEST NEW YORKERS

Half of all mental health disorders appear before the age of 14. OCMH supports innovative programs to promote healthy development and lifelong positive mental health practices of young New Yorkers, grounded in research showing that early identification and treatment of mental health disorders can build mental health in the long term.

OCMH also partners with the DOE to enhance access to mental health support in New York City's public schools. In Fiscal 2021, OCMH partnered with DOE to offer onsite mental health support in 248 high-need schools and access to onsite mental health clinics in 129 of those schools. OCMH also supports training to help educators and caregivers better identify symptoms of trauma and emotional and psychological distress in order to meet the mental health needs of their school communities. In the beginning of the 2019/2020 school year, the City launched a new partnership between OCMH and DOE: School Response Clinicians, social workers who support students across the city. These social workers provide immediate support in times of emotional distress, onsite counseling, and help connecting students to long-term care if necessary.

During the COVID-19 pandemic, students in high-need schools and students enrolled in school-based mental health clinics continued to receive counseling remotely and School Response Clinicians offered wellness check-in calls and individual mental health sessions remotely to students in emotional distress or crisis. Additionally, school-based mental health support was added to the newly created Regional Enrichment Centers, offering in-person social and emotional support to children of frontline workers.

In October 2020, the City announced two new budget-neutral initiatives that will add new mental health services to hundreds of schools in the neighborhoods most affected by the COVID-19 pandemic. The first program, the School Mental Health Specialist Program, represents a re-engineering of the School Mental Health Consultant Program, an existing OCMH program implemented by DOHMH in partnership with the Department of Education. Launched in 2016, the Consultant Program employed social workers and mental health counselors to survey existing mental health resources in public schools, create mental health plans and resources tailored to individual schools, and, when needed, connect students to mental health support in their community. In the new program, these same mental health workers will now serve as Mental Health Specialists. Mental Health Specialists provide direct service to students

through trauma-informed group work at 350 schools in the neighborhoods hardest hit by the COVID-19 pandemic. Each Mental Health Specialist is serving up to five schools. In addition to their work with students, they provide mental health education to caregivers and school staff to help them address students' mental health needs and strengthen community and family ties.

To bring additional support to students in the neighborhoods most affected by the COVID-19 pandemic, OCMH also worked closely with H+H and the DOE to structure a new partnership between the City's public hospitals and the City's public schools. In Fiscal 2021, this program was in over 25 public schools, and the program is expanding to reach all school districts. This partnership, called Pathways to Care, expedites referrals from schools to connect students to care at outpatient mental health clinics, where students can receive ongoing therapy, psychiatric evaluation, medication management, and other clinical services.

ELIMINATE BARRIERS TO CARE

One in five adults in New York City experiences a mental health disorder in any given year. Yet hundreds of thousands of individuals in need are not connected to care. Barriers to care vary, ranging from a lack of nearby care options, complicated healthcare systems, a lack of insurance coverage, a lack of insurance coverage, language barriers, and lack of cultural responsiveness by providers. OCMH addresses these barriers and increases access to care in many ways. Below are highlights from this work.

NYC Well is the City's comprehensive behavioral health helpline. Available by call, text or online chat, NYC Well provides a safe, easy way for New Yorkers to connect to care no matter where they are, what emotional state they are in, or what signs and symptoms they express. Trained counselors and peer support specialists provide brief counseling, peer support, assistance navigating the behavioral healthcare system and help setting up appointments with mental healthcare and substance use providers. NYC Well is free, confidential and has the capacity to respond in over 200 languages. It has answered over 1,360,000 calls, texts, and chats from people seeking mental health support since launching in 2016. NYC Well also deploys Mobile Crisis Teams operated by hospitals and community-based organizations and staffed by mental health clinicians and peers to respond to urgent mental health needs. Teams can arrive within hours of a referral and services can include de-escalation, assessment, and connection to ongoing services.

During the COVID-19 pandemic, NYC Well responded to unusually high need. It exceeded its target for answered contacts in Fiscal 2021 by 23 percent. Mobile Crisis Teams continued to go to people's homes when needed, with protocols in place to screen for COVID-19 symptoms before teams entered a home and with access to personal protective equipment for team members.

