



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

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On February 16, 2018, the DOHMH held Family and Youth Peer Support Services Forum to obtain community feedback and input regarding structure and service provision of services. In compliance with applicable laws and rules, attached are the following documents:

- Attachment A: A transcript of the February 16, 2018 Family and Youth Peer Support Services Community Forum (transcript is attached to this e-mail).
- Attachment B: A transcript of the WebEx Forum that accompanied the February 16, 2018 the Family and Youth Peer Support Services Community Forum (transcript is attached to this e-mail).
- Attachment C: Comments received via e-mail and written form in response to the February 16, 2018 the Family and Youth Peer Support Services Community Forum.

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TRANSCRIPT OF
DEPARTMENT OF HEALTH & MENTAL HYGIENE
PUBLIC HEARING
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NYC DOHMH
Gotham Building
42-09 28th Street
Third Floor, Room 3-32
Long Island City, New York

Friday, February 16, 2018
10:06 a.m.

Reporter:
Elbia Merino

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ATTENDEES:

NYC Department of Health and Mental Hygiene

MARNIE DAVIDOFF
Assistant Commissioner,
Bureau of Children, Youth & Families

SALENA MULLEN
Child Wellness and Family Support Specialist
Bureau of Children, Youth & Families

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MS. DAVIDOFF: Good morning, everyone. Welcome to today's community forum on Family and Youth Peer Support Services. So many faces in the room. So much interest in this topic. My name is Marnie Davidoff. I'm the Assistant Commissioner for the Bureau of Children, Youth and Families, which is served in New York State Department of Health and Mental Hygiene. I am also joined here today by several colleagues I'll just quickly introduce.

Salena Mullen, who is behind me. She is our Child Wellness and Family Support Specialist. Nidia Jackson, who is our Advisor. Jamie Shack, who is our Implementation and Evaluation Specialist, and Channing Thomas, who is our Mental Health Quality Improvement Specialist. We also have other colleagues throughout the room who will be helping with the mike and communications, et cetera.

The purpose of today's meeting is for the New York City Department of Health and Mental Hygiene to obtain input from the community and other stakeholders on the future structure of Family and Youth Peer Support Services. When we

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2 refer to Family and Youth Peer Support Services,
3 we mean services that are there for the families
4 of children or youth who are experiencing social,
5 emotional, developmental, substance use or other
6 behavioral challenges in their homes, school,
7 placement or communities, and it is also for the
8 youth as well. These services are what you sort
9 of -- they're offered by a peer. For the youth,
10 the peer is another youth, and for the family
11 member, the peer is another parent or caregiver.
12 And we refer to them as a youth peer advocate and
13 a family peer advocate. In both cases, the
14 family peer advocate, youth peer advocate has
15 lived experiences navigating some of the
16 child-servicing systems that a youth might need.

17 So the Department of Health and Mental
18 Hygiene currently funds Family and Youth Peer
19 Support Services. We have for many years. But
20 we are coming to the end of our current contract
21 period. And this presents us with an opportunity
22 to take stock of the current model and the plan
23 for the future to deliver these services. Which
24 is why we've invited you all here today. Our
25 goal is to hear from you on ways we can ensure

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that the services that we are funding are as accessible as possible, that they're reaching the community that can benefit from the support and that they're achieving their intended outcomes.

It is also important to know that in the future, the department is moving towards more of a performance contracting system for the services we contract for, which means on at least part of the funding that we offer will be tied to outcomes, not just budgets, which is traditionally how we had funded services in the past. So your input on what the outcome should be and how we measure is important to us, in shaping the future of those contracts.

So you should have gotten a handout on your way in. If you haven't, you can let us know. On the handout, we have proposed a series of questions we are asking for your input on. We will also have it up on the screen when we get to that part. And we are going to first provide everybody with an overview of our current services. These are just preliminary ideas we have on how we might shape these services in the future. We are at an idea generation stage,

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which is why we have all of you here if you wanted to offer some thoughts and get your feedback. After that, really the majority of today's forum is an opportunity for members of the audience to offer their input.

So we have a mike. We are going to open up the mike for people to come up. Just come and stand in line. We are going to have a certain number of minutes allocated for each question. If you would like to speak but it's not possible for you to come to the mike, of course you can just raise your hand and one of our members of our staff will bring the mike over to you as well.

I wanted you all to know that there is a stenographer here today who will be recording all the comments. There will be a written record that will be posted publically in a few weeks. So everything here today will be on record and recorded and be put back out for people to see who have not been part of the forum here and couldn't listen in. We also do have some people joining us on the phone. We are asking members on the phone to please just meet your lines and

1
2 some people also joining by WebEx today who might
3 be typing in their questions.

4 When you come to the mike to speak, because
5 everything is recorded, we ask that you state
6 your name. If you are representing a provider
7 agency or you are affiliated with some
8 organization or agency, we ask that you state the
9 name of the agency you are representing. And
10 each person will have two minutes to speak and we
11 will be flagging for you when your time is nearly
12 up. So we do ask that you try to honor the
13 two-minute limit so that as many people who want
14 to speak have an opportunity to do so.

15 I think those are the logistics for today.
16 With that, I'm going to turn the mike over to
17 Salena Mullen. She will offer a brief
18 presentation on both the current structure of our
19 Family and Youth Peer Support Services and some
20 possibilities for how we might re-envision these
21 for the future.

22 MS. MULLEN: Good morning. What I'm going
23 to talk about right now is the current family
24 structure, the network. And I'm going to read,
25 just to make sure you get a full understanding of

1
2 what it looks like right now, what we are
3 proposing.

4 Currently, the family support network is
5 comprised of 9 FRCs and one Family Support
6 Liaison Center. So the FRCs are located in all
7 five boroughs, and you have two in each borough
8 with the exception of Staten Island where we have
9 one. The pattern for the FRCs right now, which
10 is -- FRC is Family Resource Center. They are
11 centers that are currently providing the Family
12 and Youth Peer Support Services. The staffing
13 pattern is two youth peer advocates and two
14 family peer advocates. I'm sorry. My apologies.
15 We have two youth peer advocates and three to
16 four family peer advocates, depending on the
17 site. We have a senior family peer advocate and
18 you have a director, which is also a family peer
19 advocate. So the services are peer and the
20 program is led by a peer as well.

21 Marnie already explained what a youth peer
22 advocate means, but just to go over it one more
23 time. A youth peer advocate is someone from 18
24 to 30 years of age who are self-identified to
25 have experience with mental health services,

1
2 juvenile justice, special education, foster care
3 and/or substance use. So someone who has lived
4 an experience in those areas. A family peer
5 advocate is a parent or a primary caregiver who
6 has lived experiences navigating multiple
7 child-serving systems such as foster care,
8 substance use, the Department of Education,
9 things of that sort.

10 The purpose of the FRC is to provide a
11 comprehensive range of direct family support
12 services that are individualized, coordinated,
13 family-driven, youth-guided, competent and
14 strength based on families of children and
15 adolescents who are experiencing emotional,
16 behavioral or mental health challenges in their
17 home, school, placement and/or in their
18 communities. Services can be directed to parent
19 caregivers and to the youth, as long as they meet
20 their eligibility. The goal is to help reduce
21 stress to caregivers and to strengthen the family
22 unit. Also to provide family and youth with
23 information, support and advocacy to make a
24 decisions, advocate for needs and navigate
25 systems for their children, and a strategic

1
2 collaboration with various child service
3 agencies. The Family Support Liaison Center, it
4 provides training to the FRC. The staffing
5 pattern is, we have a program director. We have
6 a family advocate, associate program director and
7 evaluation specialist who all help to provide
8 these trainings to the youth and family peer
9 advocates to help develop their skills.

10 The purpose is to serve as a citywide
11 proponent of the family support that focuses on
12 collaborating with the Department of Health and
13 Mental Hygiene -- sorry. Focuses on
14 collaborating with the Department of Health and
15 Mental Hygiene and the Family Resource Centers to
16 share best practices, strengthen performance and
17 improve reach and delivery of family support
18 services by staff working in New York City Family
19 Resource Centers. They also help to develop the
20 future workforce of family/youth peer advocates
21 to be effective advocates serving children and
22 families who are seeking health.

23 These services are delivered through two
24 approaches, which our learning collaborative,
25 which is where all the staff come together and

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they have certain topics that they're being trained on. We go through the RDF, which is more broadly to support both Family Resource Centers through targeting technical assistance and provide the families and youth with learning opportunities and skills that develop their potential to lead and advocate potential advocates.

We are going to move onto the future -- that's the current structure. What we are looking to do to move forward is how does the stuff that we're doing already work and what else can we do to help build on what's working and if there's any gaps or things that we're missing, to better meet the families and the children. So we want to make sure we diversify, increase the type of settings in which services are available. Embed services, bring them to where families are, increase reach to more communities, expand the focus on youth peer services and offer expertise and training in central advisory/training centers.

