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

March 2023

Letter From City Hall

To my fellow New Yorkers:

We have been through a lot together over the past few years.

The New York state of mind has always been resilient, yet the COVID-19 crisis affected us all as we experienced collective grief and fear daily. Just as no one was immune from the virus, no one was immune from the effects of pandemic-related stress.

Now, as we rebuild and recover, we see how important it is to protect, promote and treat mental health, just as we would physical health.

Today, we release Care, Community, Action: A Mental Health Plan for New York City – a comprehensive look at how we will address mental health as a city and as a community, from awareness and prevention to screening and treatment.

We are going to support people before they are in crisis. For those already in need, we will make sure they have the resources, care and compassion they need to manage their condition and flourish in our city. That includes children, youth and families; those with serious mental illness; and those suffering from addiction and trauma.

While there has been so much loss and suffering in recent years, we are in the vanguard of new insights and treatments that improve outcomes every day. We cannot merely treat the symptoms of mental health – we must build a city that promotes positive outcomes for all.

A healthy city begins with our continued commitment to equity, good jobs and schools, and affordable housing. No one can be expected to thrive mentally and emotionally if they don't know from where their next paycheck or meal will come.

The pain of the pandemic was real, and we will turn it into purpose. We will use our collective experiences to respond to mental health crises – without prejudice or stigma.

Our Administration intends to center mental health policy in all we do going forward. This plan will transform our approach and lay the groundwork for a healthier, happier, more resilient city.

Sincerely,

Eric Adams
Mayor

Letter From the Commissioner of Health

Dear Fellow New Yorkers:

As a New Yorker and the City's doctor, I know that mental health is one of the most pressing public health challenges of our time. We are hurting, coming out of a world-altering pandemic, layered on top of long-standing social and economic inequities that have made life too hard for too many. I know that New Yorkers are healthier when they live in a city that's healthy, and that health has been tested and worsened over the past years. When the stakes are this high and widespread, we are all stakeholders, and we must come together to lift our communities and build a healthier city for all 8.8 million New Yorkers.

It's deeply personal too. As a husband, a father of school-age children, and a loved one of people who have faced and who have succumbed to significant mental health challenges, I recognize the parallels between the needs of our city and the needs of my family. And first among those needs is a compassionate, unified and full-fledged response.

I'm proud to lead a public health authority that centers mental health in its mission, especially in this moment. Although efforts have been made to develop effective mental health programs, keeping pace with the need — driven by widening economic disparity, growing environmental destruction, rising gun violence and racial hostility — demands an approach that is as ambitious as it is focused and credible, and that gives mental health its place central to our society and its future — as central as our economy, our infrastructure or our workforce. Loneliness, isolation, anxiety and grief ushered in by COVID-19, the long-term effects of which we are only beginning to understand, have only made It clearer that the time is now for a comprehensive mental health strategy that sets a clear vision for recovery and healing, grounded in public health.

Our Mental Health Plan lays out a public health approach to a population-level crisis. It balances prevention and intervention, policy and programs, and centers its work on population-level data to set ambitious goals, drive collaboration and create accountability across sectors, recognizing the work across levels of

government as well. It is formulated around three groups with the greatest and most urgent needs, because we know that effective public health prioritizes those most impacted and at risk, while improving wider systems that lift up everyone.

Each section of the plan will lay out in greater detail the reasoning and data behind the choice to center youth and their families, people with serious mental illness, and people at risk of overdose, respectively, in our approach. As well, the plan puts forth a clear policy and advocacy agenda that recognizes the underlying structural gaps in our system and the necessary reforms to strengthen its foundations. This is the beginning of what I hope will be a culture-shifting response, and a call to action that we must treat the mental health crisis as nothing less than a grave threat to our collective future — a pandemic that will have no end in sight if we do not act intentionally and ambitiously now.

The development of the plan has been an all-hands-on-deck endeavor, inclusive of the knowledge, contributions, care, and dedication of Health Department experts and leaders, City agency colleagues, partner organizations, clinical systems and community leaders, parents and school officials, human services providers, and engaged New Yorkers across the city. What you are about to read is the manifestation of a collective yet pragmatic vision, the product of a diverse community coming together in solidarity and conviction to create a healthier future for New York City and beyond. The implementation of the plan will require all this and more. We hope you take from the plan an understanding of how you can join this community too, and help us bring that future to life.

Sincerely,

Ashwin Vasan, MD, PhD
Commissioner
New York City Department of
Health and Mental Hygiene

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Executive Summary

A Mental Health Plan for New York City

New York City (NYC) is facing a mental health crisis. An unparalleled period of loss, isolation, trauma, economic insecurity and racial inequity — in large part due to the multiyear global COVID-19 pandemic — has resulted in steep declines in mental health. This is compounded by more than a decade of rising mental health needs. Communities of color have suffered the inequitable impacts of COVID-19,[1] racially motivated violence and political conflict in addition to historic health and socioeconomic disparities. It is time for a comprehensive mental health plan for NYC to alleviate and prevent emotional suffering, and to save lives.

The City's new, comprehensive plan for mental health focuses on three groups of New Yorkers, for which we see the greatest need:

1. Children, youth and families
2. People with serious mental illness (SMI)
3. People at risk of drug overdose

New Yorkers of all ages benefit when we invest in healthy development for children. Focusing on prevention and care for youth can prevent future crises for children into adulthood. People experiencing SMI have not had enough services due to decades of disinvestment,[a] resulting in a decline in their physical and mental health. For those who need support, we must improve their quality of life. Finally, people who use drugs are dying at an alarming rate: It is critical the City make targeted investments to save lives.

For each of these groups, the City has developed goals aimed at improving quality of life, promoting mental health and saving lives, and that pay heightened attention to the communities who have been most and disproportionately affected by disinvestment in mental health systems and the social and economic drivers of mental health and well-being.

The City cannot address these goals alone: It demands leadership and partnership across all sectors and levels of government. Over the past year, we have met with City and State agencies, service providers, mental health advocates and people with lived mental illness and substance use experience to discuss the goals and initiatives for these three groups. This plan is the culmination of that collaboration, and our partners are critical to its implementation. We look forward to taking these next steps together.

[a]The withdrawal or reduction of investments in communities.

A Public Health Approach

This comprehensive plan to address NYC's mental health takes an innovative public health approach to mental health, focusing on New Yorkers with urgent needs. Our focus is on prevention, harm reduction, treatment and recovery. We acknowledge that mental health care is in short supply in our city, especially for those who need it most. We must focus on prevention — including addressing the social, economic, racial and cultural drivers that affect mental health — intervention, and convening resources and supports.[b] We cannot simply treat our way out of this crisis.

- Prevention: Improved mental health starts with people having access to basic needs such as stable housing and healthy food, and includes addressing socioeconomic and structural factors such as discrimination, bias and stigma; economic insecurity; child care needs; and community safety.
- Intervention: Improved mental health continues by enhancing access to quality treatment and care for people in need of support. This means:
  - Identifying needs early
  - Strengthening access and making sure those in need have affordable, acceptable, high-quality and evidence-based treatment in the community
  - Making sure those in need have adequate, high-quality and compassionate acute and crisis care
  - Improving access to interventions that address complex trauma
  - Investing in access and care in communities facing inequitable resources and supports and experiencing inequitable mental health outcomes
- Convening resources and supports: Improved mental health is strengthened by bringing together all sectors of government and private, nonprofit and community organizations to focus on shared goals. The goals within this plan will guide future action across sectors that impact health and serve to organize collective action.

This plan's goals will guide our future actions across the city to improve mental health. With better coordination, we can respond to today's crises while building cohesive, enduring infrastructure for a mental health system that promotes recovery and stability for all New Yorkers in need.

[b]The physical, emotional, social and psychological structures and services put in place to provide care, support and treatment.

This Plan's Layout

This plan is organized into three sections, each focusing on a group of New Yorkers, as follows:

1. Child, Youth and Family Mental Health
2. Serious Mental Illness
3. Overdose Response

Each section outlines our comprehensive goals and strategies, informed by our guiding principles below (see the Appendix for details on each principle), and provides "Framework in Action" examples on how we are or will be implementing initiatives. For each group, we will track key indicators to assess our progress toward the goals. This plan is the beginning of our work, offering a structure around which we will continue to design and deploy programs to reach the goals.

Guiding Principles
Centering equity, anti-racism and human rights
Implementing approaches informed by data, lived experience and community voices
Building and supporting a resilient, skilled and diverse workforce
Using trauma-informed strategies
Fostering collaborative actions across the city's sectors
Focusing on continuous learning, improvement, evaluation and accountability
Innovating for better results for New Yorkers in need

The Child, Youth and Family Mental Health section 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. It recognizes that while children and youth mental health is a pressing public health concern, it is also a space of learning and innovation. The City will continue to evaluate the best practices and models of care that will inform this work going forward.

The sections on SMI and Overdose Response focus on improving quality of life, preventing suffering and crises, and saving lives. These are the areas of work where there is strong evidence and proven strategies, and where investment is needed.

We also outline the policy and research agenda needed to achieve robust, systemic change and a guide for future work in mental health. We recognize that addressing our mental health crisis requires structural changes to how we pay for mental health; the way we recruit, develop, and sustain our workforce; and how we create and measure unified standards of care to guide systemic change. The interdependence of our mental health system on state and federal actions demands policy, implementation and legislative reforms at multiple levels.

The NYC mental health system is one of the most expansive in the world. The Adams Administration is committed to transforming our mental health system from reactive to responsive, investing in credible and proven approaches to transform the way New Yorkers are served. While change will take time, we are moving forward with a renewed urgency toward a more responsive, integrated, compassionate and focused mental health system that we hope will inspire other cities.

Child, Youth and Family Mental Health

- **Goal 1:** Provide children and youth with mental health care that is timely, culturally responsive, accessible and affordable
  - Our strategies:
    - Leverage and increase accessibility of telehealth as part of a continuum of care
    - Support youth facing a mental health crisis
    - Increase appropriate care for children and youth impacted by inequities leading to disparate mental health outcomes
    - Build out school capacity to provide and connect children and youth to care
    - Guide mental health system improvements informed by the experiences of youth
- **Goal 2:** Improve access to prevention interventions for children and youth exposed to risk factors
  - Our strategies:
    - Provide early identification and prevention services within systems that serve and support children and youth
    - Expand supports focused on maternal mental health
    - Create a child and youth mental health “safety net”
- **Goal 3:** Increase awareness and understanding of child and youth mental health and how to care for it
  - Our strategies:
    - Remove the stigma associated with talking about mental health through messaging and outreach developed by youth
    - Provide trainings for youth, parents and caregivers, and other caring adults on how to help improve children's and youth’s well-being
    - Make it easier for youth and families to learn about and connect to available services
    - Collect better data to better understand the current landscape of child and youth mental health

- **Goal 4:** Create environments that equitably support good mental health for children and youth
  - Our strategies:
    - Address potential harms of social media as a toxic exposure, and make sure online spaces are safe for children and youth and do not harm their mental health
    - Create supportive environments in schools through social-emotional learning (SEL) and policies focused on children and youth
    - Make children, youth and families the center of policies that improve their quality of life and prevent chronic stress

The Urgent Issue

When children and youth have good mental health,[c] they are more able to experience well-being, realize their abilities, have fulfilling relationships, learn and work productively, and engage with their families and communities. Many children and youth[d] in NYC, however, are reporting symptoms associated with poor mental health. In NYC in 2021, 20% of children age 3 to 13 had one or more mental, emotional, developmental or behavioral problems.[e,2] In 2021, 8% of children age 3 to 13 had a caregiver who had been told their child had anxiety.[3] This matches national trends.[4] Our children are hurting, especially as we emerge from one of the most difficult periods in our world's history.

In 2019, 36% of NYC high schoolers reported feeling so sad or hopeless almost every day for at least two weeks during the past 12 months that they stopped doing their usual activities, and in 2021, 38% of NYC high schoolers felt this way. Data further show the racial disparities in these reports. In 2021, Latino/a[f] (42%) and Black (41%) students were significantly more likely than White (29.9%) students to report feeling sad or hopeless.[5] Importantly, some youth experience more serious mental health concerns, such as suicide ideation and attempts. Over the last 10 years, we have seen rates of suicide ideation increase from 11.6% to 15.6% among adolescents, with 9.2% of NYC public high school students reporting attempting suicide over the past 12 months in 2021.[6]

[c]Mental health falls on a spectrum. When someone is flourishing — regardless of whether or not they have been diagnosed with a mental health condition — they can be said to have good mental health.

[d]In this plan, the words "children and youth" together are used to refer to the full range of ages from birth to adulthood, including infants, children, adolescents and/or teens. A specific age group may be mentioned when describing particular data points or strategies.

[e]Mental, emotional, developmental or behavioral problems include depression, anxiety, adjustment disorder, attention deficit/hyperactivity disorder, conduct/behavioral problems, autism, intellectual disability or learning problems.

