

ThriveNYC - A Plan for Comprehensive and Equitable Mental Health Care for New York City

Mental illness is a far-reaching issue. Twenty percent of adult New Yorkers experience a mental health disorder each year,¹ and nearly all New Yorkers have a family member or friend who has struggled with mental illness. Yet, in the past year, 41% of New Yorkers experiencing mental illness said they did not receive treatment, or delayed getting it.²

The stigma surrounding mental health, and the lack of affordable and culturally competent mental health care is a long-standing challenge to mental wellness. Mental health issues have historically not received comparable funding or been addressed by government or private agencies with the same urgency as physical health issues. Access to mental health care varies greatly throughout the city, and people living in underserved communities bear the greatest mental health burden.⁴ Because of the lack of efficient treatment and prevention, 25.6% of all health care expenditures involve patients with mental illness.³

To address these problems, and improve community mental wellness, New York City created **ThriveNYC – A Roadmap for Mental Health for All**. ThriveNYC aims to decrease disparities in mental health care and to create a strong foundation for fighting mental illness in the future. The Roadmap consists of 54 targeted initiatives and an investment of \$850 million over the course of four years.

Dr. Gary Belkin, Executive Deputy Commissioner at the New York City Department of Health and Mental Hygiene, states that ThriveNYC has six key principles made up of multiple initiatives that stakeholders can contribute to. “We really try to link action with [this] vision.” The Roadmap’s initiatives fall under six key principles: (1) Change the Culture, (2) Act Early, (3) Close Treatment Gaps, (4) Partner with Communities, (5) Use Data Better, and (6) Strengthen Government’s Ability to Lead. Each principle focuses on a different aspect of community mental wellness.

In an effort to reduce stigma associated to mental health, the

Six Guiding Principles

1. **Change the Culture – reduce stigma around Mental Health**
2. **Act Early – invest in early childhood prevention and intervention**
3. **Close Treatment Gaps – make sure all New Yorkers have equal access to care**
4. **Partner with Communities – to create effective and culturally competent solutions**
5. **Use Data Better – to create more effective policies and treatment programs**
6. **Strengthen Government’s Ability to Lead – by connecting the whole community**

Roadmap plans a comprehensive public awareness campaign to change the public conversation on mental wellness. Mental Health consultants will start serving all NYC public schools in order to better support students and social-emotional education will be provided in childhood learning centers to promote healthy coping mechanisms.

Mental health practitioners will be placed in primary care practices in the City’s most under-served areas to ensure that mental health care is readily available to those who need it most. “The Mental Health Service Corps, which we are working with the Primary Care Information Project on, will put up to 400 clinicians out into the community, mostly in primary care, to start modeling innovative practice.” Dr. Belkin states. Dr. Belkin also emphasized the importance Corps members will play in the practices—providing services that can help establish new norms in the primary care setting.

The Roadmap also aims to work with hospitals to screen all recent mothers for postpartum depression to address the large socioeconomic disparities in treatment of postpartum depression. Additionally, data will be actively gathered and a council of city agencies and community partners will be organized to plan and improve policies related to mental health.

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Through these efforts, and others, the city hopes to tackle the issue of mental health in a holistic manner, and make sure all New Yorkers can stay healthy and thrive. When discussing ThriveNYC's goals, Dr. Belkin emphasizes "What we want to do is create new norms."

Visit www.thrivenyc.cityofnewyork.us to learn more about ThriveNYC and to read the complete Roadmap detailing all 54 initiatives.

