

## Programs within Mental Hygiene

### **Adult Mental Health Programs**

#### **Assertive Community Treatment (ACT)**

ACT serves adults with serious mental illness, who have high service needs that are not being met in mental health clinic settings and engages them in mental health treatment with multi-disciplinary teams that bring services to them wherever they are. ACT is an evidence-based approach that helps individuals live in the community as opposed to the hospital. The program helps with psychiatric symptom management, employment, securing and maintaining housing, substance use reduction or abstinence, improving relationships and day to day skills. ACT team typically meet with a client 6 times a month and clients may stay in the program as long as needed.

#### **Assisted Outpatient Treatment (AOT)**

AOT (also known as Kendra's Law) promotes engagement in mental health services for adults with a history of multiple hospitalizations or harm to self or others due to nonadherence to treatment. AOT reinforces treatment and recovery through monitoring the adherence of both the individual and their provider(s) to a civil court-ordered care coordination/treatment plan.

#### **Intensive Mobile Treatment**

IMT serves adults who have high service needs that are not being met in mental health clinic or ACT settings and who are experiencing housing instability, have frequent interaction with mental health and/or criminal legal systems. Similar to but more flexible and intensive than ACT, multi-disciplinary IMT teams include behavioral health clinicians and peer specialists who bring services to clients wherever they are in the community, including their apartment, in a shelter, on the street or a residential setting. IMT teams may also continue to provide services to people during hospitalization, incarceration and residential substance use related rehabilitation.

#### **Mobile Crisis Teams (MCT)**

MCT's include professional and paraprofessional staff (e.g., a master's-level clinician and a peer specialist) that uses face-to-face interventions with the identified individual in crisis, as well as their family or other support systems. MCT provides in-person crisis de-escalation, engagement, assessment, and referrals to the most appropriate services as needed. If the MCT team is not able to make in person contact with the individual, they will try to make contact over the phone or through an online video call. MCT teams will respond citywide in 2-3 hours, 7 days a week, between 8 am and 8 pm. Services are primarily provided in people's homes, as well as in schools for children experiencing crisis.

#### **NYC 988**

NYC 988 provides 24/7/365 crisis counseling, peer support, information, and referral to behavioral health services, including MCT services. Anyone can reach NYC 988 if they are concerned for themselves or someone else, by calling or texting 988 or online chatting at the 988 website <https://988lifeline.org/chat/>. NYC 988 counselors assess each unique person and situation to provide an appropriate intervention.

### **NYC Supported Treatment and Recovery Teams (NYC START)**

NYC Supported Treatment and Recovery Teams (START) provides time-limited case management for people between ages 16 and 30 experiencing a first episode of psychosis. This Critical Time Intervention (CTI) uses a shared decision-making model to connect clients to specialized and recovery-oriented services and support their transition back to the community following a first hospitalization. START is staffed by social workers and peer specialists.

### **Supportive Housing**

Supportive housing is affordable, permanent, and independent rental housing, that meets the needs of tenants, including those living with serious mental illness and substance use disorders, by providing case management, connection to health and mental health services, harm reduction services, group activities, and help with employment, benefits, and entitlements.

### **Comprehensive Psychiatric Emergency Programs**

Emergency evaluation service provided at Kings County Hospital Center. Individuals in need of urgent mental health care can be seen here to see if they need additional treatment.

### **Crisis Respite**

This is short-term voluntary program provides a supportive and home-like environment for individuals experiencing a mental health crisis. Respite services can also help to reintegrate a person into the community after inpatient care. Guests can stay from 1 day up to 28 days based on need and will have 24/7 access to staff support.

### **Co-Response Teams (CRT)**

CRT is a collaboration between the NYC Health Department and the New York Police Department (NYPD) to serve individuals experiencing behavioral health (mental health and/or substance use) challenges and have an elevated risk of harm to themselves or others. The program partners two NYPD officers with a Health Department behavioral health professional to create a Co-Response Team that offers referred community members time-limited pre- and post- crisis intervention and support. CRT helps individuals remain connected in the community and reduces community members' interactions with the criminal legal system.

