

## CSB Mental Health Subcommittee Meeting

Tuesday, March 21, 2023 | 9:30 – 11:00 AM

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### Zoom Video

**Welcome and Introductions:** Katherine O’Sullivan (BMH), Ben McCarthy (BMH), Marnie Davidoff (CYF), Anastasia Roussos (CYF), Geoff Debery (CYF), Rachel Vick (OEA), Meghan Hamwey (CYF), Liza King (BES), Rachel Saloman (Community Mental Health Advocate), Traci Donnelly (Child Center of NY), Stephanie LeMelle (NYSPI), Scott Shapiro (Adult Psychiatrist), Susan Wiviott (The Bridge), Cheryl Leslie (Academy of Peer Services Advisory Council), WCBSTV, Politico.

#### 1. **Divisional Mental Health Report** [Meghan Hamwey]

- a. Rationale, research questions, methods, topic areas, proposed indicators

Background on the divisional mental health report:

Addressing mental health is a critical priority, especially as the COVID-19 pandemic has had substantial impacts on mental health for New Yorkers of all ages.

Most data present information on MH symptoms and diagnoses of depression and anxiety, and suicidal behaviors; however, data on other serious mental illnesses, substance use disorders, and the experiences of youth and other marginalized populations receive less focus

Understanding the various structural inequities and barriers that lead to differences in mental health outcomes for various communities, along with protective and risk factors, is vital to better addressing mental health in NYC.

**Research questions:** What is the current state of MH among NYers today? What factors exist that can bolster and stymie social and emotional mental health. Call to action at the end.

The report will be 40-50 pages in length, 50 indicators, taking a life course approach, multiple divisions within DOHMH will be working on this report, all available data sources will be considered and potentially analyzed, intend to disaggregate by race/ethnicity, gender, neighborhood, process will take approximately 12 months to complete.

**Topics areas:** Child/Youth Mental Health, Adult Mental Health, Substance Use Behaviors, Criminal Legal System Involvement, Intellectual/Developmental Disabilities

- b. Solicit feedback from members to guide study development:

- What areas of mental health do you think are the most important to discuss in the report?
- Are there specific data that you would want to see in this type of report?
- How much data would be useful for you and your organizations?
- What other suggestions do you have to make this report beneficial for everyone?

Questions will also be sent out afterward to get additional feedback from MHCSB members.

MH CSB member: Would like to see data two years prior to COVID-19 pandemic and understand the trends before the pandemic. Did things stay consistent during COVID and we’re only talking about it more? Has there been significant impact from the isolation and the trauma? As we look at this is the goal for us to discuss solutions related to cross system care and school-based services?

## CSB Mental Health Subcommittee Meeting

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---

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School based services are an area where we could potentially scale up services since we have children in schools for 8 hours a day. How can we embrace the school system as an overall prevention model?

MH CSB member: Question around social media use. Is there a way to flush this out more? Two components to young people's exposure: One is what they do on their phones and the other is the bombardment of headlines and news that they are constantly exposed to in a more passive way. Is there a way to tease those out in the data?

CYF: The main source we have is from the YRBS and that would focus on time spent on phones rather than how they are accessing/interacting with various platforms/ whether use is active vs passive.

MH CSB member: Not so much the platform that is being used but rather the exposure to the negative things that are happening to our society. Met with group of young people recently and they were saying that young people have to have a reason to want to live in our society and then they started listing off all the negative things that are currently happening and that they are constantly exposed to.

MH CSB member: I agree with you, I think it is trauma and I think it is an issue that also involves adults.

MH CSB member: Not typical trauma but exposure to things that are happening around them. A fear that what my life is going to look like when all these things I thought I had to look forward to are being taken away. There are scales for measuring vicarious trauma, some literature on this and the usual measures don't capture this.

MH CSB member: All of the indicators apply to our clients (adults with SMI), so interwoven that it is hard to peel them apart. It will be interesting to see how this data is looked at and what we see from it.

MH CSB member: There are some good studies coming from Columbia about the impact of loneliness on general health. Might be helpful to look at these.

MH CSB member: Might be interesting to look at something like providers and how the pandemic impacted their ability to deliver care. Is there a way to ask a question around this? Is this something that contributes to workforce issues?

MH CSB member: Another thing is that the clients we are seeing now are more seriously impaired than they were in the past. Has to do with access to care but also has to do with the kind of care and being unable to connect people to the levels of care that they need.

MH CSB member: Can we look at vicarious trauma in public health and mental health staff? Staff are traumatized by the cases they are seeing. All of this goes to workforce and retention.

### 2. **CYF Update** [Marnie Davidoff]

#### a. Children, Youth and Family Mental Health Plan overview

CYF: The Mental Health Plan for NYC has three main components to it: one is on children, youth and families' mental health, the second is on serious mental illness (SMI) and the third is on overdose prevention. Today we will be focusing on the children, youth and families plan and the SMI plan.

## CSB Mental Health Subcommittee Meeting

Tuesday, March 21, 2023 | 9:30 – 11:00 AM

---

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The children, youth and family mental health plan outlines a vision for supporting the mental health of all NYC youth and takes a population level approach to this work:

For all NYC kids: Healthy environments and relationships-including people, places, communities. Mental health knowledge and social-emotional skills.

For NYC kids exposed to risk factors: Early identification and prevention

For NYC kids with mental health needs: Timely, culturally responsive, accessible, and affordable care

We developed four goals using this framework.

Goal 1: provide youth with mental health care that is timely, culturally responsive, accessible, and affordable.