*"What we want to do is
create new norms."*

*- Dr. Gary Belkin, NYC Department of
Health and Mental Hygiene*

1 (1) Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication, *Archives of General Psychiatry*, (2005) 62: 617-627; (2) <http://www.samhsa.gov/data/sites/default/files/NSDUHsaeSpecificStates2013/NSDUHsaeNewYork2013.pdf>; (3) New York City Department of Health and Mental Hygiene. New York City Health and Nutrition Examination Survey (NYC HANES 2013–2014), Unpublished Raw Data, 2013. 4) <http://www.samhsa.gov/data/sites/default/files/NSDUHsaeSpecificStates2013/NSDUHsaeNewYork2013.pdf>
2 New York City Department of Health and Mental Hygiene. Community Mental Health Survey Unpublished Raw Data, 2012.
3 (1) New York City Department of Health and Mental Hygiene Bureau of Mental Health Medicaid Analysis Based on Salient NYS Medicaid System, Including Payment Cycles Through 1963, (2) Unpublished Raw Data, 2015. Milliman, Inc. Commercial Insurance and Medicare analysis. (2015). Unpublished raw data.
4 (1) Zisook S, Shear, K. Grief and Bereavement: What Psychiatrists Need to Know: *World Psychiatry*, 8: 67-74, 2008. (2) Coyle C, Stayton C, Ha J, Norman C, Sadler P, Driver C, Heller D, Paone D, Singh T, Olson C. Suicide and Self-inflicted Injuries in New York City. *NYC Vital Signs* 11(1):1–4, 2012. (3) Williams DR, Gonzalez HM, Neighbors H, Nesse R, Abelson JM, Sweetman J, Jackson JS. Prevalence and Distribution of Major Depressive Disorder in African Americans, Caribbean Blacks, and Non-Hispanic Whites. *Archives of General Psychiatry*, 2007. (4) Breslau J, Kendler KS, Su M, Gaxiola-Aguilar S, Kessler RC. Lifetime Risk and Persistence of Psychiatric Disorders Across Ethnic Groups in the United States. (5) PsycStockdale, Susan E. et al. Racial and Ethnic Disparities in Detection and Treatment of Depression and Anxiety Among Psychiatric and Primary Health Care Visits, 1995–2005. *Medical Care* 46.7 668–677, 2008. *hol Med* 35(3):317-27, 2005. (6) New York State Department of Health Statewide Planning and Research Cooperative System, Unpublished Raw Data, 2013.

The Early Years Collaborative

The New York City Children's Cabinet has launched The Early Years Collaborative (EYC); a place-based initiative to strengthen coordination and collaboration among organizations within neighborhoods and accelerate the identification of effective strategies to bolster outcomes for young children.

EYC brings together 20-30 Community-Based Organizations (CBOs) in Brownsville, Brooklyn (Community District 16) and in the South Bronx (Community District 3) to work together towards improving the health and well-being of New York City's children (birth through age three). In both the Bronx and Brooklyn, EYC aims to improve school readiness and secure attachment, safety, and stability. In Brooklyn, teams are also taking on the goal of improving healthy pregnancies.

The Early Year Collaborative is being led by the Department of Health and Mental Hygiene (DOHMH) in partnership with the Administration for Children's Services (ACS). Together these lead agencies are providing the infrastructure and support for the work in each neighborhood.

To ensure that the unique needs of each neighborhood are met, EYC is partnering with CBOs to be community conveners. These CBOs include South Bronx Rising Together in the South Bronx and SCO Family of Services, Healthy Start Brooklyn, and Community Solutions in Brownsville Brooklyn. In addition, the Institute for Healthcare Improvement (IHI) is providing technical guidance on the improvement methods that are used by EYC participants to propel action toward the shared aims in each neighborhood.

The CBOs' improvement projects align their mission and organization's priorities with the broader goals of EYC (e.g., healthy pregnancies, school readiness). With a focused aim, teams within the CBOs identify small scale, targeted change strategies that incorporate the CBO's staffs' knowledge of the children and families served and builds on their existing activities and services. Clinics and CBOs test out new ideas on a small scale, collect simple data, and use the learning from this process to inform next steps.

EYC also brings in content experts to support teams in identifying and testing changes, so that these strategies are informed by bringing together the program staffs' knowledge of the local context and the content expert's knowledge of best practices. Bridging this content and context expertise accelerates the identification of effective strategies that can be implemented and spread.

For more information, visit www.nyc.gov and search "early years collaborative".

Tackling Depression Screening in The Bronx

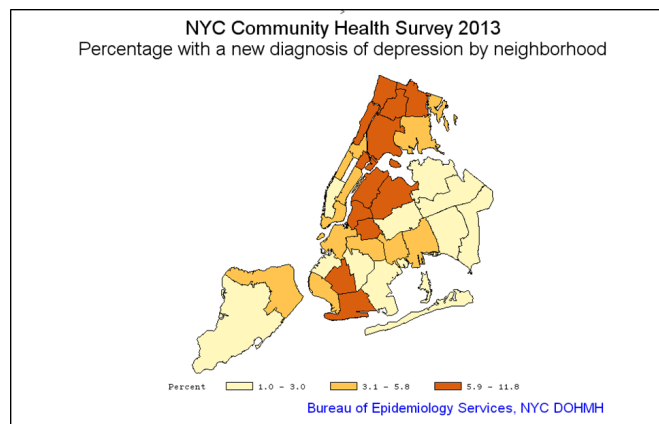
The Centers for Disease Control estimates that nearly 50% of adults in the United States will develop at least one mental health illness in their lifetime. By 2020, behavioral disorders are expected to surpass all physical disorders as a major cause of disability across the world. In New York City, approximately 20% of adults experience a mental health disorder each year and almost all adults have a family member or friend who has struggled with mental illness. Depression and other common forms of behavioral health disorders (e.g. anxiety and substance use disorder) impact every neighborhood in New York City. Furthermore, access to mental health care varies greatly throughout the city, and people living in underserved communities bear the greatest mental health burden.

