

- 1. Welcome and Introductions:** Rachel Solomon (MH Community Advocate); Stephanie LaMelle (Psychiatrist at Columbia); Traci Donnelly (CEO CCNY); Scott Shapiro (Milestones); Marnie Davidoff (DOHMH); Geoff DeBery (DOHMH), Anastasia Roussos (DOHMH), Jennifer Reich (DOHMH), Jamie Neckles (DOHMH), Ben McCarthy (DOHMH), Christine Norman (DOHMH), Victoria Merlino (DOHMH), Carmen Johnson (DOHMH). Isabel Song Beer (affiliation not stated), Mariellisa (affiliation not stated), Laquisha Grant (affiliation not stated)
- 2. Overview of Commissioner’s MH priorities:**
  - a. New Commissioner of Health (Ashwin Vasani, MD, PhD) has expressed commitment to Mental Health, particularly children’s mental health, people with serious mental illness, and crisis services. CH priorities have led to many internal conversations at DOHMH around social connectedness and vocational rehabilitation as part of the treatment system and a focus on the front door to treatment with NYC WELL and 988.
- 3. Bureau of Children Youth and Families updates:**
  - a. Overall bureau is very excited to be in a place with more focus on youth and planning around youth service system
  - b. DOHMH received funding from US Dept Of Health to improve support for youth in response to COVID-19 pandemic. CYF has hired a consultant to help us take stock of the city’s response to the child mental health needs resulting from the pandemic with goals to ensure the response is coordinated and not leaving gaps. The consultant is conducting stakeholder interviews and will be making recommendations at the end of June.
  - c. Family Pathways to Care: CYF is working with ACS supported by funding from Mayor’s Office of Economic Opportunity to improve experiences for families who go back and forth between programs funded by DOHMH and programs funded by ACS. Overall goal is to streamline services to make it easier for families to transition between systems.
  - d. Age range served by CYF: In practice there is not a consistent age cutoff between the child and adult mental health systems. Each program has specific age criteria and CYF and BMH work together around the transition to adult system at the program level. Community members identified that youth aging out of the foster care system is a population that sometimes struggles to navigate the transition from child to adult serving systems. DOHMH mentioned that there is another program for youth aging out of Foster Care system called CANOPY and that program can be discussed at an upcoming meeting.
- 4. BMH updates:**
  - a. The city housing blueprint was released last week by the city’s chief housing officer. Members were encouraged to review the housing blueprint for more details. DOHMH contracts for supportive housing units for people with serious mental illness and substance use needs and the housing blueprint continues expansion of supportive housing units. DOHMH anticipate addition of 800 new supportive housing units, with many units in building that also offer apartments for community tenants.
  - b. Discussion of supportive housing: Members asked for clarification about the types of housing programs funded by DOHMH and how to access supportive housing when needed.
- 5. 988 launch on July 16, 2022:**
  - a. New 3 digit nationwide number established by FCC to access mental health supports. Calling the number will route the caller to a National Suicide Prevention Lifeline (NPL) certified call center. NYC already has its own NPL call center, NYC WELL so 988 will route NYC callers to NYC WELL.
  - b. NYC WELL already offers a variety of support services and DOHMH is excited for the additional national focus on suicide prevention.
  - c. NYC WELL number will continue (888-NYC-WELL), nothing will change at NYC WELL except the expanded volume and the additional 988 access number.
  - d. Questions from members:

1. what is the triage process for calls to NYC WELL? DOHMH explained there is no specified decision tree, counselors take a conversational/clinical approach to answering the calls, conduct a brief risk assessment, connect to the least restrictive service needed. Vast majority of calls are non-crisis, but if caller is in crisis or calling on behalf of someone in crisis the counselor will connect to mobile crisis teams that can respond within a few hours. Other options for immediate response include HEAT and Co-Response Teams and crisis respite.
2. What is crisis respite? Crisis respite centers are already open in NYC, 50 beds currently open for adults, children crisis respite beds are managed by NYS Office of Mental Health.
3. Members were encouraged to visit NYC WELL website to become familiar with services available through NYC WELL including self-help resources, outpatient treatment and crisis response services. Providers can also request to be added to the NYC WELL database.

**6. NYC WELL website refresh:**

- a. DOHMH is working to make NYC WELL more user friendly from a youth and family perspective. Looking at three audience groups: youth themselves, parent/family looking to connect a child to services, service provider looking to make a referral for a youth.
- b. Discussion: Any feedback from the board for how NYC WELL design and navigation can be improved for those three audiences:
  1. Age range served by each program should be more readily visible
  2. Incorporate more imagery to assist with need identification and service descriptions
  3. Use youth friendly language when describing needs served by various programs (e.g., “moody”)
  4. DOHMH invited members to access the website after the meeting and submit additional feedback via email.

**7. Discussion on Anticipated Behavioral Health Needs and Priorities:**

- a. People who are not in crisis and would benefit from outpatient care.
- b. Payment parity between Medicaid and Commercial insurance for behavioral health care, and payment parity between Medicaid and Commercial insurance for physical health care. Both disparities are barriers to integrated care models.
- c. Barriers to innovation in general, especially rigid and risk-adverse regulatory and state oversight prevents many organizations from developing new program models that are not already well-established.
- d. More support for behavioral health organizations around fiscal management to make it easier for clinically trained staff to understand the business side of managing behavioral health programs.
- e. Consultation (including legal consultation) for organizations to develop new programs or expand existing services based on existing internal resources. One-time workshops from city and state government are generally not considered helpful to support innovation.
- f. B-HEARD: accessible through 911 only, can’t call and ask for it. Pilot project, available in some parts of the city now but expanding. 911 dispatcher determines that a crisis call can be addressed by social worker and a peer without police. Pilot program has been going well. Health and Hospitals staff operate the program.
- g. Pick a topic and provide more detail each meeting. Specific topics that would be relevant for members include:
  1. housing (different types, how to apply for housing, how do people get these things)?
  2. Outpatient care, including specialized outpatient care like PROSE and DBT.
  3. B-HEARD program (H+H program that responds to 911 emergencies with social worker and peer advocate, no police involvement)
  4. CANOPY program (DOHMH/ACS collaboration)

**8. Next MHCSB meeting Tuesday, September 20, 2022**