The Connections to Care (C2C) program is an innovative partnership between 14 community-based organizations (CBOs), OCMH, the Mayor's Office for Economic Opportunity, the Mayor's Fund and DOHMH. Through C2C, CBOs work with mental health providers who train and coach CBO 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. During the COVID-19 pandemic, C2C providers continued to operate both onsite where necessary as well as remotely, conducting mental health screening and referrals by phone. Providers developed new ways to support clients during the pandemic, including creating virtual support groups on relevant topics such as anxiety, grief, and loss and delivering social work services outdoors, in parks.

In Fiscal 2021, C2C trained 87 employees from participating CBOs (for a total of 1,950 since 2016) and reached 4,803 people from all five boroughs (for a total of 51,171 since launch in 2016). This includes 801 participants who were referred to clinical mental healthcare in Fiscal 2021 (for a total of over 5,935 since launch). Service levels during Fiscal 2021 were lower than during Fiscal 2020, as contracts ended as planned on February 28, 2021, eight months into the fiscal year. C2C providers also experienced shifts in service delivery practices during the COVID-19 pandemic, as they began to deliver services via phone and video. Some also experienced data collection challenges during remote service delivery.

In March 2020, the City suspended Mental Health First Aid (MHFA) trainings due to COVID-19 safety precautions. In June 2020, the City replaced the in-person Mental Health First Aid trainings with COVID-19 Community Conversations (3C): a virtual model comprised of 1-hour presentations and 3-hour interactive training that provides COVID-19 resources

and information to New Yorkers living in one of the 33 neighborhoods designated by the City's Task Force on Racial Inclusion and Equity (TRIE) as those hardest hit by the COVID-19 pandemic. These sessions reached over 18,000 residents in these neighborhoods in Fiscal 2021.

REACH PEOPLE WITH THE HIGHEST NEED

Many people who are particularly vulnerable to mental illness—often those who have been exposed to trauma—are especially underserved. OCMH supports programs that bring new, dedicated support to these individuals, with a current focus on victims of crime, families living in shelters, aging New Yorkers, veterans, vulnerable young people, and people living in historically underserved neighborhoods. Below are some highlights from this work.

PEOPLE HARMED BY CRIME, VIOLENCE OR ABUSE

Before the launch of ThriveNYC, many crime victims navigated the complicated landscape of the criminal justice and social service systems alone. Only Housing Police Service Areas and three precincts had an onsite victim advocate to serve victims of domestic violence. Beginning in 2016, through ThriveNYC, victims of any kind of crime are now served by the Crime Victim Assistance Program, which operates in police precincts and Housing Police Service Areas citywide. The program provides supportive counseling, connections to individual or group therapy, safety planning, assistance with victim compensation and help navigating the legal and financial challenges that victims can face after a crime has occurred. From 2016 to June 30, 2021, the Crime Victim Assistance Program supported over 204,000 people.

During the COVID-19 pandemic, Crime Victim Assistance Program advocates ceased in-person services to ensure safe operations and transitioned to phone outreach and support. This contributed significantly to the lower-than-average volume of services the program provided during Fiscal 2021 compared to Fiscal 2020.

FAMILIES LIVING IN SHELTERS

In partnership with OCMH, DHS has placed over 340 licensed social workers in over 100 shelters for families with children across the city. These clinicians served over 23,000 families in shelter since the inception of the program in 2016. Through OCMH's partnership with DHS, families with children residing in shelter now have access to dedicated licensed social workers who conduct behavioral health assessments and engage families around their barriers to permanent housing. These assessments include behavioral health history and screening for current concerns, as well as developmental screening for children.

During the COVID-19 pandemic, the City's shelters remained open and fully operational, providing essential services and support to families experiencing homelessness. Social work services were provided by licensed clinical social workers virtually and in-person in some instances in family shelters.

