

**CSB Mental Health Subcommittee Meeting**  
Tuesday, March 19th, 2024 | 9:30 – 11:00 AM

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**Attendees:** Jamie Neckles (BMH), Ben McCarthy (BMH), Jennifer Kwon (BMH), Marnie Davidoff (CYF), Geoff DeBery (CYF), Susan Wiviott (The Bridge), Rachel Saloman, Lisa O'Connor (Safe Horizon), Rachel Vick (DOHMH), Lourdes Reyes-Martinez (Family Advocate), Kathy Kent (OMH Regional Youth Advocacy specialist), Cheryl Hinds Leslie (Academy of Peer Services Advisory Council)

**Remote Attendees:** Stephanie LeMelle (Director of Public Psychiatry at CU)

**Agenda:**

*NYC Social Media Strategy*

- Health department prioritizing social media due to the impact of social media on youth mental health.
- Announced a framework for action which is largely aimed at bringing reform to social media companies and holding them accountable, educating young people and researching the impacts of social media on NYC youth. Studies do exist but nothing specific to youth in our city.
- Holding social media accountable: lawsuit recently announced against social media companies. Looking specifically at their accountability in causing a youth mental health crisis. Lawsuit alleges that companies have intentionally designed their platforms to addict teens and children.
- Public education on social media: commissioner released a social media advisory that includes several recommendations for healthy social media use.
- Research the impact of social media on youth: Teen and family mental health surveys include questions on social media and social media use.
- Surveys have been closed, DOHMH in process of analyzing data and will be releasing reports on this which should help to illuminate the issue.
- All this information is available on our website other than the survey information which has not been released yet.

Questions/Discussion

- CSB member: How large is the sample size for the teen survey?
- DOHMH: Don't have this now but can circle back and get it for you.
- CSB member: A lot of young people are influenced by what they see on social media. Changing age range of signing up won't necessarily stop children from signing up. How are users being held accountable for what they post? Is there any action around this?
- DOHMH: This is not a ban; it is about asking companies to put safeguards in place to protect children or to allow parents to put safeguards in place to protect their children.
- CSB member: The education part of this should really be stressed. People on these platforms are able to find vulnerable children and encourage self-harm. How can we educate kids who are not in a safe environment? Education must really be stressed.
- DOHMH: We will send out our social media webpage which has information on protections that can be put in place and education about social media. Trying to do this on multiple fronts: schools, families, individuals.

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- CSB member: Children are allowed to use their technology all the time at public schools. This is a huge problem. In school kids have access to everything because they are using technology almost all the time.
- DOHMH: Are you thinking high school or middle school age?
- Member: Middle school. I have heard from several parents that my kid is not learning because he is always on the phone and the teachers do not say anything. When you go to the school, they say they are supervising but it is not the reality. Many parents are not even aware of what is happening. They do not have the strength or the education about how to help their kids and address the mental health issues that arise from social media use.
- DOHMH: What would be some effective strategies that are minimally burdensome to parents?
- CSB members: Two perspectives, this is a whole new generation, parents have to work their behind off because young people do not have the familial or community support that they once did and parents are now working more than ever, double shifts etc. We need to start educating people on how to build that family and community support because we often no longer have grandparents in the home. Need to connect people to peers, nonprofits etc. Children are addicted to their phones; they will fight you for them. The number one challenge is that parents do not have the time, they are overworked, they are stressed and do not have time to spend time or bond with their child.
- CSB member: We need to get back to the core values. We have to do things that attract these kids. We have to take what they like and use it in a positive way. You hit the nail on the head when you talked about the economic aspect, you can't pay people \$20 an hour for a job that should be \$50 or more an hour.
- CSB member: Homeless young people utilize social media in a very specific way and to maintain safety and stay in contact with friends and family. Would be good to see guidelines on healthy social media use.
- CSB member: Why are we allowing kids on phones and devices? Because the streets are not safe. We don't have those public safe spaces for kids to meet in person. The kids in Manhattan have all the services, the kids in Long Island have all the services while the kids in the Bronx are either in the streets or playing video games, that economic divide creates a huge gap.

