TEAM UP | SCALING & SUSTAINABILITY CENTER™

Exploring Opportunities to Expand Behavioral Health Services in New York City

New York City Stakeholder Perspectives on Pediatric Behavioral Health

BOSTON MEDICAL CENTER

August 2024 – August 2025

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TABLE OF CONTENTS

INTRODUCTION

This report will summarize the key findings of the New York City (NYC) stakeholder interviews conducted by the TEAM UP Center. The interviews were part of a year-long project to assess the NYC behavioral health landscape and opportunities for TEAM UP to contribute to the wellbeing of NYC children and youth. We interviewed 14 organizations spanning NYC government agencies, hospital systems, Medicaid Managed Care Plans, and philanthropic organizations. Interviews were open ended with the purpose of understanding investments in pediatric behavioral health as well as opportunities for impact. We describe a broad set of themes that reflect our findings. In brief, we identified significant investments made in clinical care - through the implementation of clinical models such as HealthySteps, in clinical training through the offerings of Project TEACH; and in workforce development through Montefiore's CHW training institute and the Careers Pathways Training program. Several of the current programs are sponsored by the Office of Mental Health (OMH) to support the prevention and early identification of emerging issues in youth across the state. Although these investments have expanded the capacity of primary care to serve the developmental and behavioral health needs of children, we nonetheless identified gaps and specific areas where further investment could impact the quality of and access to behavioral health service for children and youth in NYC. Figure 1 below depicts the four major themes explored in this report on Stakeholder Perspectives.

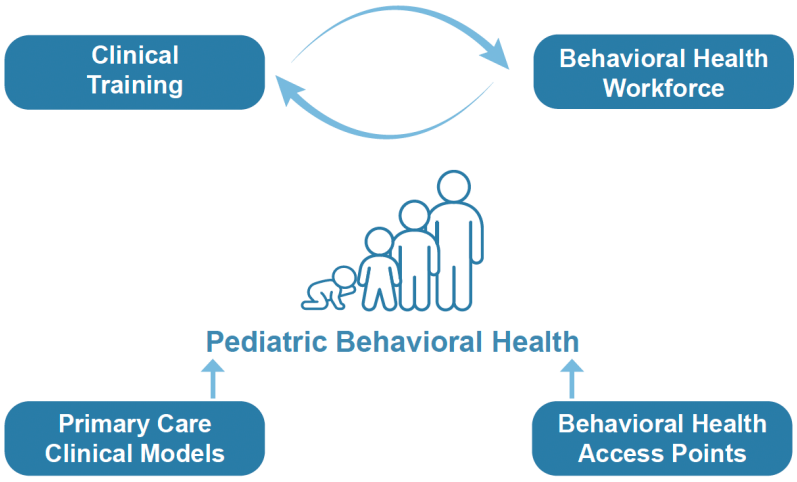

Figure 1. An overview of major themes from stakeholder interviews

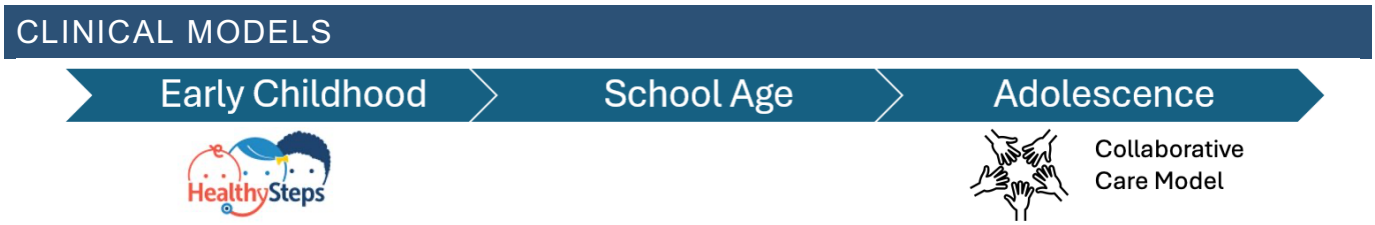

Figure 2. Pediatric Primary Care Clinical Models

Through our discussions with stakeholders, we became familiar with pediatric primary care clinical models, their implementation, their relative strengths, and potential opportunities for investment. We describe major investments in early childhood mental health through HealthySteps and the adoption of the Collaborative Care Model to address the behavioral health needs of a subset of adolescents. Although these programs serve an important role, gaps in services remain – particularly for school age children and adolescents with emerging concerns. Figure 2 above depicts these two primary care clinical models and the populations they serve.