### **Health Justice Network (HJN)**

HJN is a public health re-entry program aimed at improving the health and wellbeing of adults returning to the community from jail or prison by increasing their access to and engagement in quality community-based health and re-entry support services. Trained community health workers (CHWs), peers with lived experience of successful re-entry, are paired with re-entering community members to meet needs through a voluntary, anti-racist, and trauma-and resilience-informed approach.

### **Behavioral Health Parity Education Program**

This program consists of virtual trainings providing an overview of behavioral health parity laws, steps to take if an individual or a client experiences insurance denials or unexpected out-of-pocket costs, and resources available to support access to behavioral health services are offered to community members and service providers.

### **Promoting Mental Health-Asian American Native Hawaiian Pacific Islander (PMH-AANHPI)**

The PMH-AANHPI Learning Initiative is designed to engage AANHPI communities to learn about and support their priorities regarding mental health services, skills, and strategies. The learning series topics range from a session on specialized offerings pertaining the history of AANHPI communities in the United States, to more general subject matter that may be suitable to participants regardless of racial or ethnic identity including identifying signs of mental health decline, combating the stigma of mental illness, and accessing free or low-cost, culturally- and linguistically sensitive mental health services.

### **Clubhouses**

Clubhouses offer free support to people who have serious mental health conditions living in NYC, regardless of their insurance, immigration or housing status, or criminal justice involvement history. Clubhouses are fun, safe, and diverse places that can help members with their mental health recovery and make friends.

### **Non-Medicaid Care Coordination**

The program serves adults with Serious Mental Illness who have had difficulty engaging in community based mental health services and are not eligible for Medicaid and the care coordination services available through Medicaid. Care coordinators travel to meet with their clients in their home or wherever is convenient for the client in the community and provide assistance with achieving goals related to physical and mental health and overall wellness. Individuals may stay in the program as long as they require the supports.

### **Substance Use and Harm Reduction Services**

#### **Buprenorphine Nurse Case Manager (NCM) initiative**

The NYC Health Department's Buprenorphine NCM Initiative provides funding and ongoing technical assistance to support buprenorphine treatment for people with opioid use disorder at 26 safety-net primary care clinic sites. Each awardee has one NCM exclusively dedicated to this initiative, one self-appointed primary care provider Buprenorphine Champion, and a minimum of three additional primary care providers. A buprenorphine NCM is a registered nurse whose role is to manage the care of all buprenorphine patients and to work closely with the participating primary care providers to deliver team-based, patient-centered, and harm reduction-oriented care for their patients.

#### **Naloxone**

Naloxone is a safe and effective medication that reverses the effects of an opioid overdose. The NYC Health Department provides naloxone to the public through registered Opioid Overdose Prevention Programs (OOPPs), naloxone trainings, a mail-based naloxone service, Public Health Vending Machines (PHVMs), and a range of other initiatives. Naloxone is also available under a standing order for purchase with insurance or out-of-pocket at pharmacies citywide (search "Naloxone in Pharmacies" under "Drug and Alcohol Services" on the NYC [HealthMap](#)). The NYC Department of Health and Mental Hygiene provides free virtual naloxone trainings. On completion, participants can request a free kit by mail. See more information on the [NYC Health Naloxone webpage](#).

### **New York State OASAS-Certified Substance Use Programs in NYC**

There are 314 OASAS-certified substance use treatment programs in New York City, 41 of which are in contract with the NYC Health Department. These programs provide a range of substance use treatment modalities to New Yorkers. OASAS is a state agency that oversees approximately 1,700 prevention, treatment, and recovery programs and coordinates state-federal relations in the area of addiction services.

