

Community Services Board- Mental Health Subcommittee

Quarter 1 meeting

March 18, 2025

Welcome and Introductions: Jamie Neckles (BMH), Ben McCarthy (BMH), Jennifer Kwon (BMH), Marnie Davidoff (CYF), Geoff Debery (CYF), Anastasia Roussos (CYF), Anika Kalra (BCAARE), Rachel Vick (DOHMH), Lisa O'Connor (Safe Horizon), Stephanie LeMelle (Director of Public Psychiatry at Columbia University), Scott Shapiro (Psychiatrist), Cheryl Hinds Leslie (Peer Advocate), Traci Donnelly (The Child Center of NY)

1. Bureau of Mental Health Updates

a. Premature Mortality among New Yorkers with Serious Mental Illness

1. Individuals with serious mental illness in NYC have a substantially higher rate of Years of Potential Life Lost (147.4 YPLL vs. 66.8 YPLL per 1000 population) and more than twice the mortality rate (Standardized Mortality Ratio, or SMR of 2.2) than the general population.
2. For the most part, individuals with SMI are dying from the same causes as the general population, but they are dying much younger.
3. The exception is death due to self-harm and death due to accidental drug overdose-- both make up much fewer deaths than other causes but are disproportionately represented in the SMI population compared to general population.
4. Most causes of premature mortality in SMI are due to natural causes that with early detection and treatment can be effectively treated to extend one's life.

b. Supportive Housing Program Profile FY24

1. Program overview

Supportive Housing (SH) is affordable, permanent, and independent rental housing that provides case management, connection to health and mental health services, group activities to support socialization, and help with accessing employment, benefits, and entitlements to meet the needs of tenants living with serious mental illness (SMI) and/or substance use disorders (SUD). There are two types of Supportive Housing: single-site (also referred to as congregate) and scattered-site. Congregate programs have a designated building where each individual or family has a private living quarters and may share kitchens and/or common recreational rooms or other facilities. Scattered-site programs lease units across multiple buildings throughout a neighborhood or community, and support staff will travel to visit tenants in their apartments. At the end of FY24 (6/30/2024), there were 12,078 supportive housing units in contract with the NYC Health Department. 75% of the units were congregate units, and 25% were scattered-site.

2. *FY24 Tenant Characteristics: There were 12,078 tenants recorded in TMS Maven System, an internal database used by providers to submit data biannually on*

every head of household in their program and does not include information about any additional members of the household. FY24 tenants were primarily Non-Hispanic Black, male, and between ages 55 and 64. The data below comes from TMS Maven System. Any missing tenant data may be attributed to recent move-in and/or data entry lags.

3. *Populations Served in FY24: SH units are purposed to serve people with various behavioral health challenges, and there are multiple types of housing to meet differing needs:*
 - *Chronically Homeless Adults (Single or Two Adults Households with Severe Mental Illness and/or Substance Use Disorder)*
 - *Families with Children*
 - *Young Adult Single Household*
 - *Young Adult Families with Children*
 - *Justice-Involved Supportive Housing (JISH)*
4. *Move-Out in FY24: In FY24, there were 496 “discharges,” with the two most common reasons for leaving the supportive housing being tenants passing away (37%) and moving into private housing (23%). Among those who leave the supportive housing, the average length of their residence is 7.9 years. Many individuals spend their final years in supportive housing. Tenants are often older, and have faced significant challenges before moving into supportive housing. A key aspect of our mission is to provide a dignified, stable place for residents to live out their remaining years.*

1. Finalize Subcommittee Priority Areas for 2025:

a. Summary of Core CSB Priorities:

1. *2023-2024 Priority areas (Youth Mental Health, Workforce Development)*
2. *2025 Priority areas: (Youth Mental Health and an additional undecided priority area)*

b. Summary of Priority Areas discussed at 2024 meeting:

1. *Commercial insurance reform*
2. *Unique needs and challenges facing youth asylum seekers*
3. *Physical spaces where Medicaid-funded services are provided*
4. *School refusal, especially related to pandemic*
5. *Increased fear and anxiety in LGBTQ+ communities*
6. *Career advancement and supervision for peer workforce*

MH CSB feedback on proposed Priority Areas:

- *Members discussed the importance of focusing on various areas including youth mental health, and workforce issues. One member discussed the potential for AI to address workforce issues by reducing the amount of time staff spend on tasks like updating client charts and mentioned that their organization had been using AI in this regard with success.*