2024 Annual Report

Critical Gaps in the Mental Healthcare System
in New York City

Pursuant to Local Law 155 (2021)

NYC

**Mayor's Office of
Community
Mental Health**

Executive Director
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Codified into the City Charter by Executive Order 68 and Local Law 155 by the City Council in December of 2021, The Mayor's Office of Community Mental Health became the first mayoral office dedicated to addressing the mental health of New Yorkers.

The Mayor's Office of Community Mental Health (OCMH) is dedicated to enhancing mental health for every resident of New York City, promoting equitable access to the mental health support necessary for leading healthy and fulfilling lives. In pursuit of this mission, OCMH actively coordinates and develops citywide policies and strategies to address critical gaps in mental healthcare. We collaborate with city agencies and community stakeholders to innovate solutions that help eliminate barriers that impede access to mental health care especially for vulnerable and marginalized communities. This involves improving availability and accessibility of essential support and services across the full mental health continuum.

At OCMH, our commitment is anchored in principles of equity, inclusivity, racial justice, and cultural responsiveness, with a focal point on effecting long-lasting system-level change and eliminating stigma. We embrace a strength-based, community-centered and place-based approach, that recognizes, invites and honors the inherent strengths, diverse perspectives and lived experiences of individuals and communities.

Overall, OCMH plays a critical role in advancing mental health services and policies that impact communities, and our work is instrumental in engaging every part of city government to improve the mental health and wellness outcomes for all New Yorkers. Our strategic priorities include:

- Improving Access to Mental Health Care and Equitable Distribution of Resources
- Partnering with Communities to Elevate Mental Health Promotion and Community Resilience
- Developing a Coordinated Mental Health Crisis Response System
- Building and Supporting the Mental Health Workforce in NYC

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 and deficiencies in the mental healthcare system that hinder New Yorkers with mental health needs from accessing and maintaining consistent connections to care. It also highlights the city government's robust responses, reflecting the city's steadfast commitment to the health, well-being, and safety of New Yorkers.

Recognizing the importance of addressing the universal need for enhanced well-being, this report also describes efforts to strengthen community mental health through resilience building.

To develop this report, OCMH collaborated with key city agencies, reviewing administrative and industry data in order to amass and synthesize:

- Critical gaps and deficiencies in mental health care, as identified by city agencies.
- The city's responsive actions in addressing these gaps, including solutions currently in implementation or in the development stage.

This report aims to capture the concerted endeavors, plans, initiatives, and programs either already underway or in the pipeline to enhance the mental well-being of all New Yorkers. It is not intended to serve as an exhaustive inventory of all mental health services, programs, and initiatives implemented by NYC agencies.

In 2023, mental health has become a top priority across all levels of government, with new mental health plans and agendas published. These plans acknowledge the distinct needs of special populations, such as, those experiencing homelessness, children and families, individuals living with Serious Mental Illness, those at risk of drug overdose, as well as migrants and asylum seekers, and more. Additionally, systemic challenges such as mental health workforce shortages in the public sector and the need for improved coordinated care among service providers are recognized across the city, state, and country.

In March 2023, New York City published Care, Community, Action: A Mental Health Plan for NYC[1]. The city's sweeping mental health agenda with over $20 million in new commitments, invests in child, youth, and family mental health, addressing the overdose crisis, and supporting Nee Yorkers living with serious mental illness (SMI).

The collective emphasis on mental health by all levels of government is crucial for instigating transformative and lasting change. As we navigate the aftermath of the COVID-19 pandemic, we must confront pre-existing challenges within our mental health system and grapple with a new spectrum of needs induced by a global pandemic, conflicts and instability, war and humanitarian crises.

Mental health transcends individual well-being; it is a shared imperative that resonates through communities, economies, and societal structures. New Yorkers deserves nothing less than a robust mental health infrastructure that ensures access to care, fosters resilience, and nurtures the well-being of every individual. As the city seeks to advance equitable access to mental healthcare and improve mental health outcomes for

all New Yorkers. May this report serve as a catalyst for informed discussions, systems improvement and policy enhancements.

Thank you to our colleagues from sister agencies and the OCMH team for contributing to this report. Moreover, we appreciate our partners in government and in community for your collaborative spirit and tireless dedication to caring for the mental health and well-being of New Yorkers.

We extend heartfelt gratitude to the Honorable Mayor Eric Adams and Deputy Mayor of Health and Human Services, Anne Williams-Isom for your unwavering leadership in confronting the challenges this City faces with poise, courage and foresight. With confidence in our focus, we shall rise above the current and anticipated obstacles in service of the well-being of New Yorkers.

Eva Wong, Executive Director
NYC Mayor's Office of Community Mental Health

PART 1:

Expanding Access to Mental Health Care

NYC™

**Mayor's Office of
Community
Mental Health**

Timely access to mental health support is a priority for our city. We learned, particularly during the height of the COVID pandemic, about the vulnerability of New Yorkers. A growing number of them identified mental health needs during this challenging period. According to recent data from The New York City Department of Health and Mental Hygiene (DOHMH), in 2022, the prevalence of NYC adults with serious psychological distress (SPD)[2] - meaning a heightened sense of nervousness, hopelessness, restlessness, worthlessness, and generally feeling like everything takes an effort was 14%, compared with 7% in 2017,[3] showing a significant increase in distress for New Yorkers, associated with pandemic related disruptions and stress. Mental health care needs to be available to all New Yorkers who need it, and it is important to understand that there are various reasons why people who need mental health support are not able to receive it. Solutions that are responsive to each of these challenges are needed. Barriers to accessing mental health support are multifaceted and include:

- **High Demand and Limited Resources**

  - In NYC, the demand for mental health services consistently surpasses the available resources. The discrepancy between demand and supply widened as anticipated due to the COVID pandemic. This has resulted in prolonged wait times for appointments in many communities, making it difficult for individuals to receive timely care. The shortage of mental health professionals, including psychiatrists, psychologists, and social workers in the public sector, exacerbates the difficulties in securing prompt appointments. These shortages disproportionately impact New Yorkers dependent on Medicaid, unable to cover services costs out of pocket, and those with limited English proficiency.[4] (See, Building Mental Health Workforce Capacity below for more details on workforce limitations.)

- **Financial Barriers**

  - Cost can be a significant obstacle to accessing mental health care. Even with insurance, individuals may encounter co-pays, deductibles are high, and not everyone has insurance coverage. Additionally, some people may be unaware of available low-cost or sliding-scale options.[5] These financial barriers are more significant for people of color, who face greater inequities in access to health insurance and fair wages.[6]

- **Geographic Barriers**

  - While NYC has numerous mental health facilities, individuals living in certain neighborhoods may face challenges in accessing them. Transportation can pose a significant hurdle, especially for those in remote or under-resourced areas, with associated costs further limiting the ability to seek care. In addition, the availability of mental health providers across different communities can vary sharply.[7] While many providers offer virtual options since the pandemic, the geographic issue remains a relevant barrier especially for individuals who prefer or require in-person services.

- **Stigma**

  - Despite ongoing efforts, mental health issues can still be associated with various forms of stigma including social, structural and media stigma which may deter individuals from seeking help due to fear of judgment, rejection or discrimination.[8]

- **Cultural and Language Barriers**

  - New York City is a diverse city with a rich tapestry of cultures and languages. However, finding mental health providers who understand and can communicate effectively in different languages and cultural contexts can be a challenge. Under-represented translation services in CBOs and lack of diversity in the workforce are barriers to culturally responsive care.[9]

- **Lack of Awareness**

  - Many individuals may not have received adequate information about mental health conditions and available resources. Contributing factors may include mental health resources not being effectively disseminated due to language barriers, complex terminology, or inaccessible formats that hinder understanding and awareness. Furthermore, mental health services might not be highly visible in communities due to insufficient culturally responsive community outreach programs and promotion leading to a low awareness of available resources and means to access services. Studies indicate that New York City's immigrant communities lack awareness of available resources.[10]

- **Complex Mental Health System**

  - New York's public mental health system consists of mental health programs licensed, funded, or operated by the State Office of Mental Health (OMH). However, navigating this system can be complex and challenging. Individuals may encounter difficulties in finding the right type of care or may feel uncertain about where to start when seeking help. Despite the abundance of mental health facilities in NYC, distribution of service locations is uneven in different neighborhoods which impact the availability and accessibility of mental health services across different communities.[11]

- **Insurance Complications**

  - Dealing with insurance paperwork and understanding coverage for mental health services can be confusing and discouraging for individuals seeking care. For instance, a report released in December 2023 by the New York State Office of the Attorney General (OAG) showed that of the nearly 400 mental health providers listed on health plans' networks, the overwhelming majority, 86 percent, were "ghosts," meaning they were unreachable, not-in-network, or not accepting new patients.[12] According to the National Alliance on Mental Illness (NAMI), health plans for people with pre-existing mental illness, are often more expensive, have limited benefits and may include significant administrative hurdles to obtaining care.[13] Adding to this barrier are restrictions insurance plans place on mental health services, such as limiting the number of sessions, despite policy changes to reduce disparity in coverage.[14]

- **Crisis Response Gaps (See Strengthening the City's Crisis Response)**

  - According to the Substance Abuse and Mental health Services Administration (SAMHSA) National Guidelines for Behavioral Health Crisis Care, "Crisis services include (1) crisis lines accepting all calls and dispatching support based on the assessed need of the caller, (2) mobile crisis teams dispatched to wherever the need is in the community (not hospital emergency departments), and (3) crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources."[15] While the city funds an array of crisis response services, the city is continuing to closely monitor and improve its efforts to reduce unnecessary use of police resources and reduce unnecessary voluntary transports to hospital emergency rooms.

Efforts are underway to tackle these challenges, such as expanding mental health services, increasing awareness, and implementing policies to reduce barriers. Despite the endeavors detailed in this report, the complex issue persists and demands continuous attention and allocation of resources. Access to care must be tailored to the specific needs of each community. In the following section, we draw attention to special groups or populations with vulnerabilities, unique, or acute needs, necessitating targeted and differentiated responses.

Special Population

Serious Mental Illness

A. Serious Mental Illness

Gaps

Overview

The city continues its commitment to prioritizing support and services for individuals living with Serious Mental Illness (SMI), defined as a mental, behavioral, or emotional condition typically schizophrenia, bipolar illness, or other illness with severe and persistent symptoms that result in serious functional impairment "that substantially interferes with or limits one or more major life activities."[16] Care, Community, Action: A Mental Health Plan for New York City, describes plans to improve the well-being of people living with SMI through the following goals:

- Improve access to specialty SMI care and primary care that is race-conscious and trauma-informed
- Expand the stable housing options available to New Yorkers with SMI
- Expand city infrastructure for rehabilitative supports, education, and employment for people with SMI and for their families
- Serve New Yorkers in mental health crisis with a health-led response[17]

The plan also highlights the urgent issues facing individuals with SMI, including:[18]

- 4% of adult New Yorkers, similar to the national average, have a SMI diagnosis. In 2012, there were around 239,000 adult New Yorkers with SMI, and this number is likely to have increased due to population growth. Additionally, 39% of adult New Yorkers with SMI are not receiving treatment.
- Over the past 40 to 50 years, the mental health care system in the U.S., including New York, shifted away from state-funded psychiatric institutions in favor of community-based care. The city has invested in community-based care (more supportive housing, more mobile treatment/faster crisis services, more clubhouses), and those investments have shown promise in closing gaps, especially gaps that have led to over utilization of inpatient psychiatric services. However, more investments continue to be needed in outpatient and community care. There are fewer hospitals, and gaps persist in community services that unfortunately lead to other sectors, like the criminal legal system, caring for people with SMI without adequate infrastructure, expertise, or funding or to support those with SMI.
- Although New York has a high number of psychiatrists, many do not accept Medicaid or Medicare, leaving many people with SMI without adequate care. Both locally and nationally, health and social service systems experience infrastructure challenges to effectively support people with SMI in the community. Moreover, treatments neglect holistic needs, are seen as costly, and may be perceived as coercive.
- People with mental health conditions face stigma and discrimination, making it harder to access care, advocate for better services, or fully participate in community life. These challenges are sometimes reinforced by laws.