### **Relay**

Relay is an innovative hospital-based support system for people who have experienced a suspected nonfatal opioid overdose. Through Relay, Wellness Advocates with lived experience with substance use provide 24/7 on-call support to patients presenting to emergency departments (EDs) following a nonfatal overdose. Wellness Advocates engage patients in the hospital and provide services in the ED immediately following overdose and over a three-month follow-up period. Services include overdose risk reduction counseling, opioid overdose rescue training, naloxone distribution, and referrals and navigation to harm reduction services, substance use disorder treatment, and other health and social services.

### **Syringe Service Programs (SSPs)**

SSPs are community-based health care organizations that provide a range of services for people who use drugs and the broader community. They distribute sterile syringes as well as other safer drug use, harm reduction, and safer sex supplies; collect and dispose of used syringes in public places; and provide overdose prevention education, drug treatment referrals, primary health care, and connections to social services. These programs are authorized by the New York State Department of Health

### **Sexual Health Clinical Services**

Sexual Health Clinics provide essential sexual health services at low- to no-cost to patients. Walk-in services are available on a first come, first served basis; no appointments are necessary. Sexual Health Clinics serve anyone 12 years or older, without parental notification, regardless of ability to pay, insurance coverage or immigration status. Sexually Transmitted Infection (STI) Services, HIV Services, Immunization Services, Reproductive Health & Cancer Prevention Services, Social & Behavioral Health Hours of operation and other information is available online at:

<https://www1.nyc.gov/site/doh/services/allclinics.page>

### **Drug-Checking**

The City runs a drug-checking initiative at 5 syringe service programs. The drug-checking initiative, run by trained technicians, allows program participants to analyze pre-obtained drug samples to determine what they contain. Participants receive results along with individualized counseling to help make more informed choices about their substance use.

### **Peer Corps**

Peer Corps trains early-career peers with lived experience with substance use and places them to work in shelters and other substance use service settings. These peers provide harm reduction and overdose education, naloxone, and service connections. The 2022-23 cohort served more than 2,700 individuals

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and made more than 1,000 linkages to care including recovery and treatment services, harm reduction services, support groups, and mental health services.

### **Coalitions**

The Health Department funds 5 community coalitions citywide to change norms, practices and/or physical environments to reduce risk factors and increase protective factors impacting LGBTQ+ youth substance use. In 2023, these coalitions served more than 300 LGBTQ youth through direct services and reached more than 2,500 community members through various community activities.

### **Youth Mental Health Programs**

#### **Adolescent Skills Centers**

Adolescent Skills Centers provide a full range of strength-based, integrated services to address the educational, vocational, and social-emotional needs of youth. Participants are between ages 16-24 and may enroll up to age 22. To be eligible, youth must be experiencing serious emotional disturbance, serious mental illness, or an Axis I mental health diagnosis. All sites accept community referrals, self-referrals, and parent/guardian referrals in addition to referrals from schools and other mental health providers.

#### **Building Resilience in Youth (BRY)**

Launched in November 2022, BRY aims to increase wellness, stress management and access to care in TRIE communities that have been hard hit by COVID-19 using a task-sharing model to train community-based organizations (CBOs) staff on basic level mental health awareness, identification of at-risk youth, counseling skills and referral to mental health care, when appropriate.

#### **Children's Mobile Crisis Teams**

Children's mobile crisis teams (CMCT) consist of professionals trained to help young people who are experiencing a behavioral health crisis. They can arrive quickly at a school, home, or neighborhood. Each team includes clinical social workers and family peer advocates. Services include crisis de-escalation and stabilization, behavioral health and safety assessment, crisis prevention planning, and referral to longer term behavioral health services.

#### **Early Childhood Mental Health Services (ECHM)**

The ECMH Network consists of specialized early childhood mental health clinics in each borough and a citywide ECHM Training and Technical Assistance Center. The clinics offer evidence-based, trauma-focused and dyadic or family-based treatment for children birth to 5 years, their siblings, and their parents/caregivers; family peer support services; and mental health consultation services to professionals in other settings (e.g. early care and education sites). The Technical and Training Center (TTACNY.org) provides specialized training and technical assistance for the many types of professionals who work with young children, expanding New York's capacity to promote positive mental health in the early years.

