



Transcript: Asian American and Pacific Islander Mental Health Stakeholder Conference — Thursday, August 15, 2024

List of attendees: Ashwin Vasan, Jean Wright, Candice McCardle, Aaron Anderson, Dominique Paredes-Rupp, Janice Chisholm, Jacqueline Reilly, Devin Dattolico, Patrick Gallahue, Ashley Vaughan, Bridget O’Neill, Lilya Berns, Maryarchana Fernandez, Medha Ghosh, Vasundhara Kalasapudi, Myoungmi Kim, Barry Post, Amber Song, Daphne Thammasilla, Mi Jung You, Yuna Youn, Wayne Ho, Anita Gundanna, Diya Basu-Sen, Ryan Kellogg, Lea Krugolets, Maya Kaufman, Jess Ferris, Katie Duiven, Jenny Yu, Mijung You, Aasma Mehdi, Iyashia Abednego, Danielle Barnes, Natsuko Okazaki, Mohammed Razvi, Sudha Acharya, Qingyuan Han.

11:06:43 Intention and from the ground up. And to make this clear that this is a continuation of a long-standing conversation that you've all been having with the city, with me, with this health department for months and for years.

11:06:58 And Number 2 that you're a part of building this with us this is not something we are foisting on to you this is something that you're constructing with us and so with that I'm just very glad to.

11:07:13 Be here today. Before I start, I want to recognize my team. Dr. Gene Wright, who is our executive.

11:07:21 Deputy Commissioner for Meantel Hygiene, folks from our finance office that really helped us find the resources for this in a very difficult discover at that you are reading about and hearing about and facing in your own organizations and kids zone from our mental health.

11:07:42 Team who has been working with the API community for years. And of course, Candace and our team from our office who have spearheaded the process behind bringing this to life.

11:07:56 So with that, I want to start once again where we always start. Which is with some data. Okay.

11:08:03 Let's start there if we can bring the slides up.

11:08:15 Okay. Right. So we're calling this initiative AAP and New Yorkers together for mental health.

11:08:24 Because as I said, we are very much together. In this work, next slide.

11:08:34 Yeah, okay. We know the diversity of our communities. We are not a monolith.

11:08:40 Asian Americans represent a broad diversity of countries, languages, religions. Ethnicities, cultures that All make it complex, but necessary to design specifically for our communities.

11:09:04 Of course there are some generalizable themes that have emerged and we know in terms of access to quality of and effectiveness of mental health services and resources.

11:09:19 But I why I put this up here is just to show you vast, vast diversity of our community once again.

11:09:24 And the vast diversity of the organizations and communities you Next slide.

11:09:32 Why are we here? Because we know that our community is hurting. 13% of AAPI adults in our city are reporting probable depression.

11:09:43 Suicide is the 4th leading cause of premature death that's death below the age of 65 in this in our community and given the cumulative effect of stigma, cultural issues, language issues, we are the least likely racial or ethnic group to seek.

11:10:01 That's a health treatment in. The country and certainly in the city. Combine this with a very clear increase in hate crimes.

11:10:14 There was a 73% increase during the height of the. COVID-19 pandemic and reported hate crimes against AAPI New Yorkers.

11:10:25 That has led to extraordinary post-traumatic stress, anxiety, concerns about safety, and in the end, poor.

11:10:35 Behavioral health outcomes. Just as another note, 3 and 4 Asian Americans report adopting at least one of avoidance behavior.

11:10:46 New Asian Americans in New York report adopting at least one avoidance behavior, whether it's taking a new subway route or walking down the street with just better lit or frankly avoiding going out as certain hours of the day due to concerns about hate.

11:11:00 This is hiding in plain view. You all know this, but I think there's many out there who don't.

11:11:05 And who aren't paying attention to this. And we're we are paying attention and I hope that you'll.

11:11:11 You'll see that. Next slide. Amongst. Next slide, please.

11:11:18 Yeah, amongst adults with serious psychological distress, API adults were the least likely to seek mental health treatment and significantly so less than 40% of API adults actually seek treatment.

11:11:33 Part of this I think is because we this is from our state of mental health report that we released in May during mental health awareness month.

11:11:42 Part of that is because the mental models of mental health, as we've discussed, are not the same.

11:11:48 The language of mental health is not the same. The clinical frames of mental health are not the same.

11:11:53 And so how do you go seek care when there's only one way of talking about it? Which is the Western way, the clinical way, the hospital way.

11:12:03 These are not, it doesn't make it easy for API New Yorkers to go out of their homes, ask for help.

11:12:10 Asking for help is hard for everybody, but it's particularly hard when what you see out there.

11:12:14 Doesn't feel representative. Next slide. I want to show you some of these data with caution because this could give you the false impression that there's actually.

11:12:25 Not a problem. API New Yorkers report lower unmet need than most groups. But that's because we know there is a lack of reporting.

11:12:35 A lack of acknowledgment and care-seeking behavior. And frankly, a lack of awareness of of mental health needs.

11:12:45 And so this is also from our state of mental health. Is a false. This gives a false impression that the problems in the API community are not.

11:12:54 Are not significant. Next slide.

11:12:57 Similarly here, when we look at the depressive symptoms for our API teens, you could get the false impression that API teens are doing.

11:13:11 Okay.

11:13:06 Better than some, better than Latinos, better than, than some other groups. But You look at 12% severe depression is significant.

11:13:18 52% of minimum. Reporting minimal depression, right? So I think there still is a very strong bias towards under reporting, towards minimization, towards stigma, towards under reporting, towards minimization, towards stigma, towards familiarization, towards stigma, towards minimization, towards stigma, towards familiar and cultural, frankly repression of depression as a real. Health and mental health need.

11:13:40 Next slide. Building on our conversation around hate. Asian Americans are the largest racial or ethnic group to report racial or ethnic discrimination.

11:13:54 Over 50% of teens reported that they have felt they have reported feelings of feeling discriminated against by their because of their race and ethnicity.

11:14:03 Next slide. And API children are. The least likely to report receiving counseling. This is HD.

11:14:15 This is their parents reporting on whether their child who has needs is actually received any. Mental health counseling.

11:14:21 So we've got huge issues in our community. Issues of visibility. So we're only really seeing the tip of the iceberg and the iceberg is very much under the water.

11:14:31 But once we see what is visible, we have an issue of making what's invisible visible, but then also making what's visible connected into solutions and not just out there defend for themselves and communities out to fend for themselves.

11:14:44 So I wanted to ground us in these data because it's really important to bring us back together at this moment.

11:14:52 Say, what are we doing here and why are we doing this and what is the data? Tell us.

11:14:57 Next slide. So when we brought you together and frankly we didn't just hear this on April 30, th we heard this we've heard this time and time again but we heard 5 very clear themes that came out from your Comments.

11:15:14 One is that we have to focus on stigma busting and education. Often that begins not only with For young people, it doesn't begins not just with them, but with their parents.

11:15:26 For older adults, it begins by incorporating mental health services into non-mental health. Services into more acceptable and more utilized.

11:15:39 Points of congregation and points of service access, but stigma is a massive, massive issue.

11:15:46 And again, you know, I'm just an N of one, but if my story tells us anything, it's that.

11:15:52 When stigma can really kill. And stigma can prolong suffering in ways that are just entirely preventable.

11:16:01 They're entirely preventable. If we choose to talk about it if we choose to elevate and make visible these issues and to normalize the conversation on mental health in our community.

11:16:13 Number 2, very real issues around access to care. So when you've taken that brave step to ask for help or when someone has convinced you to ask for help, where is the help?

11:16:25 Where do I go? When I go somewhere, do I get someone that will actually speak my language or understand what I'm trying to say or understand the familiar pressures or the cultural pressures that I'm facing.

11:16:39 We're hearing consistent themes that that's not the case. That there's just not enough care.

11:16:45 To go around and you know shout out to folks like AF who have done work to try to make the care network more visible, but even amongst the map that they've created, we can see massive gaps.

