

Call to Order: 1:04 PM

Welcome and Introductions:

- Dr. Hillary Kunins and Co-chair Gail Nayowith welcomed the Community Service Board members.

Update on the DOHMH Response to the COVID-19 Pandemic:

- Dr. Kunins provided brief updates on pandemic-related DOHMH activities, including:
 - Enhancing delivery of DOHMH message to normalize stress reactions and promote self-care
 - Developing an overdose prevention media campaign to be launched in January 2021
 - Promoting the Healing, Education, Resilience, and Opportunity for New York's Frontline Workers (HERO-NY), as well as other resources for frontline and essential workers
 - Conducting COVID19 Community Conversations (3C) where the DOHMH have already reached nearly 10,000 participants; Phase II of 3C will be 4-hour presentation to be launched in January 2021
 - Continuing to provide resources for MHY providers, such as:
 - Ensuring MHY providers are represented for COVID-19 vaccine planning, and disseminating vaccine information, particularly around vaccine hesitancy.
 - Four Webinars by Small Business Services Workforce to connect MHY providers to staffing resources

Update on the HCBS Transition to CORES:

- Yoshi Pinnaduwa shared preliminary information regarding the Medicaid adult HCBS transition into a Community Oriented Recovery and Empowerment Services (CORES), in which most services and reimbursement rates will remain the same, but HCBS assessment and Plan of Care requirements will be removed. Any licensed provider will be able to refer a HARP member to CORES, and there will likely be no utilization management by MCOs. CMS approval is expected this month and the State will develop guidance, referral forms and trainings for providers.

Update on the Medicaid Reimbursement of Housing Supports:

- Yoshi Pinnaduwa also shared that CMS has authorized NYS to add housing support services to Medicaid covering a set of "Community Integration and Tenancy Stabilization" services to assist individuals transitioning from institutional settings or nonpermanent housing to maintain their community-based housing. Services covered will include: 1) community integration skill-building, and 2) stabilization Services. State guidance is pending and DOHMH will share details when available at a future meeting.

CSB Subcommittee Updates:

- **Aman Nakagawa, representing the Criminal Justice subcommittee:** Subcommittee leadership has changed and the Bureau for Health Promotion for Justice-Impacted Populations (BHPJIP) is currently engaging its membership and establishing an agenda in anticipation of convening the Criminal Justice subcommittee by mid-January.
- **Janice Chisholm, representing the LGBTQ+ subcommittee:** Subcommittee met periodically to discuss LGU actions, and provider and community experiences. Subcommittee members participated in a listening session (co-hosted by Health Equity Coalition) on November 16, 2020 regarding the impact of COVID on the LGBTQ+ community.
- **Janice Chisholm, representing the Developmental Disabilities subcommittee:** Subcommittee met to discuss LGU pandemic response efforts; individual, family member, and provider experiences; resources and guidance; and gaps in services/reach. Subcommittee members participated in an inquiry sponsored by the Systems Sub-Committee of the Developmental Disabilities Advisory Council (DDAC) to solicit stakeholder feedback on impacts of COVID-19, social justice and unrest, unemployment, food, and housing insecurity.
- **Gail Goldstein, representing the Substance Use Disorder subcommittee:** On September 23, 2020, the subcommittee was convened to solicit feedback on the 2020 Municipal Drug Strategy Council (MDSC) Report. Gail Goldstein also



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shared additional DOHMH responses to prevent overdose, treatment disruption, and other adverse events among people who use drugs.

- **Marnie Davidoff, representing the Mental Health subcommittee:** Subcommittee identified workforce issues as a major factor driving inequities in the MH system. The MH Subcommittee is meeting in December to discuss ongoing mental health concerns in NYC communities during the pandemic and into the future through a racial equity lens.

Presentation on the Impact of COVID-19 on the Mental Health of New Yorkers:

- Dr. Myla Harrison, Assistant Commissioner for the Bureau of Mental Health, discussed highlights from newly published data from the NYC Health Opinion Polls (HOP) on the impact of the COVID-19 pandemic on the mental health of New Yorkers.
- Dr. Roberto Lewis-Fernandez asked whether additional information was available on the underlying factors that contribute to the high rates of mental health issues among the Latinx community, and Dr. Harrison responded that there are also high rates of economic challenges and job loss in this community due to COVID-19, and these challenges may contribute to the disproportionate rate of depression and anxiety. Dr. Rosa Gil asked whether suicide data was disaggregated by gender and age, and Dr. Harrison reiterated that men die by suicide at higher rates than women, and additional data will soon be released and will be disaggregated by a number of demographic factors. Dr. Gil also shared that the data shared by Dr. Harrison aligns with her experience in the field, and that it is difficult for at-risk adolescent girls to get into clinic, or parents have lost contact with providers due to COVID. Dr. Pankaj Patel also shared concerns about individuals forgoing care for their physical health due to COVID, and Dr. Harrison shared that the agency has urged the public not to neglect their healthcare, and to share any barriers to both physical and mental health with the DOHMH.

Discussion on Anticipated Mental Health Needs and Strategic Planning for 2021:

- Gail Nayowith led the strategic planning discussion by posing three questions: 1) What mental hygiene-related concerns do you anticipate in the service system in 2021? 2) What populations or communities do you anticipate will have the most need in 2021? 3) What are some lessons learned from 2020 and the COVID-19 pandemic?
- Dr. Gil urged that racial disparities need to be acknowledged, and **disaggregating data by ethnicity** (in addition to race) is important in identifying and addressing cultural-specific needs of populations.
- A number of CSB members mentioned that the **behavioral health workforce** issue continues to be a challenge; providers and staff are not reflecting populations served, and because of low rates of reimbursement, the workforce is poorly paid. Diane Arneth shared that organizations are having difficulty retaining qualified staff, and staff members are experiencing burnout due to the high demand for services. Cheryelle Cruickshank added that staff would rather receive unemployment benefits because their salaries are low; staff members are also afraid to expose themselves and their families to COVID-19. She added that women constitute a large number of the mental health workforce and have concerns about balancing work and supporting their children during remote learning. She said that this is a significant concern for staff working in residential programs and day services. These issues are further compounded by loss of life due to COVID.
- Dr. Gil shared that **telehealth** offers a tremendous amount of flexibility that we may want to advocate to retain. Jun Matsuyoshi and Cheryelle Cruickshank acknowledged that while telehealth affords flexibility and improved appointment attendance in many cases, some clients (especially the elderly) need in-person services as well.

Additional Comments and Wrap Up:

- Gail Nayowith closed the meeting by reiterating the ideas presented by CSB members and that the CSB will continue to discuss the topics suggested by members during the strategic planning portion of the meeting, namely telehealth, workforce and potential disaggregation of data by race/ethnicity. She also expressed gratitude to the CSB members and DOHMH staff for their hard work during 2020.

Meeting adjourned: 2:27 PM

The next meeting will be held from 1:00pm – 2:30pm on Thursday, February 25, 2020.