#### **NYC Teenspace**

NYC Teenspace is a free virtual mental health service for teens, ages 13-17, who are residents of NYC. The service is available to all NYC teens regardless of school, income level, or insurance status. Teens are

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connected with a licensed therapist- based on factors such as what they're struggling with and therapist specialist. Teens have access to unlimited messaging with their therapist and can schedule one 30-minute live virtual session, by video or audio, each month. Teens also have access to interactive exercises and short lessons designed specifically to support teen mental health.

### **Home-based Crisis Intervention**

Home Based Crisis Intervention programs provide intensive in-home crisis care to children and youth ages 5-20y, 11 months (up to age 21). It is a 4–6-week, short term service intended to prevent unnecessary hospitalizations and out of home placements. HBCI services staffed by 1 Interventionist for 2-3 families who provide services in the home and/or community. HBCI is designed to maintain children in the home with their caregivers and provides family focused crisis treatment and psychotropic evaluations.

### **Children's Crisis Intervention Services**

Child Crisis Specialists working as part of a clinical team conduct short-term family-centered crisis assessment, intervention and stabilization services to children, adolescent and their families and linkage to ongoing services.

### **Administration for Children's Services Pre-Placement Center**

A consultation service, based at ACS' Nicholas Scoppetta Children's Center which temporarily houses NYC children being assessed for entry into kinship or foster care or residential treatment, carried out by Bellevue Hospital-affiliated psychologists and psychiatrists who provide clinical consultation, assessment, medication management, case management, and referrals.

### **Queens Hospital School-Based Programs**

School-based primary prevention, crisis intervention and referral, short-term counseling, group and family therapy, parent workshops, classroom observation and teacher/counselor consultation, provided by psychologists and psychiatrists from Queens Hospital Center's Department of Psychiatry.

### **Family and Youth Peer Support Programs**

Family and Youth Peer Support (FYPS) services empower and support parents and caregivers as well as children and youth from birth to age 24 experiencing social, emotional, developmental, substance use or behavioral challenges. FYPS services provide emotional support; advocacy and assistance to navigate child-serving systems; information on mental health conditions, services, and family rights; referrals to appropriate services and resources; skills development; and recreational activities. There are 5 Alliances of programs (1 per borough) consisting of a main contractor and sub-contractors, all providing FYPS programs in community-based settings.

### **Strong Families and Communities Training Center**

The SFC Training Center focuses on trainings and technical assistance for youth and family peer advocates, trainings, and implementation support for community-based organization staff in parenting models, and coalition building and community engagement.

### **Children's Non-Medicaid Care Coordination**

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Provides care coordination to youth who are diagnosed with serious emotional disturbance (SED). A care manager will provide various services, including an individualized plan of care and patient advocacy.

**Transitions Case Management**

Transitions is a Bronx-based program that provides services to school-aged youths, 4-18 years old, who exhibit behavioral difficulties. The goal is to collaborate with students and families to achieve a better educational understanding, positive opportunities, and graduate high school.

**Step Down Case Management**

Intensive home-based interventions for families of youth (5-18) who are already involved with the mental health system. Provided by the Child Center of NY. Services take place in the home, school and/or community-wherever the client is.

**School Response Team**

The program works in collaboration with the school to facilitate the provision of mental health services within the school environment. Services are designed to support and improve the educational outcomes and achievements of students. Services are offered to students who are experiencing or are at risk of developing social/emotional difficulties, and their parents.

**High Fidelity Wraparound**

High Fidelity Wraparound (HFW) is an evidence-based model of care coordination that uses a highly structured, team-based, family/child centered management process. HFW involves intensive, individualized planning and managing for children and youth with serious social, emotional, or behavioral concerns who are involved in multiple child service systems (e.g., behavioral health, child welfare, juvenile justice, special education). Caseload ratios are intentionally small to enable more intensive support: 10 youth served per team.

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