11:16:59 You can see massive gaps. Within that, of course, are real issues that you've raised with us very consistently around workforce.

11:17:06 Around how we pay our workers, how we pay our human service workers, social workers, frontline psychologists, and the fact that there aren't enough to go around.

11:17:18 They're on enough culturally competent workers to go around. And there doesn't seem to be a very clear pipeline of people coming into the space in part because they know the salaries are deflated.

11:17:27 Now, I am proud of what we've done as an administration to lift up human service worker salaries.

11:17:33 We've done more to increase human service worker salaries than frankly any administration in the last 25 years.

11:17:41 We've done 2 cost of living adjustments, amongst other things, and we've negotiated pretty significant increases in human service salaries.

11:17:50 But that's just the beginning. How do we use that as a floor to then say what do human service workers and mental health workers who want to serve the API community needs.

11:18:01 Where do they come from? Number 3, we heard a lot about digital. Literacy and technology.

11:18:07 You're seeing mental health apps. You're seeing a lot of new ways to connect into mental health care.

11:18:13 The city itself has adopted new ways which are going really well. You know, our and MIT team space program has enrolled over 10,000.

11:18:23 Teenagers, 13 to 17, nearly 60% of them identify as byp. And more than half of them come from zip codes and communities that are mental health.

11:18:38 Areas and whether our unmet needs. And so we are getting to the people who need it the most.

11:18:44 But Within that data, it's clear that the API community is still relatively underrepresented. And so how do we actually make digital tools like Team Space but others available to entailed to the API community and to API teens and how do we get that out the door?

11:19:05 You can't manage what you're, you don't measure and so data and evaluation is, is crucial.

11:19:14 And that requires investment that requires investment in capacity building, training, data systems, analysis, academic partnerships, so on and so forth.

11:19:25 And consistently we've heard that there isn't enough of that. In your organizations there hasn't been enough attention paid and we've done a lot of work at the city to disaggregate data to prioritize the reporting of race and ethnicity data.

11:19:38 Including for APIs in all that we put out there, but that's just the floor. How do we actually start to get more data capacity, research capacity, how do we actually start to get more data capacity, research capacity, how do we actually start to get more data capacity, research capacity, evaluation capacity, evaluation capacity into your organizations and with your organization so we can actually answer the question of what's working.

11:19:58 One thing that's interesting about the ecosystem of API serving organizations is that You're all doing innovative, incredible things, but.

11:20:05 I don't know that anyone would say that what I'm doing is considered widely a best practice.

11:20:11 Right? Because there aren't widely agreed upon best practices. In fact, you're all solving for what you know.

11:20:17 In your communities in a very tailored way. And that's the right thing to do. But at some point, we also need to evaluate what's working and what's not.

11:20:25 And so there needs to be investment here. And lastly, we heard very clearly time and again that the resources that we put out the door aren't always built for you.

11:20:34 They're not built by you. They're not built for you and they're hard to access.

11:20:38 The RFPs are hard to access. Sometimes your organizations are too small, too big. Not doing exactly what is spelled out in the RFP and sometimes that's because you know we haven't listened we haven't consulted we haven't had dialogue in the way that we should and that's what we're trying to repair here.

11:20:58 That's what we're trying to do here. And frankly, do for the 1st time for API serving.

11:21:03 Organization. So we heard you clearly. And that's why we're here talking about this now before there's an RFP because we want you to be at the table to help us design it.

11:21:14 So let's go into more. Little bit more detail across these funds.

11:21:18 So on. Back. Yeah. On stigma busting, training and education.

11:21:24 The need for counselling as well is still imperative. But that has to come off of a floor of basic understanding and common understanding.

11:21:34 And so that's not just us putting out materials about what about what the API community is facing. But you all helping us design those based on what you're seeing from the ground.

11:21:43 そうですね。

11:21:46 Expanding basic toolkits like mental health 1st aid and putting that in the language and in the culture and in the mental frameworks and the cultural frameworks, they make the most sense for API communities.

11:21:59 And how do we expand that and tailor to a riding language, languages? How do we also inform our programs with generational differences in addition to language barriers, understanding that they're very, very broad differences.

11:22:15 In how mental health is even discussed or regarded in older generation versus younger generations, which encouragingly are starting to talk about this more.

11:22:26 Commonly. Next slide. Access to care and workforce support. I think we talked a lot about and we heard very clearly that non-clinical supports are as important and are key entry points to counseling and must be expanded.

11:22:40 I remember clearly the story about older adult centers that are really just focused about congregation and even community meals.

11:22:48 But using that as an entry point to to talk about mental health, to talk about loneliness and to get people who needed access to care.

11:22:57 So it's not, this is about bringing mental health care out of the clinic. And out of the white coats out of the hospitals and into the community.

11:23:06 Mental health care is not like any other care system delivery and we need to we need to understand that adapt to that.

11:23:13 It's inherently social and behavioral, right? That's why we call it behavioral health.

11:23:19 Services have to be accessible to different target populations within the API community, including older adults, LGBTQ, CPI, people, and documented API people and of course younger people.

11:23:30 We have to leverage peers. We have to leverage. Community health workers. We have to identify and upskill and train a cohort of API serving community health workers.

11:23:40 With lived experience. Beyond the traditional mental health work force. So the LCSWs and the and the MSWs.

11:23:51 What about the peers who've been through it and the ones who have faced the barriers of accessing care?

11:23:58 We also heard very clearly that you want us to help think through how to create funding streams for H oneb and green card sponsorships to address workforce needs.

11:24:08 So. We're open to ideas about how to do that. Obviously, we're a city government.

11:24:13 We have some federal rules that. You know, constrain us, but we're open. We're open to crafting that with you.

11:24:21 Number 3. Next slide. Digital literacy and technology. We talked a lot about the negative impact of social media, but what are the opportunities through social media to use that as a tool for spreading awareness about mental healthcare.

11:24:38 We want very much to explore the partnership with NYC team space to see how we can better be tailored to serve the partnership with NYC team space to see how it can better be tailored to serve API youth specifically, as well as to educate parents.

11:24:54 One of the interesting points we've learned from our colleagues at and our partnership with Teenspace is that there are thousands of young people who are signing up for team space and then not finishing the process.

11:25:01 And we don't know all the reasons why they're not finishing. But I have to imagine that for API youth, stigma is one of them.

11:25:08 And we need to unpack that and understand that the like I said in the beginning the act of asking for help and making that known and seeking parental consent.

11:25:17 For getting help is a huge barrier and something that we need to confront even if legally under state law parents do need to consent to care for minors.

11:25:31 We need to figure it out. You need to go to the parents themselves and educate them on why this is so important.

11:25:34 And of course we need to strengthen our connections with private sector mental health services. And when I say private sector, I need the academic systems.

11:25:42 I mean the big health systems that are not city, not governmental organizations. And to expand access to mental health service through digital.

11:25:52 Means number 4. We talked about data and research and evaluation. We need to we need strong surveillance systems.

11:26:02 We started with the mental health report. To create a new baseline in the post COVID emergency era. But what are we going to collect in an ongoing way and how can we use your organizations who are on the front lines as a partner to help us collect that data and what are the investments we're willing to make to do that.

11:26:20 You've you've told us very clearly you need funding to be able to provide the data needed to apply for these RFPs released by the city.

11:26:29 And so we hear you very clearly. And then of course allocating research grants either within this RFP or otherwise partnerships with academic institutions specifically for studies to deepen our understanding about what works with the needs but also what works in terms of what models of care are most effective for which communities.

11:26:47 Lastly. The RFP process itself. So. I believe this will be the 1st RFP to specifically name API mental health.

11:26:58 Coming out of the city. I know there have been others that are around mental health. Their community mental health, their connections to care and so forth that you have been applied for.

11:27:10 But this is dedicated for you and it's by you and it's done together, which is why we call it a API New York this together.

11:27:20 And so this is very much a process that needs to be co-designed, which is why this is a little bit atypical in the way we're announcing this.

