

Action Items:

- CSB CJ and DD subcommittees to consider a joint meeting to discuss relevant issues.
- DOHMH to check with OMH about next steps with the clinic workforce survey.
- DOHMH to check with the State if there is data on the number of clinic closures/mergers in NYC.
- DOHMH to look into loan repayment programs possibly implemented by OASAS.
- DOHMH to add “partnerships with ACOs” to its VBP trainings for behavioral health providers.

Call to Order: 1:05 PM

Welcome and Introductions:

- Co-Chair Gail Nayowith and Dr. Hillary Kunins welcomed the Community Service Board.
- Dr. Kunins provided DOHMH updates regarding 1) the Office of Criminal Justice and the Health Access Equity Unit’s merger into the new Bureau of Health Promotion of Justice Impacted Populations (BHPJIP), 2) the Bureau of Systems Strengthening and Access being renamed as the Bureau of Mental Hygiene Community Engagement, Policy and Practice (CEPP) to uplift the importance of community engagement, and 3) that the Office of Consumer Affairs (OCA) was merged into (CEPP) with the intent of cross-collaboration and further community engagement.

CSB Subcommittee/Committee Updates:

- **Mental Health (MH) Subcommittee:** Dr. Myla Harrison mentioned that the subcommittee has been reviewing the data from the workforce survey and discussing reasons for the results. (*Discussed below*)
- **Criminal Justice Subcommittee:** Dira Treadance mentioned that the subcommittee has been discussing how to support 1) efforts to continue to employ peers, and 2) the DD population in diversion and peer work.
- **Developmental Disabilities (DD) Subcommittee:** Janice Chisholm mentioned that the subcommittee will explore with city agency partners how they are identifying individuals with IDD using their services and identify ways to address unmet need. She added that DOHMH selected the New York Academy of Medicine (NYAM) to conduct an assessment of quality, satisfaction and needs for IDD Services in NYC.
- **LGBTQ Subcommittee:** Janice Chisholm mentioned that the subcommittee is planning to refresh membership, and that the members will be contributing to the LGBTQ Participatory Action Research (PAR) project and to DOHMH’s gender identity standardization data workgroup to examine and ensure that inclusive data, language and practices exist across the Agency.

MH Clinic Workforce Survey and Strategy Discussion:

- Dr. Myla Harrison and Marnie Davidoff provided an overview of the survey briefly mentioned at the May meeting and presented a detailed breakdown of the results including: 1) difficulty in recruitment for various professional titles- with adult and child psychiatrists being the most difficult to recruit 2) difficulty in recruitment of certain bilingual clinicians, 3) low salaries being the main reason for recruitment difficulty followed by the lack of candidates trained and available for hire in those titles, and 4) low salaries being the main reason for retention difficulty, followed by low job satisfaction due to administrative burden.
- Dr. Patel agreed that in his experience, the survey data is accurate – especially speaking for Staten Island.
- Members collectively pointed out the need for higher salaries, need to prevent staff burn out through attention to workload, and challenges with losing clinic employees to city agencies and other settings that pay higher salaries and offer full-time employment.

- Members also shared that many clinics hire per diem staff to reduce costs but per diem staff generally report less job satisfaction and have higher turnover that this also impacts continuity of care for consumers.
- Cheryelle Hinds-Leslie pointed out that funding for clinics have been stagnant and that Medicaid reimbursement restrictions limit program and practitioner creativity and flexibility. Others pointed out that reimbursement rates are low and that many clinics have closed because they are unable to sustain services.
- Members discussed some potential strategies such as exploring ways for expanding loan repayment programs and working with academic programs to develop creative options for adding difficult to recruit titles into the service system. Dr. Kunins mentioned that OASAS may have implemented a loan repayment program that could be explored as an example.
- The group also raised questions about the impact of moving certain billable services out of clinics and Diane Arneth inquired about the number of people in NYC receiving HCBS. Yoshi Pinnaduwa mentioned that it is currently less than 2,000, and that crisis respite and peer delivered services are the most utilized.
- Gail Nayowith asked what the State intends to do with the clinic survey results and whether any resources will be added to next year's state budget for workforce issues. DOHMH will follow up with OMH.

DOHMH Value Based Payments (VBP) Project:

- Yoshi Pinnaduwa mentioned that there are two VBP related objectives in the Division's 2020 Local Services Plan- one focused on behavioral health providers and one for 10 Community Based Organizations (CBO) that provide services focused on the social determinants of health.
- Jordana Rutigliano briefly discussed what VBP is and provided an overview of the two initiatives. She also reported that DOHMH provided VBP 101 and 201 trainings to 192 staff from 87 behavioral health agencies, 15 of whom applied for short term technical assistance (TA). The VBP team conducted readiness assessments with them and is currently working providing short term TA to eight agencies.
- Gail Nayowith suggested making VBP trainings accessible online for providers to take on their own time.
- Jordana Rutigliano added that common challenges faced by providers include lack of resources - preventing them from investing in infrastructure and data systems, shifting culture to VBP, and the lack of education on payer systems and the overall healthcare landscape.
- Gail Nayowith said that there is still lack of clarity about how clinical capacity will be harnessed and how payments will flow to behavioral health providers in VBP arrangements.
- Dr. Rosa Gil, Dr. Patel and Diane Arneth echoed the importance of housing as a key social determinant of health, the importance of provider outreach to managed care networks to explore VBP opportunities and inquired whether there are ways to use VBP mechanisms to replace regular clinical rates.
- Members said that behavioral health providers (BH) often don't know the cost of providing services and that there needs to be more investments in data analytics in BH service system for VBP to be successful.
- Diane Arneth added the importance of exploring the possibility of attributing patients to BH providers and shared an example of a Hudson Valley project in which an Accountable Care Organization (ACO) attributed patients to the BH provider and shared savings.
- Gail Nayowith said that many BH providers do not participate in ACOs and requested that DOHMH add a training on partnering with ACOs. She also said that it's important to think about raising policy issues related to VBP to the State via our local planning authority.

Agenda Items for the Next Meeting:

- Dr. Rosa Gil requested discussions on "public charge" and "suicides among NYPD members".

Meeting adjourned at 2:30 PM.