So we came up with those just because prior to the forum, we also went around Family Resource

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Centers and in other community forums and asked them what's working, what has been working, what are we missing, what are the gaps. So through the feedback that we received, we came up with -- these are some of the points that we want to make sure we are building on, the structure that we're about to propose.

So what we are proposing is that we still have these family peer centers kind of. But we are trying to look to see what it's like. So we want to propose that family peer advocates and youth peer advocates provide services in a variety of community based settings with a central advisory/training center. So kind of the same structure, where we have a training center and we also have family peer advocates in the community that's providing the services. The services that we're looking to provide is to continue to provide support, which is peer to peer emotional support and wraparound support. Those are through groups and as stated, peer to peer.

Advocacy to assist in navigating child-serving systems, information about mental

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2 health conditions, services and family rights,
3 referrals to appropriate services and resources,
4 skills development through educational workshops,
5 recreational activities to help the bonding, and
6 respite care.

7 What we are proposing that the family
8 support advisory/training center would do is
9 there is going to be one agency to be contracted
10 to provide technical support and training to
11 family and youth peer advocates. Family and
12 youth peer specialists will provide technical
13 assistance on and off sites and training based on
14 their specialty, experience and knowledge; for
15 example, in special education or juvenile justice
16 system.

17 An outreach team will also be under the
18 family support advisory/training center.
19 Outreaching will be to help market and promote
20 the family peer services on a larger scale,
21 engaging in informing communities, stakeholders,
22 agencies and CBOs about our family support
23 services and accessing services and possible
24 partnerships.

25 What we plan to continue, because as it's

1
2 structured right now, we've been doing a lot of
3 great things. So what we are planning with what
4 we are doing is making sure that the services are
5 peer led and provided, we want to make sure that
6 we continue to serve underserved populations,
7 continue to host classes and groups in the
8 community and community settings, continue with
9 the services being provided, those are the
10 services that I named prior to. No restrictions
11 on who can obtain services, and flexibility in
12 hours and schedules. Just to go through some of
13 these quickly. I know we're running out of time.

14 When we say "underserved populations," and
15 "no restrictions on who can obtain these
16 services," we are talking about families who are
17 not getting services now. So undocumented, the
18 ones that are privately insured or uninsured. We
19 want to make sure that these services are
20 available to everyone. When we say "continue
21 with services being provided," that's the support
22 of the advocacy, the parenting skills and things
23 of that sort, what we mentioned. Flexibility of
24 hours is making sure that services are available
25 in the evening and weekends.

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2 Now, we wanted to save most of the time for
3 your input. So we come to the input part. I
4 just want to go over some of the things that
5 Marnie stated so that everyone knows how we are
6 going to move on. Once again, we are -- I just
7 want to reiterate, we are not here to answer any
8 questions, but to really listen and get your
9 feedback and input. We are going to propose
10 structured questions that we have developed,
11 which you'll see on the handout that you have and
12 we'll also put it up on the screen.

13 We have a lot of people here, and we are not
14 going to be able to hear from everyone. We are
15 going to try to hear from as many people as
16 possible. So once again, there is a time limit
17 of about two to -- we are asking that you keep
18 your comments to two minutes or less. We do have
19 a time checker in the room. She'll be showing up
20 how much time you have left. Any comments that
21 we are unable to get to, please use the index
22 cards. If you don't have index cards, we'll have
23 someone who can pass them around to you. But if
24 we are unable to get to your comments, please use
25 the index card provided to write them down and

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you can hand them in at the front. Please write legibly so we understand what you're saying. We want to make sure we get exactly what it is that you are trying to convey to us.

And those who are participating via phone, thank you for coming, welcome. Unfortunately, you are able to listen, but unable to comment. So once again, if you have any comments that you would like to submit, you can use the e-mail address, and hopefully you write it down, I will mention it again before we end. That is rfp@health.nyc.gov.

Those participating via WebEx, please type in any comment that you have. It is not guaranteed that we will be able to get to all the comments being shared during the forum. But once again, if you send them in through the e-mail address or if you're typing them down, they will be noted and we have them and we will use them. We'll take in your input.

For those on the WebEx, when you type in your comment, if you can please put your name and organization. And those who are coming up to the mike, if you can say your name, organization, if

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you're a parent or if you're a youth peer advocate or just a youth. It helps us understand who is at the mike.

Let me just explain how this is going to work. We are going to ask the questions. You can see the question that we are up to on the screen as we go through them. Your input would be to the questions that we are asking on the screen or on your handout. And if you have any additional comments, there will be time left at the end, about ten minutes that we're going to give for additional comments. And like I said, if you have any comments that we were unable to get to, just write them down and you can hand them in upfront or send them in through the e-mail address.

The first question is that DOHMH is planning new Family and Youth Peer Support Services and wants to ensure families and youth can easily access these services. How can DOHMH make it easier for families and youth to access Family and Youth Peer Support Services?

AUDIENCE MEMBER: Good morning. My name is Marcel Braithway (phonetic) from the Police

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2 Athletic League. Thank you for having us. I
3 think that this is great, and that it will be --
4 a lot of community based organizations have
5 contracts and community centers and NYCHA
6 developments and DOH schools, stand-alone centers
7 that have access to many families who can utilize
8 these services. Sometimes, we are not sure where
9 we can direct them. If there can be like a
10 regular year schedule or plan of how these
11 services are a part of the services we deliver to
12 families so that we can tell them in advance
13 these folks will be here on such and such a date
14 so that they can access those services and we can
15 plan accordingly to have as many families as
16 possible know about these opportunities. That
17 will be helpful.

18 AUDIENCE MEMBER: Hello, everybody. I'm
19 Daniel Sorel (phonetic). My interest is that
20 we'll be able to, resulting from this meeting,
21 further the information I've been given today,
22 somewhat of an introductory level of the
23 understanding that I have about what is possible
24 with the Family and Youth Peer Support Services.
25 And my suggestion is to create an application to

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be made available in the Google Play Store, since then people will be able to communicate electronically, virtually instantaneously, such that they can receive quicker responses to any sort of interest regarding accessibility to services provided by the Family and Youth Peer Support Services. That's my suggestion. Thank you.

SPEAKER: So this comment is from the WebEx: "Hello, my name is Kristen Rivera from Excellence Community School. It is important for DOHMH to partner with schools to provide these services to young people and their families in a timely manner and address issues in a safe space where the family will receive the necessary support.

AUDIENCE MEMBER: So my name is Anne Sue. I'm from the Chinese American Family Alliance for Mental Health. I'm the co-executive director. One of the issues we've been encountering is that we have a group of family members who are caregivers of people with severe and persistent mental illness, but because of cultural barriers and language barriers, they feel uncomfortable traveling outside of Chinatown. And in terms of

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2 language, they need bilingual language services
3 because these are immigrants and they desperately
4 need help.

5 Another issue is that when they do access
6 services that offer interpretation services, the
7 interpretation isn't necessarily culturally
8 sensitive, because mental health is challenging
9 to convey the appropriate information in a way
10 that people are receptive to it. One of the
11 ideas is that since we have these family members
12 come to us once a month, they are actually -- we
13 actually are completely run by volunteers and
14 completely overwhelmed. So perhaps partnership
15 with peer support specialists that maybe can come
16 to us. Since the families are already there,
17 they'd feel more comfortable if they see the
18 person, get to talk to the person, they're more
19 comfortable accessing the services versus calling
20 a number. Thank you.

21 AUDIENCE MEMBER: Good morning, everyone.
22 First and foremost, on behalf of the Mental
23 Health Association of New York City, we really
24 want to thank the Department of Health and Mental
25 Hygiene for having allowed this forum to take

1
2 place. It's an incredible message of
3 collaboration and a really great step forward.
4 As a provider of family support services for more
5 than 20 years, at MHA, we feel very strongly that
6 we've already been in the right path. Having
7 these Family Resource Centers being mega family
8 centers, we've been on the right page. However,
9 having additional satellite offices in schools,
10 around mental health clinics, in other high need
11 community districts is really the way to go. The
12 access will then be in the community for
13 families, and together, in collaboration with the
14 DOHMH, another way to really increase access is
15 through DOHMH's assistance of promoting the
16 services. Like we see all of these
17 advertisements on the trains and buses, I would
18 love to see signs that say, "Do you need help
19 with your child's school challenges?" Or, "Are
20 you feeling alone in what's happening with your
21 family?" Thank you.

22 AUDIENCE MEMBER: Good morning. My name is
23 Regina McBride. I'm a parent, grandparent and
24 involved with BBC and JOBC and BCCA. First of
25 all, we need the advocate of the parent and the

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children -- to know that these people that are advocating for them know what they're going through because they have themselves been involved. Thank you.