11:27:27 Next slide. So today we are talking about a request for information otherwise closely known as a concept note which is a pretty typical process that we do in the city before we release an RFP, a new RFP.

11:27:43 And it gives us about a, I believe, a six-week period, Aaron, our CFO six-week period, something like that, to solicit comments and ideas mostly about what you'd like to see in an RFP and how we can shape it together.

11:27:57 Around these key principles, right, around those 4 true principles, the principles of stigma busting, access to care, and workforce of digital literacy and technology and data and research and evaluation.

11:28:10 So those are the 4 key pillars that we expect to see in this RFP, but you need to help us.

11:28:16 Shape that and so we will be putting we have put out an RFI now and we're asking you for comments.

11:28:24 By September, 20th at noon and will happily work with you on the process of getting those comments in and what's required.

11:28:36 ありがとうございます。

11:28:35 Happy to answer any questions. But here's the here's the big the kicker. Next slide.

11:28:40 And what we're most proud of is that we are committing today. 20 million dollars for this new funding opportunity.

11:28:48 20 million dollars over the next 3 years to support you. To support your organizations. To grow mental health services, to grow the quality of services.

11:28:58 And this isn't done. We're doing this in partnership with our New York State Office of Mental Health.

11:29:05 So as you know, we get significant resources from the state to do a whole host of mental health programs and we're very lucky that they, we came to them with this idea, they said no problem.

11:29:18 You can redirect the funding in this way. And so we're grateful to Commissioner Sullivan and her team for their partnership.

11:29:26 We will be developing an RFP around this 20 million dollars pot of money using feedback collected during this RFI.

11:29:32 This constant no process. So get those notes in. Get your comments in by September 20th so that we can make the RP as strong as possible.

11:29:46 And of course, we will also focus on strong evaluation mechanisms and measuring program outcomes because this is the beginning.

11:29:49 This represents, I believe, the largest investment into API men's health aside from what I think we saw the state of California do in 2,021, which is much brought about human services and a lot of other things.

11:30:02 It's certainly the largest in the history of the state in the city. So I hope this kind of shows you that we are putting our money where our mouth is, that we are backing up your concerns and what you've been banging on our door for for years with resources.

11:30:17 But we want this to also be the beginning, not simply a 3 year project that then We don't know where it goes and that's why strong evaluation and program outcomes will be.

11:30:28 Essential. So We're building this with you. That's why we're here in this way.

11:30:35 That's why we're doing this in an intimate group. I'm sure there are groups who are not here today that should be here today and we will gladly bring them into the fold.

11:30:44 But I think we have a very strong cross-section of the API serving, community-based organization community.

11:30:54 And I'm just very glad and very proud of my team and my city and my organization. The health department for mobilizing these resources to help serve one of the most underserved communities that I'm a proud member of.

11:31:06 So with that. I'll stop and we can go to Q&A and I don't think we'll need a whole hour of Q&A but maybe maybe we will we'll take it in any direction.

11:31:17 You'd like to go.

11:31:23 So opening it to the floor. Hi, Commissioner. My name is Ryan Kelly. I worked for Talks Base.

11:31:29 I appreciate this initiative. You mentioned things like co-design and community-based. It's your vision this being something that is.

11:31:39 Taking a decentralized approach with many different entities that are partaking in the RFP or do you see this as a select few organizations that are working together to create the resource.

11:31:53 I mean, ultimately we want to see organizations working together but We don't have a limit on the number of awards we can put out.

11:32:02 We don't have a limit currently on the size of the awards we can put out and ultimately we want people to be represented.

11:32:10 We want them to be able to do their work. We don't want to underpower work though, just to simply get people resources.

11:32:16 So that's really always been the challenge of the city and of government in general. Do you spread the wealth and let a thousand flowers bloom or do you strategically invest in models and and delivery that you think will work.

11:32:31 In this case, We don't have best practices. I don't know, we do, we have principles, we have lived experience, we have learned experience, we have some data, but it's not as if we've got a bunch of best practices that we can lean on and say, this is what a care delivery model for API people should look like.

11:32:49 So we have to do this in a learning mode and in an iterative mode. And so I think we're very open to the kind of and this will be based a lot on your feedback.

11:32:59 I want to hear from organizations of every size. I want to hear them say this is what we could do with this.

11:33:05 Kind of money. You know, there are organizations that just can't absorb significant amounts of money and that have to work in partnership.

11:33:12 And I hope that if you're at an organization that is smaller, that you will find ways to work together in in collaboration.

11:33:19 We have organizations here that are Coalitions that are already set up as coalition. So I think that top-line answer is that we're very open.

11:33:31 There is no we're not trying to be prescriptive other than those key 4 principles that we outlined on the on the in the presentation and really we're based on what you told us.

11:33:43 Are the key areas of concern. Thanks. Oh. Thanks, Commissioner.

11:33:51 My name is you about the technology you have this team space. How about for older adults because 1st they are technologically challenged and some of them they don't even have smart phones where they can download that at all.

11:34:09 So can be couples anything? You know, which is like a senior friendly. It could be an app or it could be, but I think we're very open.

11:34:22 So let's discuss. Team space represented a pretty big step for us as an organization and as a city because not only is it a public-private partnership which we do but talk space one of many mental health platforms out there.

11:34:39 Right. And what we found in talk space is a partner that is committed and willing to work and learn and collect data.

11:34:47 But that is humble enough to say like, yeah, we think it works. Here are the ways in which we know it works.

11:34:54 Here's the ways in which we don't know it works and we're all learning. To come and say this platform is better than this platform, we didn't find in our analysis of all these mental health platforms that any one of them stood out.

11:35:06 Based on them being quote better. Because a lot of them provide the very similar things, but what stood out is who's their leadership team?

11:35:16 What are the business fundamentals? What how committed are they to New York City? Are they a learning organization or are they kind of just trying to achieve?

11:35:25 Size and scale and scope. And so we've been very pleased with our partnership with Talkspace to date on team space in part because we see them as a learning partner and a learning organization collecting data and trying to get better all the time.

11:35:39 So that also means Where is this applicable to other? Age groups, population groups, teen spaces, very specifically designed for teenagers.

11:35:52 But Cox Base, I'm sure, has other offerings that could be tailored. To older adults.

11:35:57 I hear you. I mean, I have 2 parents in my eightys in their eightys and they are digitally challenged and I would love to see more.

11:36:07 Has done their needs. So would love to hear your ideas about how we might do that. Okay. I think also building on.

11:36:23 Introduce yourself. I remember you. But my name is Yunna. I'm the clinic director at Korean Community Services.

11:36:27 So we have one of you. OneH license clinics and just building on questions around like. A system like around how corporations or how you know older adults things need to be like even what we're doing today having conversations with what systems and structures were coming from.

11:36:47 I feel like that's the 1st strategic step. So I just wanted to share an observation and then ask a question.

11:36:53 So PCS along with 6 other. Maybe the organizations applied there was a few months ago.

11:37:02 8.4 million dollar 5 year grant. For connecting use to mental health supports for suicide prevention. And it was.

11:37:13 It was, it was a nightmare trying to apply for that with 6 different organizations. Organization yes did have such different needs and you know when you're talking about how top space people are in it.

11:37:29 They followed and then they are on. You know, for whatever reason are not as engaged. I feel that it's always been a combination of having new things and having conversation with people getting together.

11:37:42 That's really been the sold, like it needs to come together to be a solution. And so, you know, taking away, so we didn't get that grant.

11:37:53 It was very competitive. I mean, like a hospital system got it. But we sat down with the reviewers, the only reviewer that like we went over with what they found weak.

11:38:04 Yeah. And the learning was really that. They have a very specific grid and they did tell us like we didn't.

11:38:11 Like the, of the different boards came to that meeting and kind of talked about the gaps and errors, but what they had in mind for a successful application was that any child who goes through that system has like this perfect system where they can have equal access to all of 5, all 7 organs.

11:38:33 And so like when we have a grant application like this that's you know for a bunch of organizations and it's funny 1 million.