According to a community health survey conducted in New York City in 2013, The Bronx has one of the highest rates of new diagnoses of depression. Specifically in the South Bronx, 15% of residents have been diagnosed with depression at one point in their lives. To effectively battle depression and other forms of common behavioral health disorders, it is crucial for primary care health professionals to screen patients to ensure they receive the support needed.

Grand Concourse Medical Practice and Riverdale Family Practice, located in the Mt. Hope and Riverdale sections of the Bronx respectively, both prioritize universal screening of their patients for depression and other mental health problems. When screening for depression, both practices administer the PHQ-2 and PHQ-9 when necessary.

Even though depression screening is not a clinical quality measure Dr. Mejia of Grand Concourse Medical Practice demonstrates for his quality improvement programs, he emphasized, "We take depression screening seriously." To ensure that everyone at the practice understands the importance of depression screening, Dr. Mejia works with his practice manager to ensure that every staff member is educated on depression and trained to know how to conduct a screening. "We take the time to train our staff and get everyone involved in the care delivery process. We also host periodic internal meetings where we discuss our current workflow and attempt to find ways to improve any potential weaknesses."

Catherine Franzetti, Administrator at Riverdale Family Practice, also mentioned that staff training helps ensure that their patients are screened for depression. She adds, "We are



New York City Department of Health and Mental Hygiene. [Community Health Survey \[2013\]](#); public use dataset accessed on 03/25/2016.

constantly holding internal training – making sure that we are dedicating time to discuss the workflow with the staff." At Riverdale Family Practice, Medical Assistants are equipped with educational one-pagers that discuss depression screening.

Properly addressing depression and other mental health issues does not end at screening. Both Dr. Mejia and Ms. Franzetti also stressed the importance of utilizing follow-up appointments when working with patients that require additional support. When a patient is in need of a specialist, both practices leverage their relationships with other organizations to find an efficient solution. Within both practices, a follow-up appointment is scheduled for the patient to ensure that the patient's needs are being met. Using these workflows and resources, both practices have successfully managed to actively screen over 90% of their patients.

Grand Concourse Medical Practice and Riverdale Family Practice are just two organizations that are making strides with addressing mental health issues with their patients. With the emergence of ThriveNYC, New York City is attempting to address the mental health concerns of New Yorkers. Over time, this roadmap strives to make sure that everyone in New York City has access to a mental health professional if they need it.

For more information on depression and depression screenings, please visit <http://www1.nyc.gov/site/doh/health/health-topics/depression.page>.

1 CDC. "U.S. Adult Mental Illness Surveillance Report." CDC Features. CDC, 7 September, 2011. Web. 9 June 2013. <<http://www.cdc.gov/Features/MentalHealthSurveillance/>>.

2 World Health Organization (WHO). (2004). Promoting mental health: Concepts, emerging evidence, practice. Summary report. Geneva, Switzerland: WHO. Retrieved March 25, 2011, from

3 Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication, Archives of General Psychiatry, (2005) 62: 617-627.

4 (1) Zisook S, Shear, K. Grief and Bereavement: What Psychiatrists Need to Know: World Psychiatry, 8: 67-74, 2008. (2) Coyle C, Stayton C, Ha J, Norman C, Sadler P, Driver C, Heller D, Paone D, Singh T, Olson C. Suicide and Self-inflicted Injuries in New York City. NYC Vital Signs 11(1):1-4, 2012. (3) Williams DR, Gonzalez HM, Neighbors H, Nesse R, Abelson JM, Sweetman J, Jackson JS. Prevalence and Distribution of Major Depressive Disorder in African Americans, Caribbean Blacks, and Non-Hispanic Whites. Archives of General Psychiatry, 2007. (4) Breslau J, Kendler KS, Su M, Gaxiola-Aguilar S, Kessler RC. Lifetime Risk and Persistence of Psychiatric Disorders Across Ethnic Groups in the United States. (5) PyscStockdale, Susan E. et al. Racial and Ethnic Disparities in Detection and Treatment of Depression and Anxiety Among Psychiatric and Primary Health Care Visits, 1995-2005. Medical Care 46.7 668-677, 2008. hol Med 35(3):317-27, 2005. 6) New York State Department of Health Statewide Planning and Research Cooperative System, Unpublished Raw Data, 2013.