AUDIENCE MEMBER: Hi, good morning. My name is Wanda Greene. I'm a director of Family Resource Center. One of the things that is most important to us is making sure that families need to be met. There are gaps in the system, unfortunately. We'd like to close those gaps by ensuring that children and families with various mental health needs get service, but there's also populations that we have not reached.

The veterans, we have not reached. Juvenile justice, we have not reached. Those are things that need to have that gap closed to ensure the families get the help that they need. As far as youth is concerned, they need to be able to meet with youth peer advocates that can effectively work with them ongoing, to ensure support and meet the goals that they have set themselves.

MS. MULLEN: Thank you. As stated, the family resources right now are kind of like stand-alone programs. And what we mean by that

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2 is that there are centers strictly that provide
3 Family and Youth Peer Support Services. So what
4 we are asking is, should there be a place kind of
5 like how it is now where families and youth can
6 go that's dedicated to providing Peer Support
7 Services? Or should Peer Support Services be
8 offered within the community based organization
9 programs that families are already a part of? So
10 instead of having a sole center, should we have
11 like a peer advocate and youth peer advocate
12 embedded into organizations or programs already?

13 AUDIENCE MEMBER: Hi. Stella Billings from
14 Safe Horizon. I think this is a great direction.
15 Thanks to DOHMH for your work in this area. Safe
16 Horizon would like to really draw focus to the
17 specific needs of runaway and homeless youth and
18 those who may not be living with family or may
19 not have those kind of supportive connections
20 with family. We would hope that their needs were
21 really represented in the new RFP, that can be a
22 really specialized programming.

23 And to that end, I think that our experience
24 in serving a thousand young people through
25 problem centers and many thousands in outreach is

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2 that young people who are experiencing
3 homelessness or who engage in high-risk behaviors
4 have real barriers to coming into a stand-alone
5 center. Especially a stand-alone center that is
6 a family center. However strong that can be. We
7 very much encourage the DOHMH to allow youth
8 advocate services very specifically to be
9 embedded within natural spaces that young people
10 already are and where their trust and engagement
11 is and where there can be some real partnership
12 and affirmation. So that could be through a
13 satellite type network, depending on how broad
14 that was, or could be the services just naturally
15 residing in community organizations. But very
16 much encouraging it not to be stand-alone or for
17 that not to be the only option. And for there to
18 be a specific focus on the needs of runaway and
19 homeless youth who are probably the least likely
20 to engage in a different system.

21 AUDIENCE MEMBER: Good morning. My name is
22 Keira Robinson. I just want to start by giving
23 snaps to the earlier comment. I think it is so
24 important, specifically for Black and Brown
25 communities, knowing that there's an inherent

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distrust of institutions, that we continue to work with our CBOs who really know the community. That was a really great comment earlier about peer representatives knowing the needs of the community. And CBOs really, really do need to know in those communities. I just want to give snaps to that because that was right on.

AUDIENCE MEMBER: It's Dan again. I spoke earlier. I'd like to piggyback on what the woman from Safe Horizon had mentioned. I'm actually familiar with the program. It's an excellent program. I do really say that in addition to satellite operations, people are being able to access the services that you are offering through the Family Youth Peer Support Service.

Engage with the community after the hours of 5:00 p.m. I think that's important to mention because those are hours where a lot of organizations are not open for business, and to be able to reach more people in need, it will be a wise decision to supplement what's already being provided in organizations, like Safe Horizon, with a new facility that will be able to accommodate individuals who will need services

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after dark.

5:00 p.m. is fairly early in the day. There are 24 hours in the day. There are people that are at risk after 5:00 p.m. with no place to go. I don't want to minimize what's being done, but it's important for me to piggyback on what this woman has said. The work they do there at Safe Horizon is very important. To continually have those services embedded in organizations such as that organization that I previously mentioned, it's important.

Unparallel is the fact that we should continue to expand. I know that's something that was mentioned in a previous Power Point slide. I do want to emphasize the fact that the experiences should take place. If it does take place, there should be services rendered after the hours of 5:00 p.m., into the early hours of the morning. That will not only assist people during those fragile times where there are high levels of risks and high-risk activities taking place, that will also perhaps increase the opportunities for employment for those seeking employment opportunities.

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2 AUDIENCE MEMBER: Hi, everyone. My name is
3 Lucy Santana. I am a program director for IHA
4 for Northern Manhattan. I've been in Peer
5 Support Services for close to ten years. I used
6 to be within programs preventive services, and
7 then children's case management programs. And
8 now I'm in a center, Family Resource Center. I
9 think it should stay both because everything is
10 unique. Preventive services to understanding
11 that parents are dealing with foster care,
12 children's case blended management. Dealing
13 with, you know, children in Waiver programs. So
14 it's -- you know, circumstances are different for
15 every parent. I think it should stay in both.

16 AUDIENCE MEMBER: Good morning. My name is
17 Jeanette De Jesus. I'm a parent, grandparent and
18 an educator. A parent of a child that struggles
19 with an mental illness, and an educator of many
20 children that struggle mental illness. And I've
21 also partnered with a Family Resource Center. So
22 I've gotten support from them. What I've seen is
23 several things. I think that centralized access
24 works to the extent that a parent can access that
25 center, that a child can access that center. To

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that extent, it can be very productive and helpful for the parent.

So again, going to parents that work or kids that go to school, many times, the kids that struggle mental illness don't go to neighborhood schools. If they've been through the system. If they've been fortunate enough, they may go to school outside of the city limits and get back into the city after certain hours. Oftentimes, working in the educational system, students don't have access to those resources. Parents don't have access to those resources. If a family is struggling with mental illness and has a child, oftentimes, that's represented throughout the family and you may have parents that are overwhelmed. You may have parents who struggle with mental illness as well. You may have parents that struggle with language barriers, immigration barriers and various different barriers.

So to the extent that there can be Family Resource Centers, but also other satellite centers, and I'm going to say in addition to not just placing yourself in CBOs or public schools,

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2 but you have to go through the process of
3 educating these entities to understand, a) mental
4 illness and what that means in terms of the
5 children that are being serviced. How many of
6 these services that they're providing, but can be
7 counterproductive to helping. And then how they
8 can feel comfortable with allowing you to come in
9 and partner with them. Oftentimes, there's a
10 clash of cultures, there is a clash of missions,
11 there's a clash of resources. And we often find
12 that the partnerships are made, but the service
13 is not provided. Or the partnerships are made,
14 but we don't have enough staff to provide the
15 services. So we are saying that we are providing
16 the services because we are seeing ten kids, when
17 maybe we need to see 30 kids.

18 Access to youth is very important. I think
19 it's extremely important to have young people
20 that understand mental illness and understand the
21 difficulties of mental illness working with other
22 kids that are struggling with it.

23 MS. MULLEN: Thank you. We are going to
24 take two more.

25 AUDIENCE MEMBER: My name is Vanessa. I'm a

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youth advocate for western and northern
Manhattan. I want to piggyback off of what the
gentleman in the front said. It's really
challenging to get the youth in as it is because
an office setting can be intimidating to them. I
speak to a lot of youth, and a lot of them, when
they see adults around, it makes them
uncomfortable to speak about their experiences.

Our hours are usually 9:00 to 5:00, which
makes it difficult because some youth are
involved in after-school programs or they don't
have a parent or caregiver to bring them into the
office. As a youth advocate, I would love to see
integrated more community based organizations
because the youth already are comfortable where
they're going. Also, in a school setting, they
spend seven plus hours a day in a school setting.
So I would love to see youth advocates more
integrated into the school systems because I feel
like we would have better access to the youth who
need the services.

AUDIENCE MEMBER: Good morning. Dino
Blanche (phonetic). My company is the Laughing
River. We do programs in Tai Chi, meditation,

1
2 jujitsus, safety programs. My comment today is
3 about, this is the first time that I've heard
4 about the resources that are available. And one
5 of the things I feel are important is the
6 cultural development of how people see these
7 kinds of programs. So for example, if these
8 programs can be made to look cool, as cool as
9 taking drugs or other things that people are
10 attracted to that may steer them into directions
11 that are unhealthy, is there a campaign for
12 advertisement that would compete with the other
13 directions that young people can go into? Thank
14 you.

15 MS. MULLEN: We're going to move onto the
16 third question.

17 Are there families or communities who could
18 use Peer Support Services who are not currently
19 receiving these services? How can we make it
20 easier for them to receive support?

21 AUDIENCE MEMBER: Hello. My name is Roselle
22 Watkins (phonetic). I'm with the Mental Health
23 Association of New York City, where I have the
24 honor working with all five Family Resource
25 Centers that we provide services through. I

1
2 can't sit here without mentioning language. We
3 have to do something about language. We don't
4 have materials from the department in languages
5 necessarily, we don't have access for translation
6 when we need. We have families with complex
7 mental health needs and no access to language to
8 really communicate with them. And it is such a
9 struggle. I should not have to use a cell phone
10 to try to translate. There has to be an
11 infrastructure in New York City to provide
12 translation services whatever way we need it.
13 Whether it's print, phone, whatever.