Early Childhood -- HealthySteps

HealthySteps is an evidence-based model that integrates child development and behavioral health guidance and services in primary care for children from birth to three years of age. Services are delivered by a HealthySteps specialist, who is generally a master's level clinician. The HealthySteps model is a risk-stratified population-based model that begins with screening and family support for all infants and toddlers within the primary care practice. For more information, visit the HealthySteps website.

HealthySteps is currently funded through the NYS OMH and has over 50 sites across the state. In 2024, Governor Hochul announced more than $24 million to expand HealthySteps to 50 additional sites across the state. These long-term investments will offer crucial support to thousands of families in early childhood.

While HealthySteps provides a very strong foundation for early childhood services, we identified two areas where additional support is needed: support to address health related social needs (HRSNs) and specialty referral support for children with complex needs who need more intensive treatment. HealthySteps specialists are not trained to address health related social needs although some sites have augmented their team with a CHW to meet these needs. Relative to complex clinical concerns, HealthySteps specialists serve as the go-to person for all concerns for children 0-3 and their families. They may not have the bandwidth or training to support families who have experienced extensive trauma and family disruption, which is not uncommon in many immigrant communities.

Adolescence -- Collaborative Care Medicaid Program (CoCM)

The Collaborative Care Medicaid Program (CCMP) in collaboration with the NYS OMH provides primary care practices the opportunity to implement the Collaborative Care Model. CoCM is an integrated behavioral health program that provides mental health and substance use services to patients 12 years old and above. This is a team-based approach that includes the primary care provider, a behavioral health care manager and psychiatric consultant to

support patients who meet diagnostic criteria of a covered mental health disorder – most commonly depression and anxiety. The CoCM supports patients following diagnosis and assesses symptom improvement through measure-based monitoring with an appropriate tool (e.g. PHQ-9 for depression; GAD-7 for anxiety) to determine the intensity of support needed to meet a target goal. Patients with intensive needs are referred to long-term services. Although CoCM meets the needs of patients with the covered diagnosis, there remain opportunities for early identification of emerging needs before a diagnosis is made. Behavioral health services in practices with the CoCM are limited to a subset of patients and are unable to address the needs of patients who do not meet diagnostic criteria. Expansion of integrated behavioral health services for these patients could provide opportunities for early intervention and prevention through prompt access to therapeutic services.

3-2-1 IMPACT

The 3-2-1 IMPACT (Integrated Model for Parents and Children Together) model is a primary care-based model that was developed and piloted within the NYC Health+Hospital system. 3-2-1 IMPACT brings together three separate clinical models, HealthySteps, Reach Out and Read and the Video Interaction Project. These three models were responsive to the needs identified during a universal assessment of pregnant people and newborns. Families who participated in the 3-2-1 IMPACT model also received connection to Community Health Workers for access to community resources. The model spanned two generations with early identification of maternal behavioral health concerns and formal support throughout the postpartum period by a team of psychiatrist and social workers. Overall, this model aimed to address the needs of parents and their child in the critical periods of pregnancy and early childhood. For more information, please review the publication linked here.

Article 28 vs. Article 31 Clinics

The programs described in this section exist under two common licensing models for healthcare facilities relevant to the provision of primary care and behavioral health services. Article 28 clinics provide primary care services and Article 31 clinics provide outpatient mental health services. Recent changes at the New York State Office of Mental Health (NYS OMH) have allowed for further provision of mental health services in primary care as an effort to expand integration. Now 30% of the service delivery in primary care can be mental health focused without requiring them to obtain an Article 31 license. Although Article 31 clinics can provide an expanded set of behavioral health services especially to the adult population, there are difficulties in smaller practices supporting the work needed to meet the requirements and operate expanded staff. The new expansion of mental health services provided in primary care can allow for these sites to begin offering support to their patients without undergoing the prohibitive process of an Article 31 license.

PEDIATRIC BEHAVIORAL HEALTH SERVICE ACCESS POINTS

Major players in the provision of healthcare to children across NYC include hospital-based clinics (e.g. Health and Hospitals, Montefiore, Mount Sinai, Northwell) and Federally Qualified Health Centers (FQHCs) (e.g. Institute for Family Health, Urban Health Plan, Sunset Park Health Council). Private practices also play an important role in primary care services across the city, some which may be part of Independent Physician Associations (IPAs) (e.g. SOMOS). Further descriptions of the key players in the NYC care delivery system are described in the System-Level Landscape Analysis by Manatt Health. In this section, we describe additional access points for behavioral health across the city, as depicted in Figure 3 below.