Stigma Towards People with SMI

Public stigma, or discriminatory attitudes, towards people with severe mental health conditions is a major systemic problem which impacts access to services. According to the American Psychiatric Association, stigma and discrimination can contribute to worsening symptoms and reduced likelihood of getting treatment.[19] Research documented in Self-Stigma as a Barrier to Recovery: A Longitudinal Study reveals stigma's negative effects on recovery among people with SMI including:

- Premature discontinuation of treatment
- Social isolation
- Reduced hope
- Lower self-esteem
- Increased psychiatric symptoms
- Difficulties with social relationships
- Lack of understanding by family, friends, coworkers, or others
- Employment, school, social or housing problems
- More difficulties at work
- Bullying, physical violence or harassment by others[20]

Access to Non-clinical Mental Health Services for People with SMI

New York City Department of Health and Mental Hygiene (DOHMH) recently issued a report on the social determinants of health which are the conditions in the environment in which people are born, grow, work, live, and age. They include factors such as economic stability, access to healthcare, education access and quality, neighborhood environment, and social support. These conditions influence an individual's capacity to lead a healthy life, impacting both their physical and mental health status. It is particularly important to support long-term recovery for individuals with acute and complex needs. The data presented in the report indicated that social determinants such as lower educational attainment, economic hardships, and social ties and loneliness were all associated with an increased prevalence of serious psychological distress among NYC adults.[21]

New York City provides a plethora of psychiatric rehabilitation programs; however, many individuals, including mental health workers, are unaware of the existence of the range of services. This lack of awareness results in a gap in referrals to these excellent care options. Psychiatric rehabilitation is an evidence-based practice that encompasses services such as supported employment to obtain and retain jobs and education support to pursue formal education for a career goal. In addition, these programs offer mental health peer support which provides mentoring, learning coping skills and, most importantly, providing encouragement and hope for recovery from someone who is trained, certified and has a mental health condition themselves.

The City's Response

The city remains committed to a public health approach for supporting individuals with serious mental illness (SMI), emphasizing prevention, intervention, and responsive care. The goal is to offer health and social supports that are affordable, accessible, acceptable, and free of stigma. By providing the right help, the city aims for all New Yorkers with SMI to thrive. This approach seeks to enhance health, reduce suffering and social isolation, and improve well-being. It recognizes that focusing solely on healthcare is insufficient; attention to home, community, and response is equally crucial in preventing mental health issues and promoting healthy environments for recovery. Some of these initiatives include the expansion of Intensive Mobile Treatment Teams and Clubhouses, detailed below by administrative data provided by DOHMH:

Intensive Mobile Treatment (IMT) Team (DOHMH)

- 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.
- One of the goals in the Care, Community, Action: A Mental Health Plan for NYC is to expand the mobile treatment capacity by 800 over the next year to serve more people with high service needs through IMT and Assertive Community Treatment (ACT). DOHMH is on track to meet this goal, with five new IMT contracts awarded, which will open 135 new spots. As of the end of 2023, there are over 850 IMT slots and 4,000 ACT slots that serve New Yorkers with SMI.

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.
- Research shows that the clubhouse model reduces hospitalization and contact with the criminal legal system and improves health and wellness.[22] In October 2023, the New York City Health Department released an RFP to renew and expand Clubhouse programs. The new RFP aims to enhance the Clubhouse model and its standards, such as quality of care and services offered to the members. In addition to retaining existing 5,000 members, DOHMH seeks to actively engage at least 3,750 new members. The new RFP's goals are:

    - To actively engage people experiencing SMI in clubhouse activities
    - To improve clubhouse members' quality of life
    - To support and encourage successful employment and education goals of clubhouse members
    - To strengthen self-efficacy of clubhouse members
    - To decrease social isolation and loneliness of clubhouse members

Restoring Inpatient Beds

- NYC Health + Hospitals restored for psychiatric use all the behavioral health beds that were repurposed during Covid. In total, the health system restored 225 psychiatric beds last year across 6 facilities, bringing the systemwide total online capacity to nearly 1,000 psychiatric beds. Restoring the beds for behavioral health use required updating the space to adhere to the latest safety regulations by the New York State Office of Mental Health, including ligature removals such as right angles on doors to reduce the risk of suicide. In addition, some units' decades-old infrastructure required facility renovations, such as interior remodeling and replacing roofs. After the physical upgrades were complete, the units required enough nursing and provider staffing to provide clinical care to patients to bring them back online. NYC Health + Hospitals plans to continue hiring and bringing more units online throughout the year to continue to meet the need. This hiring has been made all the more difficult due to a national shortage of behavioral health professionals, especially those who are interested in working in an inpatient unit.

Coordinated Behavioral Health Taskforce (CBHT) (Office of the Deputy Mayor of Health and Human Services)

- The Coordinated Behavioral Health Taskforce (CBHT) is an enhanced effort among city and state agencies and community-based outreach providers to identify and assist unsheltered individuals who consistently refuse shelter and efforts to engage them in the process towards permanent housing, and who are known or suspected to have untreated severe mental illness. In addition to mental health treatment, these individuals are typically in need of other medical care and/or substance abuse treatment. The CBHT focuses on 100 such individuals at a time, evenly divided between those entrenched in the subway system and those known to frequent street locations.
- Between November 2022 and November 2023, the CBHT succeeded in moving 53 individuals from unsheltered homelessness to stable settings such as hospitals, nursing homes, transitional housing, and permanent supportive housing. This represents a 145% increase in successful placements compared to the 13 months prior.
- Additionally, homeless outreach staff have increased shelter referrals for people experiencing street homelessness 70% year over year with approximately 1,000 people in Safe Haven and stabilization beds having been referred to permanent housing during FY23, more than double the previous year.

Tackling Public Stigma (OCMH)

- Research shows that contact-based interventions are the most effective method to eliminate stigma towards people with severe mental health conditions.[23] These are interactions between people in recovery from severe mental health conditions and the general population whereby strategic disclosure of recovery stories are used to change attitudes. People from the general population who meet and interact with people with mental illnesses are likely to lessen their levels of prejudice.[24]
- OCMH has begun work with the Department of Psychology at the Illinois Institute of Technology to increase awareness of their evidence-based program, "Honest, Open, Proud," in New York City, exploring use of this strategic disclosure method in communities with high need and disparities.

Increasing Awareness of Non-clinical Psychiatric Rehabilitation Services (OCMH)

- OCMH has initiated efforts to increase awareness of psychiatric rehabilitation programs that are often under-utilized, by identifying organizations and agencies that provide services to individuals with severe mental health conditions and working to create low burdensome pathways into those services. NYC offers an abundance of psychiatric rehabilitation services in easily accessible locations. Bringing more awareness to these services will provide information about what they are, their benefits, and guidance on where and how to access them. OCMH will also work to educate the mental health workforce as well as the general public to raise awareness and improve access to these valuable alternatives to non-traditional mental health services.

Preventing Hospital Violence and Increasing Safety

- NYC Health + Hospitals is developing system-wide policy, building a culture of safety and training staff in key areas such as screening and assessment of high-risk patients, de-escalation techniques, trauma-informed approaches, implementing mock codes and simulations, and promoting crisis situation management and prevention.

Developing the H+H Workforce

NYC Health + Hospital's goal is to position NYC Health + Hospitals as the go-to employer for careers in public behavioral health. Working on investing in recruitment, training, and retention. (See Building Mental Health Workforce Capacity for details).

Special Population

Unhoused Individuals

B. Unhoused Individuals

Gaps

The transient nature of individuals experiencing homelessness presents a challenge in both accessing and sustaining engagement with outpatient behavioral health services. For those without stable housing, maintaining connections with healthcare resources can be particularly challenging, emphasizing the need for care coordination and support to access and maintain care. For unhoused individuals, maintaining connections with healthcare resources is particularly challenging, thus warranting focused attention and efforts.

While the majority of people with serious mental illness (SMI) are housed, they are overrepresented among people experiencing homelessness. In a 2018 study conducted by NYU, which examined Medicaid claims matched with DHS data, a stark reality emerged: 52% of single adult shelter residents live with a serious mental illness.[25] This statistic illuminates the intersection between homelessness and mental health challenges and highlights the need for targeted support.

For those navigating homelessness, especially those who are highly transient, the struggle lies not only in initially accessing care but more significantly in sustaining lifelong care and treatment. The existing pattern wherein unhoused individuals tend to seek care in emergency departments as opposed to outpatient or community-based care demonstrates the need for wraparound support services, including onsite in shelter and through mobile mental health services that will follow clients throughout the DHS system. Psychiatric inpatient units discharge over 1,500 patients new to DHS each year.[26] This large number emphasizes the need for alternative discharge planning and the creation of psychiatric stepdown residential placements and more housing for people with mental illness that includes embedded supports.

According to the city's Mental Health Plan, housing insecurity, characterized as "a lack of security in a person's housing due to things like high costs relative to income and poor housing quality," can worsen symptoms of mental illness and increase the likelihood a person will face high-risk situations, ultimately leading to avoidable hospitalization or incarceration.[27] In 2020, approximately 13,000 New Yorkers with SMI experienced homelessness in the NYC shelter system or on the street.[28] We know safe, stable, and affordable housing is an important social determinant of health for people with SMI.

Homelessness and housing instability impact health for people of all ages, from children and young adults who experience higher rates of asthma and mental health conditions, to parents and older adults who experience more chronic and behavioral health conditions. A need exists to provide distinct mental health services for young people experiencing homelessness. Adolescence and early adulthood are critical time periods when engagement can reduce the effects of child adverse experiences and promote resilience toward successful future outcomes.

The complexities of caring for the mental health needs of people experiencing homelessness in NYC necessitate sufficient numbers of well-trained staff with specialized knowledge in helping those with severe mental health challenges. Yet, the city is experiencing a large gap in qualified mental health workers, driven in part by stressful work environments and low pay. Therefore, addressing workforce gaps is imperative for sustaining mental health services to support those experiencing homelessness. (See Building Mental Health Workforce Capacity).

The City's Response

NYC Department of Homeless Services (DHS) collaborates with hospitals to facilitate safe discharge of unhoused individuals and deliver mental health support within shelters. As the public safety net hospital

system, NYC Health + Hospitals takes a leading role in providing services to individuals and groups that are experiencing complex psychiatric and social needs and partners with DHS on a number of targeted initiatives. Consistent with the H+H Office of Behavioral Health strategy to enhance mental health services, an Extended Care Unit (ECU) was opened at Kings County Hospital in 2023, with another ECU set to open in 2024. Other initiatives to improve the mental health of New Yorkers experiencing homelessness include:

Assisted Discharge Planning for Homeless Psychiatric Inpatient Clients (DHS)

- DHS is providing support to hospitals to ensure patients are discharged to shelter with adequate support in place to address mental health needs and prevent or decrease the risk of psychiatric decompensation, community violence, and street or subway homelessness. This includes working with hospitals to submit and expedite enrollment into mobile mental health services such as Assertive Community Treatment (ACT), Intensive Mobile Treatment (IMT), Safe Options Support (SOS) and Assisted Outpatient Treatment (AOT), coordinating appropriate shelter placement to support engagement in follow-up care and, advocating for resources to support accompaniment through the shelter intake and placement process to prevent return to street/subway.

Complex Case Program (DHS)

- DHS is using incident reports and Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) data to identify clients with a high number of behavioral health incidents, enroll in a central care coordination program, convene multidisciplinary care teams to develop and implement a care plan to increase stability in shelter, and transition to an appropriate level of residential care, if needed.

Telehealth in Shelters (DHS, H+H)

- DHS is collaborating with H+H to make virtual ExpressCare, a virtual urgent care service providing both medical and behavioral health services, at all DHS shelters, to facilitate access to immediate care for DHS clients. ExpressCare is a 24 hour/7day a week telehealth service for nonemergent medical or mental health need with $0 out of pocket cost to the DHS population. H+H has established a telephone number and link for DHS clients to access the services. H+H and DHS are collaborating closely to increase awareness and utilization of these services among DHS clients, and in particular families. In addition, DHS partners with a Nurse Call Line that is now available to all shelters and provides immediate access to a nurse for screening, advice and/or connection to care with access to transportation.