14 The other thing is there are a lot of
15 families and schools that need services that are
16 not receiving services. One of the problems in
17 your literature, you talk about special
18 education. You have to change that language and
19 just say "education." Because most of our kids
20 are now in general education with services. So
21 when you, as a system, talk about special
22 education, it falls into a very, very tiny pool.
23 There are a lot of parents with kids in general
24 education that need family support. Thank you.

25 MS. MULLEN: Okay. We'll move onto the

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fourth bullet.

Is stigma around mental health issues an obstacle for families or youth to access these services? If so, how can we reduce that stigma?

AUDIENCE MEMBER: My name is Terrence. I'm a youth advocate in the southern Bronx. I definitely think that there is a very large perception in the public of mental health. A lot of people still relate it to things that may be more dire or more extreme than what it actually is. A good way to get rid of the stigma is really advertising the FRCs and Mental Health Association and what it is. There are people that can relate to everybody else. The biggest point and factor is that we try to help people from the heart. It's not artificial. Because we've been where they are. Even if it's as an advocate. There are other advocates that have gone through different things. That's the biggest point.

Mental health is not for people who need it in a dire basis because there are people who need support before they get to that point. That is when they really need the help. We need to

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advertise that we're here for them because at one point, we've been there. Even now. And, you know, that's important to get rid of it. To trust that we're here for you and not for the sake of our -- or some other reason. Really advertising that we've been there.

MS. MULLEN: Thank you.

SPEAKER: This is Christine Rivera from Excellence Communities Schools. She said:

"Yes, there are communities that use Peer Support Services that are not currently using the services. Access to these services must be culturally relevant and in their home language. Also, professionals need to understand when to refer families to these services."

AUDIENCE MEMBER: Again, I think going back, thinking as an educator and in my classroom, right, education is what can get through stigmas and help people who both suffer from mental illness, but those that love them, work with them, teach them to get past the stigmas as being able to be educated. To the extent that we can have organizations and these Peer Support Services come into the schools and educate not

1
2 just -- we are not talking about the kids. We
3 are talking about the teachers, administration.
4 Developing these relationships so that they
5 understand.

6 Right now, I work in a school in Harlem in
7 District 5. We have the largest population of
8 kids with special needs in the entire district in
9 Harlem. Yet, we are woefully unprepared to teach
10 the children that we spend a significantly amount
11 of time with on a daily basis. They don't come
12 to school ready to learn because they've
13 experienced so many things. We can't expect you
14 to sit still, pay attention and learn. We need
15 to be able to learn how to provide therapeutic
16 services/education to these kids. The only way
17 we can do that is we are provided with the
18 education necessary. Peer advocates coming into
19 the school, Family Resource Centers
20 representatives coming into the school,
21 counselors and therapists coming into the school
22 and helping us to change the culture, to change
23 the language, to change the interactions so that
24 we're reaching more families and more kids,
25 because we are making the school a safe place for

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them to be.

AUDIENCE MEMBER: Just to further the comment about language and also stigma. We definitely need more translative materials. It's not just that. In the context of mental health, it also needs to be somebody who is experienced in mental health in order to explain it in a way that families can be more receptive to receiving mental health services. A lot of translations are direct translations, and families are turned off by the direct translation. It really also requires maybe even consulting current mental health professionals. In my case, within the Chinese community, to make sure that the materials that are published are appropriate and allow people to be more openminded about seeking the health services.

AUDIENCE MEMBER: Hi. I just want to really echo and affirm around the stigma and need for education. I think that's absolutely true. I also think that there's a flip side to stigma. We sometimes think that there's a mental health stigma and that that's a barrier for young people and families coming into accept services and

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that's true.

I think that the flip side to that is often a lack of focus on real cultural equity and real representation and reflection, and that can be felt and experienced as further stigmatizing. And it's different than we need to educate people about what mental health issues are. I think there is another half of that puzzle that is about we as providers need to be ready to engage people in their own terms in a very specifically anti-oppressive and culturally responsive way that changes the dynamic and I think itself addresses changes in different aspects of stigma that we as providers sometimes can replicate.

AUDIENCE MEMBER: Hello, good morning. My name is Deliza (phonetic). I'm a family advocate in southern Manhattan. I was thinking, sometimes it's hard for people to access services because the primary caregiver may be busy working or have competing priorities. So if we can open it up, like if an aunt is available or a grandparent. I know they do come in, but I don't think they know that it's okay, that they can help out mom or dad access services for the children or for

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themselves. So if we can make it a little bit more -- make the information out there that it doesn't only have to be the legal or the primary caregiver who can access these services. That anyone in the family is welcomed to help support. Therefore, there can be like -- you know, close the gap of accessing services.

AUDIENCE MEMBER: Good morning. Thank you for making this available. My name is Eli Joseph. I'm the director of Peer Services with Samaritan Village. We are beginning to see more drug abuse happen in the Asian Indian communities. I think one place to reach them is the temples and places of faith.

MS. MULLEN: So we're going to move onto structure and services. So currently, the Family and Youth Peer Support Services include peer-to-peer support, advocacy, linkage to services, help navigating systems, skills groups and recreational activities. Are there other types of Family and Youth Peer Support Services that families and their children or youth would find helpful?

AUDIENCE MEMBER: Good morning. My name is

1
2 Jennifer Gilmore. I'm a program director in the
3 Bronx. Our adolescent support programs have been
4 in the Bronx since 1999. What we do is provide
5 supportive services for youth actively using
6 substances, who have mental health issues. We
7 wanted to work with teenagers. It's very
8 important for me to be here for this session
9 because we are struggling so much to keep our
10 kids in our programs. We are located in what I
11 call a room closet. It's in a very small back
12 office above the mental health clinic. Because
13 we can't afford a larger rent to accommodate our
14 children. But our kids come because we provide
15 an environment that allows them to be themselves.
16 One of the things that we're asking about what
17 are the other services that children need. I
18 work with so many children who are seasick.
19 Because of issues with their mental health,
20 they're not protected in the communities.
21 There's a gap between these children being
22 screened for seasick under the ACS administration
23 and not being screened under mental health
24 services. And the hospitals call me in
25 Bronx-Lebanon and Saint Vincent's begging me,

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"Can you send me that screen form because I have children that are coming in here and it's not part of our system of services?"

So we provide a safe place for these kids to be able to come. We also allow these children to bring their friends because having a mental health challenge is not the only thing these kids are dealing with. They are dealing with regular teenage developmental issues. Sometimes, they just want a place to be able to come and talk about that boy that didn't like them anymore or that teacher gets on my nerves. And that should be okay. That should be mentioned in our data. Our data is about how quickly the kids get clean. How many sessions did they attend. Did they complete these forms. Sometimes, that is not what this is about for these teenagers.

The other piece is that we need, not just safe places for these children to come to, so they don't have to figure out where they can go. They need a place where they can go to show that good report card. Where they can show that I might not have listened to you three years ago, but hey, I did it. I got my GED now.

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2 We are in the Bronx. Bronx is 40 square
3 miles. There's no one place where services that
4 these children and families will be able to
5 access that's not going to take them more than
6 two transportations and bus and a train to get
7 to. I am currently on East 180 Street and 3rd
8 Avenue. A lot of families can't make it because
9 they need a metro card for both themselves and
10 their five children that they have to bring to
11 the appointment in order for them to register a
12 child. The families are working. When I started
13 in '99 -- I'll wrap it up.

14 When I started in '99, families would be
15 able to be home with their children. They're not
16 home. They're working two or three jobs. These
17 kids are by themselves living off the internet
18 looking for support. So I'll stop. I have more
19 to say, but I'll write it down.

20 SPEAKER: This is from Gale Mercedes: "I'm
21 sure we are all aware that there are many
22 grandparents and extended families that are
23 raising children and may be overwhelmed and
24 respite. I support the Peer Support Services be
25 expanded. I also want to add that the HRA, Human

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Resource Administration office, be more family friendly."

AUDIENCE MEMBER: For all the youth advocates here and youth specialists, please forgive me for making this comment because I'm not a youth. So please don't be upset with me. But I think it's important for youth to have the opportunity for support, to provide supportive education and supportive employment to youth. We use to have programs like Fast Track. Now we have some programs that have work base learning. But there's a difference between providing advocacy to a youth that's going to school and providing supportive education to that youth. It's a whole other cadre of wraparound services that if the youth were allowed to provide, would help if the youth advocate were allowed to provide, would help the youth into transitioning over time in that sphere of education or employment. So definitely supportive education and supportive employment should be available.

AUDIENCE MEMBER: Good morning, everybody. My name is Elizabeth Rogers from MHA, a senior director. I've had the pleasure this year of

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working with all five of our FRCs. I just want to thank my staff that's here.