[f]Also known as Latinx or Latine

We also know the importance of healthy relationships and environments to youth's development and well-being. This mental health crisis has been made worse by our current environment, which includes growing strain on families and caregivers, a rise in acts of violent racism and the continuing global COVID-19 pandemic. According to research (Dan Treglia, PhD, email communication, February 2023), more than 8,600 NYC children have lost a parent due to COVID-19. Sadly, 28% of adults reported that the emotional or behavioral health of at least one child in their household had been negatively impacted by the pandemic in the past two months.[7] For youth of color, this includes navigating experiences of interpersonal and structural racism.[8] There is also the rise in use of social media and related technologies among children and youth, leading to growing concern about the impacts of these technologies on young people's mental health.[9]

To improve mental health for children, youth and families, we must:

1. Make sure they have timely access to appropriate services and treatment for mental health conditions.

   As children's and youth's mental health needs increase, service capacity is not keeping up with current demand. Further, the system is fragmented and can be challenging for children, youth and families to navigate, posing another barrier to care. Decades of underinvestment in the systems serving children and youth, especially in communities of color, as well as the fact that the systems are segregated, isolated and not culturally responsive, have resulted in a mental health crisis impacting young people of all ages, backgrounds and abilities, and disproportionately affecting young people of color. We need critical infrastructure improvements, particularly regarding financing and workforce, made in a way that makes sure there is equitable access to care.

2. Provide resources and opportunities that protect and promote the mental health of all children, youth and families.

   This includes reducing children's and youth's exposure to traumatic events known as adverse childhood experiences — for example, abuse, neglect, parental incarceration and discrimination — and offering proactive preventive care when these experiences do occur. In 2021, 23% of NYC children age 1 to 13 had experienced from one to three adverse childhood experiences, and 2% of children had experienced four or more adverse childhood experiences.[10] Research shows us what is at stake if we do not intervene: Adverse childhood experiences have been linked to a variety of health risk behaviors and physical and mental conditions in adulthood; more adverse childhood experiences are associated with more risks, conditions and disease.[11,12]

To create this plan, we brought together an expert team of leaders and collaborators from across the city working to improve mental health for children and youth. We also engaged with youth to learn from their experiences. We heard from both groups that they support:

- A public health approach to mental health: one that meets the needs of all young people, which requires both changes in structural barriers and their day-to-day conditions and experiences[13]
- Addressing the needs of children and youth as well as their parents, caregivers and families because the mental health of these adults can have both direct and indirect impacts on the children and youth around them[14]

A Dual Approach

We envision a city where all children, youth, families and communities have equitable access to the conditions, opportunities, resources and care they need for good mental health. Beyond treating a young person's mental health needs, we must also holistically support them to help them achieve their goals and live fulfilling lives. Fully achieving this vision will require both large-scale investments and more focused investments at the city, state and federal level, specifically for the subset of youth who are experiencing mental health challenges or who are at risk for developing them. On the next page, Figure 1 shows a mental health framework that includes three overlapping levels to consider: one larger sphere (universal) encompassing all NYC youth; a second sphere (selective) within the larger one, encompassing youth exposed to risk factors for mental health issues; and a third sphere (targeted) within the two larger ones, encompassing youth with known mental health challenges.

Making a substantial impact on the mental health of children and youth will require generational changes and support from an array of partners. In the following pages, we outline our goals and strategies as well as specific, actionable initiatives that will offer timely support to young New Yorkers and their families, and provide them with access to the tools they need to achieve and maintain good mental health. These goals and strategies are the starting point for our work and will guide our ongoing thinking, planning and collaboration to fully achieve this vision.

Our Goals

With Figure 1 in mind, the City's comprehensive approach for child, youth and family mental health will focus on four overarching goals, now and in the coming years:

1. Provide children and youth with mental health care that is timely, culturally responsive, accessible and affordable.
2. Improve access to prevention interventions for children and youth exposed to risk factors.

3. Increase knowledge and understanding of child and youth mental health and how to care for it.
4. Create environments that equitably support good mental health for children and youth.

To assess our progress on these goals for children, youth and family mental health, we will track a number of key indicators over time, including:

- Percent of youth reporting feelings of sadness and hopelessness
- Number of NYC Well contacts made by or on behalf of youth

These indicators will likely evolve as we collect more data, including from the future citywide survey on youth mental health described on Page 26. We will work on these goals alongside the many incredible NYC organizations serving children, youth and families. These innovative and impactful organizations provide a rich and varied array of services, forming the backbone of the community-based mental health system, which will be essential to the City's success.

Figure 1: Mental Health Framework for NYC's Kids

Adapted from youth.gov[15]

Goal 1:

Provide children and youth with mental health care that is timely, culturally responsive, accessible and affordable

Youth experiencing symptoms of a mental health condition should be able to access mental health care that is effective, timely and linguistically and culturally responsive. Even families with robust resources struggle to find care, and inequities in access to mental health care in NYC often leave families with too few options. This has led to an overreliance on emergency departments (EDs) and hospitals to address the needs of young people who end up in mental health crises, when they could have been earlier identified and offered support in the community. We must address the City's structural inequities involving financing, workforce and coordination challenges, and technological issues to make sure youth get appropriate, affordable and accessible care for mental health challenges, earlier and more often, especially when the challenges are co-occurring (for example, with developmental disabilities or substance use disorders).

Youth need mental health care that is effective for them. This includes psychotherapies and other interventions that are evidence-informed, developmentally appropriate, trauma-informed[9] and culturally responsive. This also includes coordinated supports that youth need to make progress in their recovery. In many cases, family-based treatment is most effective. We must build a system that appreciates what children and youth might need for their mental health, that each individual and age group is a little different, and that all care should be held to a high standard of quality.

Our Strategy: Leverage and increase accessibility of telehealth as part of a continuum of care

Telehealth includes a range of different approaches to deliver care virtually, including video, audio and text. Telehealth can improve access to care for young people and their families who cannot easily get around or meet the strict time or expenses of traveling to in-person appointments, especially when mental health provider locations might be far away from the child's home.

In addition, many youth feel more comfortable using technology to connect, and technology offers new ways to stay connected outside of traditional therapy sessions. When implemented, telehealth should augment but not replace options for in-person care and recognize equity considerations, such as lack of access

[9]An approach that assumes trauma may exist in a person's history, recognizes its role in their lives, and responds in a way that promotes safety, trust, collaboration and healing.

to certain technologies or private spaces in which to use them. The evidence for many telehealth approaches is still evolving, so implementation should be monitored and evaluated to make sure it improves mental health outcomes and advances equity.

Framework in Action

The City will launch a pioneering Tele-mental Health program for NYC high school-age teens that leverages virtual telehealth services to increase their access to mental health care and minimizes barriers to use. The aim is to open a new, quicker, easier path for youth to access less-intensive mental health services, while building connections to more sustained or more advanced virtual or in-person care based on what the teen needs.

Our Strategy: Support youth facing a mental health crisis

When youth are in a mental health crisis, they need a comprehensive, coordinated response. The City will continue to collaborate with the NYS Office of Mental Health to build the capacity of systems, practitioners, communities and families to recognize and respond to signs of crisis. This means investing in crisis response teams, research on suicide prevention, and services for youth with serious suicide-related behavior or at the first signs of serious mental illness (SMI).

Framework in Action

The City will:

- Implement the new Caring Transitions program, a collaboration between the NYC Department of Health and Mental Hygiene (NYC Health Department), NYC Health and Hospitals (H+H) and the Mayor's Office of Equity (MOE), to reduce readmission to EDs for youth in Queens and the Bronx age 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 reattempt.[16] Multidisciplinary Caring Transitions teams will support connection to outpatient services in their communities while providing additional supports for up to 90 days post-discharge.
- 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 other mental health trends, as well as address inequities, by investing in suicide prevention research and data collection.

- 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.
- Support New York State (NYS) expansion of early interventions through OnTrack, an early intervention treatment program for young people following the first episode of serious symptoms, such as psychosis or a manic episode.

Our Strategy: Increase appropriate care for children and youth impacted by inequities leading to disparate mental health outcomes

Racism, homophobia, transphobia and other forms of oppression have a profound influence on the health and mental health of children, youth and their families.[17,18,19] Family rejection of LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning, plus others) youth is strongly associated with mental health issues, suicidality, homelessness, substance use and sexual risk behaviors.[20] A 2021 survey of public high school students found that 71% of respondents who identified as transgender and 59% of students who identified as gay or lesbian reported feeling so sad or hopeless almost every day for two weeks during the past 12 months that they stopped doing their usual activities.[h,21] In this same survey, Latino/a (42%) and Black (41%) students were significantly more likely than White (29.9%) students to report feeling sad or hopeless.[22] Despite these disparities, there has been insufficient investment in adapting and evaluating interventions for youth of color.

As we continue to work to disrupt and eliminate structural barriers and reduce youth's exposure to these harms, we must also address their impact through the mental health services we offer. This means ensuring youth are able to access care that is culturally adapted, affirms all gender and sexual identities and recognizes experiences of racial discrimination.[23] It also means expanding our knowledge and support for therapeutic models that promote healing.

Framework in Action

The City will:

- Launch innovative community-based suicide prevention pilot programs that serve youth and young adults of color age 5 to 24. The NYC Health Department in partnership with the MOE will invest in interventions that have been adapted to more effectively meet the needs of Black, Asian, Latino/a and Native American youth who face suicide-related risk that includes or is intensified by racial inequities.

[h]These estimates should be interpreted with caution. The estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, or the 95% Confidence Interval half-width is greater than 10 or the sample size is too small, making the estimate potentially unreliable.

- Support youth at risk of or experiencing homelessness, many of whom identify as LGBTQ+, through the NYC Department of Youth and Community Development (DYCD) Centralized Mental Health Services for Youth and Young Adults. These services are embedded in eight mental health locations situated in DYCD's Runaway and Homeless Youth drop-in centers across all five boroughs, and include mental health screenings, short-term individual and group therapy sessions, case consultations, and service referrals.

Our Strategy: Build out school capacity to provide and connect children and youth to care

Schools are a crucial and consistent part of the lives of children, youth and their families. In 2021, 59% of public high school students reported there is at least one teacher or other adult in their school they can talk to if they have a problem.[24] In addition to being critical areas for support and development, schools also serve as key connections to a higher level of support and care if needed. Educators see their students every day, making them well-positioned to identify any mental health concerns early. We must help make sure adults in schools are able to identify and connect youth to the appropriate supports they may need. We are grateful to our State partners for their commitment to support access to school-based mental health services and providers through consistent and equitable insurance reimbursement, including Medicaid.

Framework in Action

The City will:

- Launch suicide prevention training for adults in schools, including nurses, teachers and safety staff, to respond appropriately to the needs of students.
- Expand school-based mental health clinics through a partnership among the Department of Education (DOE), NYC Health Department, NYS Office of Mental Health and community providers.
- Build partnerships to connect H+H clinic staff to schools and provide training in collaborative problem-solving for DOE staff through the Mental Health Continuum Initiative.
- Offer crisis intervention, including through DOE social workers, and de-escalation training for school safety agents to promote appropriate referrals.
- Uplift the role of the Community School Director and lead community-based organizations (CBOs) to support youth access to mental health services within community schools.

Our Strategy: Guide mental health system improvements informed by the experiences of youth

When City and institutional policymakers and staff talk about improving the mental health of youth, the actual people they are talking about — NYC's youth and families — have not usually been present to take part in the conversation. To center the voices of youth and families within the discussions about improving the City's health and mental health care delivery system, we must create spaces for youth and their families to share their experiences and use their input to identify gaps, improve programs and drive policymaking.

Framework in Action

The City aims to make community-informed improvements through these initiatives:

- The NYC Health Department — with support from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care Expansion grant — is conducting community-based research, including community forums, with youth and family members on how to strengthen local community mental health services, then partnering with community members to codesign solutions.
- The NYC Health Department will identify opportunities to strengthen youth and family voices in its advisory bodies, including its Community Services Board and Stakeholder Advisory Committee.

Goal 2:

Improve access to prevention interventions for children and youth exposed to risk factors

There are actions we can take to prevent and reduce the likelihood that mental health issues will emerge among children and youth. This includes intervening when youth have been exposed to risk factors. When mental health challenges do occur, it is easier and more effective to address them before they increase. Early warning signs might include challenges with early social and emotional interactions or behaviors or academic performance and attendance at school. At the start, early warning signs might not appear to be at the level of a diagnosable condition, but they can worsen over time if effective supports are not put into place.

There are factors that might increase the risk for children and youth to experience mental health challenges, including:

- Unaddressed family mental health needs

- Stressors, such as financial, food or housing insecurity, for the family
- Trauma, such as domestic and/or community violence

Whole communities can experience elevated risks for mental health challenges. For example, inequities driven by racism and historical disinvestment at the community level leads to social and economic insecurity, limited opportunity and access, and health disparities that disproportionately affect some communities. This context along with centuries of racism and trauma are community-wide threats to mental health and well-being. When recognized, they should be a signal to mental health practitioners to use place-based[i] strategies to support community members. These strategies should acknowledge and build on existing community strengths and assets.