11:38:41 My question is like how do we kind of conceptualize the relationships between everything and is that something that we all kind of need to do on our own when we apply and kind of like hope for the best?

11:38:51 Or is that something that? No, that's a fair question. I think it. I'm sorry.

11:38:57 I just want to say Wendy, because of that like 7 different organs like stat from meeting after meeting and like talked about what we needed and I think that was really meaningful.

11:39:07 And I don't have a perfect answer. I would love, I think if I have an instinct, but I'm not saying this will appear in the RFP, but if I have an instinct.

11:39:18 It's that. Organizations that apply and try to do everything. Are going to struggle because while this is significant resources.

11:39:27 It's not. It's not and it might be very transformative for certain organizations. There are other organizations out there maybe like yours that have budgets that are bigger than this.

11:39:38 That do do more work. So. Hey, each organization trying to do all 4 pillars, I'm, I am, I'm sure we'll have some questions about whether that's the soundest approach and whether that will lead to like consolidation of resources in one organization and whether that will lead to like consolidation of resources in one organization of resources in one organization versus because you can't underpower all 4 of those pillars and then say well why aren't

11:40:02 you to like consolidation of resources in one organization versus because you can't underpower all 4 of those pillars and then say well why aren't you guys performing right which is we'll just be repeating mistakes of the past I think so we're very open to those kinds of consortium level applications I think.

11:40:20 So we're very open to those kinds of consortium level applications. I don't think we have a strong point of view at this point about what the optimal disbursement is.

11:40:34 I don't think we have a strong point of view at this point about what the optimal disbursement strategy is at this stage because And they just said he didn't fit that.

11:40:35 We're not saying that and and if we develop a very clear point of view, we'll communicate that.

11:40:39 But we will only develop it after we. Hear from me. And so that's the spirit of this concept note.

11:40:46 RFI process. It's very exciting that there's gonna be one that's So we're a number, but I saw that website and there were always things like iPod grants and then like 5.

11:40:58 And I'm thinking like, if they're gonna be like a black rat, like, you know, are they just gonna take one out of each like group?

11:41:05 And that's always been something that, you know, that means a lot. Thank you and look.

11:41:12 Everyone has special needs. Everyone has unique, every community has unique needs. But systematically in the data you see the API community getting left behind.

11:41:23 And so it's time. It's time that we stepped up and this represents 40 communities. It's not it's not like it's representing just one community, right?

11:41:35 Even though we try to form power and coalition and and strategy together we are not a monolith and so I'm hopeful that this makes a big dent in that wider work of.

11:41:47 Addressing the needs of people of color and marginalized communities in our city.

11:41:53 Commissioner, I did just wanna offer, I know we have a lot of folks joining online. So we wanna hear your voices, you can raise your hand, you can put in the chat, but please do jump in as well.

11:42:08 Excellent. Any other thoughts? I'm happy to stay as long as you want an answer. Within the 90 min of quick.

11:42:25 Hi, hi, this is Dr. Yu. I am pretty new to community. Charles B.

11:42:31 One Community House Center. I'm the new chief of mental health and I thank you for this opportunity, Commissioner.

11:42:40 I think one thing really struck me is we do need a evidence base to practice. I have always believed that we need a more data so we can go by those practice and fortunately when we do things we don't always have the intention what we would do have intention by the way don't have the resources or we think about Why are we doing these things we should at least collect some data?

11:43:08 So I think this is a good beginning point for us to really think about that. So it's not we're only doing things but we want to to establish some guidelines for the future people to follow.

11:43:21 So that's really, thank you for that point.

11:43:26 Yeah, thank you for flagging and you know one of the paradoxes of that Dr. Yue is that As soon as you say the word evidence-based.

11:43:35 Excuse it towards clinical interventions. Right? It's because who collects the most data? Clinical systems?

11:43:43 Who's got Ehr's clinical systems? Who's got the resources for research budgets and data collectors, clinical systems?

11:43:50 Who's collecting data around billing, its clinical systems. So The bias in terms of our mental health evidence base around clinical interventions is very, is fundamentally clear.

11:44:01 And so I want to see more social interventions, community interventions. Digital interventions have the same kind of evidence base that classical clinical interventions have so that we can also write size the envelope.

11:44:18 Clinical care has a very important role to play. But let's just say it's not it's not sufficient.

11:44:22 It's necessary but not sufficient. Social care, community care, community interventions have a huge role to play and it's deeply underpowered.

11:44:31 And evidence does hold it back in terms of large-scale investment. And so your point is very well taken and I hope that we'll approach that in this spirit.

11:44:41 When we say data collection, it's not just about, I am on Article 31 and and I can bill out for these services, right?

11:44:48 It is, what am I doing in the community? What am I, how do I know that this is meeting the needs of my clients my community and how am I collecting data?

11:45:01 Am I doing short surveys? Am I doing pre and post-test knowledge assessments? Am I doing symptom inventories, functional status inventories?

11:45:10 There's lots of ways to collect data in the community that don't require any HR. And so he might have thoughts on that, Dr. Wright, from your experience.

11:45:19 I do. Thank you, Commissioner, and thank you for your comment and question, Dr. You. I think it's very important when we talk about evidence-based.

11:45:27 We do not miss the lived experience part of that. And I think about what you shared about seniors and older adults in terms of the experience and the knowledge that they bring to the community.

11:45:37 I think of community efficacy as a major, major thing that sometimes looked and so as you put together the thoughts and ideas about what has worked in the community over time.

11:45:47 Doesn't have to be clinical for that to be evidence. I think that's what the commissioner is alluding to in terms of the social, but really thinking about a collective, you know, most of the communities we're talking about here come from a collectivist.

11:46:01 Environment or culture. Now an individualistic. Environment which is called Western culture. So bringing that collectivist mindset and experience is going to be boards that evidence that we gather and it doesn't have to look like the Eurocentric model.

11:46:18 Matter of fact, it's the opposite of the Eurocentric model. So that's going to be very clear and very important that you bring that to the table.

11:46:22 Specifically, I think about the impact of trauma as an example. You know, being trauma informed is not enough.

11:46:29 It's not good enough. It's a start. You have to be trauma responsive.

11:46:32 And what does that look like in AAPI, you know, communities? It's going to be different.

11:46:38 And so that is also evidence. And also to give you a technical example. When we got the 1st Divo HMX grant of 85,000, we were supposed to do 300 CBS PHQ 9 center G. 87 and substance abuse case.

11:46:56 And we finished that with 50% of 40% of Indian CDSN. 60% of Bangladeshi seniors.

11:47:03 Out of curiosity because I'm a geriatric psychiatrist and I just told the staff let's analyse this data see what we see here.

11:47:12 And to my surprise, because we collected the data about when they migrated to this country and what's their financial situation, but that they are living in home and they help.

11:47:23 And the mental health needs of Bangladeshi seniors is much more higher than the Indian seniors.

11:47:30 I was shocked to see that there are suicide of course it was COVID time. The suicidal ideations and there were depression scales, anxiety scales going to the roof.

11:47:41 And I contacted another psychiatrist who started anything not not for profit organization and I told her. To get this interview.

11:47:51 I mean, I can't mention this a hospital system. It takes months. I we cannot wait.

11:47:57 Please come over here to our office and we will have the seniors coming here seeing you. And you can build whatever insurance they have.

11:48:07 If they don't have an insurance, it's my personal commit might be you that we would pay the to you, whatever it is.

11:48:14 And she came and it was an excellent experience for seniors because it's not a hospital setting and in the weekend no office staff we use a special room for her interviews and she saw them and she described when there is a need for medication.

11:48:28 Or when there is a need for, telephy, they would be started back and. It felt so happy after finishing all those things.

11:48:43 They arranged lunch with the doctor so that they can, you know, just check chat with the doctor to express, explain their problems and all.

11:48:47 That is not evidence-based. Is that a model like that? No. But I feel, I mean, because I work in the hospital also weekly once, I know the system hospital.