Extended Care Units (H+H)

- NYC Health + Hospitals operates two Extended Care Units where patients can stay for up to 120 days. Located at Bellevue and Kings County, the Extended Care Units offer psychopharmacological treatment, rehabilitative activities including music and art therapy, reading, and various exercises. "Patients are assigned tasks that support interpersonal communication and skill development, such as doing their own laundry or curating a display of patient artwork. As part of a patient's treatment, staff may accompany patients for trips to the grocery store and the subway to practice re-acclimating to living and thriving in the community"[29] despite their mental illness. "Staff also assist patients who are experiencing homelessness with securing housing upon discharge."[30]

Mental Health Service in Family Shelters (DHS)

- As part of the Housing Blueprint, DHS is developing a Child Mental Health initiative which includes a telehealth component, training, mentoring, and care coordination, for families with children in the shelter system. The program aims to identify children and families who present with behavioral health incidents, increased vulnerabilities or risk factors for behavioral health needs who might benefit from mental health care coordination with linkage to community treatment and resources, including H+H ExpressCare.
- As part of this program, existing social workers in family with children's shelters will receive training and mentoring to increase their capacity to screen and provide services to high-risk families, including linkage to telehealth services.

Mental Health Services in Domestic Violence Shelters (HRA, H+H).

- To bring mental health support to survivors of domestic violence, the NYC Human Resources Administration partnered with NYC Health + Hospitals to add dedicated mental health services to the city's emergency and transitional domestic violence shelters. On-site clinical services are being offered to homeless individuals and families residing at over 55 domestic violence shelters. Services include but are not limited to, clinical screenings, clinical assessments, linkages to community-based mental health services, and staff trainings.

Special Population

Children, Youth, and Families

Gaps

The present environment, marked by various stressors such as economic disparities, community violence, housing instability, racism and systemic inequities, and the lingering impacts of the global COVID-19 pandemic, has unquestionably intensified mental health challenges for young people. This impact is particularly pronounced for children and youth within our diverse NYC communities. Each of these environmental and social determinants contributes to a complex web of stressors that can significantly affect mental well-being.

A concerning number of NYC youth report suicide related factors. According to results of the 2021 New York City Youth Risk Behavior Survey, in New York City, between 2011 and 2021, there was an increase in the percentage of public high school students who reported they felt sad or hopeless, had seriously considered suicide, and/or engaged in non-suicidal self-injury.[31]

- 38% percent of New York City public high school students reported feeling sad or hopeless for at least 2 weeks in a row nearly every day,
- In 2021, 16% reported having seriously considered attempting suicide.
- Some youth appear to be at higher risk, including sexual and gender minority youth and youth who identify as non-white.
- Additionally, reports of persistent sadness and hopelessness by Black youth increased significantly in 2021 compared to 2019.

Several issues could contribute to these trends, including academic pressures, social concerns, strained familial relationships, the adverse impact of social media and the residual effect of the pandemic such as isolation. Recent research covering 80,000 youth globally revealed a doubling of depressive and anxiety symptoms during the pandemic, with 25% of youth experiencing depressive symptoms and 20% experiencing anxiety symptoms.[32] Understanding the specific reasons behind these changes is crucial for developing targeted interventions and support systems.

Adequate prevention and treatment resources are needed to address youth mental health including outpatient capacity and local inpatient bed availability.

The City's Response

Care, Community, Action: A Mental Health Plan for New York City (Children and Family Mental Health)

The child, youth, and family mental health section of the city's Mental Health Plan, sets out a broad framework for addressing youth mental health, focusing on promoting positive mental health, prevention and targeted care, and outlining key initiatives to start this work through the following goals:

- Provide children and youth with mental health care that is timely, culturally responsive, accessible, and affordable.
- Improve access to prevention interventions for children and youth exposed to risk factors.
- Increase awareness and understanding of child and youth mental health and how to care for it.
- Create environments that equitably support good mental health for children and youth.[33]

NYC Teenspace (DOHMH)

- On November 15, 2023, New York City launched NYC Teenspace, the city's virtual mental health service available to all New York City teenagers between the ages of 13 and 17 years old at no cost. The service, created in partnership with online therapy platform Talkspace, allows New York City teenagers to connect with a licensed therapist through phone, video, and text. Since launching, over 1,500 teens had been matched with therapists via DOHMH's NYC Teenspace initiative.

NYC Speaks (DOHMH, DYCD, NYC Schools)

- 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"[34] 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."[35] The recommendations from NYC Speak pertaining to mental health became part of the broader Behavioral Health Agenda the city released in early 2023 that covers serious mental illness, youth and family mental health, and preventing overdoses.

The Children and Adolescent Mental Health Continuum (DOHMH, NYC Schools, H+H)

- The Child and Adolescent Mental Health Continuum supports the behavioral health needs of students in designated high-need neighborhoods in the South Bronx and Central Brooklyn. Select schools operate on-site mental health services and all participating schools have access to expedited referrals for clinical supports. This is a collaboration between the Office of Behavioral Health at NYC Health + Hospitals (H+H), the Bureau of Children, Youth and Family at the NYC Department of Mental Health and Mental Hygiene (DOHMH) and the Offices of School Health (OSH) and Community Supports and Wellness (OCSW) at NYC Public Schools.

Increasing School Based Mental Health Capacity (DOHMH Office of School Health)

- Leveraging philanthropic support from the Robin Hood Foundation, DOHMH funded CBOs to provide mental health services in an additional 15 schools to offer treatment services (in person and via telehealth) as well as prevention services. The funds support a clinical provider's time for each school to offer Tier 3 treatment services and a full-time mental health support staff to offer Tier 1 and 2 preventive services for each school. The funds will also support technical assistance to all 130 mental health providers to ensure financial sustainability, capitalizing on new insurance billing opportunities that have been made available in recent years.

Runaway Homeless Youth (RHY) Mental Health Hubs in Drop-In Centers (DYCD)

- DYCD Runaway and Homeless Youth Drop-In Centers provided mental health support for 1,019 youth and young adults in FY 23.
- In FY 23, 95% of young people (884) who were referred to a Hub therapist subsequently enrolled and participated in individual and or group therapy for the first time. To support service continuity, Hubs connected 57 young adults turning 25 to non-RHY community behavioral health service providers.

Compass afterschool programs (DYCD)

- The Comprehensive After School System of NYC (COMPASS NYC) offers over 800 programs serving young people enrolled in grades K-12. COMPASS NYC offers high quality programs that support and strengthen the overall development of young people.

Beacon and Cornerstone Community Centers (DYCD)

- Community Centers are designed to engage the whole family including youth, adults and older adults offering a variety of services and activities to enhance community engagement and healthy living. Services are year-round including holidays and weekends. There are 92 Beacon Community Centers located in New York City Public Schools. There are 99 Cornerstone Community Centers located in New York City Housing Developments.

Asylum Seekers

In 2023, the city has put concerted efforts into addressing the needs of asylum seekers, as demonstrated by its comprehensive city-wide government response to this humanitarian crisis. This response includes providing for asylum seekers' basic needs for food and shelter, health care, as well as dedicated attention to addressing the mental health needs of asylum seekers.[36]

As the influx of new asylum seekers to New York City persists, the City has continued to prioritize promoting the physical and mental health of all migrants. Caring for asylum seeking individuals and families highlighted critical gaps that exist not only for this vulnerable population but for others that rely on this safety net for New York City. Providing information about access to mental health services for children, youth, and families, and creating new pathways to these safety net resources, is essential to strengthening the city's response to this humanitarian crisis and enhancing its public mental healthcare system. Efforts directed at building system capacity, streamlining and fortifying pathways, and raising awareness about mental healthcare are imperative. Continued effort to connect asylum seekers with essential basic services, such as schools, legal support, and activities for young children, contribute to supporting the mental health of asylum seekers. When these fundamental needs are unmet, the risk of mental health problems increases.

Efficient connections to mental health services for the asylum-seeking population are particularly crucial because both adult and children can experience elevated rates of depression, anxiety, and post-traumatic stress disorder due to the impact of their migration journey that includes traumatic experiences such as family separation, exposure to violence, and challenges in their new place of living. Unaccompanied minors, in particular, face high rates of Post-traumatic Stress Disorder (PTSD).[37] Protective factors for children and youth include "socioeconomic status, access to education, a perceived sense of safety, contacts with family, living and socializing alongside other people of the same ethnic origin, a stable and cohesive family structure and good parental mental health."[38] Therefore, integrating and reinforcing these protective factors within the network of resources and mental health services has been a fundamental aspect of the city's response as we manage this ongoing humanitarian crisis.

To prioritize mental health needs, new arrivals complete the PHQ-9 screening for depression and can be referred for further care as needed at the Arrival Center at the Roosevelt Hotel. In addition to depression screenings, NYC Health Department support staff are onsite at the Asylum Application Help Center where mental health services are available via DOHMH support staff, who provide mental health first aid (to inform staff about how to assist those experiencing mental health and substance use needs) and provide crisis counseling to asylum seekers and the staff supporting them with their applications. The Mayor's Office of Community Mental Health has released guides for both Providers serving migrant families and migrant Parents/Caregivers (English and Spanish) on supporting the emotional well-being of children seeking asylum in NYC. Educational materials about mental health and overdose prevention resources are widely available across sites supporting migrants including multilingual flyers for NYC Teenspace, free mental health support for NYC teenagers age 13-17. All staff and volunteers working with asylum seekers through city government or CBOs have access to free training courses, including Psychological First Aid training (an evidence-informed approach to help in the aftermath of stressful and potentially traumatic events), through The Academy for Community Behavioral Health.

Special Population

Substance Use Disorders

D. Substance Use Disorders

Introduction

Substance use disorder (SUD) is a multifaceted condition influenced by various factors. Biological factors, such as genetic predisposition and alterations in brain chemistry can increase an individual's vulnerability. Environmental factors, including exposure to trauma, chronic high stress levels, and peer pressure; psychological factors such as co-occurring mental health disorders and specific personality traits all can make an individual more susceptible to developing SUD. Additionally, developmental factors, socioeconomic status, cultural influences, early experimentation, and the availability of substance all can heighten the likelihood of developing SUD. It is crucial to recognize that these factors often interact, making prevention and intervention strategies complex. Thus, comprehensive approaches that address the unique circumstances of each individual are most effective.

Moreover, it is important to emphasize that within the complex intersection of mental health and substance use in New York City, untreated SMI often prompts individuals to resort to self-medication with alcohol or drugs to cope with their mental health challenges. The absence of adequate care for those with co-occurring serious mental illness (SMI) and substance use disorder (SUD) compounds the situation, fostering isolation and heightening the risk of overdose, which can lead to premature death.

Gaps

According to administrative data provided by DOHMH, from 2018-2019 4.6% of New Yorkers aged 18 or older, approximately 293,000 individuals, reported co-occurring mental illness and substance use disorder within the past year. This prevalence emphasizes the necessity for a comprehensive, integrated care approach that addresses both mental health and substance use simultaneously.

Unfortunately, the toll of drug overdoses in NYC has reached unprecedented levels. In 2022, 3,026 individuals succumbed to drug overdose-induced deaths, a 12% increase from the preceding year's 2,696 deaths.[39] This figure represents the highest recorded number since the commencement of reporting in 2000. Each statistic not only highlights the need for targeted interventions, enhanced accessibility to mental health and addiction services, and a concerted effort to disrupt the cycle of isolation prevalent in co-occurring disorders; but also signifies a precious life lost and a family ruptured by the tragedy of overdose death.

The City's Response

Reducing overdose deaths and improving the lives of people who use drugs and people with SUDs is a top priority for NYC. As outlined in the Care, Community, Action: A Mental Health Plan for NYC, the city and its partners in the community are expanding a comprehensive and integrated system of services and supports with the overarching target of reducing overdose deaths in NYC by 15% by 2025.[40] Harm reduction has been at the center of the city's overdose response strategy. Some key initiatives in this effort include Overdose Prevention Centers, harm reduction initiatives in shelters, and Support and Connection Centers. Administrative data and information provided by NYC DOHMH, DHS and OCME highlight progress in these initiatives over the past year:

Overdose Prevention Centers (OnPoint NYC, data provided by DOHMH)

- Since 2005, the city has supported the work of syringe service programs (SSPs). Currently, there are 15 SSPs across all five boroughs, serving approximately 17,000 people annually.
- In November 2021, the nation's first publicly recognized overdose prevention centers (OPCs) — health care facilities that provide a safe environment where people can use previously obtained drugs under supervision — opened at two existing SSPs in East Harlem and Washington Heights.
- New York City's two OPCs have served more than 4,200 individuals since launching on November 30, 2021.
- During that time, there have been no overdose fatalities at the OPCs.