By recognizing mental health risk factors and early warning signs, and acting immediately with prevention strategies that meet identified needs, we can make sure fewer children and youth are affected by mental health issues. A range of culturally responsive, evidence-based programs exist that address risk factors, build skills and strengthen relationships. They reinforce experiences for children and youth that build their social connections and relationships with trusted adults, and help them develop their coping skills and confidence, drawing upon family, cultural and faith-based traditions. Examples of programs include:

- Skills groups for children and youth who experience challenges managing their emotions
- Support groups for new parents to support the bond with their infant
- Bereavement groups for children and youth who have lost a parent or caregiver

The City must increase access to high-quality, equity-focused interventions that will help prevent mental health challenges and increase positive mental health outcomes for youth exposed to risk factors.

Our Strategy: Provide early identification and prevention services within systems that serve and support children and youth

Many children and youth have frequent contact with service providers, such as child care programs and family social services. The City must make sure every contact between a service provider and a child, adolescent or teen provides an opportunity to identify and offer help for mental health needs.

[i]Strategies addressing communities as a whole by focusing on building relationships with community members, organizations and partners to advance health equity, while recognizing the cumulative and complex way that multiple forms of discrimination overlap to affect them.

Framework in Action

The City will:

- Launch Promoting Mental Health — Asian American, Native Hawaiian and Pacific Islander (AANHPI): Starting this year, in response to a rise in anti-Asian hate crimes and increased risk for poor mental health outcomes, the NYC Health Department in partnership with the MOE will work with CBOs and faith-based organizations (FBOs) that serve AANHPI communities to create a tailored mental health program that provides technical assistance and support for API-serving organizations to deliver mental health education.
- Expand the Human Resources Administration (HRA) and H+H collaboration to provide culturally competent, domestic violence-informed psychiatric and psychological mental health screening, care and treatment to children, youth and adults at HRA-funded domestic violence shelters in NYC.
- Launch the Trauma-Informed Healing initiative through the NYC Health Department and the MOE Unity Project to build capacity for community partners to address bias and discrimination against LGBTQ+/TGNCNB (Transgender, Gender Nonconforming and Nonbinary) New Yorkers. The initiative will advance knowledge, awareness and skills for CBOs and FBOs to support LGBTQ+/TGNCNB healing from the bias and discrimination they face, including from the faith community.
- Work with primary care providers and pediatricians to incorporate understanding of and disseminate information about adverse childhood experiences.
- Support development of Soul Care, an Administration for Children's Services (ACS) and Mayor's Office of Community Mental Health (OCMH) project in coordination with nonprofit organizations aimed at improving the mental health and wellness of foster care youth using a youth codesign framework to better engage youth in the research and design of programs meant for them.

Our Strategy: Expand supports focused on maternal mental health

To effectively promote the mental health and development of children and youth, we must also make sure the caring adults in their lives are receiving the mental health and substance use care they need. This must begin during the perinatal period (the time, usually measured in weeks, immediately before and after giving birth) and continue on throughout the course of parenting, with particular emphasis on the critical first few years of life.

Whole family health is central to child and youth mental health. As part of our strategy, we must check in with caregivers at key milestones in their caregiving responsibilities to identify and address their parenting, mental health and substance use needs in ways that are culturally responsive and support them. Examples of this include H+H maternal mental health programming and the recently expanded NYC Health Department New Family Home Visits program, which provides screenings and support as part of an array of services available to new parents and families.

Framework in Action

The City will:

- Expand the Strong in Shelter program across the NYC Department of Social Services (DSS) Department of Homeless Services (DHS) shelters to decrease postpartum depressive symptoms and prevent postpartum depression. Strong in Shelter strategies reduce maternal stress and increase maternal social support so parents and children in shelters have better access to mental health supports.
- Build on NYC Health Department and ACS partnerships to make sure families have access to mental health supports through programs such as home visiting.
- Collaborate with State partners on ways to work together further on maternal mental health.

Our Strategy: Create a child and youth mental health "safety net"

Many different service providers from schools to health clinics to CBOs, help shape the mental health of children and youth. Often, children and youth at risk of poor mental health outcomes access multiple services across multiple sectors that currently operate independently. With a focus on early recognition and support of mental health needs from sectors that are cross-collaborating, no child should be overlooked and end up in crisis and endangered. To ensure the best mental health outcomes for children and youth, we must support institutions so the needs of children, youth and families can be met more completely and in a way that feels seamless to them.

The City aims to build a youth mental health safety net – a comprehensive system of institutions serving youth that cross-collaborate and improve youth mental health and well-being. This safety net would reduce the amount of daily stress families experience and make sure the needs of youth are met.

Framework in Action

The City aims to create a comprehensive youth mental health safety net, including:

- Defining the various roles and responsibilities among providers caring for and serving children and youth
- Leveraging evidence-based models of collaboration (such as collaborative care models and team-based care) to introduce protocols for routine cross-institutional communication at the client/patient case management level
- Supporting data standardization and integration across institutions for improved planning, referral pathways and delivery of care
- Streamlining administrative issues, especially those related to City contracts, such as eligibility criteria and financing models

Goal 3:

Increase awareness and understanding of child and youth mental health and how to care for it

We want all New Yorkers to know that mental health, like physical health, is something that needs to be cared for throughout our lives, not only when we experience challenges. A critical first step for NYC youth to achieve good mental health is to normalize the emotions we all experience. Yet, when those emotions feel overwhelming, we may need additional strategies to cope. Families, teachers and community members can help children and youth to develop coping skills within the context of a supportive environment. In 2021, 18% of public high school students got help during the previous 12 months from a professional counselor, social worker, or therapist for an emotional or personal issue that they could not face alone.[25]

For children and youth, this can be reinforced by the caring adults in their lives, the community activities in which they participate, and the institutions with which they interact (such as schools) in ways that build on their culture and their identity.

Our Strategy: Remove the stigma associated with talking about mental health through messaging and outreach developed by youth

We must share more knowledge with youth, families and communities to promote mental health and social-emotional development that takes into account the experiences of people from diverse races, ethnicities and cultures, including:

- What it means to be mentally healthy

- How different cultures promote good mental health and healing practices
- What impacts mental health
- Where to go for help

Framework in Action

The City will work with youth — through the youth-designed Anti-stigma Mental Health Campaign in 2023 — to make conversations about mental health part of their knowledge and promote well-being.

Our Strategy: Provide trainings for youth, parents and caregivers, and other caring adults on how to help improve children's and youth's well-being

Everyone can benefit from learning skills and practices to identify and manage their emotions. This knowledge is important for youth and the adults in their lives so adults can effectively support youth. Any trainings must be trauma-informed and allow adults to identify various needs. These skills and practices can prevent the start of mental health challenges and reduce their impact when they do occur.

Framework in Action

The City will:

- Build on the Let's Talk campaign: This campaign, along with additional training for schools, increases conversations around mental health between youth and school staff to maximize good mental health outcomes.
- Enhance the Sports for Family Health program — which provides free sports clinics to about 600 young New Yorkers age 7 to 17, as well as healthy lifestyle promotion and physical activity workshops to their parents, caregivers and guardians — by offering youth Mental Health First Aid training in 2023.
- Launch the Family Acceptance of LGBTQ+ Youth initiative through the NYC Health Department and the MOE Unity Project to promote family and community acceptance of LGBTQ+ youth to reduce negative outcomes, like housing instability, and create safer, healthier spaces for LGBTQ+ youth and the adults in their lives.
- Share the ABCs of Healthy Relationships, an interactive online 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 the adults in their lives, the ABCs of Healthy Relationships also includes guides for teachers, educators and caregivers.

- Provide Labeling and ABCs Training for ACS staff: When children are given labels, it affects the way they see themselves, what is expected of them and how they are treated, which influences who they become. The ABC model helps explain the cycle that can happen when children exhibit challenging behaviors and how responding to them with empathy and understanding can affect future behaviors.

Our Strategy: Make it easier for youth and families to learn about and connect to available services

Making it easier for youth and families to learn about and access mental health services information is critical to connecting them to services if and when they, or someone they know, should need them.

Framework in Action

The City will:

- Make NYC Well a more youth-friendly service, and increase its use by youth, families and providers.
- Expand support – through City and private-public partnerships – to schools through mental health experts who collaborate with school administrators and staff to assess the mental health needs of school communities, create a mental health support plan for the school and bring in mental health providers to meet those needs.

Our Strategy: Collect better data to better understand the current landscape of child and youth mental health

We need a better understanding of the current mental health experiences of children and youth to inform and direct our work and to strengthen mental health skills and practices. We also need to learn more about how they are doing well and what factors protect mental health. Collecting better, more equitable data would help us:

- Identify the current challenges facing youth and families, including new or evolving aspects such as the impacts of social media and related technologies.
- Identify the gaps in existing and developing supports.
- Make improvements to supports to meet the needs of NYC's children, youth and families.

Framework in Action

The City will:

- Launch a new, comprehensive citywide survey on youth mental health to get the perspective of youth age 13 to 17 as well as of parents who have children up to age 17. The survey will cover topics including:
  - How well children and youth are doing and what challenges they are facing
  - What supports they use for their mental health needs
  - What constraints or barriers they face to accessing help

This is in addition to the City's new Neighborhood Wellness Survey in partnership with the City University of New York (CUNY); it will be the largest mental health survey ever conducted by the NYC Health Department and help fill current gaps in our understanding of New Yorkers' mental health and substance use concerns.

Goal 4:

Create environments that equitably support good mental health for children and youth

Mental health challenges result from the combination of genetic and environmental factors. By working to change structural factors where youth live, go to school and play, we can offer them the healthiest possible environments in which to grow up, increasing the likelihood for good mental health and well-being. Over time, if we reduce social and environmental risk factors and build robust supports for children and youth, fewer young people may need intensive treatment.

According to the 2021 NYC KIDS Survey, 3% of children age 1 to 13 lived in a shelter, in emergency housing, or temporarily with a friend or family member because of economic hardships.[26] In 2021, 18% of NYC children age 1 to 13 had a caregiver who felt their neighborhood was not very safe or not at all safe from crime.[27] In addition, 13% of children lived in a home or apartment that had open cracks or holes in the interior walls, ceiling or floors.[28] Unfortunately, not all NYC kids have equitable access to healthy and supportive environments. Among NYC children age 3 to 12:

- 46% of Latino/a and 45% of Black children lived in households reporting food insufficiency compared to 12% of White children.
- 8% of Latino/a children and 12% of Black children witnessed or were victims of violence in their neighborhood compared to 1% of White children.[j,29]

[j]These estimates should be interpreted with caution. The estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, or the 95% Confidence Interval half-width is greater than 10 or the sample size is too small, making the estimate potentially unreliable.

This information indicates we must make targeted investments, especially to create healthy environments equitably for children and youth. By shaping the physical and social environment that children and youth experience through policies and programs that prioritize safety, stability and strong relationships with caring adults, we can reduce stress and trauma that can contribute to mental health issues.

Our Strategy: Address potential harms of social media as a toxic exposure, and make sure online spaces are safe for children and youth and do not harm their mental health

There is increasing evidence that social media is contributing to the crisis in mental health for children and youth.[30] Although research is still developing, social media may increase negative social comparisons with peers, expose children and youth to cyberbullying or content that promotes self-harm, and cause overuse and addiction, taking away from other important activities such as spending time with friends or getting enough sleep.[31,32,33] Some recent evidence even found social media use may impact brain development.[34]

As a result, social media use may lead to or exacerbate mental health issues in youth. This is especially a concern as children and youth stayed home during the COVID-19 pandemic. According to the 2021 Youth Risk Behavior Survey, 77% of public high school students spent three or more hours per day in front of a TV, computer, smartphone or other electronic device watching shows or videos, playing games, accessing the internet or using social media, not counting time spent doing schoolwork, on an average school day.[35]

Currently, there are few rules or regulations that place guardrails on how social media companies connect with children and youth through marketing, actual content, duration of use or circumstances of access. The City will lead efforts to further define the public health risks of social media for children and youth, and outline public health approaches to reduce exposure to harmful online content and technology.

Framework in Action

The NYC Health Department will bring together a citywide task force of diverse groups, including youth and families, to assess the impacts of social media on children and youth, explore potential positive factors, develop strategies grounded in the best available data and evidence, and raise awareness among parents, caregivers and schools of the potential harms. We will also organize with other major cities across the country to share learnings.