*Intensive Mobile Treatment (IMT)*

- Launched in 2016 to serve people with complex behavioral health and social needs who were not effectively served or successfully engaged by any other service.
- Began as a demonstration project serving 75 adults; grown to serve nearly 1,000 people as an important part of our city's approach to serving adults with complex cross-system involvement.
- Flexible team-based approach to behavioral health treatment, care coordination and recovery supports.
- Program impact measures: service provision, connection to housing, incarceration.
- DOHMH has gotten some critical press coverage connected to a recent audit by the NYC comptroller of our Intensive Mobile Treatment program (IMT).

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- We manage a SPOA that determines eligibility and manages a subset of high intensity mental health services—ACT (serves around 4,000 people in NYC). In our function as SPOA, and connecting them with providers, we saw that there were people that were getting referred to our service, would be connected to an ACT team but it didn't work, or they didn't quite meet the eligibility criteria for ACT. We saw the gap and created IMT in response, a flexible, team-based approach that could serve these people with very complex needs. Funded through city government not Medicaid. First, we need to find these individuals and then get to know them and see how we can help.
- Took some heat in the audit which criticized our flexible model. We do think it is critical to demonstrate the value of city money in this service.
- Measurement and ideas. It is hard to measure progress in a standardized way.

Questions/Discussion

- CSB member: We wanted to start in this area because we have ACT teams which are great but are a very specific model and you only get paid if you see people. IMT is great because there isn't the standard requirement. Mental illness and substance use are not linear paths and should not be viewed in a constant way.
- The city funding for IMT allows a flexibility that Medicaid funded teams do not accommodate.
- Homeless people are getting arrested for everything, so incarceration rates don't really make sense. The reason for incarceration is more important.
- When you see people beginning to accept small bits of help, that is really, really important.
- What people do not really appreciate is how much time it takes and that can't be captured by the type of audit that was done. It is a very long process, and it takes a long time and is a lot of work.
- Creating a broader range of what a deliverable means, not just the typical indicators but going beyond that.
- How are auditors actually seeing how programs are impacting communities?
- DOHMH: There has been a tremendous growth in services over the last 10 years on the adult side. ACT, FACT, IMT, SPACT, supportive housing etc. It is wonderful but also very confusing and no one is quite sure where to go for what. We are going to keep that sustained and also figure out how coordination can work better. Opening a new website in the summer that will include all city services and help with navigation of those.
- We do see significant reductions in adult inpatient psych hospitalizations and fewer 911 calls. Fewer crises, fewer emergencies, and more services.
- CSB member: What I am hearing from the room is that there is an expectation that these programs will fix the social problems that exist in our communities in NYC, we can't expect the NYC mental healthcare system to fix the social problems that exist. The reality is there is no one program that is going to be able to do it all. If we can help just that one person, and it may not be captured in the data that bigger systems are trying to track, but that is positive and makes a difference.
- Mental health care system cannot change issues like poverty, homelessness etc.

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- CSB member: Harder for peers to think on the bright side because if you're not walking around with a doctorate degree you don't get the respect you deserve.
- DOHMH: Value based payment for peers.
- Peer development, is that something we should add to a future agenda?
- CSB Members: Yes
- DOHMH: Let's discuss more about this.

*Local Services Plan (LSP)*

- New LSP process: 5-year plan with annual updates in years 2-5.
- Initial 5-year plan submitted in 2023.
- June 2024 will be first annual update.
- DOHMH is waiting for guidance on annual update template.
- Guidance for OMH programs regarding collaboration, planning and coordination as part of LSP.

*Closing Remarks*

- Members expressed interest in value-based payment as a future meeting topic.
- Next meeting will be on June 18<sup>th</sup>, 2024.