New York City Harm Reduction in Shelters Strategic Plan (2023- 2024) (DHS)

Overdose is the leading cause of death among people experiencing homelessness in NYC and alcohol related conditions are in the top five causes of death. DHS is implementing a two-year strategic plan to reduce adverse consequences of drug and alcohol use, key activities include:

- Providing harm reduction training, technical assistance, and toolkit to shelter staff,
- Establishing a central harm reduction specialist program of peers and community coordinators who are deployed to shelters with high numbers of substance use incidents to support staff and provide direct harm reduction services to clients, and
- Enhancing DHS data systems to improve risk detection, monitor service delivery and report on outcomes.

In addition, DHS is continuing to provide overdose prevention and naloxone administration training and distribute naloxone kits at all shelters.

Lastly, DHS strengthened its partnership with NYS Office of Addiction Services and Supports (OASAS) to provide substance use services in shelter. OASAS allocated over $2.7 million a year to five shelter providers who are also licensed OASAS providers to provide substance use services directly in shelters. DHS and OASAS are co-supervising this project.

Support and Connection Centers (DOHMH)

- New York City has two Support and Connection Centers (SCCs) to give individuals in need of behavioral health support an alternative to avoidable emergency room visits and criminal legal involvement that sometimes occur due to substance use, mental health, homelessness or other issues.
- SCCs offer short-term, stabilizing services to people with mental health or substance use concerns, such as a bed, meals, showers, toiletries, and laundry (for up to five days); Peer support; Counseling and psychiatry; Substance use treatment; Primary care; and referrals and linkages to community-based providers.
- There are two SCCs in New York City, one in East Harlem and one in the Bronx.

Consult for Addiction Treatment and Care in the Hospital and Emergency Department Leads (H+H)

- Within NYC Health + Hospitals facilities, Emergency Department Leads consists of peers and social workers who can provide frontline support to individuals with substance use disorder, by offering Naloxone, overdose prevention education, and other harm reduction resources. In 2023, there were 22,600 ED encounters with 4,200 referrals to outpatient (19%) and 1,850 naloxone kits provided (8%).

Further, our 9 Consult for Addiction Treatment and Care in Hospital (CATCH) teams serve inpatient medical and surgical patients who exhibit signs of substance use disorder. Consisting of providers with addiction medicine expertise, social workers, and peer counselors, the teams provide brief intervention, naloxone kits and substance use treatment referral services, as well as Medication Assisted Treatment during hospitalization and post-discharge follow-up as needed. In 2023, they had nearly 10,100 encounters.

OCME Family Support Team (OCME)

Social Workers at Office of the Chief Medical Examiner (OCME) provide direct outreach for service referrals, including mental health services, to any individuals identified during the death investigation process, including immediate and extended family, friends, roommates, and others who may have witnessed the overdose.

- OCME Family Support Team Social Workers 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, food benefits, 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 decedent's property, etc.
- In 2023, OCME hired and trained nine full-time social workers, program coordinators, and data analysts to support the implementation and expansion of this program.

Special Population

Older Adults

Gaps

The United States has been undergoing an aging demographic shift, and recent prevalence estimates reveal that older adults face higher rates of mental illness than the general population. One in four older adults nationally meets the criteria for a mental disorder,[41] highlighting a complex interplay of biological, social, and psychological factors associated with aging. Moreover, older adult mental health significantly influences health service utilization and associated costs.[42]

Physical and Mental Health Needs

Neurodegenerative conditions and chronic health issues contribute to this vulnerability biologically, while social factors like loneliness, social isolation and experiences of grief and loss are common challenges impacting mental well-being. Additionally, older adults are generally at an increased risk of cognitive problems, often co-occurring with depression which result in a worsening of overall health and a reduction in quality of life.[43] However, many older adults go undiagnosed or misdiagnosed, experiencing subthreshold levels of mental health disorders.[44]

Barriers such as stigma, transportation challenges, and a lack of culturally responsive mental health professionals impede help-seeking behaviors, leading to an elevated risk of morbidity due to social isolation and a worsening of mental health and physical conditions.[45] It is important to recognize that older adults experience mental health symptoms on a continuum of severity; some may grapple with depression and anxiety while other older adults may experience more severe illnesses such as schizophrenia, dementia, and, increasingly prevalent, substance use disorders, influenced by a number of factors unique to aging and exacerbated by poverty.[46][47]

Social Isolation and Loneliness

Furthermore, research shows that social isolation and loneliness are significant factors related to worsening of mental health and physical health in older adults.[48] The effects of isolation, poverty, and reduced access to care and resources are known factors contributing to and exacerbating declining physical and emotional health with Black and Latinx older adults at higher risk for negative health outcomes and less access to mental health services.[49] Older adults living in New York City who are utilizers of older adult centers (formerly Senior Centers) are known to be among those with the lowest incomes, have the fewest resources, experience the poorest health, are more socially isolated, and most in need of services.[50]

Telehealth and In Person Treatment Modalities

Older adults may be amenable to innovative treatment modalities; OMH Office of Consumer Affairs Community Survey (age 55 and over) showed that 88% of participants were engaged in telehealth services and 85% of those rated the experience to be easy and effective.[51] It has become essential that mental health programs for older adults become a social service priority.[52] Addressing these multifaceted challenges is essential to promoting the mental health and overall well-being of the aging population.

The City's Response

Administrative data provided by NYC Department for the Aging (NYC Aging) shows impact of the Geriatric Mental Health initiatives aimed to enhance mental health and wellness of older adults.

The Geriatric Mental Health Program (NYC Aging)

- The Geriatric Mental Health Program (DGMH) pivoted to providing virtual and telephonic services in 2020 so that older adults DGMH providers continue to operate a hybrid model, providing both on-site and tele-mental health services. New York State Office of Mental Health (OMH) and other regulatory bodies have continued to support telephonic and virtual clinical services and as such, older adults continue to have the ability to choose the service location that meets their current needs. NYC Aging conducted over 10 million wellness calls during the pandemic to meet the social, emotional, and concrete needs of older adults throughout NYC, including a subset of individuals not already connected to the Aging Services network.

RISE (Reassurance Initiatives for Support and Engagement) (NYC Aging)

- NYC Aging launched these supportive counseling services to fill the need for those older adults presenting with mild or subclinical mental health symptoms who either were not interested in traditional counseling or would not diagnostically qualify for such services. The Mental Health unit trained volunteers and social work students to provide these services. Services are continuing on a smaller scale to fill the need of those subclinical individuals who benefit from supportive counseling.

The effectiveness of the DGMH program has been demonstrated over the life of the program. The data that supports this is below:

- 81.3% of those assessed have an identified mental health need, a percentage much greater than the national average,
- 63,491 clinical sessions have been held,
- 60.9% have shown clinically significant improvements in depression,
- 49.8% have shown clinically significant improvements in anxiety,
- 35.8% indicated feeling less lonely,
- 41.9% indicated feeling less socially isolated.

Hub-and-Spoke Demonstration in Progress (NYC Aging)

- NYC Aging initiated an innovative demonstration mental health program in an effort to provide services to a greater number of older adults. This model is predicated on the knowledge that older adults often travel to various Older Adult Centers (based on things like menus items or following fitness instructors to different Older Adult Centers) and the DGMH model. The question arises as to whether older adults will also travel to a different Older Adult Center when the person needs mental health services. The two components of this model include a Hub site (main site where mental health services are provided) and Spoke sites (sites where the clinician offers engagement activities and conducts mental health screenings).

The demonstration seeks to determine whether older adults, with an identifiable mental health need, who have engaged with a clinician at a Spoke site in their community, will then meet with the clinician at a Hub site for their clinical mental health services. Due to COVID-19 this model has not yet been tested and is in the process of being tested.

Special Population

Veterans

F. Veterans

Gaps

New York City is home to more than 210,000 veterans.[53] Veterans face significant mental health challenges including PTSD, depression, and high rates of suicide, almost 1.5 times greater than non-veterans.[54] Even though suicide rates in veterans have stabilized in the past decade, there remains an alarming number of veteran suicides each year, over 6,000, a rate over 50% higher than non-veterans with higher rates experienced in high risk subgroups (See Heavily Impacted Subgroups below).[55][56] Depression is a commonly reported presenting problem when veterans seek medical care, especially in the immediate time post deployment.[57] In 2021, suicide was the 13th leading cause of death of veterans overall, with 6,392 suicide deaths, 114 more than in 2020.[58] According to the most recent Veteran and Military Community Survey administered by the NYC Department of Veterans' Services, nearly a quarter of veteran respondents expressed feeling lonely three or more days in a week.[59] 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.[60]

Due to the demanding and high- pressure circumstances of military service, deployment, and re-entry, research shows that the prevalence of veterans with mental illness exceeds the national average. 1 in 4 or just over 25% of veterans struggle with mental illnesses such as post-traumatic stress disorder (PTSD), major depression, anxiety, Military Sexual Trauma (MST), Traumatic Brain Injury (TBI), and substance use disorder. This contrasts with the national average of 1 in 5. These conditions can also increase the risk of physical health problems and, if left untreated, can result in other challenges such as homelessness, isolation, substance use disorder, and significant declines in quality of life, job outcomes, family relationships, and overall well-being.[61]

Barriers to Accessing Mental Health Care

Despite the prevalence of mental health concerns in the military, approximately 60% of military personnel who experience mental health problems do not seek help.[62] This can be explained through stigma, complexity of trauma, a lack of awareness of services, and lack of accessibility. Many veterans do not realize that they can seek help for mental health issues, either because they believe these conditions are an inevitable part of military life or because they assume treatment will be difficult to access. Furthermore, those who do know about available resources often find them to be confusing and daunting, leading them to simply give up on getting the support they need.[63] Shame and stigma also are key contributing factors that prevent veterans from utilizing public resources and in particular seeking help to cope with painful experiences which leads to isolation, loneliness, and suffering.[64] Specifically, the perception of mental health issues as a sign of weakness can discourage veterans from acknowledging and addressing their mental health needs due to fear of judgment and self-stigmatization. Overcoming stigma requires fostering a culture of understanding, acceptance, empathy, and support that emphasizes seeking help as a courageous step toward well-being and recovery for veterans.

Military spouses

Military spouses also face unique stressors such as financial insecurity and high unemployment that can negatively affect their mental health.[65] Frequent relocations, extended separations, adaptation to foreign countries, and the potential exposure of a serving spouse to trauma are all relevant stressors that can impact the well-being and resilience of military families. However, there are notable service gaps concerning military spouses who seek mental health services. A research surveying 569 military spouses, most of whom experiencing mild to severe depression, confirmed that availability, accessibility, and acceptability all impact military spouses using mental health services with participants reporting daytime appointments (38%), lack of counselors who

understand military families (35%), trust concerns (29%), confidentiality concerns (26%), and not knowing where to go for services (25%) as reasons services were not sought.[66] Availability is limited to civilian mental health providers who accept Tricare insurance, insurance provided by the U.S. Department of Veterans Affairs, which creates limited space and long wait lists, accessibility is difficult during deployments for spouses who are acting as solo parents, and, finally, mental health treatment still carries a stigma in the military community, where 20% of military spouses believe their choice to seek mental health treatment might negatively impact their service member's career.[67]

Heavily Impacted Subgroups

The 2023 National Veteran Suicide Prevention Annual Report identified women veterans, homeless veterans, justice-involved veterans, and American Indians or Alaska Native veterans as experiencing increased rates of suicide.[68] An increase in veteran suicides nationally seen in 2021, compared to 2020, was particularly noticeable in women veterans, for whom there was a 24.1% increase in the age-adjusted suicide rate, compared to an increase of 6.3% among male veterans.[69] Similarly, in examining race and ethnicity, the most significant increase in rates was observed among American Indian or Alaska Native veterans. Among veterans receiving care in Veterans Health Administration, individuals with legal system involvement demonstrated an elevated risk of suicide-related behavior.[70] The national suicide rate for recipients of VA Justice Program services was 10.2% higher in 2021 than in 2020, and in 2021, the unadjusted suicide rate among Recent Veteran VHA Users with indications of homelessness was 38.2% higher than in 2020, with increases in reported distress associated with increasing socioeconomic concerns, greater problematic alcohol use and decreased community integration.[71]

The City's Response

Administrative data and information provided by the NYC Department of Veterans' Services shows key initiatives aimed to improve mental health and well-being of NYC veterans and their families.