Our Strategy: Create supportive environments in schools through social-emotional learning (SEL) and policies focused on children and youth

In addition to schools being a critical and consistent space to identify and provide care for children and youth who may be experiencing poor mental health, they are also an important place to promote positive mental health. Research has shown consistently that developing the social and emotional skills of students helps them to succeed academically, gain confidence and be happier. This is different from treatment for mental health challenges or more intensive supports. SEL includes developing relationship skills, self-awareness, responsible decision-making and optimistic thinking. We must create conditions within schools for children and youth to feel supported and engaged in their learning.

Framework in Action

Strategies for use in schools include:

- Proactively ensuring supports and resources are available to students in response to clearly identified strengths and needs (through SEL Screener) to:
  - Help schools pay attention to what students are experiencing day to day
  - Recognize when they need support
  - Honor, affirm and elevate their many strengths
  - Use the systems, programs and resources most appropriate
- Implementing universal dyslexia screening: As announced in the 2023 State of the City, this program will provide screening for students.
- Incorporating mindfulness and breathing activities in schools

Our Strategy: Make children, youth and families the center of policies that improve their quality of life and prevent chronic stress

Lack of resources such as stable housing and food can be significant sources of chronic stress that can impact children's physical and mental health.[36] For example, policies and programs that address food insecurity are associated with better mental health for both children and adults.[37,38] The City has taken critical steps to address the many social and economic structural factors that impact communities where NYC children and youth live and grow, including creating distinct plans to make sure families have stable housing, access to quality and affordable child care, and safe communities in which to raise their children. We must continue to build on this work.

Framework in Action

The City will work to make children, youth and families the center of policies. The City's distinct plans – including the Blueprint for Child Care and Early Childhood Education in New York City, the Blueprint to End Gun Violence, NYC Earned Income Tax Credit (EITC), Housing Our Neighbors: A Blueprint for Housing and Homelessness, and Opportunity Starts With a Home: New York City's Plan to Prevent and End Youth Homelessness – tackle a number of fundamental areas that impact the environments in which youth live and grow.

Additional actions from the City include:

- Groceries to Go, in which eligible New Yorkers get monthly credits to purchase groceries online
- Health Bucks, in which New Yorkers get coupons to purchase fresh fruits and vegetables at city farmers markets
- Get the Good Stuff, in which enrolled New Yorkers get a $1-for-$1 match on eligible fruits and vegetables purchased with SNAP benefits in participating grocery stores
- The DSS Community Food Connection program, which provides health and culturally appropriate food resources to more than 600 food pantries throughout NYC
- Free, healthy school breakfasts and lunches to all public school children
- Lifestyle medicine programs through the City's public hospital system
- The City's recently established Office of Child Care and Early Childhood Education and Office of Sports, Wellness, and Recreation, which focus on a range of issues that directly impact the mental health of youth and families
- The NYC Speaks Action Plan, which outlines policy goals for five issues affecting New Yorkers: housing and public safety, youth mental health, community spaces, jobs in high-growth sectors, and civic engagement
- The Summer Youth Employment Program, which is the nation's largest youth employment program, connecting NYC youth from age 14 to 24 with career exploration opportunities and paid work experience each summer

The City will also create opportunities for youth to inform policy, such as the Youth Action Board, which is a standing committee of the NYC Continuum of Care that aspires to improve policy by providing lived experiences from NYC youth age 16 to 24.

Policy Advocacy Priorities for Child, Youth and Family Mental Health

The following key policy areas will help us achieve our goals for improving care and support for children, youth and family mental health:

- Eliminate disciplinary and punitive reactions to young people and families experiencing trauma by expanding trauma-informed training, policies and practices across institutions and groups that serve youth and families.
- Support NYS's implementation of expanded coverage and reimbursement of mental health services in Medicaid and commercial insurance, and make sure they equitably promote access to the continuum of developmentally appropriate and culturally responsive care, including preventive care and integrated care in primary care and schools.
- Work with the State to make sure the expansion of the Certified Community Behavioral Health Clinics in NYC includes a youth focus.
- Promote coverage of quality and effective caregiver supports and preventive services for infants, children and youth that address mental health needs for both caregiver and child without requiring a diagnosis first, including home visiting, perinatal coaching and group supports, and identification and intervention for social needs that impact family mental health.
- Support implementation of mental health workforce incentives, along with increased reimbursement rates. This supports competitive wages to achieve a sufficient and diverse provider base to effectively meet NYC's mental health needs at each stage of a person's development in ways that are culturally responsive.
- Ensure continuous eligibility and enrollment for young children in Medicaid.

Providing early and collaborative mental health supports for youth from infancy through their teenage years sets the foundation for healthy development and positive mental health. It can also help prevent future SMI and problem drug use.

Serious Mental Illness

- **Goal 1:** Health: Improve access to specialty SMI care and primary care that is race-conscious and trauma-informed
  - Our strategies:
    - Ensure coordinated access to the range of specialty care needed, from intensive community-based behavioral health services to appropriate care in a hospital
    - Enhance reentry services for people impacted by SMI and the criminal legal system
    - Address racial inequities in health care services and treatment for New Yorkers of color with SMI
- **Goal 2:** Home: Expand the stable housing options available to New Yorkers with SMI
  - Our strategies:
    - Make safe and stable housing more available, affordable and accessible to help improve the quality of life of New Yorkers with SMI
- **Goal 3:** Community: Expand City infrastructure for rehabilitative supports, education and employment for people with SMI and for their families
  - Our strategies:
    - Make sure people with SMI are part of the wider community and supported with education, employment and relationship-building opportunities
    - Make sure families impacted by mental illness are adequately supported
- **Goal 4:** Response: Serve New Yorkers in mental health crisis through a health-led response
  - Our strategies:
    - Improve the experience of New Yorkers who are facing a mental health crisis through strengthened connections to a range of community-based supports and acute care services
    - Improve access to and use of crisis stabilization options, including hospitalization and alternatives, for people with SMI in need of intensive and supportive care

The Urgent Issue

Serious mental illness (SMI) is defined as one or more mental, behavioral or emotional conditions such as major depressive disorder, schizophrenia and bipolar disorder that substantially interfere with major life activities (for example, ability to maintain employment). Similar to national averages, about 4% of adult New Yorkers[39] live with an SMI diagnosis. (There were about 239,000 adult New Yorkers living with SMI per 2012 data, which is the latest data available.) The total is likely to have increased with population increases in NYC over the past decade. In addition, 39% of adult New Yorkers with SMI are not engaged in treatment.[40] In 2021, 5.5% of U.S. adults age 18 or older (14.1 million people) had a diagnosis of SMI; Native American adults were more likely to have a diagnosis of SMI (9.3%) than multiracial (8.2%), White (6.1%), Hispanic (5.1%), Black (4.3%) and Asian (2.8%) adults.[41] In NYC, as of 2012, the prevalence of SMI in White (5%) and Hispanic New Yorkers (7%) is higher than the prevalence of SMI in Black (1%) or Asian New Yorkers (1%).[42]

As a result of the cumulative effect of a number of factors, such as disconnection from care, social and economic insecurity and isolation, and higher rates of additional toxic risk factors, people living with SMI:

- Have 2 to 3 1/2 times the all-cause mortality[k] than in the general population[43]
- Often face more than a decade of lost life expectancy[44,45]
- Have lives with lower quality of living due to intersecting health and social issues, including higher rates of poverty and unemployment[46]
- Have higher prevalence of chronic diseases (for example, high blood pressure) and behaviors, such as smoking, linked to chronic diseases, as well as deaths most often attributed to chronic diseases including heart disease and cancer[47,48]

The U.S. mental health care system used to include a large network of State-funded psychiatric health care institutions and dedicated health care staff for people with SMI. Over the past 40 to 50 years, in line with national trends, NYS's psychiatric health care institutions were defunded, streamlined and shut down in favor of a vision for more community-based care, in line with President John F. Kennedy's Community Mental Health Act of 1963. Defunding institutions was not met with the kinds of investments in outpatient and community care necessary to support people with SMI. As a result, fewer hospitals remain, and gaps persist in community services. With this gap in funding and services, other sectors have filled in (for instance, the criminal legal system is the current leading provider of mental health care[49]) without the funding and experienced staff or expert knowledge base needed to care for and support people with SMI.

[k]All the deaths that occur in a population, regardless of the cause.

New York has one of the highest concentrations of psychiatrists in the U.S.[50] but few take Medicaid or Medicare, leaving people with SMI, who are often unemployed due to disability, without care. Locally and nationally, our health and social service systems lack the infrastructure to support people with SMI effectively and equitably in the community. In addition, treatment and services often do not treat the whole person, including physical health and social needs, and are described as cost-prohibitive, difficult to navigate or coercive.

People with mental health conditions also experience stigma and discrimination that make it more difficult to access care, advocate for better services or fully participate in community life — and this is sometimes explicitly reinforced in law.[51] This is perpetuated when SMI is associated with violence while neglecting evidence that shows people with SMI are far more likely to be victims than perpetrators of violence. This advances harmful discrimination while failing to add productively toward policy solutions that address the root cause of extreme need and crisis for people living with SMI: lack of funding and community-based care, housing and supports.[52] The impacts of this are not experienced equally. The majority of people disconnected from care and experiencing extreme need and crisis are people of color.[53,54,55]

In 2020, approximately 13,000 New Yorkers with SMI experienced homelessness in the NYC shelter system or on the street.[56] We know safe, stable and affordable housing is an important social determinant of health[l] for people with SMI. Despite recent efforts to expand housing options, access still fails to meet the growing need. In addition, 29% of people with SMI are at risk for social isolation,[57] which worsens physical health and mental health (studies show that isolation affects the brain and nervous system), and increases the risk of a mental health crisis. This isolation has been made worse by the global COVID-19 pandemic.

People with SMI also frequently face compounding mental health and substance use challenges, with 45% of Americans with SMI also demonstrating co-occurring substance use disorders (SUDs).[58] When a person is living with an untreated depressive or psychotic disorder, they may try to alleviate their symptoms with alcohol or drugs, and insufficient access to care for people with co-occurring SMI and SUD can lead to isolation and an increased risk of overdose.

Preventable mental health and substance use emergencies are far too prevalent in NYC and have historically been an entryway to the criminal legal system; in 2022 alone, the New York Police Department (NYPD) responded to almost 15,000 911 calls per month for mental health emergencies. In addition, law enforcement is heavily relied on for addressing mental health crises, and often people are not connected to the comprehensive services they need until they interact with the criminal legal system. In 2021, 23% of NYC jail admissions were referred to mental health care.[59]

[l]Conditions in the places where people live, learn, work and play.

Each year there are approximately 70,000 ED visits related to mental health and 40,000 inpatient psychiatric stays.[60] In 2021, NYC mobile crisis services received 16,500 referrals.[61] The City also provides intensive mental health programs that offer higher levels of care or more flexible supports than many people with SMI can access through insurance. Of people referred to the City's intensive mental health programs:

- 68% were male
- 40% were between the ages of 18 and 34
- 76% were people of color
- More than 37% were experiencing homelessness
- 93% were unemployed[62]

People of color are overrepresented in these intensive mental health programs because systemic racism exposes people of color to more sources of stress and adversity that can worsen mental illness. People of color also face inequitable access to mental health resources that can prevent the need for such intensive supports later on.[63,64]

As mentioned in the previous section on Child, Youth and Family Mental Health, supporting the mental health of children and youth who have experienced trauma is essential for preventing the development of SMI. Poverty, violence, racism, social exclusion and their associated trauma, as well as biological and genetic factors, all influence where a person falls on the spectrum of mental health to mental illness. These experiences accumulate and can cause a loss of function or ability, causing a person to struggle to work and care for themselves. The impacts of SMI vary widely because they depend on a person's diagnosis, genetic susceptibility, access to health care and social support resources, and ability to overcome stressors.

Our Goals

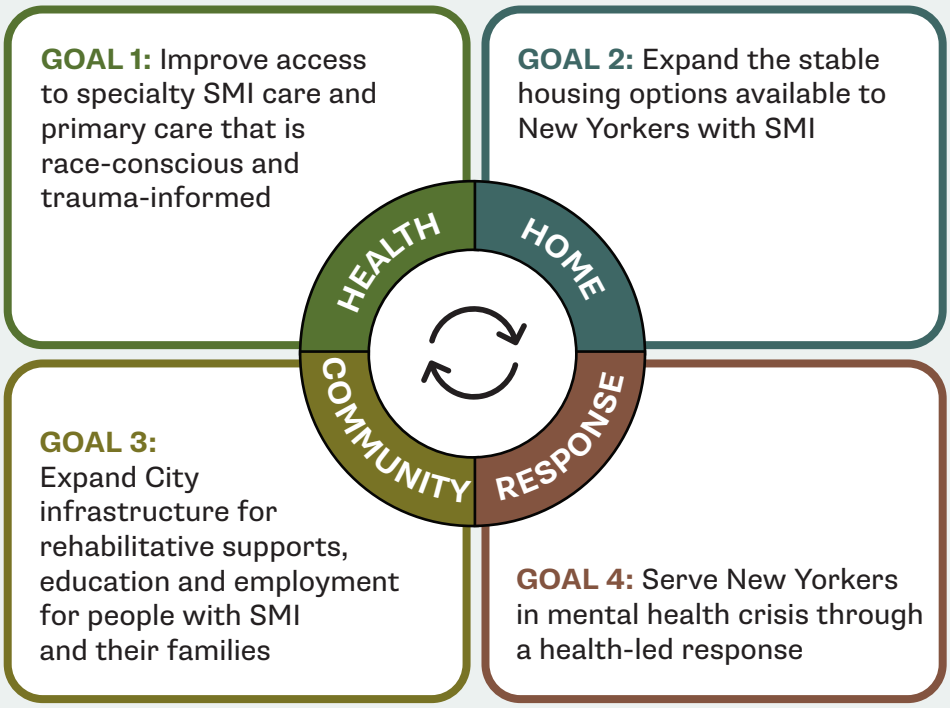
The City is committed to taking a public health approach to supporting people with SMI, focusing on prevention and intervention to avoid crisis and providing responsive care with health and social supports that are affordable, accessible, acceptable and free of stigma. With the right help, all New Yorkers with SMI can thrive.