In the meeting with the staff, we are finding that a lot of the families that we're working with have very significant housing needs, entitlement needs, legal needs. So we're asking a lot of our youth and family advocates not to just know about the mental health system and educational system, but we are also asking them to be experts in HRA, be experts in immigration, be experts in legal. So I think that if we are able to have more staff, that we can have benefit specialists and housing peer specialists, it would really help us to go a long way to be operating more comprehensive support for our families because we want them to address all these significant things that are happening with their mental health. But they are stressing about getting back to their shelter on time, or making their food to last to the end of the month.

It's a real challenge to ask them to take a step back and also think about themselves and their children with regards to their mental

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health educational needs if their basic needs are a struggle. I think that if we are able to have more staff that are specialized in these areas, we'll be able to offer more complex support which will help the families and they would be able to focus on their mental health needs as well.

Thank you.

MS. MULLEN: We're going to take two more.

AUDIENCE MEMBER: Good morning. Youth advocate, Vanessa. I think there needs to be kind of like a community center where youth are able to walk in whenever they are in need and see other youth. You know, there are youth with the same problem as me. I'm not different. There's other people that are struggling the same way that I am. It's okay for me to come here and speak about my problem.

I feel that in an office setting, as I stated before, it's intimidating and they see other adults and they kind of go back into their shell. As someone stated earlier, it's hard to engage with the youth. Once they feel like they can be themselves or talk about their problems in front of a certain population. So I think a

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youth community center needs to be implemented into these communities where youth can have that access.

And as we stated earlier, after hours as well where all these peer-to-peer support services, or just as you stated before, sometimes they just need to talk. I know in the FRCs, we are goal-oriented and we have to go around the goals and help them with their goals. But sometimes they come in and they're just having a bad day or they had a bad experience and they just want to talk to us about what they experienced. I think there needs to be a space where they can do that comfortably.

AUDIENCE MEMBER: I have more of a concern than anything else. I have been independently trying to help some families. I was born in Haiti and many Haitian families are experiencing problems because of the language difficulty. What do you do at a point where you've gone beyond the call of duty to help someone and all you get is a referral? This person refers you, this person refers you. For a year and a half now, I've been trying to help someone, and I have

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not been able to go anywhere. What do you do to help the family? Should you have a system in place for that when you can't get anything done? Where do you go? Who do you complain to? Would you have something -- I think it's something that needs to get done.

I've worked with Catholic charities. Some agencies, some systems, there are systems in place. You can't really get anything out of them. It's almost like a waste of money because if I need something, show me what you -- I dare you to show me to do something for me. What do I get out of it? What's in it for the families?

MS. MULLEN: I don't have a response for that at the moment. We are going to move to the next question.

We are going to still talk about structure and services. The DOHMH is considering funding a citywide entity to provide training, technical assistance, outreach support and other services for Family and Youth Peer Support programs. First one question is what do you think of this idea? That's very broad.

AUDIENCE MEMBER: Hello. I'm Elaine, the

1
2 director of Substance Abuse of the Child Center
3 of New York Asian Outreach Program. And we'd
4 love to have, you know, a youth peer come to the
5 program and help the youth with mental health and
6 substance abuse issues. We'd love to have
7 parents, you know, come and -- that speak
8 Bengali, Chinese, Korean and help them, you know,
9 navigate systems. I think it would be, you
10 know -- this is -- most of the people here are
11 peer advocates, but I think you really need to
12 speak with the directors of mental health and
13 substance abuse programs and assess what their
14 needs are because, you know, I didn't even know
15 how to get a peer. So it would be really
16 excellent. I'm looking forward to, you know,
17 working with you.

18 AUDIENCE MEMBER: My name is Christina. I
19 work for the Family Resource Center of the Bronx.
20 I'm going back a little bit to the question
21 before this one. I think we should collaborate a
22 little bit more with NYPD and be able to have at
23 least something to be able to go to the precincts
24 and work with people because as we've seen on TV
25 and news, NYPD is not trained with -- to work

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2 with mental illness people, as we recently have
3 seen cases where it goes to an extent that it
4 shouldn't be if they was trained to deal with a
5 person with a mental illness. And youth should
6 be comfortable to go into the precinct if they
7 need help and they have a mental illness;
8 somebody there to support them and not intimidate
9 them into the system or getting arrested.
10 Somebody should be there for support.

11 AUDIENCE MEMBER: Hi. My name is Frances
12 Pierre from Help USA, and I run shelters
13 throughout New York City and other places. I
14 love the idea of providing training because a lot
15 of our case managers that are working with
16 families are coming straight from college with
17 very little experience, but providing critical
18 care to these families. And understanding mental
19 health and issues that surround these families
20 and moving them into permanent housing would be
21 awesome. We are available whenever you want to
22 start training, here we are.

23 MS. MULLEN: So I think the question, what
24 we are trying to figure out is what do you think
25 about having a citywide, like one place,

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providing each training to train all family and youth peer advocates in providing the outreach? I know it's kind of broad. I just wanted to make sure we got the question across that we were asking.

AUDIENCE MEMBER: I think there should be several places. Again, my name is Regina McBride. I'm the mother of five sons, one daughter. Five grandsons and one granddaughter on the way. I've been into drugs. Been there, done that. All those things. But guess what? I have an ACS case, so they don't want my help. So we need to change that. Because I've been there. I know what it's about. I can help these parents. I don't do these things no more, but I do know what to look for. Thank you.

AUDIENCE MEMBER: Hi. My name is Gabriel Gonzalez. I work with Open Future Institute in the QUESTION Project. I think this is a really important issue. But I think one concern I have is the one size fits all. If you have a citywide project, I think it would be really important to create opportunities to have meaningful engagement, individual organizations so that

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you're catering the support to specific needs rather than like a one Power Point that kind of encompasses all of the needs for everybody. I think that will help people feel seen and create a more meaningful impact.

AUDIENCE MEMBER: It's Dan. I'm speaking for the third time now, and I am glad to have this opportunity to have the microphone again. I do support the notion and idea that there should be training in technical assistance, support, educational, provision created newly to make the improvements we wish to see more whole unilaterally. I do find it will be benefited by the creation of well-structured supportive programs that will educate the organization. All providers that are at a lot of the organizations that we in the room represent. Such that we're able to improve and find strength where there have been weaknesses.

Earlier, someone mentioned specialization. And that will support the different things mentioned on this particular side. It says DOHMH citywide entity. To provide training technical assistance outreach support and other services

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for Family and Youth Peer Support programs. I don't think there is anyone in this room that should disagree with that. I find it would be highly beneficial to do so. It should be done very strategically.

I think where the educators come from should play a role as far as how they became accredited to teach those who are going to be teaching others. To teach those who are going to be outreaching to others. These people should be qualified and accredited and should be recognizable figures in their particular career path. I do think it's an awesome idea to have this take place in a large space so that it can accommodate a large number of those interested in learning how to better service the communities. I find that that is the essential point in this. Servicing the community a little bit better and find that this opportunity will create that improvement.

AUDIENCE MEMBER: I think that conceptually, this is an interesting idea. I would, however, suggest that you take "outreach" out of this sentence here because, you know, family support

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is meeting families where they are. So the concept of the outreach should be separate from a citywide entity. My concept of outreach is a DOHMH Family Resource Center bus that goes throughout the city to provide outreach, kind of like the dental buses or the -- you know, the service buses that we see throughout the city. So conceptually, this is what it is.

Second to that, you have to base all training on -- it has to be constructive. It has to be based on the needs of the family support community. The wording of this implies that somebody is going to come and decide what we need training in and therefore, provide it. So I might feel more comfortable if I saw something about based on the needs assessment or input from the community. Thank you.

MS. MULLEN: We're going to take two more.

AUDIENCE MEMBER: This is Anne again. Two points that I just wanted to make. The first point is in terms of one entity providing the training, one of the problems that we've been encountering is that for city approved trainings, again, they're not necessarily culturally

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2 adapted. Other partnering agencies that we work
3 with have mentioned that even though they get
4 funding to receive the training, it's a waste of
5 time and money because the training doesn't apply
6 to them.

7 Second point, actually, goes to the two
8 people that spoke earlier. Another problem that
9 we've been encountering is that there are some
10 caregivers that we serve who are interested in
11 becoming trained peer advocates. They have the
12 experience, they are at a point where they want
13 to do -- they want to help other families. It
14 brings them a sense of empowerment. One of the
15 challenges, especially in the Chinese community,
16 is that the people who are qualified to serve
17 this particular community, they may not have the
18 U.S. educational requirements that are stated.
19 They may have a college degree from an
20 international university, they may even have a
21 Master's, but because they're not educated in the
22 U.S., they don't have a GED and that precludes
23 them from being trained to support other
24 families. When people do meet those educational
25 requirements, they usually have other

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opportunities. So in case of -- there's social workers that are trained who are international students. I'm sorry. Just -- I don't know where I'm going with this, but basically, there's some systematic problems that precludes people from getting the appropriate training, even though there's a desire to be trained and there is a desire to want to help other families.