AGING NEW YORKERS

Older adults have high rates of mental health disorders, yet low rates of assessment and treatment. Before 2016, many older adults went without access to mental health support. Since 2016, OCMH and the Department for the Aging (DFTA) have partnered to embed licensed bilingual and bicultural mental health clinicians within 46 older adult centers operated by DFTA. In Fiscal 2021, these clinicians provided tele-mental health services to older adults above age 60. Over 38,035 clinical sessions (including both short-term and long-term clinical treatment) have been provided since services began over four years ago. Over 54 percent of clients have experienced a clinically significant reduction in depression symptoms. During the COVID-19 pandemic, clinicians provided tele-mental health services to clients and conducted new client assessments by phone or virtually.

VETERANS

In Fiscal 2021, to enhance mental health for veterans, OCMH partnered with DVS to support outreach teams that worked directly with veterans and their families and caretakers, connecting them to a range of community-based services as they transition home. This program is designed to serve recent veterans and those who have been veterans for many years, both of whom may need connection to services and support. In Fiscal 2021, this program made 2,142 successful connections to care, placing the program on target to exceed its annual target of 608 connections to care in Fiscal 2021. This high volume of connections to care has been possible, in part, because of referrals from the Mission: VetCheck

initiative, which connected veterans to programs providing support during the pandemic such as GetFoodNYC and financial assistance programs. Connections to care through this DVS program remain high for the second year in a row.

VULNERABLE YOUNG PEOPLE

The Department of Youth and Community Development (DYCD) funds Runaway and Homeless Youth (RHY) Drop-in Centers, Crisis Services and Transitional Independent Living Programs, which provide specialized services to vulnerable youth, including LGBTQ+ identifying youth. OCMH partners with DYCD's RHY programs to enhance mental health services offered to young people residing in more than 50 RHY residential programs and served in eight drop-in centers across all five boroughs. More than 16,000 young people have been served through this program since 2016. During the COVID-19 pandemic, mental health support continued to be provided to youth both in-person and through new tele-mental health services at residential programs (which remained open and operational) and drop-in centers (which operated on a modified schedule).

PEOPLE LIVING IN HISTORICALLY UNDERSERVED NEIGHBORHOODS

In January 2020, H+H launched a redesigned Mental Health Service Corps, an innovative program that provides three years of high-quality training to early-career behavioral health clinicians and embeds them into over 46 H+H sites across the five boroughs. Seventy-six percent of service locations included in this program are located in federally designated mental health professional shortage areas. The number of individuals served by Mental Health Service Corps behavioral health clinicians within H+H increased from 2,749 in Fiscal 2020 to 5,874 in Fiscal 2021, exceeding the target of 4,950. During the COVID-19 pandemic, Corps Members continued to deliver in-person and tele-mental health services.

STRENGTHEN CRISIS PREVENTION AND RESPONSE

To prevent crises and help New Yorkers with serious mental health needs function well in their communities, OCMH works with several City agencies to ensure those with critical needs can access and stay connected to treatment. Below are highlights from this work.

Co-Response Teams are a pre- and post-crisis intervention. Each team includes two police officers and one behavioral health professional from DOHMH. Teams are available 14 hours a day, seven days a week to assist people with mental illness and substance use disorders who may be at an elevated risk of harm to themselves or others. Co-Response Teams connect or re-connect people to care or another stabilizing support, including medical, mental health, legal, housing and other social and clinical services. Since 2016, these teams have had over 5,600 face-to-face encounters (defined as in-person engagement) with New Yorkers and have served more than 2,200 people across the city (defined as clinical assessment, supportive counseling, health promotion and awareness, service referral, connection to care or other stabilizing support, or transportation to a hospital, clinic, or doctor's appointment).

In addition to creating greater stability for these New Yorkers, Co-Response Teams also reduce the subsequent number of enforcement interactions with NYPD. During Fiscal 2021, Co-Response Teams served 661 new people. In March 2020, Co-Response Teams suspended in-person deployments due to COVID-19 safety precautions, but Co-Response behavioral health professionals continued to offer community members support and connections to care remotely. In-person deployments resumed on August 29, 2020. Since the pandemic began, these teams have connected by phone with individuals and their support networks (such as family members, service providers, and friends) 11,044 times, often with multiple calls per person, as the teams work to connect people to stabilizing support.