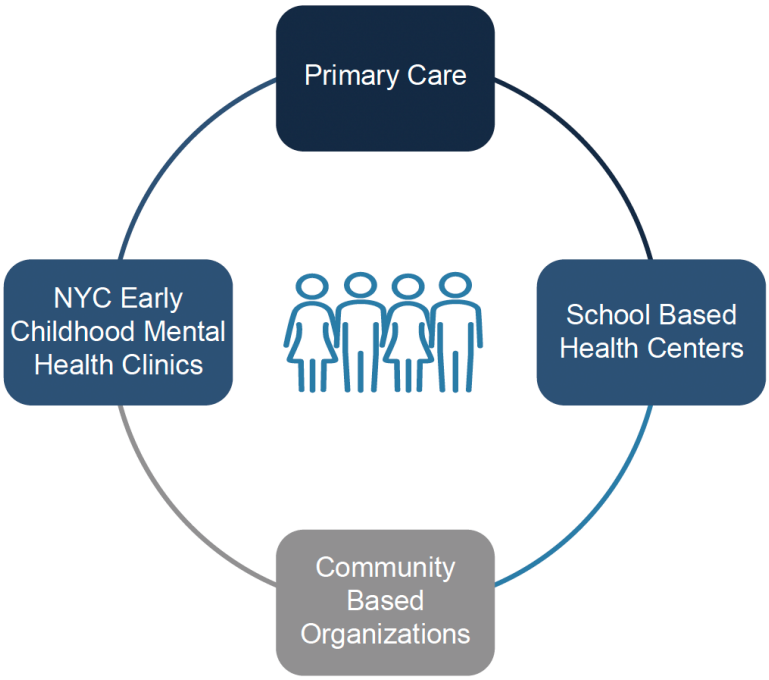

Figure 3. Pediatric Behavioral Health Access Points

School Based Health Centers (SBHCs)

According to the 2023 NYS Department of Health (DOH) data, there are 145 approved operating SBHCs in the five boroughs of NYC with most being in high schools and middle schools. SBHCs are sponsored by local hospitals, medical centers and FQHCs. Sponsors provide administrative oversight including staffing, billing, claims and care outside of the SBHCs. Major sponsors include Montefiore Medical Center, Morris Heights Health Center and NYU Langone Family Health Centers; each sponsor manages multiple sites. The city sponsors 34 of the 145 sites and covers their expenses.

Usually, students are primary care patients at the sponsoring site and can receive additional services in their main locations. SBHCs are Article 28 clinics which provide primary care services but could also include satellite Article 31 clinics which provide mental health services. If a SBHC does not have an Article 31 designation, students are still able to receive some mental health services. SBHCs are staffed depending on their size; larger sites include a pediatrician or adolescent medicine physician, medical assistants, health educators, licensed

social workers, psychologists, and provide comprehensive services. Of note, SBHCs have received funding to train mental health clinicians in therapeutic modalities such as Eye Movement Rapid Desensitization and family therapy to increase their capacity to address behavioral health issues.

NYC Early Childhood Mental Health Clinics

NYC Early Childhood Mental Health Clinics are a network of organizations with locations in each of the five boroughs (shown in Figure 4) to serve the behavioral health needs of children under five. The clinicians receive training through the NY Training and Technical Assistance Center in evidence-based interventions like Child-Parent Psychotherapy (CPP), Circle of Security and perinatal mental health evidence-based interventions. The clinics receive referrals through partnership with systems such as preschools, birthing centers, and foster care agencies. A noted difficulty which spans across other systems is finding bilingual bicultural clinicians who have an interest in early childhood.

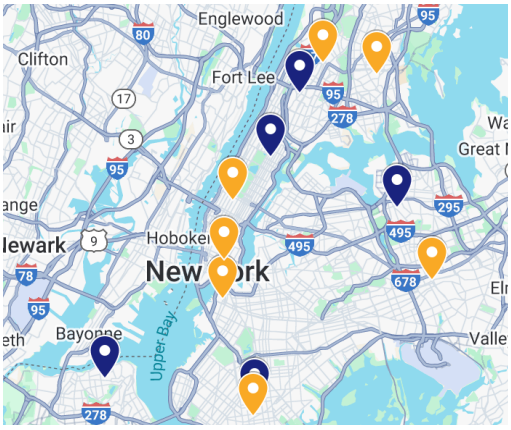

Figure 4. Map of Early Childhood Mental Health Clinics

Community Based Organizations (CBOs)

CBOs across NYC provide behavioral and developmental services to thousands of children. Through our interviews, we were able to identify a few key service providers such as the Child Center of NY, the Jewish Board of Family and Children's Services and University Settlement. There are many other providers across the city; however, primary care practices have difficulty identifying the most appropriate referral site and are further challenged by referral processes that vary across organizations. Closed referral loops are rare, resulting in families who are lost in the hand off from their primary care provider to the organization that could provide needed services. The New York 1115 Waiver includes provisions to strengthen closed referral loops through the UniteUs platform. This platform allows providers to submit referrals to partnering CBOs around the city and offers a dashboard to track the referral. Widespread implementation has the potential to impact primary care providers and their patients in accessing behavioral health services.