11:48:57 But this is much more acceptable for AAPI communities because it's not a stigma. We are coming to a center there.

11:49:05 But not with providing all your privacy and all that. So it's difficult. We cannot compete with the acrobatic institutes because they are getting millions of dollars from the NIH and IMX, all those grants and by the time they work with the organizations they give like few 100 I mean they say we'll give you \$5,000 \$10,000 can you do this screenings for us?

11:49:32 Because they have to publish, they have to get him. It's difficult. I mean, this has been my, this is what I've been banging on out since I started and what I came from.

11:49:42 You know, which is The power of the social model to actually lead to rehabilitation. Right? The power of a community model.

11:49:53 That actually is much better than. As a bigger return on investment. In terms of clinical outcomes and health outcomes, then a clinical intervention or a medication.

11:50:06 We have biomedicalized and medicalized psychiatric care and mental health care in such a way that we think, well, just take your pill.

11:50:14 And everything will be fine. But we know that that's not the case, right? We know that these conditions are inherently social.

11:50:22 Mental health is inherently about your relationships with other people and with yourself. And so if the solutions aren't grounded in that place where you are socializing, where you are.

11:50:32 Working where you are interacting with others and and we force it into this visit-based clinical model make no mistake for a subset of people that is really important.

11:50:42 But I would argue it's the minority. The majority of Americans, New Yorkers and AAPI folks, no exception, don't need to go to a clinic or a hospital to get mental health services.

11:50:56 And we, it's a fundamental shift in our mental model. Part of it starts with getting resources to the organizations that are out there.

11:51:05 Doing the work and innovating. I think it was you that told the story about during COVID. And the the food baskets you're hanging out the food pantry.

11:51:20 And then you were using that as an entry point to get people in to talk about. Their mental health and what was and domestic violence and challenges in the home and Mostly women.

11:51:27 Right and That's the kind of innovation we need. We need these social models to be lifted up and well-resourced.

11:51:35 In addition to the clinical work.

11:51:40 There's a hand I think on that.

11:51:46 Thanks, Commissioner, and thank you for letting us join via Zoom. For those of us with the childcare issues at home.

11:51:56 I really appreciated Anita from CACF. I really appreciated how you focused on also highlighting issues with A API youth and youth mental health.

11:52:05 Especially in the data and was wondering in terms of the feedback process have you thought to include youth voice or lived experience and collecting information in getting feedback from the AAPI community and we'd be happy to help facilitate that as well.

11:52:26 So, just wanted to hear your thoughts.

11:52:28 Yeah, it's a great point. My hope is, well, the way this is this solicitation for comment is on an organizational basis.

11:52:36 But I hope that in your comments you will be able to represent youth. Needs amongst other. Population that you'll be able to comment and say here's what.

11:52:49 Our young people are saying a needing and here's what will make the biggest difference so so all that is to say Yes, there isn't a specific route in this process to solicit that feedback within this RFP, but we hope that'll come through.

11:53:07 Come through your organization. Separate and apart from that, I think, you know, we do have Youth Advisory Council.

11:53:13 We have one for team space. And we can build on that and make sure that API voices are. Part of that.

11:53:27 Hi. Yeah. Yeah, you have mentioned, of course, API not a monolith and closer communities within the API and and closer communities within the API population that are under representatives.

11:53:44 I'm curious if there's any prioritization that are underrepresented. And closer communities within the API population that are under representatives.

11:53:49 I'm curious if there's any kind of prioritization of Yes. It's a good question.

11:53:52 I will say that this is probably one area in which our data is very poor, right? While we disaggregate data.

11:54:02 Quite significantly, we can do more in order to really get down to the granular needs of specific API communities and their access needs, their stigma needs and educational needs, their digital literacy and connection to care.

11:54:19 They're social economic resources. And I would frankly say that We probably don't know enough. At this stage and probably not appropriate at this stage to be prioritizing.

11:54:29 Particular communities over another. But I will say that in whatever we do with this RFP, we'd like to see broad representation.

11:54:37 Because this is an API API. Grant. This has to be representative of the diversity of the API community to the greatest.

11:54:48 Extent that we can. So that's I guess my best answer at this point, but right now we don't have some a priority.

11:54:55 Prioritization in mind.

11:55:04 The other. Yeah, please, please. Lily. I want to 1st thank you and your team for extending the connects pilot for another year.

11:55:15 So it's good to hear. So one question I have is related to the length of 3 years.

11:55:25 So, experience working on the Connect Broadway has been 3 years and it took a lot of advocating and talking to a team and others.

11:55:35 To extend the project. So I was wondering if there's further talks about.

11:55:44 Extending or you know, maybe after a year or 2 will be evaluating that. Maybe it's a little too early to talk about.

11:55:54 But. Yeah, fair enough concern. And I will say that philosophically, we see this as the beginning of a long-term initiative not as just a 3 year initiative, but of course we have to mobilize resources in a in a envelope that we could manage.

11:56:12 Especially because this is a redirection. Or at least in part a redirection of OMH resources.

11:56:20 It's in order to make that permanent or to grow it. We need to show some results.

11:56:26 So, but I think we're very open the idea that after your one or your 2 that we go back to OMH and say we want to grow the spot or we find additional resources.

11:56:36 Of our own to expand the thought. We're open to it, but it's going to have to be based on results and effectiveness that we can stand behind.

11:56:46 Credibly together.

11:56:49 And just one comment. I was very pleased to see that. For. Access to care.

11:56:58 There's mention of. Funds for h. 1 d and sponsorships. So I really appreciate that your administration's hearing some of our cries for many many years of, supporting the sponsorship.

11:57:13 So thank you. Yeah. We'll do what we can. As I said, there's federal rules and rules that are beyond our ability to shift but if when it comes down to the resources we are certainly willing to you know incorporate that into.

11:57:27 Grant applications and such. If there is the flexibility on on the immigration end and the legal end to that in that record.

11:57:37 Yeah. Okay, yeah. Wayne.

11:57:43 Hi, everybody. Wayne Ho with Chinese American Planning Council. Good to see everyone. Happy summer.

11:57:51 That

11:57:49 So Commissioner, first, st thanks for following through on what we discussed a few months ago about making money specifically for the API.

11:57:56 Around mental health. We just appreciate the follow-through. Just 2 quick questions one is and you touched upon us a little bit is that just wondering any thoughts you have on whether it's large CBOs and small CBOs and how that could play out through this process.

11:58:14 And then because I think both have value in terms of how we address these different issues. And the API community, especially to, Mehdis Point, which is around FA API ethnic groups, making sure we cover as many ethnic groups as possible.

11:58:30 And then second question is, having a focus on evidence and data and evaluation is good. But also that's not cheap.

11:58:38 So just wondering how any thoughts on how that plays out, with this process, with especially with the 3 year funding cycle.

11:58:45 Yeah, they both good questions. Let me try to answer the second one and I'll ask that correct.

11:58:50 Part of this is also about what investments we're making internally. To build up a program that can support a robust API.

11:59:00 Program so to the extent that we have capacity and technical and provide technical assistance. It's about really making that more available, easier to access and that we're working in partnership with you.

11:59:12 So this commitment is also about how do we now build this and make this visible in our organization when it hasn't been, right?

11:59:22 We've had small initiatives, but that have been run by great folks. But, but in terms of building up a team focused on this. So that's 1.

11:59:29 2 is, you know, I hope to see. And I think it would be smart to see some very clear-eyed investments.

11:59:38 Within your grants on evaluation. And to be clear about like what are the capacity needs. I need to do training on SAS.

11:59:46 I need to fire 3 research analysts. I need to contract with Microsoft. Some database operator to help me start building up a social service record or I need to connect up with Hemplify or one of these unite us or one of these organizations.

12:00:02 I'm open. We are open, but I think it would probably important on some level to see some connectivity and and again we can support that we can support that.

12:00:15 What in the effort to allow the kind of granularity that we need and and and let dare I say a kind of a bespoke approach for each community, we have to be able to collect some basic data across.