Mission − VetCheck (DVS)

- Launched in May 2020, this initiative facilitated over 34,000 total calls with an approximate 25% answer rate, resulting in over 100 calls per week. Of those answered calls, DVS is proud to have been able to serve the over 1,200 requests for service since launching. These requests ranged from food assistance, eviction prevention, mental health, benefits navigation and more.

Crisis Intercept Mapping (DVS)

- Led by VA/SAMHSA facilitator, DVS curated a group of representatives drawing from medical facilities, mental health providers, and city agencies (NYPD, DA offices, DOHMH, OCMH, colleges/universities, military chaplains, and nonprofit organizations to help community stakeholders visualize how at-risk service members, veterans, and family members flow through the crisis care system. Discussion centers on identifying stakeholders at various intercept points: (First Contact, Acute Care, Care Transitions, Ongoing Treatment, and Recovery Support).

Mental Health Assessments (DVS)

- Started in 2021, DVS administers two voluntary mental health screeners upon intake. The General Anxiety Disorder Screener (GAD-7) and Patient Health Questionnaires (PHQ-9) measure anxiety and depression, respectively, are offered to clients and their scores are shared with them. They are then offered a mental health referral regardless of their score.

Big Apple Transition Assistance Program (TAP) (DVS)

- The transition to civilian life after military service can be difficult for veterans because it is a time when they may feel most vulnerable. DVS created the Big Apple Transition Assistance Program (TAP) for recently separated service members and any veteran interested in calling the Big Apple their home. TAP is an information session led by DVS that connects veterans to services including peer support, employment opportunities, financial planning, education resources, and other wellness programs that seek to address the social determinants of health.

PART 2:

Strengthening Community Mental Health through Prevention, Promotion, and Community Resilience Efforts

NYC™

**Mayor's Office of
Community
Mental Health**

Introduction

To improve the overall health of NYC communities, taking a more inclusive, holistic and sustainable approach to address mental health and well-being at different levels is imperative.

Prevention and promotion efforts are crucial for enhancing the mental health of a community and its members. Mental health promotion involves activities that enhance well-being, build resilience, and foster positive mental health. Prevention includes proactive measures to mitigate the risks of developing mental health issues, promote early detection and treatment, and reduce the recurrence or worsening of existing challenges. These proactive approaches encompass education and awareness programs, early intervention, stigma reduction initiatives, and activities that build supportive connections within communities. Providing the community with mental health knowledge and awareness reduces stigma and encourages early help-seeking behaviors. Implementing programs that identify and address mental health concerns in their early stages ensures timely support and resources for those at risk. Creating community-based programs fosters social connections and builds supportive networks. Moreover, these strategies are cost-effective, contributing to long-term improvements in community mental health by addressing underlying risk factors and fostering a culture of well-being.

Resilience in the context of mental health, refers to the capacity of an individual or a community to adapt and recover from exposure to challenging environments and adverse events.[72] Mental well-being and resilience are determined by a complex interplay of individual, family, community, and structural factors that are experienced differently from person to person.[73] By taking a holistic approach to addressing social determinants of health and promoting mental well-being, all New Yorkers can access the resources and opportunities necessary to live healthy and content lives.[74]

Individual resilience encompasses behaviors, thoughts and coping strategies that promote personal and emotional well-being. Characteristics of resilience include maintaining close social supports and strong connections with family and friends, the ability to manage strong feelings and impulses, and access to resources.[75] External protective factors such as access to education, community safety, stable housing, healthcare, and economic stability also promote resilience and well-being. Supporting these internal and external factors and addressing social determinants of health are integral to promoting mental well-being and resilience in individuals and communities.

Gaps

The enduring repercussions of the COVID-19 pandemic highlighted the effect of structural racism and inequality, widening preexisting social, economic, and health disparities,[76] and consequently, further eroded individual and community resiliency, leading to exacerbated levels of distress and mental health concerns.[77] Breaking cycles of existing inequities requires a transformation of the very environments that have exposed individuals and communities to a disproportionate risk of mental health challenges.

Strategies to strengthen community resilience include addressing social determinants of health; enhancing community connectivity and social capital; increasing economic stability; cultivating mutual aid and involvement in volunteerism; as well as supporting the presence of diverse and locally trusted community-based organizations that provide relevant and accessible services. These elements, among others, support individuals and communities to be resilient, proactively prevent crises, and promote mental health and wellness citywide.

Disparities in Sense of Belonging and Social Connection

In January 2022, the NYC Department of Health and Mental Hygiene conducted the NYC Social Determinants of Health Survey to examine the association between selected social determinants of health and

serious psychological distress (SPD), defined as mental health problems severe enough to cause moderate-to-serious impairment in social, occupational, or school functioning and to require treatment.[78] Note that SPD is different from Serious Mental Illness (SMI), with the latter referring severe illnesses such as schizophrenia, bipolar disorder, and other illnesses such as depression when symptoms are persistent and debilitating. To clarify for the below analysis, SPD is defined as having a score greater than or equal to 13 on the Kessler 6 Scale (see discussion of serious psychological distress on page 8). It is also important to note that unlike SMI, with static prevalence rates, rates of SPD are fluid and reactive. The analysis found that New Yorkers who felt a sense of belonging to a community had a lower prevalence of SPD compared to those who did not (12% vs. 26%); similarly, lower prevalence was observed among those who felt close to people in their community compared with those who did not (8% vs. 23%) and those who reported they could count on at least one person to care for them if they were sick (12% vs. 32%).[79]

Economic Inequities

Furthermore, DOHMH survey data showed that the prevalence of SPD was higher among adults with low household incomes and those experiencing economic hardships. For example, the prevalence of SPD among adults who were unable to pay their rent or mortgage in the past 12 months was double that of those who could pay (20% vs. 10%) and nearly triple among adults who experienced food insecurity in the past 12 months compared with those who did not (23% vs. 8%).[80] This data underscores the impact of social determinants, especially financial resources, on mental health. While enhancing community connectivity is an important component of building resilience, it is also critical to address economic inequities and improve access to basic needs to reduce the prevalence of severe psychological distress.[81]

Building Social Capital

Social capital is strongly associated with resilience. It reflects the cohesion of a social network, community reciprocity, and trust. When present in a community, these dimensions have demonstrated their effectiveness as powerful protective factors, offering sense of belonging, reducing feelings of isolation and stress, and supporting the community's capacity to mitigate stress and collectively adapt to adversity.

Community-based organizations (CBOs) and grassroots groups of individual New Yorkers have built longstanding supportive networks to provide and share resources. Mutual aid groups, embracing an approach of "solidarity not charity," consist of neighbors helping one another to respond to pressing needs and have been instrumental in building and maintaining community resilience by promoting collaboration, resource-sharing, and a strong sense of community among residents. During and after the height of the COVID-19 pandemic, these community-driven efforts grew to address the immediate crisis and aid in long term recovery, with many New Yorkers engaging in local volunteer work. Over time, many of these initiatives evolved to provide a strong sense of community and support for those involved, further contributing to community connectivity and resilience.[82] However, as the city re-opened and many New Yorkers returned to work, volunteerism declined, while many of the needs that emerged with urgency during the pandemic, including access to food and basic resources, continued to persist for a large swath of the city, impacting both physical and mental well-being.[83] As a result, CBOs, city agencies, and private funders have increasingly focused on developing community capacity and resilience to strengthen and prepare New Yorkers for future stressors by building upon the learnings of recent years.[84]

Limited Funding of Community Based Organizations

When community-based organizations are present and engaged in neighborhoods, there is a direct link to increased safety and well-being. In a 2017 study, researchers found that "every 10 additional organizations focusing on crime and community life in a city with 100,000 residents [led] to a 9 percent reduction in the

murder rate [and] a 6 percent reduction in the violent crime rate."[85] Similarly, research conducted in Chicago and Washington DC found that community-based organizations served as a protective factor, even in the face of high levels of adversity.[86] After analyzing the impact of non-profit density in Chicago, researchers concluded that, "...despite persistent poverty, racial diversity and other social challenges, community-based organizations strongly predict collective efficacy and collective civic action."[87]

In spite of the many positive impacts of neighborhood-based nonprofits, small CBOs, particularly those led by BIPOC individuals, often struggle to access sustainable funding. The financial challenges to growing and sustaining the work of CBOs exist both in private and public funding streams. Although private giving usually increases annually, in 2022, total giving from individuals, bequests, foundations, and corporations decreased by 3.4% compared to 2021, an actual decrease of 10.5% when adjusted for inflation.[88][89] A report noted that in FY22, more than 75% of the city's non-profit contracts were registered late, posing fiscal and operational challenges.[90] These delays often cause organizations to work at risk by beginning to provide services before getting paid, or to seek temporary funding such as loans, that come with interest and additional costs. For non-profits heavily reliant on city and state funding, these delays significantly impact their ability to continue providing timely services to the community and timely payroll to employees, the majority of whom are women and people of color.[91]

Supporting the internal capacity of CBOs is equally important, particularly in BIPOC communities. CBO staff often reflect the racial and ethnic diversity of the neighborhoods where they work, and often live and have roots in the communities they serve. Community members turn to these trusted organizations to cope with stress. To strengthen community resilience, it is essential to fortify the capacities of CBO staff like Peer Specialists (Peers) and Community Health Workers (CHWs) who are recognized as trusted allied mental health workers.

Resilient communities provide structure and support to people and institutions within them. In these environments, local organizations are able to provide upstream resources to buffer distress and adversity, ensuring community members receive the care they need when they need it. Following an adverse event or disaster, communities with lower poverty rates and those with higher social capital demonstrate greater resilience.[92] In summary, addressing social determinants of health promotes and sustains individual and collective resilience, reduces psychological distress and improves the mental health and well-being of all New Yorkers.

The City's Response

Community Resilience

The Academy for Community Behavioral Health (The Academy) (CUNY, NYC Opportunity, OCMH)

- The Academy for Community Behavioral Health provides training, coaching, and technical assistance that builds the capacity of community-based organizations, city and state agencies, and others to proactively address behavioral health. Every day, social service providers encounter a range of behavioral health issues and have important opportunities to deliver care, if they receive the right supports. The Academy equips social service providers with good-fit skills and resources to manage the emotional demands of their work. The Academy also pilots new care approaches that uplift the healing relationships and wisdom already in communities. Together, the Academy aims to counter harms caused by racism and other inequities, transforming access to compassionate care.
    - In 2023, the Academy served 1,300+ unique learners from 200+ organizations across NYC. In total, the Academy reached 4,000+ learners in 2023, reflecting that many learners take multiple courses at the Academy, including multi-session courses that meet over several weeks or

months. The Academy's focus areas included but were not limited to addressing grief and loss; managing stress and building resilience; trauma recovery and posttraumatic growth; motivational interviewing; and more.

The Academy also launched several initiatives to uplift and strengthen resources for healing and community care:

Academy Innovation Residency (AIR): Changing Discourse and Practice, (ACBH, CUNY, NYCO)

- In 2023, the Academy established an Academy Innovation Residency (AIR): Changing Discourse and Practice. This residency will strengthen the Academy's work to expand ideas about what is possible in community behavioral health and reduce the distance between promising approaches and their implementation in NYC community settings.

NYC Land-Based Healing Project (ACBH, CUNY, NYCO)

- The Academy partnered with Principal Investigator Anna Ortega-Williams, PhD (CUNY Hunter Silberman School of Social Work) and a multidisciplinary team of scholars to launch the NYC Land-Based Healing Project with funding from a CUNY Interdisciplinary Research Grant. In its initial phase, this project engages mentors and Black youth or youth of color from five NYC community farms or gardens to create oral histories and explore the unique ways that these sites – through land work and supportive intergenerational relationships - promote healing and well-being in the context of historic and persistent racism.