SPEAKER: So from the WebEx, Udelta De La Cruz says:

"I agree with this idea. I believe that the citywide entity should be experienced with peer support programs so that they can adequately meet the needs of the program."

MS. MULLEN: Still on this slide. The next question is how do we build capacity of family peer advocates and youth Peer advocates to help families and youth? What trainings and technical assistance might they need?

AUDIENCE MEMBER: Again, I am going to speak as a family member, not as a director. When I came into the mental health system and family support, all I had was a GED. And a lot of professionals worked with us. But as

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2 professionals, they didn't think that we were
3 qualified. We have the lived experience to help
4 family.

5 Myself as a parent, I don't turn off at 5
6 o'clock. Okay? It's 24/7, 365. Our families
7 need to know that we're going to be there for
8 them regardless of what time, day or year it is.
9 Okay? What we need to see is more families being
10 able to come out and become family peer
11 advocates, youth peer advocates, substance abuse
12 peer advocates. That's what we need.

13 We need to tap into the juvenile justice and
14 family court. Those kids that go in the system
15 come out the system without any real support
16 while they're there. So that's some of the stuff
17 we need to do. We need to look within ourselves
18 to make sure that families get what they need
19 when they need it, not when we think. I don't
20 have a Ph.D. I have a PHE, a parent having
21 experience.

22 AUDIENCE MEMBER: I'm in the current family
23 support liaison center. I wanted to just mention
24 one thing to consider when looking at this
25 citywide entity, is that there should be some

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separation in trainings between family peer advocates and youth peer advocates currently as it stands. There's a lot of groupings together, which is fine for certain areas of expertise. But I think there really needs to be a focus on having youth peer advocates specific designated trainings and family peer advocates designated trainings.

I think the other thing that's really been missing is this cross system educational opportunities. I think again, we focus a lot on skill development. But there are still areas of understanding how the different systems work and interact. They will be really beneficial so that yes, you certainly want people who are going to have some specialized experience and expertise. But you want to make sure that everyone has some baseline fundamental understanding of all of the systems that touch our families and our youth.

AUDIENCE MEMBER: Good morning. I'm in training as a peer advocate with the FRC of eastern Queens, and I just wanted to inform you that there is a place in New York City Service Corp. that is training young people, adults to

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2 become peer advocates, recovery coaches, family
3 advocates. It's online. They have new training
4 that's starting soon. We do need more in my
5 community.

6 Until I got the opportunity, had no idea
7 that we had a place called a Family Resource
8 Center where we could send -- bring ourselves or
9 our kids. And I live in Soundview. And if
10 anybody knows anything about Soundview, we need
11 advocacy in drug, mental health because the kids
12 are lost. What we are forgetting is that
13 parents, most households is one parent. They
14 don't have two parents. They don't have people
15 that's showing them they care when they do little
16 things in school. It's been blown up so big that
17 it's almost like they're committing a crime in
18 third grade and being charged with things and
19 they don't know how to deal with that. They
20 don't know how to identify. They just feel like
21 they're getting picked on all the time.

22 So I'm glad for the opportunity to come in
23 and hear from everybody. As the young lady in
24 front, I too am a parent, a grandparent of 30,
25 having another one, 31. I raised seven kids

1
2 myself, and I didn't have this. I had to do the
3 best job I could with what I had. And that was
4 my mother's teaching. So the need is great, and
5 we need to meet the needs where they're at. And
6 like they said, go out into these schools, into
7 the precincts, into the courthouse and snatch up
8 our youth and teach them the right way to go.

9 AUDIENCE MEMBER: I'd like to add to that.
10 In addition to training about psychology, and
11 these are very important skills, I think our
12 advocates should also learn how to maintain their
13 own piece of mind. So for example, I teach Tai
14 Chi, I teach meditation; these are tools to help
15 people stabilize themselves. So in the long run,
16 we do have to replace some of the -- the
17 treatments with skills that will culturally start
18 our community to maintain their balance and their
19 mental health themselves. To self-care and to
20 independently be able to pass this down. Because
21 if you teach one, they'll teach another. That's
22 right. And this will start to come into the
23 culture. Right now, it's in the professionals'
24 hands to treat. But if we can teach skills,
25 cultural skills into the community, practices

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that they can then incorporate into their heritage, into the next generation, then they'll do that. Thank you.

MS. MULLEN: This will be the last one.

AUDIENCE MEMBER: I just wanted to make two points that over the years, we had the opportunity to create something called PMIT, Peer Mentoring In Training, which was a program where they were actually able to be trained as role models with the goal of becoming a peer mentor eventually in the program. Things like their ability to engage their peers were measured. It was just based on the observations of how we saw them interacting with one another. And their ability to talk about their mental health challenges. For a fifteen-year-old, that's a big challenge, to actually have an outcome from that, "Oh, I'm going to be acknowledged in that role." It was very helpful.

The other piece is that they're looking at trainings. I think that we also need to consider people learn in many different ways. So if you added things like presentation, performances, things that other members of the community can

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bring in where they don't necessarily have the academic background but they can have the experiential background and can communicate with the individuals, with both adults and children, and in the language that is respective of who they are and of their culture, I think that will be helpful.

MS. MULLEN: Just be mindful of the time. We do have another set of questions. So about three people for each one.

The next question is what supports do provider agencies, people who are looking to provide the services, what support is needed in order to successfully employ and train Family and youth peer advocates?

AUDIENCE MEMBER: Regina McBride again. I have been into drugs, done drugs. If you've done no drugs, how are you going to help somebody? What do you know what to look for if you haven't been bullied? How do you know what to look for in that bully? I also don't have a Ph.D. I got a GED and I got that street knowledge that a whole lot of you professionals don't have. And y'all leave that out. "Oh, you got an ACS case,

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you can't do this." But you don't have the ACS case and you can't do it either. Thank you.

AUDIENCE MEMBER: Just perhaps be more flexible in terms of the requirements. Also in the context of the Chinese community, sometimes bilingual family members aren't as fluent in English. And so when interviewing, sometimes they're not able to express themselves to the fullest extent. So they may not seem like they're qualified, but their life experience shows that they are. And plus, they'll be helping families in another language. So the English interviews sometimes is challenging. But they have the skill sets and experience to help families.

AUDIENCE MEMBER: Provider agencies also need a flexible and adequate reimbursement to provide services in ways that takes into account not just the direct service of the youth peer advocates, but the ongoing training, the physical space that young people and families are going to walk into and the way that we need to train them in different systems. That would call for a very different structure than has traditionally been

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provided.

MS. MULLEN: I'm going to give one more. I see you. Go ahead.

AUDIENCE MEMBER: Regarding the resources that providers need to hold youth peer advocates, family peer advocates, it goes back to self-care as well. The funding to have self-care components with the youth peer advocates and family peer advocates, because again, they're going through their own struggles and they're helping families going through struggles. So that is going to be very overwhelming for many of the advocates.

MS. MULLEN: For the last one on this slide right now, we were talking about training for family and youth peer advocates, and also what other kind of training we'll provide to agencies. What we want to know is who else can a training center train in addition to those people? What other people can we train or would be fit for training?

AUDIENCE MEMBER: Hi. I'm with the Salvation Army. I do compliance. I want to kind of piggyback on something somebody said about not

1
2 knowing where to get the services. However, once
3 you go to that place -- usually, I get a wrong
4 place, first of all. And then in compliance, I
5 deal with a lot of paper. But one of my goals is
6 every time I walk into one of our centers, I go
7 into the program, I meet the people, I get on the
8 floor with the children, I do a craft, I do
9 something to connect. Because I have to remember
10 why I'm doing my job. I think within DOHMH, that
11 training should happen. You can forget why we
12 are doing it. And the inspectors that come in
13 hold us to such standards, but they don't realize
14 the struggle that everyone in this room goes
15 through to make these services happen.

16 AUDIENCE MEMBER: Hi. My name is Jay
17 Shuproda (phonetic). I'm with ACS, and we are
18 from the Division of Prevention. Specifically
19 community based strategies. I think that the
20 city agencies have to partner. So I think that
21 if you're going to have these centers around, you
22 need to have the other agencies that all these
23 families are usually connected with being trained
24 about the resources, how they can help, who their
25 staff are that are working with these families

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2 along with the advocates. Because if you don't
3 have the collaboration and have the one
4 accordance, it is never really going to work
5 across the system. So I think it's super
6 important that all the city agencies mentioned,
7 so HPD and NYPD and HRA, ACS, all of them need to
8 be at the table or whoever is important from
9 those agencies needs to be at the table.