12:00:27 Communities that seems to make sense and can show efficacy. And that does require investment. So, so I think we will be active in that conversation with you over the next 6 weeks as you submit comments.

12:00:42 The 1st question was about, sorry, I may have forgotten your 1st question, Wayne. Large large, small.

12:00:47 A large and small CPU.

12:00:50 And why don't you tick that one? I think that it's very important that Commissioner Tesla this earlier about partnership and collaboration.

12:00:59 I think that's going to be very important, but also for the smaller organizations that may not have the infrastructure can be very important that you list that out.

12:01:06 And say exactly what you need. I think you mentioned earlier that some folks do not even have the management or a certain amount of money.

12:01:17 You know, so that would be important. Do you have anybody on your staff and your infrastructure that has that skill so that has that ability?

12:01:24 If not, then you can partner with maybe a larger organization or someone that's very close to what you're doing and utilize those services together.

12:01:30 In fact, that would be very important. But I think the commissioner mentioned that it's going to be important to have both large, small and all in between working together where possible.

12:01:39 And I think that makes a stronger community and that's where community efficacy I think really does matter.

12:01:48 Hi, good afternoon. This is Gary. I'm from Sax and I also have a comment.

12:01:55 I can talk about evidence-based. We're not actually. It was like fags before the largest South Asian community and it's very, very diverse though.

12:02:03 Mental health needs of the community are not. We don't think a lot of our programs also evolve organically and I'm hopeful that the crowd will take add up to consideration because up in fact started we kind of were doing 9 11 survival work with South Asian families and at that

time we started with South Asian families and at that time we started with providing resources and the family started opening up mental I appreciate it.

12:02:34 It will, you know, when these people are seniors who didn't know what a PhD 9 screening was, they were like, oh, I always ask these questions at my doctor's office, primary care's office, but I don't know what this screening is.

12:02:43 So we start the conversation there by educating them and then it moves forward and I'm hopeful that it's on the iPod demonstration.

12:02:55 Yeah, it's a very good comment. And I'll leave it to my contract.

12:03:01 Experts to figure out how to do that. Organic is probably something we struggle with as a huge bureaucracy, but but I think we have to find ways to allow adaptation which gets down to this question of data, right?

12:03:15 Can we find generalizable data across these things that are around things like engagement. Around. You know, accessing care or uptake of services that allow enough.

12:03:26 Flexibility to adapt those services to. I mean, if people keep coming through the door. You know, I used to say in both my primary care practice as well as at founding house, the purpose of a 1st visit is to get a second visit.

12:03:41 That's all you're there to do. Right. I train residents still in primary care clinic and they come to me with these problem lists that are 25 problems long because our patients are sick and complex.

12:03:54 And I say just solve one thing. Just do one thing for this person today. You're not gonna solve their long term issues, but if you get them back in a week or a month, that's a victory, especially because you have no relationship.

12:04:07 So the fact that we can look at measures like engagement as proxies for the quality of service. So there's lots of interesting ways to do this and we're certainly willing to be creative.

12:04:21 I think we'd have SUDA 1st and then we can go through that. Okay.

12:04:28 Hi. good morning. And, we, do appreciate this. Investment in the AFI communities for mental health services.

12:04:40 It is great that this is happening. Commissioner. And I, we do realize data is very, very important.

12:04:50 Evaluation is very important, but I think it's also important to make sure how they measure success, right?

12:04:59 You know, how, what do we expect to gain by the end of 3 years? How we measure success?

12:05:05 Thank you.

12:05:07 Yes, point very well taken.

12:05:12 I mean, I think it comes down to those 2 central questions I started with, is which is making the invisible visible.

12:05:20 And then once it's visible, ensuring that it's connected, you know, folks are connected into care.

12:05:26 And in those broad buckets, what are the metrics we need for each of those? I think will be important to identify.

12:05:34 I think we have one here. And then you had a comment and then made a

12:05:43 Hi, I'm Via Bassenen, NYC. 1st off, as others here, I'm just excited to see this investment in our communities. I'm just excited to see this investment in our communities.

12:05:55 I'm just excited to see this investment in our communities. I had a question that kind of I guess goes with a lot of what I've been hearing.

12:05:59 Both in terms of the actual RP and that application, but also as the contracting continues.

12:06:05 I think one of the issues we often see with government contracts or city agency contracts is that the paperwork is very onerous.

12:06:15 And that is both in the application as well as later on. And it's also not necessarily.

12:06:23 As easy for organizations where they have people who are not native English speakers and so given that this is an RFP designed to help API communities.

12:06:37 And I guess one of my questions is just how is it going to be made accessible to folks who are maybe not as comfortable in English?

12:06:47 In order to actually reach the communities that we're trying to serve, or whose staff maybe are not as comfortable in English but have the linguistic capacities to serve the communities that we're aiming to reach.

12:07:02 And then also just like How are we going to, kind of balance that or just, I guess, hoping that we're able to balance this data collection that I think is really important.

12:07:15 To a point where it's not kind of overtaking. The actual service that's being provided as well.

12:07:22 I think obviously data collection is important but also takes time and money and oftentimes grants.

12:07:26 Okay. Okay.

12:07:28 Put so much data collection or paperwork in that it leaves very little left to actually do the work.

12:07:35 And, I think also just in terms of data, just to also keep in mind quality data is data.

12:07:43 And I think too often a lot of the data collect is purely numbers and doesn't necessarily reflect stories or that qualitative piece as well.

12:07:52 I will attempt to answer the 1st part. And I think it's very important what you point out.

12:08:01 And I think that is part of the information that you should share with us in terms of what those challenges are of language barriers, those kind of things, but also we have our contract people here and I know that they're very interested in how they can.

12:08:12 Really make something that is complex, more simplified. And I think that's the feedback that we're looking for.

12:08:20 Because we certainly do not want to exclude anyone based on language barrier or reading or not reading English that should not be.

12:08:29 Something that excludes anyone. So we're looking for inclusivity and not the offices of that's very good feedback and I'm sure with our contract, we can work through that.

12:08:39 Second part of things. Well, the data, the data, this is always the biggest challenge and I hear you.

12:08:47 Very low. I hear you're loud and clear. Mental health writ large suffers from an absence of data.

12:08:55 And my point of view on this is that when you have an absence of data, you haven't absence of investment.

12:09:03 And when you have an absence of investment, you have an absence of Access. And when you have an absence of access, you have a thousands and in the case of the few millions of people who can't get access to can't get help.

12:09:19 So we need to find what's that minimal amount. Of data that tells the story that we need in order to justify this program in its future to scale it to improve it.

12:09:34 But not is not so onerous. As to slow us down and I'm a clinician.

12:09:40 I work in hospitals that collect reams of data. Mostly for financial purposes. For billing purposes and for for standing up the organization.

12:09:55 And it interferes with patient care. It interferes with the quality of the relationship. AI is changing that, but we're still some ways away.

12:10:04 So I'm open to those discussions about what what what 1st your point is well taken. It's not just quantitative data.

12:10:13 Totally agree. Qualitative data is really important. 2, it's not about the volume of data you collect.

12:10:21 It's about the salience and and the impact. Of that data. And 3, that the data together have to tell a story about the efficacy of your program.

12:10:32 Right? And the effectiveness of your program. And so. Combined with narrative combined with lived.

12:10:41 Reporting and experience. It has to tell a story that we did a good job with this program. It's helping people.

12:10:48 And not only should it continue, it should grow. And this kind of work should grow. 20 million dollars?

12:10:56 Well, it sounds like a lot. You know very well. It's not, it's a star.

12:10:59 It's a start. It's a pretty important start and frankly a historic one for the city.

12:11:04 But it's not it's necessary but not sufficient. So but in order to get out the door we need to start somewhere and I do think Data is really absent across this country and across this city around mental health services.

12:11:20 Which has really held us back from building the kind of community mental health system we've always needed and deserved.