OCMH also partners with DOHMH to implement several new mobile treatment team models. As one example, OCMH provides additional substance use expertise to 40 of the City's Assertive Community Treatment (ACT) Teams, which provide intensive, mobile, community-based mental health treatment and rehabilitation services to New Yorkers with serious mental illnesses. These OCMH-enhanced teams have the capacity to serve 2,720 individuals at a time. Beyond OCMH, there are eight additional New York State-contracted or operated ACT teams and one additional City-contracted team in New York City. In total, ACT teams have capacity to serve 3,312 individuals at a time.

OCMH supports four Forensic ACT (FACT) Teams, which provide the same intensive mental health treatment and rehabilitation services as ACT teams, and include additional staff focused on serving clients with current or recent justice system involvement. Beyond OCMH, there is one additional FACT team that receives enhanced funding from the State, which is contracted and supported by DOHMH. In total, FACT teams have capacity to serve 340 clients at a time.

OCMH also supports Intensive Mobile Treatment (IMT) teams managed by DOHMH. IMT teams provide a particularly flexible model of behavioral health treatment and intensive support to adults with mental illness and/or substance use disorders, homelessness and/or transience and escalating behaviors. IMT teams include mental health, substance use, and peer specialists who help individuals maintain a treatment plan and facilitate connection to housing and additional supportive services. IMT teams currently have the capacity to serve up to 297 individuals at a time, and this capacity will grow by 540 in Fiscal 2022.

Collectively, in Fiscal 2021, mobile treatment teams in NYC had the capacity to serve over 3,949 clients at a time. Due to the unique needs of particular clients, the duration of service for each client served by a team can vary, but teams work to engage clients for several months.

During the COVID-19 pandemic, ACT, FACT and IMT teams provided a combination of tele-mental health and in-person services and achieved a high level of client retention. The most recent data on client retention show that mobile treatment teams were able to keep clients engaged in care at nearly the same levels before and during the pandemic. Across mobile teams, the percentage of clients who continued to receive treatment from a team for three months or longer was 80 percent during the most recent month for which data are available (March 2021).

NOTE ON THE EFFECT OF THE COVID-19 PANDEMIC

Due to considerable COVID-19-related operational adjustments, there were substantial changes in how clients were served through many City services, including OCMH programs. Nearly all OCMH programs have continued to offer critical support to New Yorkers during the COVID-19 pandemic, although operational adjustments resulted in reduced numbers of clients served for some programs. One short-term stabilization program (the Support and Connection Center in East Harlem) and two in-person training programs (Mental Health First Aid and Crisis Intervention Training) suspended operations during COVID-19 due to safety precautions. These programs remained suspended during Fiscal 2021.

SELECTED PERFORMANCE INDICATORS	Actual					Target	
	FY17	FY18	FY19	FY20	FY21	FY21	FY22
Promote mental health for the youngest New Yorkers							
Schools with access to OCMH-supported on-site clinical mental health services (with DOHMH/DOE)	172	235	247	248	248	248	N/A
Mental health workshops and trainings conducted for teachers, school staff, mental health professionals, families and students (with DOE and DOHMH) <i>*Includes Community Schools, Prevention and Intervention Program, School Mental Health Specialists, Social Emotional Learning</i>	3,920	6,512	9,151	7,781	10,925	4,000	N/A
Eliminate Barriers to Care							
People who live or work in NYC trained in Mental Health First Aid (With DOHMH)	18,656	48,988	53,186	34,351	N/A	N/A	N/A
Supportive connections provided by NYC Well, a behavioral health helpline (with DOHMH)	152,600	256,600	274,400	262,200	372,900	303,600	335,800
Individuals who received mental health support through Connections to Care (with OEO)	7,532	12,080	14,901	11,534	4,803	4,000	N/A
Reach people with the highest need							
Individuals who, after reporting a crime, received support to deal with the emotional, physical and financial aftermath of crime through the Crime Victim Assistance Program (with NYPD and MOCJ)	7,532	12,080	14,901	11,534	4,803	4,000	N/A
Veterans, family members and caregivers who were successfully connected to care, services or resources through VetsThrive (with DVS)	194	282	504	1,402	2,142	608	608
Young people who received mental health support in a city-funded residential program or drop-in center serving runaway and homeless youth (with DYCD)	2,408	2,802	2,569	2,648	2,794	2,600	2,600
Percentage of families living in shelter who received biopsychosocial screenings from mental health clinicians (with DHS)	N/A	36%	66%	79%	80%	80%	80%
Individuals who received clinical services from Mental Health Service Corps behavioral health clinicians (with H+H)	N/A	N/A	N/A	2,749	5,874	4,950	4,950
Strengthen crisis prevention and response							
Individuals who received services from long-term mobile community-based treatment providers (with DOHMH) *includes ACT, FACT, and IMT Teams	N/A	N/A	4,706	4,477	4,583	3,649	4,489
New individuals engaged by a Co-Response Team (with DOHMH and NYPD)	182	243	605	498	661	400	500