10 So finding out who those people are and of
11 course, the preventative agencies that will work
12 with these families. Because ACS, we contract
13 our services out as well. So it's not
14 necessarily me who needs to be there, although it
15 is important that everybody remembers why they do
16 the work they do. But definitely those
17 individuals who are working with families
18 consistently need to have the training on what's
19 being offered and maybe even hold each other
20 accountable. Maybe a family advocate is burned
21 out, and I need to be able to say, "This person
22 needs a different advocate, and this advocate
23 needs some self-care."

24 MS. MULLEN: Last one.

25 AUDIENCE MEMBER: Hi. My name is Paula

1
2 Brewster. I'm the program manager for Jamaica
3 Southeast Queens Healthy Start, which is a little
4 different. We work with pregnant and parenting
5 families. And I believe our home visitors
6 actually would benefit from these trainings. We
7 have nurses, we have community health workers
8 that are in the home and trusted by the family.
9 There's actually a Healthy Start program in every
10 borough in New York City right now, and I do
11 believe that since we have access to the home, it
12 would be great if we received this training as
13 well.

14 MS. MULLEN: Thank you. Moving onto our
15 last set of questions.

16 What I want to do, just for the sake of
17 time, is read the whole thing and you can answer
18 to any part of them. So given that the purpose
19 of these services is to support a) families of
20 children/youth who are experiencing social,
21 emotional, developmental, substance use and/or
22 behavioral challenges in their home, school,
23 placement or community, and b) the youth
24 themselves:

25 What should families and youth gain from

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2 receiving Peer Support Services? What outcomes
3 are important? How would we assess if a program
4 is successfully meeting the needs of families and
5 youth? And how would we be able to determine the
6 quality of the services being provided?

7 AUDIENCE MEMBER: Terrence again, youth
8 advocate. I think that the first question, all
9 of them, are challenging to answer because what
10 the youth and families gain is what we are able
11 to give them. But then I feel a lot of the
12 times, when we come into contact with certain
13 families, we're trying to redirect them to
14 resources. It may just be a challenge to get
15 them to come see us first.

16 So how are we going to be able to get them
17 to another place that we are redirecting them to?
18 I think what we could do is expand our variety
19 and our strengths as far as being able to provide
20 more resources ourselves internally so they have
21 no other resources. In terms of the outcomes,
22 that is important. I mean, that's not even
23 really a great question I feel because any
24 outcome is important. Even if they aren't
25 necessarily doing extremely better after they

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2 meet someone from a resource center, that doesn't
3 mean that they didn't have an impact on them.

4 As a youth, I've met people who I've also
5 been in the runt after meeting. But I am where I
6 am today and it doesn't mean that just because I
7 met them, they didn't impact me. They did have a
8 positive influence on me. Even the negative
9 outcomes, the positive ones, the great ones. You
10 have to analyze all of them as what we did as a
11 resource center and what we did as advocates is
12 see what we could have done better, what we did
13 fine, and look at all the data and really
14 understand what could be done in that situation.

15 AUDIENCE MEMBER: Is there a process in
16 which the values and the assets of particular
17 communities are being assessed and in effort to
18 put those assets together? For example, a lot of
19 what we are talking about today is -- I guess
20 needs base. But could we look at the glass
21 also -- this is just a suggestion -- as also half
22 full rather than half empty and see what kinds of
23 healthy things are going on in communities and
24 support those healthy things to be brought to the
25 forefront? This is what leadership is about.

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Isn't it about finding what's good and strengthening it and bringing it to places where they can have more influences in the community? That's just my thought about the training.

AUDIENCE MEMBER: Regina McBride again. First, you got to make the parents and the children feel comfortable enough to come to us, to want to come to us, to want to talk to other people about this place that they can go to to seek help. First, you got to make it comfortable. That's the first thing we got to do. Comfortable and make them feel that they can come to us, parents and their children. Thank you.

AUDIENCE MEMBER: Jeanette De Jesus again. I think that there's no one size fits all and there's no kind of series of questions that you can check a box. The mental illness, the struggles their children have is different in every family. It responds differently for every family. The mental illness has influence. Our kids have peaks and they have valleys. And during the period of time when they have those peaks doesn't necessarily mean that they

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2 don't need services. Oftentimes, they need
3 support to maintain the peak so we don't have
4 another valley. What I found both as a parent
5 and as an educator is that you have all of these
6 different services that should be working
7 collaboratively in conjunction that sometimes
8 work in opposition or sometimes trump each other.
9 So you may be getting really good services over
10 here, and then over here, they might have
11 additional services that you might wanted to add
12 here.

13 So let's say the Family Resources in Waiver.
14 But because you're receiving a certain kind of
15 services, you can't receive this service. But
16 this service doesn't have all the services, so
17 then you have to jump in through hoops to try to
18 find additional services. And then as a parent,
19 you're left trying to figure out where do I get
20 the help that I need for my child? And it
21 becomes an additional burden that you have.

22 I think that Ms. Watkins said it before;
23 it's constructivist, right? You look at the
24 family, you look at the challenges and you
25 develop those goals and you develop the support

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2 that are necessary to help that family get to
3 where they need to get to. And that might mean
4 that you patchwork from a couple of different
5 places. You'll all work together and hopefully,
6 you're creating a situation where everybody is on
7 the same page working together, and this child
8 has this wonderful support system and the parent
9 has this system and we are beginning to embed
10 what we are learning into our own lives. So now
11 the family and the child can become better at
12 advocating or seeking coping skills or knowing
13 where to go. But when the services don't work
14 together, or you can only have one or the other,
15 you create a situation where it keeps getting up
16 and down, up and down, up and down.

17 I think the other part of it is -- like I
18 said, I've been doing this, I've been in the
19 Family Resources for several years. There are
20 some services that I've never received. Not
21 because they don't want to provide them. Either
22 because they don't have the funding or the staff
23 or because I got Waiver and now we need to do
24 something different or because my daughter was
25 hospitalized again because she didn't have the

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2 services that she needs and now we have to start
3 all over again. Or sometimes, because I'm an
4 educator who was an attorney. So therefore, she
5 is educated, she is intelligent, she can do this
6 herself. No, I can't. My pedigree should not
7 determine whether or not my daughter gets the
8 services that she needs. My daughter's condition
9 and her needs should determine whether or not she
10 gets the services she needs. So be that the
11 homeless person, the immigrant that just got
12 here, the mom who struggled and worked her way
13 off of drug addiction, or the one that was
14 fortunate enough to get an education, we should
15 all be able to get the services that we need for
16 our children.

17 MS. MULLEN: Thank you.

18 AUDIENCE MEMBER: To answer the question,
19 what your families and youth gain from receiving
20 Peer Support Services and what outcomes are
21 important, it's important to follow up. In
22 addition to following up, making sure that the
23 support that the individual did receive is
24 sustained. It's important to ensure that we're
25 providing quality Peer Support Services. So from

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measurement of success, it's important that we measure our successes with the Peer Support System so that improvements can be met, improvements can be measured. That's my statement.

I feel like I need to go back to the beginning where I said following up with the individuals. It's one thing to provide the services temporarily. But a permanent provision to what's happening now, there should be e-mail reports. There should be follow-up calls. There should be invitations to come and seek counsel for previous issues that were, that may have improved, but also may have worsened. I think follow up is very important. I feel as though we should implement that in the programs that are being created so that people will be able to continually express how their experience with the Peer Support Services have been beneficial, and improvements will be made. Success stories, testimonies, things like that.

AUDIENCE MEMBER: I believe these questions are asking about how to quantify it. So in the context of quantifying it, I think it's

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2 particularly challenging. In terms of maybe we
3 keep visits. If people keep coming back to
4 receive help from the peer advocates, that could
5 be a sign that, you know, it's working or it's
6 helping them in some way. But I think more
7 importantly, with quantifying outcomes and
8 quantifying quality of services, I think it's
9 important to revisit the numbers over time and
10 revisit how we are measuring it over time.
11 Because sometimes, some things aren't captured.
12 Some things that peer advocates might be doing
13 aren't captured. Perhaps a discussion of how to
14 capture that would be important.

15 SPEAKER: From the WebEx, Christina Vera.
16 I'm going to read two comments she wrote: "When
17 we think about providing services to families, we
18 need to take an asset development approach. We
19 know that there are challenges and obstacles to
20 the families. However, we need to build on what
21 works and what resources the families have. We
22 can then assess how we use those assets to build
23 those strengths and address the challenges."

24 She also wrote about keeping in mind that
25 there needs to be some kind of measurement of the

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efficacy of the services.

