CSB Attendees: Warren Berke, Stephanie LeMelle, Scott Shapiro

Welcome and Introductions (Myla Harrison)

- Additional meeting attendees: Josh Berezin (NYS OMH), Geoff DeBery (DOHMH), Myla Harrison (DOHMH), Jessica Jeavons (DOHMH), Mina Fasolo (DOHMH), Victoria Merlino (DOHMH), Marnie Davidoff (DOHMH), Cinthia Rincon (DOHMH), Kirklyn Escondo (DOHMH), Carmen Johnson (DOHMH) Janice Chisholm (DOHMH), Chinazo Cunningham (DOHMH). Observing: Kimberly Moore (Yeshiva University), NY1. Members brainstormed ideas to encourage participation including calling community members two days before the meeting to confirm availability and sending day of meeting reminder.

Workforce Issues (Josh Berezin)

- OMH convened a workgroup with article 31 clinic providers to better understand underlying causes and identify immediate, short-term strategies to address increased difficulty in accessing clinic-based mental health services. Approximately 30 providers participated in workgroup, representing small and large agencies. The workgroup identified five broad strategy areas:
  - o Allocation of one-time federal stimulus dollars toward staffing/workforce related issues
  - o Establish a learning collaborative to share waitlist best practices across clinics including workforce strategies, services for clients on waitlist, step-down current clinic clients, admin staff to increase clinical time for clinicians.
  - o Provide technical assistance to increase adoption of waitlist management strategies
  - o Pursue long-term changes including increasing reimbursement rates, resolving discrepancies in reimbursement rates, commercial rate parity, simplifying service re-engagement and support system integration especially around coordinated intake process across systems and more formal information gathering around waitlist characteristics.
  - o Community members provided input including: changing policy to allow patients to remain on rosters during periods of infrequent service contact, allowing and encouraging clinics to see clients when services are most needed, gathering more information from front line workers and patients, utilizing telehealth to improve access, advocating for telehealth parity, expanding use of groups in clinics and offering group services via telehealth.

Agency Updates and Community Input

- Community-level supports (Chinazo Cunningham): DOHMH is thinking about strategies that could be deployed when a neighborhood experiences a sudden change in needs such as flooding, drug use, homelessness. The agency wants to be better prepared to respond to issues when they happen by expanding on existing programs to support communities with urgent needs. Community members agreed that many communities are experiencing increased needs and that people and communities in crisis need supports. Community members provided input including: establishing teams consisting of peers and mental health clinicians, creating a crisis spectrum of services that considers upstream prevention, working with existing community-based resources, implementing teams that are integrated with the community's existing support systems, and responding quickly when needs arise. Community members and observers identified potential point people and organizations in their communities.
- HEAT and REST teams (Janice Chisholm): Resilience and Emotional Support Team (REST), and Health Engagement and Assessment Team (HEAT) are two existing programs that are deployed during times of crisis or following a catastrophic event. Both teams consist of MH professionals and peers who are DOHMH employees and respond on a time-limited basis. Recent deployment examples include HEAT responding to two communities in Brooklyn after the Haitian earthquake to provide on-site emotional supports, linkages to care, and informational resources. REST joined NYCEM at city service centers after cyclone Ida in all five boroughs and provided emotional supports and crisis counseling. Additionally, HEAT and REST teams continue to support COVID-19 emergency citywide.

- Mental health survey (Myla Harrison, Marnie Davidoff): DOHMH gathers information from the community about mental health needs on a regular basis using a formal survey. DOMHM staff requested community input around topic selection and target groups for survey implementation. Community input for topic selection included: linking economic stressors to emotional distress and mental health needs, understanding and amplifying experiences of resiliency, understanding COVID-19 impacts on children and child readiness for in-person school and assessing perceptions about the post-COVID "new normal". Community input for survey implementation included: contacting health committees of local community boards, and intentionally including front line mental health workers, mental health clients and staff from public facing organizations in non-mental health industries.

City COVID response (Myla Harrison):

- 120,000 hospitalizations, 33,900 deaths from COVID-19 in NYC. Some neighborhoods hit harder with Black and Latino communities hit hardest. Data overwhelmingly indicate that people who are vaccinated are much less likely to be hospitalized or die. Booster doses are approved for severely immunocompromised individuals (e.g., organ transplant patients) and over 5 million people have been fully vaccinated in NYC. City workers and employees of city-contracted organizations must be vaccinated or provide proof of weekly negative COVID-19 test and wear masks indoors or when interaction with the public. Members were reminded that there re multiple guidance documents available on DOHMH website. (note: information current as of September 17, 2021).