5 New York City Department of Health and Mental Hygiene. [Community Health Survey \[2013, 2014\]](#); public use dataset accessed on 03/25/2016.

Resources Available: Depression Research Brief and Implementation Guide

Depression is a widely underdiagnosed disease and primary care providers can play a critical role in depression screening and management. Depression screening has been incorporated as a quality improvement measure for multiple incentive initiatives. These initiatives include Patient Centered Medical Home (PCMH), Delivery System Reform Incentive Payment (DSRIP), and Meaningful Use. Effective depression screening in the primary care setting requires implementation of a systematic process.

PCIP released its latest research brief focusing on depression screening in the primary care setting. The research brief discusses the relationship between depression and chronic medical illness, why primary care is the right context for depression screening, and how depression screening is steadily being recognized by incentive payment programs.

The New York City Department of Health and Mental Hygiene has also created an implementation guide aimed at helping practices decide who and when to screen, which screening tool to use, how to support patients who screen positive, and how to develop a referral network of mental health providers.

Both of these resources can be found in the NYC REACH resource library at www.nycreach.org.

Addressing Mental Health in New York City: New Support System and Services

ThriveNYC intends to approach the issue of mental illness on a public health scale and engage all parts of New York City, from schools, to community centers, to healthcare facilities. Through six guiding principles, New York City will complete 54 targeted initiatives and create a strong foundation for fighting mental illness in the future. Two of these initiatives are Mental Health First Aid and NYC Support.

Over the next five years, New York City will be offering free training in Mental Health First Aid (MHFA) to over 250,000 New Yorkers. As part of ThriveNYC, Mental Health First Aid trains participants to help people who may be experiencing a mental health problem or crisis. After the Mental Health First Aid course, participants should know:

- Risk factors and warning signs of mental health problems
- Information on depression, anxiety, trauma, psychosis, and addiction disorders
- A 5-step action plan that could be used to help someone developing a mental health problem or in crisis
- Where to turn for help – professional, peer, and self-help resources.

Through these trainings, New York City aims to diminish any stigma or discomfort surrounding mental illness.

The Mental Health First Aid course is eight hours long and may be offered all in one day or over the course of shorter sessions throughout multiple days. The training is free and open to individuals of any experience level. First responders, such as emergency health professionals, are especially encouraged to apply.

Along with Mental Health First Aid, ThriveNYC will also establish NYC Support to serve as a point of entry to the City's behavioral health services. NYC Support will significantly expand the City's services by providing New Yorkers with crisis counseling and referrals to help schedule appointments with mental health providers based on their needs and insurance status.

For more information on these initiatives and others, please visit www.thrivenyc.cityofnewyork.us/

Mental Health Service Corps: Mental Health Support in Primary Care

ThriveNYC – A Roadmap for Mental Health for All - a comprehensive public health approach to mental health led by New York City Mayor, Bill De Blasio, and championed by Chirlane McCray, First Lady of New York City, identifies six key principles: (1) Change the Culture, (2) Act Early, (3) Close Treatment Gaps, (4) Partner with Communities, (5) Use Data Better, and (6) Strengthen Government’s Ability to Lead. To help partner with communities, the Roadmap establishes the Mental Health Service Corps (MHSC).

The Mental Health Service Corps (MHSC) is one of the largest initiatives in ThriveNYC. MHSC aims to increase the number of diverse, qualified mental health clinicians in order to provide support in substance use programs, mental health clinics, and primary care practices throughout New York City. Starting in 2016, the MHSC will recruit early career Masters and Doctoral-level clinicians with the goal of recruiting approximately 400 physicians over a period of three years.

Dr. Myla Harrison, Assistant Commissioner of the Bureau of Mental Health at the New York City Department of Health and Mental Hygiene, stated “One of the goals of the Mental Health Service Corps is to make sure there are enough licensed clinical social workers and practitioners to be able to deliver mental health services.”

To improve access to care and the integration of behavioral health services in the primary care setting, a majority of the MHSC members will be placed in primary care settings. A large number of New Yorkers receive their standard medical care in the primary care setting. Though primary care providers are becoming a first line of defense in the diagnosis and treatment of behavioral health disorders, they are not well equipped with the proper tools or the knowledge of how to utilize the tools to identify symptoms of behavioral health disorders in their patients.