With this approach, we aim to improve health, decrease suffering and social isolation, and improve well-being for people living with SMI. This approach also acknowledges that a focus on health care alone is not enough to foster mental wellness. Home, community and response are just as critical for preventing the progression of mental health issues and ensuring healthy environments for recovery.

Every New Yorker should have access to these four key pillars (see Figure 2):

1. **Health:** Effective, trauma-informed, and culturally and linguistically appropriate mental health, substance use and other health care, including preventive care, when and where they need it
2. **Home:** Healthy, safe, affordable, comfortable and dignified homes that include necessary supports to thrive as a renter or homeowner
3. **Community:** Supportive social relationships, connected and safe communities, environments that promote well-being, and mechanisms that facilitate employment and educational opportunities that recognize individual strengths and interests, in settings that operate with equitable and trauma-responsive practices
4. **Response:** Emergency care that prioritizes health before criminalization and timely connections to health care and community-based supports when experiencing a life-threatening event, such as a mental health crisis[m] or a drug overdose, to address urgent needs and prevent future crises

Figure 2: Theory of Change



[m]In which a person is at risk of harming themselves or others, or is not able to function or care for themselves as a result of their mental health needs

To support people with SMI, the City will:

1. Improve access to specialty SMI care and primary care that is race-conscious and trauma-informed.
2. Expand the stable housing options available to New Yorkers with SMI.
3. Expand City infrastructure for rehabilitative supports, education and employment for people with SMI and their families.
4. Serve New Yorkers in mental health crisis through a health-led response, in which crisis responders connect people to a full range of services that center health.

To assess our progress on these goals for SMI, we will track a number of key indicators over time:

- The number of people with SMI who are connected to services, with the goal of **doubling the number of people with SMI connected to community care by the City**.
- The number of people with SMI who are stably housed.
- The number of people with a mental health crisis served through a health-led crisis response.

Goal 1:

Health: Improve access to specialty SMI care and primary care that is race-conscious and trauma-informed

There is insufficient capacity to meet NYC's demand for specialty mental health care: 41% of people with SMI[65] (around 100,000 New Yorkers) want treatment but are unable to get it. Many of the greatest mental health provider shortages are concentrated in neighborhoods with the highest proportion of people of color. The services available are complex, inequitable and difficult to navigate. These access issues are made worse by cost. One in eight (12.1%) New Yorkers are uninsured,[66] and for people who do have insurance, finding affordable mental health services is challenging due to low reimbursement rates.

These financial barriers are more significant for people of color, who face greater inequities in access to health insurance and fair wages. New Yorkers need equitable access to culturally responsive, race-conscious and trauma-informed care to improve mental health outcomes. We will work to increase the capacity of current services, expand the range of services offered, and coordinate and streamline pathways of referral to meet this demand and make sure people with mental illness can obtain the care they need in their communities.

Our Strategy: Ensure coordinated access to the range of specialty care needed, from intensive community-based behavioral health services to appropriate care in a hospital

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

Framework in Action

The City will:

- Create a single-access system in collaboration with NYS to consolidate and streamline how New Yorkers with SMI access services. This includes expediting referrals to care, especially from hospitals, jails and shelters, and increasing integration among different types of mental health care, housing and supportive service providers so they can connect people with SMI more efficiently to personalized care.
- Support the implementation of federal and state policies related to specialty mental health care, such as the expansion of Certified Community Behavioral Health Clinics and Critical Time Interventions, to make sure there is more equitable access to a range of effective and culturally responsive services and supports in NYC.
- Expand mobile treatment capacity over the next year to serve more than 800 more people with high service needs through Intensive Mobile Treatment (IMT) and Assertive Community Treatment (ACT).
- Support NYS expansion of early interventions through OnTrack, an early intervention treatment program for young people, as described previously in the section on Child, Youth and Family Mental Health.

[n]A set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use.

- Improve Assisted Outpatient Treatment (AOT) using findings from a cross-agency team of participants in 2022 to make sure appropriate services are accessible to people in need.

Our Strategy: Enhance reentry services for people impacted by SMI and the criminal legal system

Comprehensive reentry support services for people with SMI returning to their communities from incarceration are necessary to facilitate their mental health and stability. Nearly one out of 10 men and one out of five women entering local jails have a history of SMI[67] and would likely be better served by mental health treatment in the community. We will work to support recovery holistically to keep people out of crisis and to prevent further interaction with the criminal legal system.

Framework in Action

The City will expand peer-driven connections to primary and mental health care and reentry services, including through the NYC Health Justice Network and point of reentry and transition (PORT) program.

Our Strategy: Address racial inequities in health care services and treatment for New Yorkers of color with SMI

We do not have a complete picture of what is driving the racial inequities in access and outcomes for New Yorkers of color with SMI. Outcomes and access to resources differ by race. For example, an evaluation of an early psychosis program in NYS found that Black and Hispanic participants had significantly worse employment and educational outcomes after the program than White participants.[68] Another study of several states, including New York, found that, among people hospitalized with a mental health or substance use diagnosis, Black people were more likely to experience a readmission within a year compared to White people.[69]

Framework in Action

The City will routinely evaluate the race equity impacts of health care initiatives for people with SMI, and use the findings to inform health care provider engagement and quality improvement efforts, in line with the NYC Board of Health's resolution declaring racism a public health crisis.[70]

Goal 2:

Home: Expand the stable housing options available to New Yorkers with SMI

Housing insecurity[o] can worsen symptoms of mental illness and increase the likelihood a person will encounter high-risk situations that lead to avoidable hospitalization or incarceration. In addition, housing discrimination, such as racist legacies in lending (also known as redlining), leads people of color to continue to experience disproportionate rates of housing insecurity.[71] In 2020, approximately 13,000 people with SMI experienced homelessness in the NYC shelter system or on the street.[72]

Our Strategy: Make safe and stable housing more available, affordable and accessible to help improve the quality of life of New Yorkers with SMI

Some people with SMI will be able to maintain independent housing with financial supports and effective services. For many, they benefit from higher levels of care, including supportive housing, which offers permanent, affordable rental housing with support services.[73,74,75] For people with SMI experiencing homelessness, we can apply a "housing first" approach, a rights-based, client-centered intervention that provides people with immediate access to permanent supportive housing with no readiness requirements.[p] For people who cannot yet access housing, improvements in mental health supports through the City's shelter system will allow them to consistently participate in care, experience fewer crises that lead to emergency and inpatient hospital use, and move into housing as quickly as possible.

Framework in Action

The City will:

- Integrate intensive mental health supports for people with SMI to be able to maintain stable housing after leaving a shelter through the NYC DHS Enhanced Aftercare program.
- Coordinate with NYS to increase the number of transitional housing units for people with SMI who require this support to live safely in the community, especially people coming out of hospitals, jails or prisons.

[o]A lack of security in a person's housing due to things like high costs relative to income and poor housing quality.

[p]Requirements to show a person is "ready" for housing, in which readiness is based on meeting conditions (such as a urine test or review of criminal legal system involvement).

- Open 8,000 units of permanent supportive housing for people with SMI (note: the City set a goal of developing 15,000 units of supportive housing over 15 years and reached 7,000 to date), and preserve existing supportive housing units for people with SMI while accounting for increasing costs.
- Streamline processes through policy changes and reform them across agencies to reduce the time and paperwork to apply for and access permanent supportive housing, as part of implementing Housing Our Neighbors: A Blueprint for Housing and Homelessness. To do this, we will collaborate with NYS to review barriers for people with SMI in accessing housing, and explore solutions.

Goal 3:

Community: Expand City infrastructure for rehabilitative supports, education and employment for people with SMI and for their families

The onset of SMI often interrupts a person's relationships, education and employment in ways that substantially and negatively impact their quality of life — 45% of New Yorkers with SMI report having low social support, and 29% are at risk for social isolation.[76] Social isolation, in turn, increases the risk of mental health crisis, due to things like falling out of care or off treatment, or even struggling to maintain housing. People with SMI are also more likely to be unemployed, and have a lower household income and lower level of completed education.[77] Discrimination due to mental health diagnosis exacerbates the barriers to employment and social inclusion people of color already face due to structural racism.

Our Strategy: Make sure people with SMI are part of the wider community and supported with education, employment and relationship-building opportunities

People with SMI need more social infrastructure to connect with others and form community and relationships. Clubhouses — one-stop facilities for treatment and other services for people with SMI — originated 75 years ago in NYC to fill this need and have spread to more than 200 clubhouse projects in the U.S. Clubhouses provide:

- Peer support and lifelong friendships
- Healthy snacks and meals
- Access to benefits and other resources, such as legal services and Medicaid care management

- Help with finding employment and completing formal educational opportunities
- Opportunities to improve executive function and cognitive skills
- Opportunities for socialization and recreation in a safe, restorative and structured setting during the day, evening, weekends and holidays[78]
- Connections to housing and health care
- Early identification of mental health instability and/or impending crisis

Research shows the clubhouse model reduces people's hospitalization and contact with the criminal legal system and improves their health and wellness.[79,80] Over the last year, NYC clubhouses have enrolled more than 1,000 new members. This ongoing growth demonstrates a clear demand for these services. By expanding clubhouses, more New Yorkers with SMI will be welcomed into safe, supportive communities and engaged in efforts to advance their quality of life, including social, educational and employment activities, while reducing their risk of isolation and crisis and associated risks like homelessness and hospitalization.

Framework in Action

The City will:

- Significantly increase clubhouse capacity in high-need areas citywide through City investments and public-private partnerships.
- Work with private and public sector partners to increase investment in and linkage to supported workforce opportunities.

Our Strategy: Make sure families impacted by mental illness are adequately supported

Better support and relationship quality between families and their loved ones with SMI is associated with greater levels of recovery and reduction in relapse into crisis.[81,82] We will collaborate with families to improve mental health outcomes of people with SMI and build the capacity of family members to increase their own knowledge and agency, develop healthy coping strategies, and reduce their stress as caregivers. Building relationships and community will reduce social isolation and improve the health and well-being of people with SMI and their families.

Framework in Action

The City will collaborate with community partners to create peer-focused skill-building education programs for vulnerable young adults and families. These programs aim to prevent development of severe symptoms or impairment, and increase access to support for impacted families of people with SMI through CBO partners and other City agencies.

Goal 4:

Response: Serve New Yorkers in mental health crisis through a health-led response

Acute care is a critical component of our mental health care system and essential for supporting many people when they are in crisis. Acute care is not a solution to homelessness or other social factors that worsen mental illness. The entry way to our SMI care systems is often through emergency response systems, the majority of which have been led by law enforcement. Law enforcement and mental health advocates agree this situation is not ideal, and would prefer more clinically and health-led responses to mental health crises. This recognition is also shared nationally, with the initiation of 988, the National Suicide Prevention Hotline, as a direct connection to compassionate and accessible care for people experiencing emergency mental health needs.

The Adams Administration has made this a priority, building a subway outreach plan that has connected people in need with mental health and other services through integrated clinical co-response teams from the DHS, NYC Health Department and NYPD. The goal of the plan is to reduce the number of people we see in need on our streets and in our subways, and is consistent with the City's focus on balancing prevention and intervention. This health-led response connects people to the full range of voluntary, available community-based crisis services, ensuring services are equally accessible to housed and unhoused people and providing a range of options for crisis stabilization.

Our Strategy: Improve the experience of New Yorkers who are facing a mental health crisis through strengthened connections to a range of community-based supports and acute care services

Because community-based mental health care can be difficult to access, many people end up calling 911 and getting transported to care in emergency and inpatient settings. Instead, we must improve health-led response options to mental health emergencies and increase access to intensive community treatment and support options.