Free courses that strengthen skills for responding to stress and trauma (ACBH, CUNY, NYCO)
In 2023, these courses included, but were not limited to:

- Psychological First Aid: a brief, evidence-informed training to provide help in the aftermath of stressful and potentially traumatic events.
- Finding Wellness: a 3-part course series that includes Healing in Nature, Building Wellness Routines, and Working Toward Goals: Strategies to Maintain Motivation.
- Connecting Through Art and Creative Expression: a 5-week course that equips providers to engage young people who have been impacted by violence through art-based experiences that can foster trust, confidence, and non-verbal expression, opening the door to further support while helping young people soothe physiological responses to stress.
- Deep Roots - Tools for Healing Mass and Intergenerational Trauma: a 3-week course that invokes indigenous wisdom and emerging research to share tools for reducing stress and supporting post-traumatic growth individually and in communities.

In 2024, the Academy will continue and build on these courses, including by introducing an 8-week Compassion-Based Resilience Training developed by the Nalanda Institute for Contemplative Science.

RECOUP-NY (The New School University, George Washington University, OCMH)

- The New School University and George Washington University, in partnership with the NYC Mayor's Office of Community Mental Health, recently launched RECOUP-NY. Funded by the National Institutes of Health, RECOUP-NY is a 5-year program to train staff in community-based organizations to deliver a 5-session psychological intervention to reduce symptoms of distress, depression, and anxiety. This intervention, entitled Problem Management Plus (PM+), offers a unique approach to addressing

issues of equity and community empowerment. In task-sharing models of mental health support, like PM+, people without a professional background or a formal education in mental health are taught the necessary skills to support members of their own community experiencing emotional distress. Community organization staff from the same neighborhoods as their clients often share culture and personal experiences so that they can be trusted helpers. To date, eight community organizations have been trained and 35 staff members are now delivering PM+. RECOUP-NY is actively recruiting additional community organizations interested in partnering on this initiative to make psychological support more accessible to all New Yorkers.

Community Resiliency Hubs (NYCHA)

- NYCHA is conducting a feasibility study related to upgrading NYCHA community centers so that they may serve as Resiliency Hubs. Resiliency Hubs are facilities that provide critical resources such as backup power and medical refrigeration during climate disasters, as well as serving as hubs for information and organizing resources before, during, and after such events. The intention is to make these Hubs trusted spaces in the community that build social cohesion while offering a place to learn about resiliency, attend career training sessions, share a meal, exercise, sing, dance, etc. A Hub cannot prove helpful during an emergency if people do not consider it a safe space and a desirable place to be year-round. The first phase is developing a concept plan for what these sites will look like and what capital upgrades they will have. The programming component and building social resiliency will follow.

Mayor's Office for Nonprofit Services

In continuing the work as outlined by the Joint Taskforce to Get Nonprofits Paid on Time, there has been great progress in procurement and contract reform. Mayor's Office for Nonprofit Services in partnership with the Mayor's Office of Contract Services (MOCS), City Council, and the Comptroller's Office, impactful reforms were made over the last year. A few highlights are below:

- Timely Registration - Preventing another backlog remains a priority to ensure that nonprofits can be paid for services they are providing in a timely manner. This year there were 60% more contracts requiring registration, but Agencies were able to reach 81% registration of FY24 contracts by the start of the fiscal year, July 1st. That is a 25% increase over last year.
- Multi-year Discretionary Contracts - The administration and council have agreed to implement a multi-year base contract, effective starting in FY24, that can be used to pay for discretionary awards. This multi-year contract allows organizations to enter one 3-year contract per city agency, potentially eliminating nine months of contracting should the organization receive funds in the outyears.
- Financial Control Board - The administration requested and successfully received a five fold increase to the FCB threshold for reviewing mayoral contracts. The threshold for review on new contracts was increased to $50M or more. This removes weeks of administrative processing time from the overall contracting process.

Mental Health Promotion

The NYC Mayor's Office of Equity and Racial Justice (MOERJ) is the city's first centralized equity office. MOERJ advances equity through policy, programs, practice, and structural reforms. This newly enshrined office includes the NYC Commission on Gender Equity (CGE), the NYC Unity Project (UP), and the NYC Young Men's Initiative (YMI), as well as multi-agency bodies, including the NYC Pay Equity Cabinet (PEC) and the NYC Taskforce on Racial Inclusion & Equity (TRIE). Together, this body of offices and commissions places equity and racial justice at the heart of city government.

Racial Equity Plan (MOERJ)

- MOERJ will issue the city's first citywide racial equity plan, establishing short and long-term goals and strategies for advancing racial equity and addressing disparities. The city's plan will reflect community priorities and be rooted in the foundational values of the new City Charter preamble, which calls on the government to:
  - Value the talents and contributions of all
  - Ensure all individuals have the conditions for thriving
  - Address the harms of the past.

Unity Project Trauma-Informed Healing Initiative (MOERJ)

- A new community-led healing initiative for the LGBTQ+ community to support those disproportionately impacted and suffering due to trauma, religious hate, and discrimination. The work aims to build the capacity across several providers to address clients' past trauma while creating educational curriculums, trainings, best practices, and therapeutic spaces for fellowship.

PMH-AANHPI (DOHMH)

- Launched May 27, 2023, PMH-AANHPI focuses on promoting mental health and prioritizing resilience for all. The program is designed to learn about AANHPI community priorities for behavioral health supports and services and to increase mental health awareness and capacity for AANHPI communities in New York City. As of December 19, 2023, 2134 community members have attended 204 PMH-AANHPI workshops.

Exhale to Inhale (ENDGBV)

- ENDGBV partners closely with Exhale to Inhale to address their provider community and survivors' significant wellness needs. As such, ETI provides ongoing trauma informed yoga to survivors of domestic and gender-based violence and partner staff at each of the city's Family Justice Centers and provides ongoing trauma informed training to the DV/GBV prevention community as part of ENDGBV's ongoing core and advanced training series.

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. Current funding extends through June 2024.

Mental Health Training and Promotion for NYCHA Resident Leaders (NYCHA, DOHMH, ACBH, CUNY)

- NYCHA hosted 2 Mental Health First Aid training sessions in November 2023 at NYCHA headquarters, led by DOHMH trainers. A total of 50 learners participated, including participants from all 5 boroughs, most of whom are NYCHA resident leaders. NYCHA also routinely promotes Academy for Community Behavioral Health courses among resident leaders. NYCHA hosted a citywide resident leader resource

webinar/convening in May 2023 in recognition of Mental Health Awareness Month. Speakers included DOHMH (Mental Health Plan), Academy for Community Behavioral Health, and the Staten Island Wellness Fellows Project (led by College of Staten Island).

NYCHA Mental Health Task Force (NYCHA, DOHMH)

- NYCHA and DOHMH's Office of Health Equity Capacity Building launched the Task Force in September 2023. It is a citywide collaborative working to improve mental health outcomes by bringing together NYCHA residents, community-based organizations, and city agencies to develop solutions responding to mental health challenges faced by NYCHA communities. The Task Force is working to solidify preliminary findings and recommendations in the first quarter of 2024.

Prevention

The Early Relationship Abuse Prevention Program (ERAPP) (ENDGBV)

- The Early Relationship Abuse Prevention Program (ERAPP) places a community educator in middle schools to provide education, outreach, and training to students, caregivers, and teachers regarding healthy relationships, domestic and gender-based violence, and conflict resolution. ERAPP staff not only help middle schoolers identify unhealthy behaviors and build healthy relationship skills at a critical time in their development, but also work to create a school culture that supports those relationships and creates safe spaces for young people to seek help for themselves and their peers. The program currently engages three community-based providers to serve 128 middle schools throughout the city, who conducted 1,248 workshops, reaching 45,164 students in 2022.

Perinatal mood and anxiety disorders (PMADs) (ACS)

- The Administration for Children's Services (ACS) is leading a promising new initiative to address the needs of women experiencing perinatal mood and anxiety disorders (PMADs). In partnership with The Motherhood Center, ACS hosted a session for executive leadership, designed for policy makers to discuss PMADs best practices and address practice and policy misalignment within their divisions. ACS also formed workgroups led by divisional chairs, which over the course of five months will craft a list of key policy and practice recommendations for the Commissioner. These recommendations will be informed by divisional PMAD self-assessment tools and consultation with The Motherhood Center. ACS has also provided PMAD 101 training to staff and will continue to have resources available, including individual case consultation to contract agency providers. These resources and training support for direct service practitioners aligns with PMADs best practices. This initiative is an important step in sharpening ACS's internal and external recognition and response to PMADs, with the aim of improving maternal mental health outcomes for women in NYC.

The ABCs of Healthy Relationships (ENDGBV)

- The ABCs of Healthy Relationships is an interactive web-based toolkit to help elementary school students develop healthy relationships with their friends and classmates as building blocks for healthier partner relationships as they grow older. Recognizing that young people cannot sustain shifts in behavior without support from adults in their lives, The ABCs of Healthy Relationships also includes guides for educators and caregivers. The ABCs of Healthy Relationships student toolkits and parent, caregiver, and educator guides are free and are available to all young people and adults in NYC through the ENDGBV website, and DOE Parent University.

Suicide Prevention Training (DHS + American Foundation for Suicide Prevention (AFSP)

- DHS is collaborating with the American Foundation for Suicide Prevention (AFSP) to launch suicide prevention training for DHS staff. The training program aims to provide general education around suicide risk factors, prevention, warning signs, and seeking support.

A Blueprint for Community Safety (Office of the First Deputy Mayor)

- In July 2023, Mayor Adams and the Gun Violence Prevention Task Force, co-chaired by First Deputy Mayor Sheena Wright and AT Mitchell, Founder and CEO of Man Up Inc., released "A Blueprint for Community Safety," outlining a roadmap focusing on upstream social determinants to address gun violence, focusing on the neighborhoods most impacted by gun violence. As part of this effort, more than 50 members of the task force, representing 20 city agencies, engaged roughly 1,500 community residents over the course of Spring 2023 through community convenings and youth town halls. The recommendations advanced in the blueprint represent a holistic approach to community safety, focusing on prevention and intervention strategies that use a public health and community development model to address the root causes of gun violence. To that end, the task force identified seven strategies including trauma-informed care, navigation and benefits, early intervention, and community vitality.

Proactive Prevention for Youth and Young Adults (DYCD)

- Opportunity Starts with a Home (OSH) called for the city to make it easier for youth and young adults (YYA) at risk of homelessness to find and take advantage of resources. In response, DYCD and OCMH worked in partnership to design and implement a multimedia public awareness campaign on youth homelessness and existing services, including mental health support at the Runaway and Homeless Youth Drop In Centers and the 988 hotline. Images were designed in response to feedback from youth and young adults, including those with lived experiences and expertise. The content launched at LINK sites across New York City in Winter 2023 (December 4th - December 31st), encouraging youth ages 14-24 who want to be connected to resources to reach out, especially in target zip codes.

Cornerstone Case Management (DYCD)

- Cornerstone Case Management Expansion Project is an initiative that provides additional services and resources needed to support young adults who are engaged in crew/gang activities and at times violence and utilizes a strength-based, youth-centered, trauma-informed lens to support these specific young adults with positive alternatives. This consists of a case-management approach which incorporates a Social Worker, a Navigator, and the development of Peer Support Leaders into assigned Cornerstone Community Centers. This project was launched in FY23 and was re-awarded for FY24. The following sites served 86 youth in FY23:
  - Child Center of New York – Beach 41st Street, Queens
  - Medgar Evers/CUNY Research Foundation – Van Dyke, Brooklyn
  - SCAN – Wagner, Manhattan

Supporting Emotional Well-Being and Promoting Healing

- NYC Health + Hospitals' Arts in Medicine department is part of a larger systemwide strategy to support emotional well-being and promote healing for patients, families, employees and the greater community by utilizing art and cultural interventions. These include literary, music, visual and performing arts. Using the hospital's permanent art collection dating back to the 1930's, the department curates evidence-based design spaces throughout the entire system. In 2023, Arts in Medicine supported nine NYC-based artists as they developed murals in partnership with staff and community members as part of the Community Mural Project, the largest mural program in a healthcare setting. The department also hosted a public artist in residence who was embedded in the health system's gun violence prevention programs, and it curated an exhibit of artwork from patients in NYC Health + Hospitals/Correctional Health Services' Creative Arts Therapy program at Riker's Island installed alongside art in the health system's permanent collection. In addition, Arts in Medicine coordinates ongoing concerts for staff, patients, and visitors through its Music for Soul series and empathy-building workshops using art observation for staff through its H + H Art of Medicine program. Finally, the Lullaby Project connects musicians from Carnegie Hall with new parents to create personalized lullabies contributing to parent-child bonding.

