Community Services Board - Mental Health Subcommittee
Quarter 1 meeting
March 24th, 2026

Welcome and Introductions

Geoff Debery (CYF), Anastasia Roussos (CYF), Marnie Davidoff (CYF), Jamie Neckles (BMH), Ben McCarthy (BMH), Naomi Legros (MHy EDC's Office), Devin Dattolico (MHy EDC's Office), Cheryl Hinds Leslie (Peer Advocate), Traci Donnelly (The Child Center of NY), Miriam Pratt (Richmond University Medical Center), Scott Shapiro (Psychiatrist), Rachel Solomon (Community Mental Health Advocate), Miriam Pratt (Richmond University Medical Center)

1. **Justice-Involved Supportive Housing RFP update (JISH program)**
   Presented by Jamie Neckles (BMH)

Program overview

The Justice-Involved Supportive Housing (JISH) initiative is a supportive housing pathway targeting individuals with histories of incarceration and homelessness, particularly those with mental health and/or substance use needs.

DOHMH oversees approximately 13,000 supportive housing units, with JISH representing a smaller, targeted subset.

Program development

The program originated in 2015 as a pilot partially funded through settlement resources. It was designed to address exclusion of justice-involved individuals from traditional housing eligibility systems.

Key features include proactive identification through data matching between shelter and jail systems and a housing-first outreach approach.

Program outcomes

- Approximately 120 units in original pilot
- Roughly 50% tenancy stability over 6–10 years
- Approximately 90% reduction in arrests and justice system contact
- Reduced shelter and emergency service utilization

Expansion effort

A prior RFP was issued in 2019 but limited but received limited responses. Updated funding now supports expansion from approximately 120 units to up to 310 units, including introduction of a congregate housing model and broader provider participation.

2. **Strong Foundations Initiative (ACS partnership)**

   Program overview

   DOHMH and the Administration for Children's Services (ACS) announced a $20M, three-year partnership to expand perinatal mental health services, early childhood mental health services, and home visiting capacity.

Program rationale
ACS is shifting resources toward prevention-oriented approaches aimed at reducing deeper system involvement by strengthening early family supports.

Program components

A. Perinatal and early childhood mental health network
Includes five borough-based specialty clinics (Article 31 licensed), family peer support embedded within clinics, consultation services for child-serving systems, and a training and technical assistance center (TTAC).

Expansion includes increased staffing, expanded family peer workforce, and expanded consultation capacity.

B. Workforce development
A new fellowship program in perinatal and early childhood mental health will support annual certification for 20 practitioners and expand workforce capacity across NYC provider systems.

Community discussion highlights

- Need for improved outreach in underserved communities
- Desire for clearer referral pathways and reduced administrative barriers
- Interest in supportive services such as childcare and material supports to improve engagement
- Discussion of licensing constraints affecting perinatal service delivery within existing clinic structures
- Coordination of TTAC with existing statewide training initiatives to avoid duplication

3. **Community Input and Discussion**

- Youth behavioral health trends

    - Increasing externalizing behaviors, antisocial activity, and youth violence
    - Uneven availability of school-based mental health services across boroughs
- Prevention and early intervention
    - Need to strengthen upstream supports through schools, families, and community systems
    - Emphasis on wraparound services and social-emotional development
- 988 system feedback
    - Ongoing concerns about responsiveness and user experience
    - Request for continued monitoring and feedback
- School-based mental health
    - Interest in expanding SIFTA services and aligning with CCBHC models
    - Sustainability challenges due to limited caseloads and reimbursement issues
    - Need for stronger integration of wraparound services and funding alignment
- Social service system and policy issues
    - CHIP does not cover CCBHC or wraparound services; growing revenue concerns
    - SNAP eligibility changes may negatively impact community wellbeing and demand
    - Issues largely state-level; require coordination and advocacy with OMH
    - Need to formally document RFP and funding challenges
- Provider capacity and access challenges
    - High staffing costs, union wages, and insufficient reimbursement rates
    - Operational challenges with part-time and satellite staffing models
    - Increasing instances of clinics declining complex cases
- Child and youth system pressures
    - Rising clinical complexity and earlier onset of high-risk behaviors
    - Increased justice system involvement and reliance on residential care
- Residential and step-down care issues
    - Proposed length-of-stay reimbursement changes may incentivize early discharge
    - Lack of step-down options (CR beds, community placements, family settings)
    - Youth remaining in RTFs due to system capacity gaps, not clinical need
    - IOP and step-down expansions insufficient without broader investment
- Data, accountability, and advocacy
    - Need for de-identified data to quantify gaps and track outcomes
    - Improve understanding of need vs. demand and financial impacts
    - Use input to inform OMH/state advocacy and funding decisions
- Process and future meeting structure
    - Desire for advance distribution of topics to improve preparation
    - Maintain balance with open, spontaneous discussion
    - Potential to include topic-specific experts
- Action items and follow-up

- Providers to submit materials on CHIP impacts and revenue projections
- DOHMH/CSB to track CHIP as a policy issue and solicit topics in advance
- Strengthen follow-up and translation of discussion into action
- Continue coordination with OMH on RFPs, reimbursement, and capacity gaps