Framework in Action

The City will:

- Add two peers to every mobile crisis team to divert people in mental health crisis from unnecessary hospitalizations or to follow up with them after hospital discharge to connect them to community care.
- Make NYC a leader in the implementation of 988 by integrating our crisis systems so that people get necessary care, with plans to streamline to a single number.
- Expand the Behavioral Health Emergency Assistance Response Division (B-HEARD) citywide to respond to more mental health-related crises with a health-led response by mental health clinicians and emergency medical technicians (EMTs).
- Focus the NYC crisis response by promoting collaboration across agencies to strengthen connections to community-based services and supports for people in all settings, including on the streets and in subways.
- Make sure NYC crisis response teams receive trauma-informed interagency training through the NYC Crisis Collaborative.
- Ensure mental health clinicians appropriately use involuntary removals per Article 9 of the Mental Hygiene Law, as described by the Mayoral directive in November 2022. The directive clarifies the use of involuntary transportation to a hospital for people showing signs of mental illness who are presenting a danger to themselves or others and/or who are unable to meet their basic needs.
- Explore partnerships with CBOs and FBOs to provide supports at the neighborhood level, drawing inspiration from the Friendship Bench model and peer-led community engagement, with a focus on addressing risk factors of mental health crises such as social isolation.

Our Strategy: Improve access to and use of crisis stabilization options, including hospitalization and alternatives, for people with SMI in need of intensive and supportive care

Framework in Action

The City will:

- Coordinate with NYS to develop specialty inpatient hospital units for people with SMI who are experiencing homelessness.
- Expand referral pathways to intensive and supportive crisis residences and stabilization services as alternatives to hospitalizations.

Policy Advocacy Priorities for People With SMI

The following key policy areas will help us achieve our goals for improving care and support for people with SMI:

- Enhance guidance and oversight on health plan compliance with parity, network adequacy, and nondiscrimination requirements to ensure access to crisis, intensive and supportive mental health services.
- Work with NYS to make sure the expansion of Certified Community Behavioral Health Clinics in NYC includes evidence-based psychosocial rehabilitation programming and connections with clubhouses and other community supports.
- Remove barriers people who are unhoused face in accessing crisis and emergent care by advancing Mayor Adams' Psychiatric Crisis Care Legislative Agenda, including increasing the flexibility of financing for related services.
- Expand provider education, training and accountability for psychiatric advanced directives, and make sure they are integrated into mental health quality improvement policies and programs.

Focusing on these goals will help us improve health, decrease suffering, promote social connection and improve overall well-being for people living with SMI.

Overdose Response

- **Goal 1:** Reduce the risk of death for people who use drugs, with a focus on neighborhoods with the highest overdose death rates
  - Our strategies:
    - Expand citywide naloxone distribution
    - Expand and enhance nonfatal overdose response efforts
    - Optimize and expand overdose prevention services
    - Understand and respond to the risks of an unregulated drug supply
- **Goal 2:** Make sure people who use drugs have access to high-quality harm reduction, treatment and recovery services
  - Our strategies:
    - Enhance the scope and reach of existing harm reduction services
    - Optimize the availability, accessibility and acceptability of evidence-based treatment
- **Goal 3:** Improve quality of life through investments in housing, employment and health care in communities
  - Our strategies:
    - Expand housing options for people who use drugs
    - Support and invest in people returning to the community from jails and prisons
    - Provide vocational support for people who are chronically excluded from the workforce
- **Goal 4:** Support children, families and communities affected by the overdose crisis
  - Our strategies:
    - Provide support to families who have lost a loved one to overdose
    - Enhance place-based capacity to support and respond to community needs
- **Goal 5:** Reduce the number of people who develop problem substance use
  - Our strategies:
    - Support development of protective factors for youth at risk of problem substance use through funding community coalitions
    - Intensify support and provide early intervention for youth and families affected by problem substance use

The Urgent Issue

NYC is facing a drug overdose crisis. Every three hours, a New Yorker dies of an overdose, and more New Yorkers died in 2021 from overdoses than from suicides, homicides and automobile accidents combined. 2021 was the deadliest year on record for overdose deaths in NYC with 39.4 deaths per 100,000 people, a 25% increase compared to 2020 and an 80% increase compared to 2019.[83] This crisis cannot be secondary to other emergencies. It is — and must remain — at the forefront of our city's public health planning, even as we manage other emergencies.

This crisis does not impact all New Yorkers equally. There are persistent and worsening racial and geographic disparities in overdose deaths. In 2021, rates of overdose deaths were 48% higher for Black New Yorkers and 36% higher for Latino/a New Yorkers compared to White New Yorkers. Older New Yorkers continue to experience the largest increases in overdose deaths citywide compared to younger New Yorkers. New Yorkers between the ages of 55 and 84 had the largest increase in rate of overdose death between 2020 (31.7 per 100,000) and 2021 (48.2 per 100,000).[84]

Overdose death rates among residents of neighborhoods with very high poverty levels[q] were 82% higher than the City average. People living in the South Bronx were disproportionately impacted, with an overdose death rate more than two and a half times the overall citywide rate. The neighborhoods with the highest overdose death rates in 2021 were Hunts Point-Mott Haven, Crotona-Tremont and Highbridge-Morrisania, all located in the South Bronx. These neighborhoods had rates of 119.3, 108.4 and 88.8 overdose deaths per 100,000 residents, respectively, compared to the overall citywide rate of 39.4 overdose deaths per 100,000 residents.

Additionally, unstable housing status and contact with the criminal legal system are both risk factors for overdose and drug-related harms. Drug-related death is the leading cause of death among people experiencing homelessness in NYC.[85] In addition, those who are involved in the criminal legal system are at increased risk of drug-related harms, including but not limited to overdose, HIV and hepatitis C virus infection.[86]

The following factors substantially increase the risk of overdose death in NYC:

- Individual factors
  - Being alone when using
  - Being exposed to multiple sedating substances
  - Being exposed to opioids while having low tolerance

[q]Neighborhood poverty based on ZIP code and defined as the percentage of residents with incomes below 100% of the federal poverty level (FPL), per American Community Survey 2008-2012, in four groups: low (less than 10% FPL), medium (10% to less than 20% FPL), high (20% to less than 30% FPL), and very high (greater than 30% FPL)

- Not knowing what is in the drug supply
- Unaddressed trauma and mental health needs

- System-level factors
  - Stigma, and social isolation (worsened by COVID-19)
  - Inaccessible and/or stigmatizing treatment
  - Insufficient harm reduction services
  - Limited recovery support

- Structural factors
  - Policies that disproportionately affect Black and Latino/a New Yorkers, including inequitable enforcement of drug laws and inequitable access to housing and care, treatment and services
  - An unregulated and volatile drug supply containing substances, including fentanyl and xylazine, that increase the risk of overdose and other harms

Our Goals

Reducing overdose deaths and improving the lives of people who use drugs and people with SUDs is a top priority for NYC. Building on the foundation laid by HealingNYC – an NYC initiative introduced in March 2017 to reduce opioid overdose deaths – the City and its partners in the community will expand a comprehensive and integrated system of services and supports that focus on five goals with the **overarching target of reducing overdose deaths in NYC by 15% by 2025**:

1. Reduce the risk of death for people who use drugs, with a focus on neighborhoods with the highest overdose death rates.
2. Ensure people who use drugs have access to high-quality harm reduction, treatment and recovery services.
3. Improve quality of life through increased investments in housing, employment and health care in communities.
4. Support children, families and communities affected by the overdose crisis.
5. Reduce the number of people who develop problem substance use.

We envision NYC as a place where substance use never leads to death, where all New Yorkers have access to the services they need when they need them, and where a strong and integrated health, mental health and social service system leads to fewer people developing problem substance use.

Goal 1:

Reduce the risk of death for people who use drugs, with a focus on neighborhoods with the highest overdose death rates

Harm reduction has been at the center of the City's overdose response strategy.

- Since 2009, the NYC Department of Health has partnered with CBOs to make naloxone – a safe, effective and easy-to-use medication that reverses the effects of an opioid overdose – freely and widely available citywide.
- 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.
- In addition, 14 NYC emergency departments (EDs) as well as 11 H+H facilities (for a total of 25 NYC facilities) have and continue to connect peers and clinicians with people who have experienced a nonfatal overdose (NFOD).

Engaging with and providing naloxone to people who have had an NFOD can reduce the risk of a fatal overdose: The risk of fatal overdose is two to three times greater among people who have experienced a prior NFOD. To reduce overdose-related harms, we will continue to provide compassionate, person-centered care. It is essential to strengthen and expand the City's harm reduction infrastructure and invest resources in neighborhoods most impacted to reduce overdose deaths and the devastating toll of the overdose crisis.

Our Strategy: Expand citywide naloxone distribution

In 2021, more than 150,000 naloxone kits were distributed to more than 300 opioid overdose prevention programs (OOPPs). In addition, thousands of additional kits are given out through community overdose prevention trainings and by mailing naloxone kits directly to NYC residents. The City also partners with pharmacies and City agencies to make sure there is widespread availability of naloxone. Community-based naloxone distribution to residents who are most likely to witness an overdose is a cost-effective strategy[87] that has been shown to reduce overdose deaths.[88] The City uses a data-driven and place-based approach to give out kits in neighborhoods and to groups most impacted by the overdose crisis.

Framework in Action

The City will continue to ensure naloxone is widely available at no cost to people who use drugs and their communities by:

- Focusing distribution of more than 150,000 free naloxone kits annually:
  - In neighborhoods with the highest rates of overdose death, such as the South Bronx and East and Central Harlem
  - Among people at high risk of experiencing or witnessing an overdose, such as people leaving incarceration
- Implementing at least four Public Health Vending Machines that dispense naloxone to increase access in neighborhoods with high rates of overdose
- Providing overdose training and naloxone to staff in bars, clubs and other nightlife establishments

Our Strategy: Expand and enhance NFOD response efforts

The risk of fatal overdose is two to three times greater among people who have experienced a prior NFOD. The NYC Health Department's Relay program — an ED-based NFOD response initiative — plays a critical role in providing naloxone and access to services for people largely disconnected from harm reduction and SUD treatment systems.

While NYC has made significant strides in establishing NFOD response programs at EDs, NFOD response efforts must be expanded and tailored to address the elevated risk of fatal overdose among people experiencing homelessness or unstable housing. Overdose is the leading cause of death among people experiencing homelessness in NYC. From July 2020 to June 2021, more than 80% of drug-related deaths among people experiencing homelessness in NYC occurred among people who were residing in DHS homeless shelters.

Since 2016, naloxone is administered in almost all suspected overdoses that occur in shelters. DHS trains and requires shelter staff to administer naloxone every time a client is found to be unconscious, unresponsive or unable to wake. DHS also currently requires that staff call 911 in all suspected overdoses to make sure the client has appropriate medical assessment and follow-up care. If shelters were to develop clinical capacity to manage cases of acute intoxication and suspected overdoses on-site, this would result in fewer calls to 911, fewer trips to the emergency room, reduced trauma among clients and staff, and increased opportunities to provide overdose prevention and harm reduction services immediately after the incident.

Framework in Action

The City will expand NFOD response efforts to at least three additional hospital EDs in neighborhoods with high rates of NFOD-related ED visits. In addition to expansion, response efforts will improve coordination with community clinics for follow-up care.

The City will also pilot a program in which trained clinical staff provide on-site monitoring, clinical support, and connections to care and treatment for people experiencing intoxication or sedation. This intervention has been shown to reduce EMS activation and unnecessary hospitalization in other cities, and has the potential to improve the way we engage and support people experiencing frequent NFOD in shelters, subways and other communal spaces.

Our Strategy: Optimize and expand overdose prevention services

On November 30, 2021, the nation's first publicly recognized OPCs opened in NYC in East Harlem and Washington Heights. Current OPC services are situated within existing SSPs and offer connections to harm reduction, medical and mental health care, SUD treatment, and social services.

OPC services are a proven public health intervention to prevent overdose deaths. Over 100 OPCs are in operation in more than 60 jurisdictions around the world, and there has never been an overdose death in any of these facilities. Since the launch of the OPCs in NYC on November 30, 2021, through January 8, 2023, staff intervened to mitigate the risk of overdose injury and death more than 700 times.

Despite their proven effectiveness in preventing overdose deaths, there are only two OPCs operating in NYC. No OPC services are operational in the South Bronx, which consistently has among the highest rates of overdose death citywide. Additionally, the existing OPCs could expand their impact by adding to their hours of operation to meet the demand. The City will need additional OPCs to reach our target of 15% reduction in fatal overdose by 2025.

In addition to OPCs, we also need interventions to reduce the risk of fatal overdose when people use alone. Each year, about two out of three New Yorkers who died of a drug overdose overdosed in their home or in another private residence.

Framework in Action

The City will:

- Continue to invest in the core services that support the existing OPCs in East Harlem and Washington Heights, with the goal of increasing operational hours to 24/7 at these two sites.