12:11:29 My name is Daphne Tomasu. I'm with the Asian American Federation. Thank you for having us for having this follows conversation.

12:11:37 I'm excited to see some of our around people partners both online and in person too. You kind of mentioned this or made reference to it a couple of times already, but I guess I'm just curious to know given that DOHMH is a city agency and staffing is one of the biggest challenges to providing mental health care.

12:11:53 I guess I'm curious to know what you're envisioning or the long-term plan is for like potentially funding strings for like sponsorship, species, especially considering the fact that so many of our partners have, you know, told us that they often lose.

12:12:07 Like where it's culturally I'm hosting competent workers to larger health health systems and if there's room for like any advocacy work to be included within this grant too.

12:12:19 And then another question to kind of think about what Dia was saying to you, particularly about the reporting piece.

12:12:27 I guess I'm curious to know too because some of our partners are the capacity is strain. It's been with strained before COVID is especially strained after COVID.

12:12:34 If there's room for any. And so many partners I think are focused on providing services.

12:12:40 Is there room for like any like capacity building or? Evaluation metrics like workshops at DOHMH will be could be hosting potentially as part part of this grant so that folks can build that.

12:12:54 Capacity within the organization to build out, you know, that research piece. And then the last You may not know the answer to this question too, but I'm Kirsten.

12:13:05 I feel have ideas on like the funding amounts potentially that you were considering or the number of organizations that you'll be funding to.

12:13:12 I know I do a lot by you. I don't. The last one I can say unequivocally you don't.

12:13:17 So I can't give you an idea. And that wouldn't be appropriate for me to do so at this stage to start to tip our hand and say we have an idea and it's prescriptive.

12:13:27 The point of this is to craft an RFP that makes sense and that is based on your feedback.

12:13:32 I'm very honest with that. I'm genuinely wanting to craft an RFP that hears.

12:13:37 And tries to find the best fit of all of the comments we get. Right? And, you know, getting back to this question about everyone being represented, that's not just community that's also size of organization.

12:13:50 But make the mistake. The point of this grant is not to take small organizations and make them big organizations or make big organizations bigger organization.

12:13:57 Great. This is not a growth plan. This is a service plan and we want to improve the quality of services.

12:14:06 We want to act, improve access. And so we're open to creative partnerships. We're open to consortiums.

12:14:11 We're open to individual organizations. I think we're open. And we don't have a very prescriptive mindset here.

12:14:18 Which isn't always the case right sometimes we do have a prescriptive mindset because it's grounded in what we want to achieve.

12:14:26 What we want to achieve here is to invest. And to expand access and to lift up models of care and service that that and stigma busting that makes sense.

12:14:38 In terms of the capacity building piece, yes, I think that's part of what we're talking about when you say investing here at DIY. It is investing in the kind of staff that can provide technical assistance, research assistance, build up research skills.

12:14:59 We have a host of research so that is part of what we are envisioning here. And that's on us.

12:15:01 That's on us to build, not as part of these. Not on mute to include always right now.

12:15:08 So it's about finding the balance, right? Like you're gonna need some investment that you make in your own data.

12:15:13 And research and frankly just workforce capacity. I think you started by saying broader work for us and then you said research but I think there's also training needs for peers.

12:15:25 There's training needs for, you know, non-licensed or licensed peers but also community health workers to do accompanying them and navigation.

12:15:33 So those are all things we can we can work out. And I would just say that having models that take into consideration Hey jobs at other places.

12:15:44 That's something I've been alive when I was still in Philadelphia. We built a model mechanism that we brought in.

12:15:50 New professionals into the fold that maybe one or 2 years out of graduation who had the language skills. Maybe didn't have the clinical skills, but as we're saying, that's something that can be trained and something that you can partner and have some provision.

12:16:04 But we had a mechanism where those folks had more experience that might take other jobs. You didn't lose that investment necessarily because you had people in the pipeline, new professionals that were coming through who tend to stay a little longer before they get that experience.

12:16:22 And you know, they're building their resume. We get it. But you can have that pipeline where you have people that are constantly in the system as your other folks are going to be through.

12:17:14 It does take some thought and I'd be very interested into what your experience has been in terms of, you know, losing that capacity or the professionals that you're talking about.

12:17:27 And did you have a mechanism to really tap into the multiple universities and academic systems But I think you're highlighting a really crucial issue, which is that yes, I mean, at large, we are losing frontline mental Community organizations cannot pay what clinical systems can pay, which leads to the reinforcement of mental health systems as clinically biased.

12:17:32 Or clinically indexed or that you don't have a mental health problem till you hit a hospital or you hit a clinic or you get Right?

12:17:32 But we know that mental health doesn't always appear as mental health diagnosis, right? It can appear as euphemisms for something else.

12:17:42 It can appear in the setting of food security or housing insecurity or economic insecurity or domestic violence or are a whole host of issues.

12:17:52 And that's the that's what America needs to change its mental model of what mental health systems look like and it cannot look like.

12:17:59 Migrant kick systems. It cannot look like diet systems we go for diabetes and for head attention and for HIV, it's different.

12:18:09 It's fundamentally different because it's inherently social. Some deeply social and rooted in our relationships.

12:18:14 And that just makes it different. And so. I don't have an answer for how we stop losing workers to the clinical systems other than to say, let's keep paying them more.

12:18:24 I don't know that we'll ever reach parity, but I think we've done a lot to increase the human service salaries in the city.

12:18:31 We can do more. And the governor has done done work on this as well, which we're very pleased with.

12:18:37 But gosh, that is a huge system. Across this city, across the state, in this country, which is that frontline community health organization community mental health organizations tasked with dealing with most of how mental health shows up in daily life.

12:18:54 Are underpowered and have been underinvested in. And let's make the link to data too.

12:19:01 Right? Because as long as there's this bias for, well, I don't know if what you're doing is working.

12:19:07 So I'm not going to put as much money as I can. Ambulatory system X where I have a ton of data and I can track it down ICD 9 because they'll always win.

12:19:20 Those systems will always win and I'm a part of. I'm a part of it, right?

12:19:22 Like I'm a clinician. I understand the It's like, you know, fighting a fight with one hand tied behind your back.

12:19:28 So how do we start to change the mental model that data models to start collecting what's robust about community interventions.

12:19:35 That's why I'm so focused on data not to create more onerous requirements of organizations, but so that we can prove it out and start to fight back against this.

12:19:45 Clinicalization of what is inherently a deeply social community and relational set of issues, which is our great experience now.

12:19:56 What's the type of plane like we are supposed to written by September 28? th And then take the RFP released.

12:20:06 We don't have an exact timing but soon after we'll use the the data that we collect from you.

12:20:11 The feedback that we click from you. To shape the RFP. And that should be released in short order after that.

12:20:19 And as you know, with most RPs, it takes. Some weeks and months to award it to analyze it to go through the process.

12:20:26 So no money out the door until 2,025. Let's just be right. Let's just be clear here.

12:20:33 And again, part of why we're here talking about this part of why we invited our friends from the press here is because we're trying to show that we're doing this in a different way.

12:20:42 We're listening to you. We're building this from the ground up. Little bit of an evidence gap in the traditional sense or a best practice gap, but there's so much richness to learn from, build on, to scale from.

12:20:54 And we've got to lean on that and lean on you to do that. This can't be a top-down.

12:21:01 Directive-based initiative. This has to be, bottom up. So. Could you stand on something written into RFI?

12:21:10 I'm looking at the digital like literacy section. And it asks for contractors to grow services like conducting outreach and market outreach marketing and expanding language services to policy.

12:21:24 And then strengthening connections with the private sector. If you could stand on it. I guess what is in mind or how people can envision.

12:21:33 That's that process. I think it's about digital tools, right? It's about, I think team space is not a panacea for all mental health.

12:21:43 Concerns, it's a front door to the mental health system. Right? It, it meets people, low threshold, low barrier, private.

12:21:51 Which is especially for young people we're finding in the data what they want. They want to text.