PART 3:

Building Mental Health Workforce Capacity

NYC

**Mayor's Office of
Community
Mental Health**

Gaps

For any city facing a mental health crisis, the mental health workforce plays a vital role in mitigating and managing the crisis. Its role in sustaining and rebuilding a city where all New Yorkers are safe, healthy, and able to access opportunities to lead fulfilling lives is also equally critical. However, New York City's mental health workforce is confronted with interconnected obstacles: 1. a shortage of mental health professionals working in the public sector; 2. insufficient diversity and inclusion; and 3. workforce burnout.

1. A Shortage of Mental Health Professionals Working in the Public Sector

The concern about a mental health workforce shortage is a commonly recognized one. However, in New York City, the mental health workforce has actually grown in size over the past three decades. Notably, this growth is primarily concentrated in the private sector, particularly in settings that rarely accept insurance. On the contrary, the mental health workforce in the public sector continues to shrink.[93] This disparity in growth between the private and public sectors highlights the need for targeted efforts to bolster the public mental health workforce, ensuring that the services are accessible and inclusive for a wider segment of the population.

Vacancy

The public mental health sector broadly includes government agencies, public hospitals and clinics, schools, non-profits, community-based organizations (CBOs), faith-based organizations (FBOs), and facilities that accept Medicaid. While there is limited data on vacancy rates across all facets of the public sector, state-wide data on the mental health-related government workforce shows an increase in vacancies. From 2000 to 2020, jobs in the mental health-related private sector industries in New York State increased by 34.5% while jobs in government decreased by 9.9%. Vacancy rates were considerably high in some behavioral health and social service agencies.[94] High vacancy and turnover rates overburden remaining staff and lengthen wait times for patients to access mental health treatment.

Impact of salary

Low salary drives many clinicians to leave the mental health industry or seek higher paying jobs within the mental health sector, often leading them to private practice or other private sector positions - further draining and straining the public sector. In 2022, the purchasing power of mental health professionals in New York City was approximately one third less than the national median when adjusted for cost of living. This included 31% less for social workers and 35% less for psychologists. While the adjusted cost of living was 52% less for psychiatrists.[95] Cost of living challenges impact allied mental health professionals as well. In 2023, OCMH conducted a series of listening sessions with over 80 peers (individuals with lived experiences of mental health conditions) including Peer Specialists, Youth and Family Peers, and other advocates. The highest ranked pain point with regards to employment was that wages were too low to sustain families.

Availability of providers accepting insurance

Information from the 2022 RAND Corporation study commissioned by OCMH indicates that despite the presence of numerous mental health providers in New York City, a significant portion do not accept Medicaid or other forms of insurance. This survey finding underscores a workforce shortage that affects people who cannot afford to pay for mental health treatment out of pocket.[96]

Low insurance reimbursement rates for behavioral health services significantly impact the ability of provider agencies to hire, adequately compensate, and retain workers. Reimbursement rates in New York State for medical/surgical providers in 2013 were 4.8% higher than for behavioral health providers and this has worsened over time, as in 2017, medical/surgical rates were generally 18.5% higher than behavioral health rates.[97] Often the public system loses early career mental health professionals, who have achieved licensure by serving the

public serving system, to private pay opportunities where they can set their own rates or where pay is sufficiently competitive.

2) Insufficient Diversity & Inclusion:

The mental health workforce in New York City is strongest and most effective when it reflects the diversity of the city's residents. Clients seeking mental health care often seek out providers who can communicate in their preferred language or relate to their racial, ethnic, and gender identity, sexual orientation, religious, spiritual, and cultural experiences. The lack of representation among certain groups results in reduced access to care and further exacerbates mental health disparities for underrepresented or marginalized groups. The 2022 RAND study emphasized the need for providers who can practice in languages other than English, citing one respondent who shared, "Spanish social workers are a challenge to get, let alone [workers who speak] the other languages we have."[98]

Regarding racial and ethnic diversity, practitioners in NYC remain disproportionately white, including 73% of psychologists.[99] In 2022, although New York City's population was 29% Hispanic/Latino (according to 2020 US Census data), practitioners of Hispanic/Latino descent comprised only 10.1% of psychologists, 10.8% of psychiatrists, and 19.5% of marriage and family counselors.[100] Similarly, with NYC's population being 14.5% Asian in 2022, Asian practitioners comprised only 6.1% of psychologists, 8.1% of social workers, and 8.2% of marriage and family counselors.[101] Moreover, Cornell researchers examining differences between Black and White mental health-related workers in New York State government industries found disparities across both race and gender. Between 2000 and 2020, the rate of attrition for Black and African American female workers was more than double that of their white female counterparts (-26.5% vs -12.3%).[102] The disparity was approximately three times greater for Black and African American men (-27.6%) compared to white men (-9.4%).[103] These findings highlight significant challenges and disparities in recruitment and retention rates within the mental health workforce, particularly for BIPOC practitioners.

While NYC social workers are diverse in general, they are not fully representative of the NYC population they serve. A key contributor to the limited diversity in the profession is the onerous, costly, and biased licensure process.[104] This creates unnecessary barriers for otherwise qualified mental health professionals to enter the workforce and furthers racial disparities among licensed professionals.

In addition to being diversified across socio-cultural demographics, the mental health workforce must be diversified across disciplines. The workforce sector of mental health professionals is commonly perceived to only include master's level social workers, psychologists, and psychiatrists, but it also encompasses a range of additional professionals including Licensed Mental Health Counselors (LMHCs), Occupational Therapists (OTs), Licensed Creative Art Therapists (LCATs), Licensed Marriage and Family Therapists (LMFTs) and allied mental health workers including Peer Specialists (Peers) and Community Health Workers (CHWs). While social workers comprise the majority of mental health professionals obtaining licensure each year[105], there are many components of mental health service provision which can be provided by individuals holding other licenses or certifications. Given the current mental health workforce crisis, agencies and organizations are considering strategies to employ allied health professionals and clinical providers, when appropriate, to ensure the best care for New Yorkers seeking services.

3) Workforce Burnout:

During a series of community engagement sessions led by the NYS Office of Mental Health in Spring 2023, New York City-based participants provided insight into the barriers to recruitment and retention of a diverse and sustainable public mental health workforce. Retention barriers included insufficient cost of living increases, large caseloads, heavy administrative burden, and the cyclical nature of understaffed workplaces and underpaid professionals. These factors often lead to overstretched staff reaching a state of burnout, resulting in high turnover rates and lack of continuity of care.[106] Similarly, during the OCMH listening sessions with Peers,

participants voiced their concerns regarding lack of supportive supervision and professional development, and an overwhelming workload leading to burnout.

Burn out and moral injury are more likely to occur for professionals working in challenging environments, particularly in settings serving clients facing multiple adversities and with persistent understaffing. According to the Office of the Surgeon General, factors contributing to healthcare worker burnout include limited flexibility and autonomy, excessive workload and hours, burdensome administrative paperwork, structural racism and health inequities, as well as mental health stigma.[107] Additionally, moral injury can stem from feelings of guilt over failing to prevent patient death or serious injury, loss of trust in colleagues or supervisors, and tensions between one's actions at work and one's own morals and values.[108] [109] In other words, when mental health professionals experience distress due to having their personal ethical principles compromised in the pursuit of positive outcomes for clients, their risk of burnout and moral injury increases. By addressing these long-standing systemic, structural, ethical, and workplace culture factors driving burnout and moral injury, New York City can develop a stronger and more sustainable workforce to best meet the mental health needs of all community members.

The City's Response

The Academy for Community Behavioral Health (CUNY, NYC Opportunity, OCMH)

- The Academy for Community Behavioral Health (the Academy) at the CUNY School of Professional Studies (CUNY SPS) is one of OCMH's two signature initiative and offers training, coaching and implementation support free of charge to CBOs and city agencies. Launched in June 2021, the Academy builds the capacity of NYC social service providers to advance relevant and effective behavioral health support where people already live, work, learn, play, and seek help. In 2023, the Academy's work to strengthen and develop the community behavioral health workforce included two pilot initiatives:

  Youth Mental Health Advocate Program (ACBH) (NYCO, CUNY)
  - The Youth Mental Health Advocate program equips young people with skills to provide culturally responsive mental health support to their peers. As part of Working the Gap, an initiative of CUNY SPS Youth Studies and the Academy, this program combines paid work experience in a community-based organization, applied skills training, college credits, and career advisement for youth who have completed HS or a GED and are not currently enrolled in college.

  Trauma-Informed Organizational Practice (ACBH) (NYCO, CUNY)
  - Co-designed with input from staff, supervisors, and senior leaders at 25+ NYC organizations, this program uniquely centers care for staff as the foundation of trauma-informed practice. The 8-month pilot included training, coaching, and implementation support for supervisors and organizational leaders from three competitively selected organizations: CASES, The Door, and NYCHA. It equipped participants with more nuanced understandings of trauma and its impacts, along with skills to care for themselves as leaders, deliver trauma-informed supervision, and advance practice or policy changes to protect staff from the effects of primary and secondary traumas so they can deliver effective care.

Supporting School Social Workers (NYC Schools Central Crisis Response Team- CCST)

- To increase support at schools and for social work interns, NYC Schools CCST placed 205 school social work interns across the city. NYC Schools CCST provides training for interns and practicum instructors to ensure interns are receiving relevant, quality professional learning to develop their skills and improve the services they provide to school communities. NYC Schools CCST also supports social work practice through city-wide office hours offered for social workers and other stakeholders. Specifically for school social workers, NYC Schools CCST offered 14 continuing education cohorts since SY '22-23. Through this training, over 400 social workers received free CEU credits in the following topics: Culturally

Responsive School Social Work, Narrative Therapy, Attachment Theory, Social Work Ethics and Professional Boundaries.

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

- 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. Through this initiative, 27 providers have been awarded between $30,000 and $50,000 in student debt relief to date.

New York City Health + Hospitals 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 hospital 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 Peer Academy has graduated over 70 peer counselors to date.

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

- The Behavioral Health Associate (BHA) Academy provides training that reduces the 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 BHA 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. Starting in December 2022 through 2023, 455 New Hire BHAs were trained and 372 incumbent BHAs were trained.

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 New York City. 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. In FY23, a total of 30 candidates responded to the campaign and of them 12 have been hired or are in the process of being hired.

Do More Feel Better (NYC Aging)

- NYC Aging's "Do More Feel Better" program uses behavioral activation to improve wellness for individuals experiencing symptoms of depression with peers/volunteers trained to become coaches that help individuals set a goal of doing at least one pleasurable or rewarding activity each day, as a supplement to other mental health services.

PART 4:

Strengthening the Mental Health Crisis Response

NYC™

**Mayor's Office of
Community
Mental Health**

Gaps

What is a Mental Health Crisis?

A mental health crisis is a vulnerable time for an individual and making the right connections to care is critical. Anyone can experience a mental health crisis, irrespective of having mental health or substance use diagnoses. It may not be widely known that individuals without diagnosed or pre-existing mental health conditions can still experience such crises. Mental health crises arise from various life stressors, traumatic events, sudden life changes, or situations that affect or overwhelm a person's emotional well-being. Each mental health crisis is a unique situation, stemming from highly personal circumstances related to each person's identity, temperament, culture, personal history, and environmental stressors. A crisis may manifest as acute episodes of anxiety, panic, extreme distress, or other emotional challenges. In general, a crisis can be intensely debilitating and cause acute disruption to the individual's ability to function. Like some medical crises, mental health crises require a time-sensitive response so that the individual may receive assessment and appropriate intervention to restore safety, stability and sense of control and well-being. It should be emphasized that everyone's experience and threshold for crises differ, so what may be urgent for one person might not be the same for another.

A mental health crisis can be debilitating and usually necessitates professional help with an "urgent" or "emergency" response. An " urgent crisis" situation is one that requires prompt attention but is not immediately life threatening. An "emergency" is life threatening, or potentially dangerous, situations that demand immediate response, typically summoning medical or safety support by calling 911.