- Expand overdose prevention services to areas of the city with the highest rates of overdose death, including the South Bronx, while also exploring alternate OPC models in settings other than SSPs, including mobile, hospital-based and shelter-based OPC services. The current regulatory and legal environment presents challenges to expanding OPCs. As a policy priority, we are committed to working toward the goal of five sites offering OPC services by 2025.
- Explore options for virtual overdose prevention services for people who are using alone. These options would leverage telephone or video chat services to extend many of the benefits of overdose prevention at brick-and-mortar sites — such as warm engagement, harm reduction counseling, post-use observation and intervention in the event of an overdose through activating EMS — to people unable or unwilling to access on-site OPC services.

Our Strategy: Understand and respond to the risks of an unregulated drug supply

The overdose crisis is driven primarily by the presence of fentanyl in the unregulated and rapidly changing drug supply. Fentanyl test strips enable people who use drugs to identify the presence of fentanyl in their drugs and take steps to reduce their risk of overdose. In October 2021, the NYC Health Department established community-based fentanyl test strip distribution and has since distributed more than 35,000 test strips to more than 30 organizations across the five boroughs.

In addition, real-time drug-checking using specific technology can alert people who use drugs to the presence of fentanyl as well as to the presence and quantity of other substances in the drug supply. The importance of being able to identify other potentially harmful substances is highlighted by the recent detection of xylazine (a nonopioid sedative that may increase the risk of opioid overdose) in the opioid supply.

Currently, drug-checking services are operational at four SSPs citywide. Since November 2021, 504 drug samples from 220 unique participants have been analyzed. These services aim to facilitate safer use and reduce stigma by providing people who use drugs with tailored harm reduction counseling based on their sample test results. Additionally, drug-checking results have been used to guide the work of outreach initiatives such as the Rapid Assessment and Response (RAR) team, which responds to emerging drug issues in communities. Increasing our surveillance of the unregulated drug supply is crucial to the City being able to provide timely responses to emerging drug issues.

Framework in Action

The City will continue to invest in drug-checking services in neighborhoods with the highest overdose death rates to detect changes in the local drug supply earlier, including high concentrations of fentanyl and other substances such as xylazine and synthetic benzodiazepines. This work will:

- Increase access to fentanyl test strips among people who use drugs, including those who do not engage in traditional harm reduction services.
- Incorporate drug-checking analyses into drug surveillance systems to better understand how the drug supply impacts overdose, changes in withdrawal symptoms and other health harms such as skin and soft tissue wounds.
- Make sure drug-checking results are shared in a timely manner with CBOs that provide critical social and health services to people who use drugs, as well as with health care facilities and providers.

Goal 2:

Make sure people who use drugs have access to high-quality harm reduction, treatment and recovery services

Opioid use disorder (OUD) is associated with numerous harms including overdose, injury and infection, social isolation, engagement with law enforcement, and criminal and family legal system involvement, including incarceration. Harm reduction efforts aim to empower people who use drugs with tools to reduce these harms, while also providing pathways to address unmet health needs. Primarily delivered through SSPs but also informally delivered in a variety of service settings, harm reduction efforts include providing overdose prevention counseling and naloxone distribution; sterile syringes, fentanyl test strips and safer drug use supplies; and low-threshold access to medications for OUD.

Medication for opioid use disorder (MOUD), which include buprenorphine and methadone, is associated with a 50% reduction in overdose death risk for people with OUD and is widely available in many settings in NYC. Still, restrictive policies, stigma against MOUD, and strict requirements reduce access to and use of buprenorphine and methadone among people with OUD. Systems of care with separated access points and services may prevent a person with OUD from moving across levels of care as needed or desired. Efforts to improve the accessibility and acceptability of MOUD make sure people who want treatment can get it, and people who receive treatment do not experience dangerous disruptions that can increase their risk of overdose death.

Our Strategy: Enhance the scope and reach of existing harm reduction services

Recent NYC Health Department surveys show a high prevalence of mental health diagnoses, including serious mental illness (SMI), among people participating in SSP services. Basic needs, including food and hygiene facilities, remain critically unmet among SSP participants. Despite serving as important low-threshold service providers to people who use drugs, SSPs are limited in their reach by:

- Location
- Hours of operation
- Their ability to provide basic needs such as food, hygiene supplies and a place to rest for a short time
- Their ability to provide on-site primary care and mental health services

Additionally, due to the perception that SSPs primarily serve people who inject drugs, many people who do not inject drugs may not engage with SSPs for harm reduction services. Data accessed in May 2022 from the NYC Health Department's Relay program show participants arriving in emergency rooms following an NFOD are largely disconnected from harm reduction services: Almost half of people engaged by Relay in 2021 had previously experienced at least one overdose, yet only 3% of people who reported using drugs intranasally and 18% of people who reported injecting drugs before overdosing were currently receiving harm reduction services through an SSP.

Framework in Action

The City will invest in a robust harm reduction service system that prioritizes the health and safety of people most at risk of fatal overdose, including people historically less likely to engage with such services, such as those who sniff or inhale drugs, people experiencing co-occurring medical and mental health conditions, and people with substance use disorders.

To do this, the City will strengthen its SSPs to serve as a network of 14 Harm Reduction Hubs with a comprehensive set of services, beginning with programs in the South Bronx and Upper Manhattan. Harm Reduction Hubs may include low-threshold services, basic needs, a place to rest for a short time, addiction services, and primary care and mental health services. Some Harm Reduction Hubs may also explore serving as OPC sites.

In addition, the City will:

- Fund outreach and syringe litter teams to respond to community concerns of public drug use and syringe litter, talk to people at risk of overdose and connect people who are interested in harm reduction services to service locations.

- Deploy six mobile harm reduction clinics to expand the reach of the service locations and provide wound care, basic necessities and harm reduction services to people experiencing homelessness.

Our Strategy: Optimize the availability, accessibility and acceptability of evidence-based treatment

While the City has invested in increasing the availability of MOUD across primary care, ED, and harm reduction service settings, significant barriers remain in making MOUD accessible when it is needed and acceptable in how it is delivered.

H+H provides medications and associated services across the continuum of care and need for people who use drugs, but further investments are needed to integrate substance use services and supports into a unified system of care. Some groups of people — including people with criminal and family legal involvement, people who are pregnant, LGBTQ+ New Yorkers, and people with SMI — experience more barriers to accessing and remaining engaged in treatment.

Framework in Action

The City will invest in its public hospital systems and targeted programs in some private nonprofit hospital systems to improve the quality of care for people who use drugs and ensure care coordination across health care and social service settings. Effective and compassionate SUD care and treatment should be available when, where and how people want to receive it.

To do this, we will:

- Expand and enhance the capacity at EDs to provide people with SUDs with overdose prevention resources, MOUD and connections to care.
- Expand the scope and reach of the NYC Health Department's Substance Use Nurse Care Manager duties to triage, coordinate and make connections to overdose prevention, harm reduction and MOUD services among people who use drugs in primary care, shelter and supportive housing settings in neighborhoods with the highest rates of overdose, including the South Bronx. This will expand engagement with and care for people, including Black and Latino/a New Yorkers, Medicaid beneficiaries, and the uninsured, who otherwise may not intersect with traditional care systems.
- Work with NYS to continue to expand access to methadone in settings that are not currently focused on OUD treatment, including through mobile medication units or methadone delivery systems.
- Invest in efforts to share knowledge with health care providers and other partners who provide services to people who use drugs to reduce stigma and increase knowledge, including enriching connections within the behavioral health networks of H+H.

- Collaborate with NYS to reduce barriers to accessing residential treatment for people with co-occurring SUD and SMI.

Goal 3:

Improve quality of life through investments in housing, employment and health care in communities

People who use drugs face significant barriers to meeting basic needs including access to safe and affordable housing, adequate food and hygiene facilities. For example, supportive and subsidized housing often have exclusionary policies which limit participation based on current drug use or past drug-related convictions. Further, the racist implementation of drug policies subjected primarily Black and Latino/a communities in NYC to increased risk of criminal legal system involvement and reduced access to educational and employment opportunities.

A comprehensive and equitable overdose response strategy requires investing in and strengthening social determinants of health, particularly in communities which disproportionately bear the burden of drug-related criminalization. Among other priorities, this means improving the working and living conditions of people who use drugs to reduce their risk of overdose and other drug-related harm.

Our Strategy: Expand housing options for people who use drugs

Stable housing is closely associated with a person's ability to protect and enhance their health and well-being and is associated with improved health and social outcomes for people who use drugs and people with SUDs.[89] People who have a history of drug use are frequently denied housing services, such as affordable supportive housing, due to program restrictions (for example, readiness requirements). Additionally, housing options are limited further for people with co-occurring substance use and mental health issues. We support an approach that emphasizes the importance of housing as a basic necessity to improve a person's health, and that does not restrict eligibility based on current or previous drug use.

Framework in Action

The City will collaborate to design and build innovative housing models to support the needs of people who use drugs and work to reduce barriers to accessing existing housing options.

- Support agencies and community-based organizations that provide housing services to implement policies and procedures that increase the eligibility, participation and safety of people who use drugs.
- Make sure people who use drugs are well-represented in community engagement efforts that decide future housing policies and models to serve this population (for example, as NYC has learned from residents with lived experience of homelessness in developing and implementing Housing Our Neighbors: A Blueprint for Housing and Homelessness).

Our Strategy: Support and invest in people returning to the community from jails and prisons

People with a history of incarceration face numerous challenges as they return to their communities, including an elevated risk of overdose in the first two weeks after release.[90,91,92,93] Access to methadone or buprenorphine while incarcerated is associated with an 80% reduction in death during the period after a person has been released from jail or prison.[94] The ability to continue these medications in the community is essential to reducing their overdose risk. Additionally, people returning from jails or prisons face numerous barriers to housing, employment and continued medical care — all key risk factors for drug-related harms including overdose. The NYC Health Department will collaborate with CBOs and H+H/Correctional Health Services to minimize exposure to incarceration among people who use drugs and ensure access to holistic support for people returning to their communities from correctional settings.

Framework in Action

The City will:

- Provide people leaving incarceration with naloxone and connections to harm reduction services, as well as other services to reduce their overdose risk.
- Enhance work with H+H/Correctional Health Services to make sure people experiencing incarceration or people who were recently released from incarceration have access to and are aware of acceptable SUD treatment options.

Our Strategy: Provide vocational support for people who are chronically excluded from the workforce

The City must address workforce exclusion among people who use drugs by prioritizing investments in specific workforce development opportunities for people who live in communities most impacted by drug policies. Black and Latino/a

communities have most deeply experienced the negative consequences of these exclusionary policies and continue to be disproportionately impacted by the enforcement of drug criminalization.

Framework in Action

The City will:

- Establish connections between occupational therapy, mental health and substance use providers to develop robust vocational supports for people in SUD and mental health treatment.
- Through trainings and policies, expand the capacity of vocational services to meet the unique needs of people who use drugs.
  - These services span from prevocational through post-placement support and include assistance with clearing criminal background barriers and negotiating workplace challenges.

Goal 4:

Support children, families and communities affected by the overdose crisis

The overdose epidemic has had a devastating impact on the thousands of families who have lost loved ones to an overdose over the past decade. The grief and trauma associated with the loss of a loved one to an overdose death can be compounded by the stigma associated with drug use, the concurrent toll of the global COVID-19 pandemic and other preventable deaths. In addition, the impacts of the overdose epidemic, the COVID-19 pandemic and many other health conditions have not been felt equally. Due to the longstanding consequences of disinvestment, neighborhoods in the South Bronx have had among the highest rates of overdose death over the course of the overdose epidemic in NYC.

Providing tangible and immediate support to families following an overdose death is critical to mitigate the potential long-term impacts of the trauma and grief surrounding the loss of a loved one. Additionally, given the disproportionate impact of overdose deaths on residents of the South Bronx and East Harlem, and the ongoing issues related to building a meaningful community response, it is critical to support physical space for community engagement, feedback and delivery of supportive services.

Our Strategy: Provide support to families who have lost a loved one to overdose

Research suggests that people who witness overdoses are more likely to experience an overdose themselves.[95,96] People bereaving a loved one lost to overdose may experience depression, post-traumatic stress disorder and/or prolonged grief.[97] Often, people who have lost a loved one to overdose feel intense feelings of shame and isolation due to the stigma associated with drug use.[98,99,100]

Framework in Action

The City will provide support to New Yorkers who are bereaving the loss of a loved one to overdose through expansion of the NYC Office of Chief Medical Examiner (OCME) Drug Intelligence and Intervention Group (DIIG) program. Utilizing social workers and care navigators, the DIIG will provide outreach and support to anyone in need identified during the death investigation process, including immediate and extended family, friends, roommates and others affected by an overdose death.

Our Strategy: Enhance place-based capacity to support and respond to community needs

The NYC Health Department's Neighborhood Health Action Centers bring together health care providers, NYC agencies and community-based organizations to provide community members with primary care, specialty care, social services and referrals to neighborhood resources. These Centers collaborate with community organizations to develop community-informed programs, make sure community members are connected to resources and support the growth of local organizations through investments and technical assistance.