12:21:55 They want to do it on demand. They want to be flexible. They don't want to go to a doctor's office.

12:22:01 They definitely don't want an adult in between themselves and their therapist. And they just wanna do it the way they wanna do it.

12:22:07 There are platforms out there that do that. Teen space is one of them that we've partnered with that we built with talks based.

12:22:15 I think the question will be, you know, What are you guys willing to do to adopt those those digital tools?

12:22:24 It's only one of 4 pillars, of course. We're not expecting everyone to sort of adopt digital tools.

12:22:30 But if you find a digital tool that works better for your community or that, you know, I have even heard of CBOs building their own bespoke little tools, which is great.

12:22:38 So I think we're open to this isn't about only exclusively team space, right? This is about.

12:22:45 There's a panoply of digital tools out there that organizations can work with to make mental health to break down that last mile of access to care.

12:22:53 So we were looking to see an openness to that more than anything, an openness to and I think when we say private sector we mean that.

12:23:02 Digital tools not private sector in that sense. Most of these platforms are private companies. You know, they're not built by academic institutions or non-profits or the or government.

12:23:16 Because that's not where our strengths are. Technology, as you know, is not a strength of.

12:23:20 Of government. So, that's why we've partnered with. What's based on this?

12:23:29 I just 2 points. One, speaking to DS, great about making the R and modeling is accessible.

12:23:38 CC is a guide to my experience working with public identities. Sponsored and we could see accessible materials.

12:23:48 I have got these I can share that with you after. I'm also with evaluation and developing the metrics.

12:23:54 How they maybe potentially provide oversight. Is there kind of maybe a model like because you haven't got CPU counsel where there's actually some kind of communication happening in the 3 years to make sure that, you know, there is success and there's different ways of developing that success.

12:24:09 I'm no expert on city procurement and contract rules, although I'm becoming one. So oversight is probably a something that our OMB would probably bristle at.

12:24:23 But I'm sure there are ways to create advisory councils to create bodies, learning collaboratives. We use the learning collaborative model frequently.

12:24:33 That actually is a model that could be very useful here. Because it's based on the notion of quality improvement and real-time.

12:24:41 Small tests of change rather than these large-scale evaluations small tests of data collection. I did a lot of this when I worked in frontline HIV programs.

12:24:51 They're just looking for. What did you do the last 3 days? What did you do the last 3 weeks and then?

12:24:55 How we're using that to improve the next 3 weeks or 3 days. So there's a way to, adopt those kinds of modes.

12:25:04 Within a program like this. But we're very open to, I think in One thing I would really, given that data is a big theme that I'm hearing in this conversation, please propose to us what you'd think.

12:25:20 Sound data looks like. Please, please propose to us indicators which you think you can collect or you'd want to build capacity to collect.

12:25:29 And that will help. That will really help us inform. I will say that one of the things I'm going to be looking for is engagement, right?

12:25:36 Uptake of services. That that's kind of a table stakes.

12:25:41 For any program are people using it, right? Are they picking up what you're putting down, kind of thing?

12:25:47 Right, that's a pretty good.

12:25:51 Harvarder. At least the front level quality of your services. It's really people vote with their feet, right?

12:26:00 If they don't like what you're doing, they're not going to come. To voluntary services.

12:26:04 So, so I think engagement and repeated engagement sustained engagement. These are these are all good. Proxies.

12:26:13 So let's, craft that together.

12:26:16 Part of why also, as you know, just so you're just so we're looking ahead.

12:26:21 We can have an open discussion for these weeks and then once the RFP is out no discussion, right?

12:26:29 We go we go silent. As you know. And sadly that's just, I wish it was different, but that's just the way it goes in New York City.

12:26:37 So we go silent. And so I encourage you to get it off. Your chest now. They tell us everything.

12:26:44 Even if we can't, we won't be able to satisfy all your needs, but we will.

12:26:48 Hear everything and do our best. And do that in the spirit of partnership. And then once RFP day.

12:26:56 Or silent until the awards. Or until we get into the negotiations. So as you know. I think we are, we actually did use the most of the hour and a half.

12:27:06 Are there any lingering questions? Okay, yeah. Thank you, for everything. I'm really excited to see this.

12:27:19 Like AJ. I think I just own a tenant. Great in response to the same space. I wanna Verify the rules and responsibility from like community workers like how we fit into that framework.

12:27:34 In that virtual space and And I saw that. The. Yes, I hope for me to, I think the biggest obstacle for the.

12:27:46 The UT engagement has big mental health. One of the reasons is to get the current account states and that we put a lot of effort in our community to give that.

12:27:59 Or until prediction shift but 1st generation parents who have like strong stigma to work and so on. And I wonder how that would look like in terms of.

12:28:13 Nothing's placed. It's just even. 10 show 4. Integrating the case management test management big assessment into that virtual.

12:28:25 Space referral process. So I wonder, do you have some patron in there? I wanna say something very directly.

12:28:36 This is not about gearing. Work towards team space. I just want to be very clear, right?

12:28:42 Team space is working. It's serving over 10,000 young people in the city effectively and we're very proud of that and we think it can serve API kids, EFI young people.

12:28:55 And so exploring that, it's worth exploring that in this RFP, but we're not gearing.

12:28:58 Or asking you all to gear your activity towards interfacing with team space. I just want to be clear that's that's not what this is about.

12:29:07 And team space as a model where it's really between the young person and the therapist in a bipartite fashion.

12:29:13 The parent gives a 1 time consent. And then there out. And the therapist licensed New York State therapist decides what higher-level services.

12:29:24 Are needed and what case management is needed. But I think there is a world in which, you know, an API There are therapists on the platform that are of API descent that are members of the API community.

12:29:41 To the extent that they can be aware of and knowledgeable of the community. Referrals and organizations like yours that serve API young people.

12:29:52 You think that makes a lot of sense to me. I don't think it's on you necessarily to do that care coordination.

12:29:59 I don't think it's on you necessarily to do that care coordination in the virtual environment.

12:30:00 I think it's on teen space. To figure that out and we can help them figure that out as a part of team space as it is.

12:30:06 But also any future expansion or work that may or may not be planned. So I hope that answers your question.

12:30:13 I don't think I don't want you guys thinking that you've got to kind of twist yourself in pencils to figure out how you're going to work with teen space.

12:30:24 That is you keep doing what you're doing and hopefully digital tools can actually be a useful thing you can try out.

12:30:29 But it doesn't have to be universally. So does that make sense? Yeah. Okay.

12:30:36 Alright, well I can stick around offline, but I want to thank everybody. For your time. This was a really good discussion.

12:30:46 It's not often that we get a chance to really sit around a table and just get into the weeds of something like this, but I hope you see, I'll start where I'll end where I began, which is I hope you see this as us.

12:30:57 Following through, as Wayne said, stepping up, putting our money where our mouth is and really trying to respond.

12:31:05 To the needs of our community and of this community. We don't get everything right. We're not perfect.

12:31:13 Right, and we do our best, but one thing we can do better is to talk more, have more dialogue and to build things with you.

12:31:21 And I hope you see that we're really trying here to build this with you. And I hope you'll continue to show up in the way that you've shown up today.

12:31:31 They showed up in the past and and really and and help us build this together because I believe. In investing in this and I believe strongly that this is just the beginning.

12:31:41 And that we need to have a long term vision for how we serve API people in our city. So.

12:31:46 Thank you. Thank you for everything that you do every day. Thank you for your partnership. And we look forward to hearing you from you before September the 20.th

12:31:57 There is an email address, I believe. In the slides that you should have are on the one pager where you can submit your comments, but my staff is at your service.

12:32:08 To help Dr. Wright's team. Aaron Anderson is our CFO and his team.

12:32:14 Are here to answer any and all of your questions that we can. He don't hesitate. Don't hesitate, especially now.

12:32:22 Do not hesitate to reach out because we are not in the RFP process yet. So now is the time.

12:32:28 And onward we go. Very excited about this and thank you so much. Thank you.

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