CLINICAL TRAINING

Several clinical training programs were identified, each focusing on a particular area of BH service provision. These programs were accessed by different members of the care team; of note, Project TEACH was mentioned to be a helpful resource for primary care providers across our assessment. The Perinatal and Early Childhood Mental Health Network serves a specific early childhood focus where trained providers offer support to mothers and children in community-based organizations. Montefiore CHW Institute is focused on training CHWs in HRSNs for adults. Overall, these resources make up part of the patchwork of BH care in NYC and are further described below.

Project TEACH

Project TEACH is a NYS OMH sponsored program that is designed to support pediatric primary care providers to deliver care to patients with mild-to-moderate mental health concerns. Through prescriber-to-prescriber education and case consultation, this program is intended to inform and strengthen primary care providers' confidence to assess common mental health conditions such as depression, anxiety, and ADHD, and, if needed, prescribe first line medications. Project TEACH provides virtual and on-site trainings at practices that can include medical providers and other members of the care team. The program also offers expert consultations which focus on patients with more complex conditions, including Autism Spectrum Disorders, Substance Use Disorders, and Sexual Conduct Disorders. Following the service disruptions caused by the COVID pandemic, Project Teach expanded their services to provide one-time face-to-face patient consultation to assist with assessment and care planning. Project TEACH provides information about therapeutic service providers in the patient's community, waitlist times, and accepted health insurance plans.

Perinatal and Early Childhood Mental Health Network

The Perinatal and Early Childhood Mental Health Network has two important components: the Training and Technical Assistance Center (TTAC) and the Early Childhood Mental Health Clinics (described in the service access section above). The TTAC is funded through the NYC Department of Health and Mental Hygiene (DOHMH) and is supported through a collaboration between the New York Center for Child Development and the NYU McSilver Institute. This network aims to equip licensed mental health clinics, educators and early childcare settings with the skills they need to support healthy social emotional development. Trainings and resources are available online through an open access library. The webinars also offer continuing education hours for several provider types. TTAC is an opportunity to continue supporting families and children in early childhood by fostering the skills providers need to do the work.

Montefiore

Montefiore CHW Institute

Montefiore has established a CHW institute that provides comprehensive training to community health workers. The core two-week program provides specific content focused on HRSN as well as training in motivational interviewing and other patient engagement strategies. Once CHWs complete their training, they meet Medicaid billing requirements to obtain reimbursement for their services. The Montefiore CHW Institute currently focuses trainings on the HRSNs of community members residing in the Bronx. One important aspect of CHWs trained in Montefiore CHW Institute is that they track referrals to external resources and are able to identify when successful connection to services is made. Montefiore CHW Institute provides important training to CHWs and is well positioned for an expansion of training across different boroughs of NYC and additional content specific training including pediatric behavioral and developmental needs.

Figure 5. Pediatric Behavioral Health Workforce

Community Health Worker

The figure above depicts the core care team roles in integrated BH models. Community Health Workers (CHWs) are defined by the NYS Medicaid manual as providers who offer trusting relationships and serve as a link to services, reduce barriers to care and serve to educate and advocate for their patients. The CHW is meant to reflect the community being served through identity, lived experience or shared diagnosis and serve as a liaison between the patient and other institutions. The CHW service is determined to be a preventative health service so it must be recommended by a physician or other licensed health care provider. NYS Medicaid covers these services for individuals under NYS Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) members who are under 21 years old, pregnant, in the 12-month postpartum period, among other populations. There are three reimbursement codes for a 30-minute interaction with a patient that is limited to 12 units for adults and 24 units for pediatric population annually.

While reimbursement for support provided by CHWs offers an opportunity to expand CHW services across pediatric and adult care settings, interviewees shared that the reimbursement rate is not sufficient to sustain the salary for a CHW. In addition, the CHW benefit has been underutilized, possibly reflecting a difficulty to implement and sustain. We see the CHW benefit as a promising step and would advocate for an increase in reimbursement rates and coverage of some collateral work which takes a substantial amount of CHW time.