The Neighborhood Health Action Centers are located in neighborhoods with high rates of overdose death, drug-related hospitalization, and health and social consequences resulting from drug criminalization. As a key component of the City's model to advance health equity[r] with and in communities, these Centers provide resources and services to people with mental health and substance use needs and address the community's trauma and grief, including from the overdose epidemic.

Framework in Action

The Neighborhood Health Action Centers in Brooklyn, the Bronx and East Harlem will collaborate with local CBOs to create spaces for community members to process and respond to evolving issues related to alcohol and drug use.

[r]Where everyone has the opportunity to realize their full health potential

Goal 5:

Reduce the number of people who develop problem substance use

Youth who start to use drugs at an earlier age are at increased risk of developing problem drug use and SUDs. Youth who experience marginalization are particularly vulnerable to engaging in problem drug use and experiencing the associated harms. In particular, as a result of stigma and discrimination based on sexual orientation and gender identity, LGBTQ+ youth are more likely to feel unsafe at school, be rejected by their family and face homelessness.[101] One proven strategy to prevent youth substance use and misuse is through the creation of community coalitions that work to change the environment where youth live, work and play to reduce the real and perceived availability of alcohol and other substances. Unfortunately, sustaining community coalitions is difficult without ongoing resources and financial support.

Additionally, parents who use drugs face barriers to support due to fear they may lose custody of their children. Inequitable surveillance of parents who have lower incomes often lead to punitive interventions that may result in family separation. Making sure that families have access to support, including access to harm reduction and treatment services, is an urgent priority.

Our Strategy: Support development of protective factors for youth at risk of problem substance use through funding community coalitions

Framework in Action

The City will fund community coalitions with the aim of reducing the likelihood of youth using and misusing substances early. The coalitions will also increase protective factors among Black and Latino/a LGBTQ+ youth, LGBTQ+ youth and young adults up to age 35 by creating safe and affirming communities across NYC.

Our Strategy: Intensify support and provide early intervention for youth and families affected by problem substance use

Framework in Action

The City will collaborate with and provide technical assistance to ACS to make sure substance use education, prevention, harm reduction and treatment resources are incorporated into the City's expansion of the Family Enrichment Center (FEC) model. FECs are welcoming walk-in centers that connect families in neighborhoods disproportionately affected by structural inequities to resources, services and activities that improve their well-being. The City plans to bring the FEC model to 30 sites by 2024.

Policy Advocacy Priorities for People At Risk of Drug Overdose

The following key policy areas will help us achieve our goals for improving care and support for people at risk of drug overdose:

- Create legal pathways to operate and fund overdose prevention centers (OPCs).
- Align regulations and reimbursement policies with the evidence for medications for addiction treatment, including expanding provider types and qualifications, prescription settings and lengths, and care modalities including telehealth while removing administrative barriers.
- Promote comprehensive coverage and fair reimbursement for peer support services and community health workers across insurers and other programs.
- Allow for evaluations of innovative approaches such as prescribed opioids to reduce overdose deaths from a contaminated drug supply.
- Enforce compliance with existing laws, and incentivize access to high-quality and coordinated substance use care and overdose response that is integrated with physical and mental health care to address comorbidities, while reducing disparities related to a person's race, ethnicity, age or location.

Overall, we aim to reduce suffering and premature death among people who use drugs while improving health. To assess our overdose response for people who use drugs, we will track a number of key indicators over time including the number of people who are connected to harm reduction, treatment and recovery services, and community supports. The City will release overdose death data annually, with full information on trends by drug type, racial and neighborhood inequities, and emerging issues. The City will also release quarterly mortality reports, with information on trends by drug type, neighborhood and borough.[s] As mentioned, the City's new Neighborhood Wellness Survey launching in March 2023 will help to fill current gaps in our understanding of New Yorkers' mental health and substance use concerns.

[s]Quarterly mortality data will be released no later than six months following the close of the quarter, and annual mortality data will be released no later than 10 months after the end of the year. This reflects the time required to collect, clean, analyze and ensure completion of data prior to publication.

Our Policy and Advocacy Agenda for Mental Health in NYC

We recognize that, alone, NYC cannot fully address the mental health challenges it faces. The pressures facing our mental health systems are in part the product of policies set across different levels of government over decades. Support for NYC's mental health care system comes from a blend of federal, state, city and private dollars, through a combination of grants and insurance reimbursement. These different funders set the rules about how these dollars can be used. That is why it is important for NYC to work with state, federal and private partners to make sure we have the support and flexibility we need. This has become critical now that mental health is a national issue, with federal and state leaders prioritizing it in policy agendas and budgets.

The following policy and advocacy agenda outlines areas we will prioritize to improve NYC's mental health system and to make sure New Yorkers have what they need to thrive.

Policy and Advocacy Goals for NYC

The process of developing this plan for Child, Youth and Family Mental Health, SMI, and Overdose Response revealed common needs to address structural gaps.

Policy and Advocacy Goal 1: A robust, diverse and culturally responsive workforce capable of engaging people early

Any strategy to address mental health requires a workforce able to implement it. The City's workforce must reflect the people it serves — culturally, ethnically and linguistically — and by including people with lived experience in all levels, including leadership levels. NYC, like most of the U.S., however, faces substantial workforce challenges. To address these challenges locally, as well as elevate the need for policy change at other levels of government, NYC will convene an interagency and multistakeholder working group through the NYC OCMH.

We must make sure people can get access to and use care now, while we build a stronger, more diverse and more accessible system for the future. To do this, we will:

- Support the City's workforce by finding ways to improve their quality of life, reduce their burnout and support them in building skills for culturally responsive, developmentally appropriate trauma-informed care.
    - To reduce burnout, the City aims to increase quality supervision and appropriate staffing ratios (which requires a sufficient workforce), support continuing education and advancement, and create financial incentives to make sure mental health staff can meet their work-related needs.

- Expand and develop our workforce of community health workers and peers to provide many of the critical mental health supports outlined in this plan. This workforce could grow more rapidly with the right training and support.
- Further train existing staff, such as social service providers, in mental health skills and practices while complementing but not overextending their existing professional capacity and abilities.
- Create career pathways into supervisory positions and increase investments in improving the quality of supervision and access to models for collaboration.
- Strengthen and continue mental health support for staff considering the trauma many staff experience, from witnessing suffering and discrimination to losing community members to overdose.

To make sure we have an effective and equitable workforce into the future, reforms to the overall system need to start today and earlier in the lived experience of New Yorkers. We must:

- Update training programs for students to get more exposure to community-based work earlier in life for a greater focus on culturally responsive care, including opportunities to work directly with CBOs.
- Address racial bias in licensing exams and institutional barriers to the licensing process.
- Provide incentives to create a more diverse pool of candidates, and increase outreach and awareness with students to increase racial equity, with a focus on non-English language experts.
- Provide early career clinicians with more clinical supervision and hours to obtain advanced clinical licensure.
- Support social service staff in continuing education for degrees, licensure and training if they so choose and to complete required practicum hours.
- Update regulations, such as requirements in City contracts, civil service titles and job descriptions, to reflect the actual qualifications necessary to perform jobs.
- Place advanced clinicians where their skills are needed most, and allow other mental health professionals and nonclinical staff where appropriate to be more efficient and create rewarding public health career paths.
- Explore ways to create pathways for health graduates from outside the U.S. to serve in the U.S. behavioral health workforce.

Policy and Advocacy Goal 2: Sustainable financing for mental health care that equitably incentivizes outcomes that matter to people with lived experience and impacted communities

Reforming legacy financing systems for mental health care and supports is critical to building more effective systems. Updating and improving them could ensure services

are more accessible while minimizing financial burdens on New Yorkers by promoting economic security.

This will require systemic changes to the way the mental health system is financed and funded. Some parts of the current system are paid for through health insurance and Medicaid; other parts are paid for through government grants, such as federal funding for systems that care for and serve the mental health needs of children, or through benefits for individuals, such as from programs like housing vouchers or food assistance. Each financing source has individual limitations that may obstruct access to what New Yorkers need for good mental health. In addition, all of these financing sources are underfunded. The issues with existing financing have also perpetuated inequities regarding who in NYC can provide care, what kind of care they can provide and who can access that care.

To address the mental health needs of New Yorkers, we will need a financing system that is adequately funded and flexible and does not place unnecessary burdens on people seeking care and services. The system should fund work that is:

- Focused on outcomes that matter most to the people and communities served
- Equitably allocated
- Focused on prevention and strengthening social determinants of health

Achieving change citywide will require determined advocacy and collaboration. The City will start making progress immediately by collecting data and proving the case for needed structural changes to how mental health care is paid for and administered in NYC. For example, the City will build on the value-based payment approaches planned in NYS's Medicaid 1115 waiver application to innovate on existing financing models and engage with more sectors outside of health care in supporting mental health.

Testing and evaluating these models will enable the City to advocate for more permanent investments and flexibilities from the State government, federal government, and private health insurers and health care providers. This also builds on commitments already made by the State to expand sustainable reimbursement, including innovative financing models, for key mental health services and settings.

Public benefits must also be expanded for people and families to help them meet their basic needs and lower their exposure to toxic stress and adversity. To do this, we must:

- Increase federal and state investments in the EITC, child tax credit and other income supports.
- Keep testing innovative strategies for meeting people's needs to start scaling the ones that work. For example, a research study in NYC is currently testing payments to expectant parents or those with children from birth up to age 3 and evaluating its effects on mental health.[102] These kinds of economic stability strategies build on the City's existing commitments on core issues such as housing, child care and equitable employment.

Conclusion

This plan lays out a vision for our City's work over the coming years. This is just the beginning of more collaboration and innovation to come that will guide us through the implementation phases of each of these plans. Our vision is ambitious, but the mental health crisis facing NYC demands a plan of this magnitude. By holding ourselves accountable to the goals we set out and by partnering with New Yorkers at every step, we can address this crisis, reverse the current trends, and set a path toward greater mental health and well-being in NYC.

Acknowledgments

Our plans for children, youth and families, people with serious mental illness, and people at risk of drug overdose were developed as an interagency effort across New York City, guided by the public health leadership of the Deputy Mayor of Health and Human Services and the New York City Department of Health and Mental Hygiene, and in concert with New York State agencies, our valued community partners and people with lived experience of mental health needs.

Appendix: Our Guiding Principles

The City's plan for mental health is informed by the following guiding principles.

Centering Equity, Anti-racism and Human Rights

Equity means all people have what they need to live full, healthy lives. Equity in mental health is rooted in racial and social justice so that everyone — regardless of race, ethnicity, age, immigration status, disability status or religion — will reach their full potential. Structural racism — racial bias across institutions and society, creating a system of structures, institutions and policies that work together to advantage White people and disadvantage people of color — systematically excludes, marginalizes and harms people of color across NYC. We must develop targeted, race-conscious and place-based strategies capable of achieving mental health goals for NYC.

Implementing Approaches Informed by Data, Lived Experience and Community Voice

The City's plan will invest in proven strategies informed by a vast body of research on public health approaches showing what is effective and what is not, focused on equity. We will engage people with lived experience so services are culturally responsive and informed by the people who are impacted. Good mental health and well-being for all New Yorkers is achievable by focusing on strategies that:

- Center the experiences of the people in communities that are oppressed.
- Promote healing that builds power and resistance to systems of oppression.

We must use a combination of community engagement and data analysis tactics to effectively target responsive strategies and evaluate whether they worked.

Building and Supporting a Resilient, Skilled and Diverse Workforce

The City's mental health and substance use workforce is key to the success of our plan's strategy to address mental health equity. The workforce must be diverse in a way that represents the richness of cultural and linguistic backgrounds of New Yorkers. To be effective, the workforce must be properly trained in diverse practices and supported, be equitably compensated, and have opportunities for advancement.

Using Trauma-informed Strategies

We must use trauma-informed mental health and substance use strategies, acknowledging the discrimination that many people have experienced due to criminalization, racialization and other forms of systemic oppression that intentionally disadvantage groups based on identity and negatively impact their opportunity for equity.

Fostering Collaborative Actions Across the City's Sectors

Coordinating collaborative actions across the City's sectors — both public and private — is essential to address all the social determinants (the conditions in places where people live, work and play) that impact mental health.

Focusing on Continuous Learning, Improvement, Evaluation and Accountability

We will focus on continuous learning and improvement to drive policies and programs for the greatest impacts, especially for any New Yorkers who may not have been well-served in the initial implementations of any strategy.

Innovating for Better Results for New Yorkers in Need

Even though there is a lot of evidence for what works in mental health, we always need to try new approaches to see if we can get even better results. Historically, communities of color have not been the focus of public health innovations or investments. Our focus on the social determinants of health will bring renewed energy to support for New Yorkers who need it most.

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