“There are workforce issues in mental health and behavioral health. There are not enough clinicians,” continues Dr. Harrison. “There are also people in New York City who have mental health needs that are unrecognized and they may be going to primary care with physical complaints that are truly mental health issues. This mental health services corps is really about earlier identification of these issues.” Not only will the availability of a Corps member in the primary care setting increase access to mental health services for New Yorkers, MHSC aims to reduce the stigma of receiving mental health care. Patients will be able to receive improved care from a coordinated interdisciplinary team of primary and behavioral health care providers.

Primary care practices that partner with the Corps will have an opportunity to work with a mental health clinician that is sensitive to diverse cultural and linguistic environments. These clinicians will expand the use of evidence-based therapeutic interventions and mental health promotion methods in the neighborhoods they serve. Clinicians will be utilizing the Collaborative Care Model to screen, diagnose, and treat patients for depression, anxiety, and substance use disorder. MHSC clinicians are expected to commit 2,000 hours in the primary care setting and will serve for one to three years, depending upon their discipline and the hours of clinical experience accumulated in the service setting. “By the third year, we will have 400,000 additional treatment hours across all of the sites.” When discussing longer term goals of the MHSC, Dr. Harrison stated “long term, we want this to keep going and be part of what we do in New York City.”

For more information on the Mental Health Service Corps and to learn how to become a MHSC host site, please visit www.nycreach.org/qi-services/#mental-health-service-corps

Practices that host a MHSC clinician will have access to:

- 1 social worker (MHSC Member)
- 1 social work supervisor
- 1 psychiatrist



Addressing Child and Adolescent Psychiatry in the Primary Care Setting

More than 14 million children and adolescents in the United States have a diagnosable mental health disorder that interferes with daily functioning and requires intervention or monitoring.¹ In New York State, there are approximately one million children with mental health needs. Project TEACH (Training and Education for the Advancement of Children's Health) is New York State's response to better meet the public health needs of children and adolescents (to age 21) with mild to moderate mental health issues.

Project TEACH provides rapid consultation, education and training, and referral/linkage services to primary care providers statewide. Two entities operate Project TEACH in New York State: (1) Child and Adolescent Psychiatry Education and Support (CAPES) and (2) Child and Adolescent Psychiatry for Primary Care (CAP PC). CAP PC is a collaboration between five academic medical centers: the Departments of Psychiatry at the University of Buffalo, University of Rochester, Columbia University Medical Center/New York State Psychiatric Institute, SUNY Upstate, and Hofstra Northwell School of Medicine.

By bolstering primary care physicians' ability to assess and manage these mild/moderate health problems and promoting collaboration between health and mental health services, CAP PC aims to address the unmet need for pediatric mental health services in the state.

To ensure that pediatric primary care providers throughout New York can access support regarding mental health services, CAP PC leverages these five academic medical centers to offer:

- Phone consultations (Providers can call 1-855-227-7272 from 8 am -7 pm M-Th and 8am-5 pm Fri to reach a board-certified child and adolescent psychiatrist))
- Face-to-face evaluations
- Referral/linkages
- Trainings
- Web-based resources

Primary care providers can use these available resources to connect to a CAP PC child and adolescent psychiatrist, who will also be able to refer the patients if additional specialty child mental health services are required to meet the patient's needs. These same-day consultations with the child and adolescent psychiatrist are free of charge to all providers in the CAP PC catchment area. Primary Care providers are welcome to call with any questions related to the behavioral health of their patients.

CAP-PC also offers additional trainings for primary care providers with the *Mini-Fellowship in Child and Adolescent Mental Health*. These training sessions will help primary care providers recognize, assess, and manage mild-moderate mental health problems in children and adolescents. The training is provided at no cost to the participating providers and consists of a three day workshop and six months of every other week case-based conference calls. Other shorter training opportunities are also available.

For more information on CAP PC, please visit www.cappcnyc.org.

¹ US Department of Health and Human Services (USDHHS). Mental Health: A Report of the Surgeon General. Washington, DC: US Government Printing Office; 2000



Primary Care Information Project

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nyc.gov/pcip

The Primary Care Information Project (PCIP) is a NYC mayoral initiative charged with improving the quality of care in underserved communities through health information technology.

Questions about the newsletter? Please e-mail Anthony Cruz, Communications Specialist, at mcruz11@health.nyc.gov