Careers Pathway Training Program (CPT)

The CPT was established by the new NYHER 1115 waiver approved on January 9, 2024. In an announcement made by Governor Hochul, a $646 million dollar award to the Workforce Investment Organization (WIOs) will focus on developing the health, mental health, and social care fields in the state of New York for the next 3 years.

The New York City area programming will be overseen by the 1199 SEIU Training and Employment Funds (TEF). The approved professional titles fall under three categories: professional technical, nursing, and frontline public health worker, which includes CHWs. Detailed professional titles are outlined in Figure 6. The CPT program offers financial assistance which covers all tuition, training, books and administrative fees for qualifying participants.

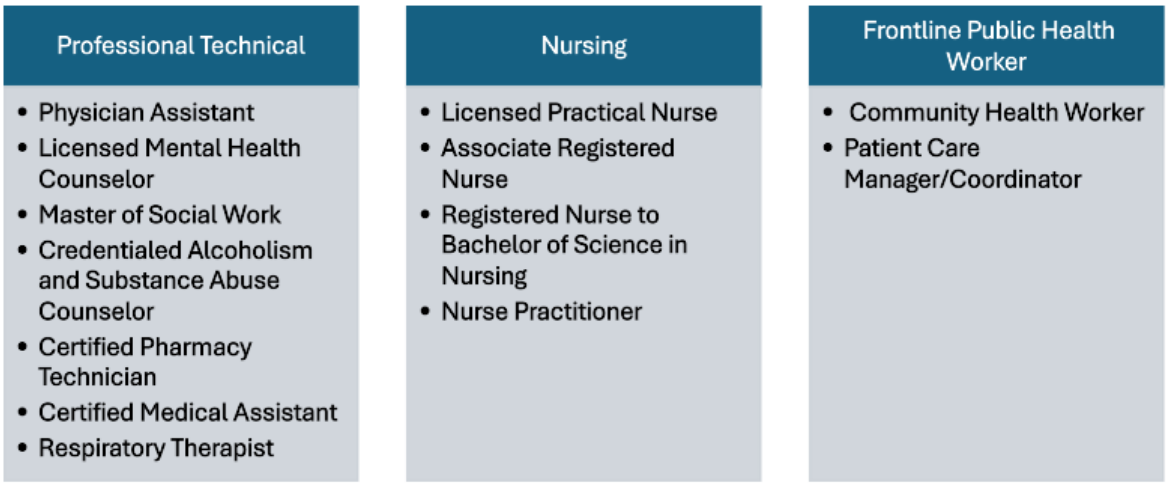

Figure 6. List of the CPT Approved Professional Titles

When reviewing the employers that are partnering with the SEIU 1199, notably the majority of employer types are categorized as nursing home/long-term care facilities and home care agencies. Although the initiative does not directly address which populations will be served by the workforce development efforts, given the partnering organization breakdown, there seems to be an emphasis on the adult population, and specifically within that, the elderly population. As the program continues, there is an opportunity to better understand the impact on workforce availability for the pediatric population specifically.

Workforce Considerations

Across several systems a common theme emerged regarding high workforce turnover due to salary competition. Service providers note that it has been difficult to maintain full staffing, which leads to long waitlists and less capacity to meet the needs of children in NYC.

CONCLUSION

As noted throughout this report, we have seen substantial investments in the behavioral health of children across NYC. Both state- and city-wide fiscal investments have supported the sustainability of programs like HealthySteps, investments in SBHCs and CBOs, while also implementing policy changes to allow the expansion of integrated behavioral health in primary care. We have also noted a few areas where further investment can greatly impact the wellbeing of children across NYC – specifically, more robust screening in primary care particularly for school age children, more direct provision of BH services within primary care, and expanded reimbursement for CHWs. The current investments in development of the behavioral workforce through the CPT program could also be leveraged to meet the significant behavioral health needs of children in addition to the adult population. In particular, further expansion of the CHW reimbursement benefit could support the expansion of this workforce in primary care to support children and their families.

While we anticipate that there is still more to learn, these interviews provided us with a comprehensive view of the resources, initiatives and care providers in the city. We believe that this initial assessment has provided a broad overview of key stakeholders in NYC and has developed a foundation for potential future collaborations.

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A sincere thank you to all the stakeholders who participated in an interview. Your perspectives were incredibly valuable to our understanding of the NYC landscape.

Stakeholder interviews were completed by the TEAM UP Center. In particular, Anita Morris, Executive Director and Dr. Emily Feinberg, Director of Emerging Projects, led this work with support from Rocio Nunez-Pepen.

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If there are any questions regarding the findings of the NYC TEAM UP Roadmap, please contact TEAMUPCenter@bmc.org.


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