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

Beginning in Fiscal 2022, Mental Health Services in High-Need Schools (the program associated with the indicator 'Schools with access to OCMH-supported on-site clinical mental health services (with DOHMH/DOE)') will be fully integrated into the ongoing operations of the DOE and DOHMH and no longer overseen by the Mayor's Office of Community Mental Health. In Fiscal 2022, the DOE and DOHMH anticipate significantly expanding onsite mental health services in schools.

For the indicator 'Mental health workshops and trainings conducted for teachers, school staff, mental health professionals, families and students (with DOE and DOHMH),' this does not include Youth Mental Health First Aid, which was suspended in June 2020 during the COVID-19 pandemic.

For the indicator, 'Individuals who received mental health support through Connections to Care (with OEO),' the reported number of individuals who received mental health support through Connections to Care was revised upward for Fiscal 2019 and Fiscal 2020 based on updated reporting from participating C2C providers.

In Fiscal 2020, the definition of 'new individuals engaged by a Co-Response Team' was expanded from "face-to-face contact with a community member and at least one service provided" to also include phone contacts, which were added as a method of delivering services during the COVID-19 pandemic. In this report, the Fiscal 2020 total has been adjusted downward to reflect a more precise calculation of phone contacts with community members. Additionally, the Fiscal 2019 and Fiscal 2020 totals have been adjusted downward to reflect a more accurate distinction between client records for Co-Response Teams and other programs that share DOHMH's clinical database, following significant maintenance to this database. It should be noted that both Fiscal 2020 and Fiscal 2021 totals undercount the number of new community members served, as remote work conducted by the Co-Response Teams from March through September 2020 could not be reported due to data collection limitations.

'Supportive connections provided by NYC Well, a behavioral health helpline (with DOHMH);' 'Individuals who received services from long-term mobile community-based treatment providers (with DOHMH);' 'New individuals engaged by a Co-Response Team (with DOHMH and NYPD)' are now reported in the DOHMH agency chapter.

'Individuals who, after reporting a crime, received support to deal with the emotional, physical and financial aftermath of crime through the Crime Victim Assistance Program (with NYPD)' and 'New individuals engaged by a Co-Response Team (with DOHMH and NYPD)' are now reported in the NYPD agency chapter.

'Young people who received mental health support in a city-funded residential program or drop-in center serving runaway and homeless youth (with DYCD)' is now reported in the DYCD agency chapter.

'Percentage of families living in shelter who received biopsychosocial screenings from mental health clinicians (with DHS)' is now reported in the DHS agency chapter.

'Individuals who received clinical services from Mental Health Service Corps behavioral health clinicians (with H+H)' is now reported in the H+H agency chapter.

ADDITIONAL RESOURCES

For additional information on items referenced in the narrative, go to:

- Executive Order establishing the Mayor’s Office of Community Mental Health:
<https://mentalhealth.cityofnewyork.us/wp-content/uploads/2021/05/Executive-Order-68-Office-of-Community-Mental-Health.pdf>
- Community Mental Health Data Dashboard:
<https://mentalhealth.cityofnewyork.us/dashboard/>
- Mayor’s Office of Community Mental Health news:
<https://mentalhealth.cityofnewyork.us/news/>
- Evaluation of NYC Well, published by Abt Associates in fall 2020:
<https://mentalhealth.cityofnewyork.us/wp-content/uploads/2020/11/nyc-well-evaluation-final.pdf>