Goal2: improve access to preventive interventions for youth exposed to risk factors.

Goal 3: increase awareness and understanding of youth mental health and how to care for it.

Goal 4: create environments that equitably support good mental health for youth.

b. Solicit feedback from members to guide specific initiatives

CYF: We have some questions to guide member feedback. We homed in on two goals that we wanted to focus the discussion on today, Goal 2 and Goal 3.

Goal 2: Improve access to prevention interventions for children and youth exposed to risk factors. Specifically: how to best reach children and families who have lost a parent or caregiver in order to offer services?

Goal 3: Increase awareness and understanding of child and youth mental health and how to care for it:

How to make NYC Well more engaging and supportive of CYF and providers in other child-serving systems. Beyond NYC Well how can we educate community members about the variety of mental health services available in NYC and how to access them?

MH CSB member: One concern: Too many jobs in marginalized communities don't have the coverage for these things. People who aren't doing well financially don't have the coverage for behavioral health issues. How can we get other insurances besides Medicaid to be on board? Medicaid covers the most but is there a way that we can advocate for other insurances to cover these things? Many folks are paying a great deal of money for there insurance and it still does not cover many BH issues and services. Coverage for these things is a major concern.

MH CSB member: Navigation of the system is also a huge issue. Looking at the systems and process, payment parity etc are all extremely important. Parity between Medicaid and private insurance is a huge issue, is there a way to better manage these various systems so that we are making sure people are

## CSB Mental Health Subcommittee Meeting

Tuesday, March 21, 2023 | 9:30 – 11:00 AM

---

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reaching the best goals. We can't expect good outcomes if we are sending people to multiple places to get different services. I think it is a systems approach, what is the consolidation of MH and SUD?

Investing in prevention programs in schools. We also want to reinforce kids who are making the right decisions. Give some positive reinforcement. If we do it right perhaps we could divert some kids and not need to admit them into clinics.

### 3. **BMH Update** [Kathy O'Sullivan]

#### a. Serious Mental Illness Plan overview.

BMH: SMI plan is based on four pillars: Health, Home, Community and Response.

Goal 1: Improve access to specialty SMI care and primary care. About capacity but also about access.

Goal 2: Expand the stable housing options available to New Yorkers with SMI.

Goal 3: Expand City infrastructure for rehab supports, education and employment for people with SMI and their families.

Goal 4: Serve new Yorkers in mental health crisis through a health led response.

We will create a single digital access hub in conjunction with NYS so that New Yorkers with SMI can more easily access services. Having a central hub will also help us better analyze what services are working well.

Clubhouses are another big initiative of this plan and we will scale up clubhouses over the coming months and years. Clubhouses unlike most of our community based care settings have relatively light staffing and instead really engage members to help run the program. We have set a goal of tripling clubhouse capacity over the next four years.

#### b. Solicit feedback from members to guide specific initiatives:

Recommendations around Goal 3: Expand City infrastructure for rehab supports, education and employment for people with SMI and their families.

Are there any promising practices, gaps, need, partners etc?

MH CSB member: Howie the HARP as a model for training people and getting people into competitive jobs is one of the best models I have seen and it has not been researched or looked at in a way that makes it evidence based. I would imagine that that data is pretty strong but no one has actually looked at it. If we are serious about helping people with SMI get employed we should be looking at a variety of vocational programs and we have to study these things and fund these things if we want this to work.

## **CSB Mental Health Subcommittee Meeting**

Tuesday, March 21, 2023 | 9:30 – 11:00 AM

---

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MH CSB member: I totally agree, it is an important model and particularly as we are dealing with a lot of young people with SMI it is really important that they don't view a diagnosis as a lifetime of institutional care but can focus on finishing education and finding employment. Even if people are well treated and their mental illness is well controlled there are instances when issues occur among employed peers and we need to be cognizant of them.

MH CSB member: Most of the vocational programs we have are geared toward older adults and that has to change, we need programs that focus on younger individuals as well. Can we have PROS programs that are specifically set aside for younger people?

MH CSB member: I think that would be great.

Goal 4: Serve new Yorkers in mental health crisis through a health led response.

Recommendations for promising practices, identified gaps/needs or potential partners? We especially want feedback on CBOs that we might be able to partner with in this work?

MH CSB member: Not sure something like volunteers is the best solution to someone in crisis. Could be additive to whatever else we are doing?

MH CSB member: Abyssinian Baptist church, their health ministry does a ton.

In addition to services that folks are connected to are there other community resources that we can connect people to?

MH CSB member: If we are going to talk about crisis we should be talking about the prevention of crisis and there the community can play a role. Looking at models that took place in Colombia and Brazil, there is literature out there that looks at how effective social psychiatry and involving communities before things become crises.

MH CSB member: What is being done about kids who have lost parents? We know that early engagement here is the most effective solution. If left untreated young people can spiral into depression or suicide. Leaves them open to other issues like substance abuse, etc

CYF: we are looking at this right now and how we can approach it from a public health standpoint. Not everyone needs treatment, many people simply need support. We are in the planning stages of looking at this now. We know the impact on young peoples health over time if this intervention isn't offered. We are looking at What are the supports in our system that exist that we can connect people to, where do we need to add additional supports.

MH CSB member: looking at more than biomedical causes of depression and how social circumstances contribute to mental health issues etc. Glad that we are looking at these issues in more than a biomedical model. Hope that data will lead to better programs, training and treatment.

CYF: I think we are trying to take an expansive approach to all of the factors that impact someone's mental health and wellbeing. So thank you for that, really appreciate that.