High Demand for Services

New York City has a comprehensive and multi-faceted set of crisis response services. However, the sheer size of the population, coupled with the high volume of daily calls received by various response services, and workforce shortages, puts a strain on NYC's ability to effectively address the challenges faced by those with urgent mental health needs. Administrative data from NYPD notes that in 2023 the NYPD received almost 175,000 mental health calls. Workforce shortages spanning the entire mental health system and the emergency response system, may result in increased response times to crises and emergencies. (See details regarding workforce gaps in Expanding Access to Mental Health Care and Building Mental Health Workforce Capacity.)

Limitations of the Crisis System

According to the Substance Abuse Mental Health Services Administration (SAMHSA) National Guidelines for Behavioral Health Care, an ideal crisis response system must include "someone to talk to, someone to respond, and a place to go." In NYC, all three of these components are available within our behavioral health system:

- Someone to Talk to: NYC 988, the National Suicide Prevention Lifeline (formerly NYC Well) offers 24/7 direct connection to compassionate and accessible care via trained crisis counselors. New York City has become a national paradigm in 988 implementation, building off earlier crisis response investments and the city's successful history developing NYC Well,
- Someone To Respond: Through NYC 988, the city makes available various types of multidisciplinary mobile response teams that can provide support to individuals anywhere from two hours to 48 hours.
- A Place to Go: NYC has options for receiving individuals experiencing a mental health crisis ranging from community-based urgent behavioral heathcare to enhanced emergency departments offering specialized care for psychiatric emergencies.

While all components of the ideal crisis response system exist in NYC, pathways to and through these services can be fragmented and vary in availability based on factors such as time of day, neighborhood, and program capacity. For example, since all 988 calls are routed to the nearest geographic 988 crisis call center based on area code and not their actual location.

Additionally, the city lacks a 24/7 mobile response option in every community, resulting in emergency response teams, frequently involving law enforcement, stepping in to address this gap. Emergency responses involving the NYPD and Fire Department of New York Emergency Medical Services (FDNY EMS) almost exclusively route someone experiencing a mental health crisis to the hospital, even when the individual may be better served by being connected to care in the community.[1] Nevertheless, many community-based crisis stabilization services that have demonstrated great success, such as Support and Connection Centers (described below), are not available in every borough.

Need for Public Education about When to Use What Service

Another gap comes in the form of entry point for appropriate crisis response services. It is important to note that mental health crises range in severity; they require prompt attention and may or may not be life threatening which may lead to confusion about what type of crisis service to call when help is needed.

Since October 2016, NYC WELL has served as the prominently promoted central mental health helpline. It was sunsetted in September 2023 and transitioned to 988 (see additional details in the section "988 Formerly NYC Well" below). Despite this important resource being made available, it is not uncommon for individuals experiencing a crisis, their care providers, family and friends, or bystanders to utilize 911 as an initial entry point for seeking help. While emergency services, including 911, play a crucial role in providing immediate assistance and linking individuals to appropriate care during potentially dangerous situations; many crises are best addressed by calling 988 for crisis counseling or a mobile crisis team response (described below). Providing education to the public on optimal navigation of these nuanced situations would enhance both public safety and community mental health.

Need for a Highly Coordinated Multisystem Person-Centered Approach

The collaborative efforts between mental health professionals, law enforcement, and crisis counselors are essential for ensuring a well-rounded response that considers the specific needs and circumstances of individuals experiencing mental health concerns.[110] Elevating NYC crisis care to adhere to best practices requires implementing efforts to provide a person-centered health response that aims to engage without force, if possible, with a culturally responsive, transparent approach offering peer support in a model of care that maximizes collaboration between law enforcement and the mental health system.[111]

The City's Response

Care, Community, Action: A Mental Health Plan for New York City

The child, youth, and family mental health section of the Care, Community, Action: A Mental Health Plan for NYC, sets out a broad framework for addressing youth mental health, focusing on promoting positive mental health, prevention and targeted care, and outlining key initiatives for children in crisis:

- Implement the new Caring Transitions program, a collaboration between the NYC Department of Health and Mental Hygiene, NYC Health and Hospitals (H+H) and the Mayor's Office of Equity (MOE), to reduce readmission to emergency departments for youth in Queens and the Bronx ages 5 to 17 who have experienced a suicide attempt or clinically significant suicide-related behavior. Evidence shows providing follow-up care after a suicide-related hospitalization is highly effective at preventing a re-attempt. Multidisciplinary Caring Transition teams will support connection to outpatient services in their communities while providing additional supports for up to 90 days post-discharge.[112]
- Expand youth suicide prevention data resources: The NYC Health Department, with support from the MOE, is expanding its capacity to recognize, monitor and respond to youth suicide attempts, deaths, and

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1   Of course, if involuntary removal for psychiatric evaluation is warranted under the criteria in New York's Mental Hygiene Law, then it is appropriate to bring them to a hospital for psychiatric evaluation.

other mental health trends, as well as address inequities, by investing in suicide prevention research and data collection.[113]

- Increase access to the NYC Health Department's children's Mobile Crisis Teams by increasing awareness and promotion of this resource among youth, families and the providers who work with them.

Mental Health Crisis Response

988 (Formerly NYC Well)

- Starting on October 1, 2023, NYC DOHMH transitioned to the federal 988 number to make it as simple as possible for people in crisis to reach immediate support and connection to local services. New Yorkers continue to receive the same mental health support provided by NYC Well when they call 988. New Yorkers experiencing mental health crisis, looking for emotional support, information or referral to mental health services can call or text 988 or chat at 988lifeline.org/chat. People looking to speak with a certified peer specialist should request "peer support" when they are connected to a counselor. Providers making referrals to Mobile Crisis Teams for children and adults can continue to select the Mobile Crisis Team Referrals option on the "For Providers tab" at nyc.gov/988.

B-HEARD - the Behavioral Health Emergency Assistance Response Division (an interagency collaboration between the New York City Fire Department (FDNY) and NYC Health + Hospitals with oversight from the Mayor's Office of Community Mental Health (OCMH)

- B-HEARD began in three precincts in East Harlem and currently operates in 31 precincts across Upper Manhattan (Harlem, Washington Heights, Inwood), high needs neighborhoods in Brooklyn (including East New York, East Flatbush, Remsen Village, Marine Park, Canarsie, Crown Heights, Wingate, and Prospect Lefferts), Western Queens, and all of the Bronx. Teams operate seven days a week, 16 hours a day within the pilot area. From launch in June 2021 through June 30, 2023, B-HEARD responded to over 5,000 911 mental health calls.
- Now, within the pilot area Emergency Medical Technicians/Paramedics from FDNY and mental health professionals from NYC Health + Hospitals (H + H) respond together to mental health 911 calls, helping people with emergency mental health needs get appropriate help and health-centered assessments from trained mental health professionals.
- The goals of the B-HEARD program are to:
  - Route 911 mental health calls to a health-centered B-HEARD response whenever it is appropriate to do so
  - Increase connection to community-based care
  - Reduce unnecessary transports to hospitals
  - Reduce unnecessary use of police resources
- In the first six months of 2023, B-HEARD teams responded to the majority (55%) of mental health calls eligible for a B-HEARD response as the pilot grew to serve more neighborhoods. Of the individuals who received a behavioral health assessment through B-HEARD, 42% were treated and served in their community with options for behavioral healthcare that was not previously part of emergency response, and there was a significant reduction in unnecessary voluntary transports to a hospital compared to a traditional response.

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.
- There are 24 Mobile Crisis Teams, operated by hospitals and community-based providers in contract with NYC DOHMH and licensed or designated by NYS OMH. There are 19 adult Mobile Crisis Teams

and five children Mobile Crisis Teams across the five boroughs.

- Mobile Crisis Teams receive referrals from 988 or from within the hospital system and respond in 2-3hrs citywide, seven days a week, 8am-8pm, to fixed addresses, including shelters, but excluding street or subway.

Co-Response Teams (DOHMH, NYPD)

- The Co-Response Program (CRT) serves individuals presenting with behavioral health (mental health and/or substance use) challenges and an elevated risk of harm to themselves or others. A collaboration between the New York Police Department (NYPD) and the Department of Health and Mental Hygiene (DOHMH), the program partners two NYPD officers with a DOHMH Behavioral Health professional to create a Co-Response Team. The objective of CRT is to help individuals remain connected in the community and reduce community members' interactions with the criminal legal system. To achieve that goal, CRT offers time-limited pre- and post-crisis intervention and support. Due to staffing shortages, CRT temporarily operates Monday-Friday, 10am-6pm.

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

- Health Engagement and Assessment Teams (HEAT) support New Yorkers who have mental health or substance use concerns to reduce their criminal justice involvement. Teams are comprised of a behavioral health professional and a health navigator (someone who has experienced mental health or substance use concerns, or criminal justice involvement). HEAT helps New Yorkers get the care and services they need to stay healthy by providing time-limited, pre-and post-crisis care management and community engagement.
- HEAT also works in collaboration with other city agencies by accepting referrals and providing or assisting connection to follow-up care. HEAT extends their services to people served by the Behavioral Health Emergency Assistance Response Division (B-HEARD), and work 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).
- A new addition to HEAT, the Neighborhood Response Unit (NRU) provides equitable access to behavioral health resources for all NYC communities to thrive and recover from traumatic events. Teams use a multi-disciplinary community engagement approach to help improve individual and community-level behavioral health and well-being in NYC communities that evidence the poorest health outcomes or have experienced a traumatic event. While responding to traumatic events and partnering with municipal agencies to provide a coordinated City response to events per Mayoral requests, NRU will provide services that help adaptive coping and promote resilience.

9.58 Clinician Training (DOHMH)

- DOHMH provides monthly Community Behavioral Health Crisis Intervention Training, which includes 9.58 removal policy and practice, to educate and designate certain clinicians working in outreach to unhoused individuals. The training covers basic skills for community-based mental health outreach, engagement, and safety in various settings; understanding and applying an anti-bias and anti-racist lens when engaging and assessing individuals; acknowledging the potential influence of alcohol/drug consumption when assessing individuals; identifying predictors of violence when assessing individuals; and executing 9.58 removals. IN FY2023, 224 providers were trained and 124 were designated.

CONCLUSION

The purpose of OCMH's Annual Report on "Critical Gaps in the Mental Healthcare System in New York City" is to shed light on the current mental health needs of New Yorkers, with a particular focus on special populations with unique vulnerability and needs, to summarize the city's efforts towards achieving equitable access to mental health care for all. This report highlights gaps in service access and barriers to remaining connected to care, especially for New Yorkers in greatest need. The report presents strategies to help close those gaps, illustrating efforts of multiple city agencies, collaborative work across city and state government entities, and systemic changes aimed at improving access and care connections in the months to come. This report documents the shared commitment of NYC agencies to prioritize the mental health of the people we serve collectively. By strengthening collaboration through efficient information sharing and coordination, we can ensure that these efforts will have positive impact on improving the mental health outcomes of New Yorkers.

While we acknowledge the increased commitment to address the city's critical gaps in the mental healthcare system, there is more work to be done. Several key areas that require attention include combating stigma, particularly towards individuals with substance use disorders and serious mental illnesses; improving communication pathways and information sharing among care providers; conducting ongoing community outreach to promote mental health awareness and knowledge, and directing resources to, strengthen community resilience. In addition, ongoing short-term and long-term strategy to bolster the mental health workforce remain crucial. Continued investment in crisis services and interagency coordination around mental health crisis response, alongside ongoing community education and awareness programs will create a more supportive and effective mental health care system in New York City. Continuous data feedback, assessment of impact, and responsive adjustments are necessary to better meet the evolving needs of the community. Furthermore, special populations identified as in need of mental health supports such as people with substance use problems, female veterans, justice involved individuals, pregnant individuals, families with very young children, youth at risk of suicide, and socially isolated older adults require tailored mental healthcare and resources to meet their unique needs.

Eliminating gaps in the mental healthcare system demands coordinated all-government efforts to tackle both current hurdles and the foreseen and unforeseen challenges to come. The Mayor's Office of Community Mental Health remains committed to collaborate with sister agencies, partners at all levels of government, community partners, nonprofit providers, the City Council, and fellow New Yorkers to fortify our approach, optimize preparedness, and champion mental health for all New Yorkers.

Together, we will strive to build a stronger, more resilient, and equitable mental healthcare system.

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