AUDIENCE MEMBER: I want to piggyback off that comment. I've been thinking a lot about successes and measurement. I think languages to care should be one of those successes. When you have community based organizations who are constantly seeing populations, they should be in communication with these resource centers. You were at a resource center, turns out we have eight centers in the community. That can be a church, it could be a center, a mental health clinic, and let them measure it and transport that feedback. People are not going to keep coming back to the Family Resource Centers if they don't feel comfortable. A lot of times, they are more comfortable with CBOs. And I think allowing the CBOs to carefully capture that data, about the consistency of languages will be effective in trying to find a way to measure successful outcomes.

AUDIENCE MEMBER: I think measuring outcomes depends on where you're starting, what your initial start point is. Even though things change over time. And I like what I hear about

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2 languages. I started thinking about maybe how
3 many networks that are being done, if that's an
4 indicator. But having a network in itself
5 doesn't tell you whether everything worked out
6 that was supposed to work out. Even that alone
7 is not enough. I -- and I apologize because I'm
8 an educator, and I always look at things from a
9 standpoint of a report card.

10 Has there been a change? And I think that
11 you're going to have to look at a whole myriad of
12 possibilities to look at what success looks like
13 at an FRC. I think, clearly, how we work at
14 other agencies and other community based
15 organizations is a good indicator. I think how
16 we -- how we prove success or changes for
17 students is another indicator. And let's not
18 forget that good old satisfaction survey; do you
19 guys still use that? Maybe we need to look at
20 what the satisfaction survey looks like too, in
21 terms of gathering information for possible
22 outcomes.

23 MS. MULLEN: We're going to take two more.

24 AUDIENCE MEMBER: I think that there are a
25 lot of really great ideas about what kinds of

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2 things could be measured. I just want to say
3 that whatever we decide would be a quantifiable
4 benefit, especially really flexibility,
5 especially looking at it in a very constructive
6 way. I think a program should be built in with
7 an annual or ongoing, possibly more often,
8 collaboration that changes those metrics and
9 changes those outcomes all the time. And I think
10 that the change should come from the program
11 community's review. I think it should be young
12 people who should be telling us on a regular
13 basis what success ended up looking like and what
14 was meaningful. And if the RFP should allow for
15 that kind of flexibility to redefine quality and
16 to keep us very flexibly looking at change.

17 AUDIENCE MEMBER: It's Ms. Santana again.
18 Some outcomes are really measurable and some are
19 not. Going back to what Jeanette said earlier;
20 it's like today, the outcome may be that the
21 goals are achieved, her daughter is stabilized.
22 Unfortunately, a lot of parents face situations
23 and the situations happen again and the outcomes
24 can't be measured. It may be measured today, but
25 tomorrow, there's a whole new situation that

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needs to be met. Sometimes, the outcome can't be measured.

MS. MULLEN: Thank you. That is the end of the structured questions. But we are going to open the floor up for about ten minutes for you to either comment on any of the questions that were asked, or any comments that you just have that's not really pertaining to the questions. We have like ten minutes.

AUDIENCE MEMBER: I wanted to comment on question number 2b. What type of setting or environment would youth feel most comfortable receiving services? This question, I think it got past over, but the question doesn't have a legitimate answer. Especially in communities in New York City that are filled with a plethora of different types of people, youth included, and often really easy for youth to feel constricted to things that they may not be able to tell other youth their age or people in general too.

Where I was coming up, I didn't have a lot of people that really truly shared what I was dealing with. If we were to put a Resource Center based in a gym, I mean, a kid has a gym in

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2 every school. That may not be what they need.
3 And being able to come to a resource center and
4 being in an environment where they feel most
5 comfortable and open to be themselves and talk to
6 people who are like-minded or advocates with
7 like-minded ideas, they help more. And that goes
8 back to having variety at MHA and being able to
9 provide a bunch of different things for youth and
10 families to feel comfortable despite what they
11 may like. Instead of focusing on one environment
12 that's not going to work for every person.

13 AUDIENCE MEMBER: I just wanted to say that
14 it's important that as you're looking at funding
15 this endeavor, that you're building in for, not
16 just for technology, because we don't want to
17 start it at the bottom not having the best of
18 what we need, but also building in for retention
19 of the individuals who are going to be doing this
20 work. It's important that our individuals, our
21 families and our children have consistency with
22 the people that they're opening up to and that
23 they're building with. So if we are not
24 providing funding, not providing salaries in a
25 way that's going to be competitive, we are going

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2 to continue to lose people in the field. I think
3 that's important to look at as you are thinking
4 about this funding.

5 AUDIENCE MEMBER: My name is Erica Wong.
6 I'm representing William F. Ryan Community Health
7 Center. I just wanted to go off of what the
8 gentleman in the back there mentioned for
9 engaging youth. I was wondering if we can
10 actually integrate it into the schools and
11 reinvent spaces like institutionalized, like,
12 detention into creating like safe spaces for
13 children to gain tools and ways to deal with some
14 issues that they're dealing with at home or
15 whatnot.

16 I come from Hawaii, where we have the sense
17 of -- which is where we kind of gather around and
18 we share our ideas and things that we are kind of
19 like dealing with and we empathize with our peers
20 and it's just a safe space. We normally would
21 have that once a week. But I know that that's at
22 the school that I went to. That works there.
23 But I know that every culture and every district
24 has their own system.

25 Another thing is possibly doing a camp to

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engage peer counselors and teach them like the tools that we want to engage them in, because that could be a way that you can get them outside of, you know, their stressors that they're having within the city. Maybe take them upstate or something like that. Get them fresh breathing space to teach them these new tools. That's just an idea. Thank you.

AUDIENCE MEMBER: Hi, everybody. This is Elizabeth Rogers again. With regards to the training centers, whether it's a citywide center or borough based or at each site, one of the things that I think we need to think about is to ensure that the trainings are trauma informed and antiracist. We've been doing a lot of training for the FRC at our agency this year to have a more trauma informed practice for our families, as well as recognize what our staff has been through.

It's not to say that every single family we'll work with has undergone a trauma, but just to understand that perspective that if they walk into a system, that could be traumatic for them. If their children have been removed, that is

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2 traumatic for them. If they've been told "no" at
3 their school ten times in a row and they have to
4 keep going back, having that trauma informed
5 perspective underscore all the training, just
6 having that trauma perspective.

7 The other part that we've really been trying
8 to amplify this year is to ensure our staff are
9 operating from an antiracist perspective. So
10 what does that look like when we are working
11 within the system, including DOHMH, including the
12 Board of Ed that have structural racism embedded
13 in their structure, and how do we support our
14 staff to keep moving forward with the families,
15 with the kids, to address that?

16 So our training, for example, this month is
17 about the trauma of racism within the mental
18 health and educational system. So we are trying
19 to ensure that we talk with staff about this in a
20 safe place. That way, when a staff is working
21 with the families, they have that skill set to be
22 able to operate with those principles. I think
23 if we are going to be providing training on a
24 broad base, we need to make sure we include those
25 principles.

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2 AUDIENCE MEMBER: Gabriel again from Open
3 Future Institute and the QUESTion Project. I
4 want to touch on a couple of the ideas that were
5 floating around about schools and also the
6 comment that Vanessa made earlier about just the
7 amount of time that students are spending in
8 their schools and what type of space we can
9 foster for them. I think it would be really
10 important for this type of initiative to partner
11 with the Department of Education to look into
12 curriculum.

13 Because I think if you can embed these types
14 of support services with the types of things
15 students are learning in their classes, there can
16 be a different type of meaning associated with
17 what I'm learning in school and how it has real
18 tangible applicability to my life outside of
19 school. I think it could also facilitate the
20 community, as you were explaining, for students
21 to see that their school spaces can be safe
22 spaces for them to express what's going on at
23 home and how they can find support services
24 through their teachers or through initiatives
25 that their teachers can put them in touch with.

1
2 SPEAKER: I have a comment from the WebEx.
3 Eliani from northern Bronx FRC. These are two
4 comments from parents that she's with. "Respite
5 that is provided through the agency has the
6 accessibility such as services in-house, like
7 evaluations rather than having to wait six
8 months. Also for crisis, someone who can come
9 out to the home." Another parent says, "Also
10 legal services, like educational lawyers that can
11 come meet and come out to help get funding for
12 specialized services in the school. I don't want
13 to be referred. I want to have the ability
14 within the agency."

15 AUDIENCE MEMBER: Jeanette De Jesus again.
16 Two things come to mind with regards to this
17 whole funding project. One, how -- what is the
18 determined length? Is this funding that has, you
19 know -- you need to be able to get to this point
20 and then when you're at this point, your case is
21 closed or when you are at this point, you no
22 longer need services? Or is it something very
23 similar to how kids' illnesses work where it
24 flows and the understanding that you may need
25 services for prolonged periods of time? It just

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may look differently depending on what it is you're dealing with at any given point in time. And those services may fluctuate with that.

I think the other part of it is, once this period ends, because I'm assuming there's some end period to this type of funding, the maintenance, right? Creating or building these services and the support within these different organizations or within the agencies and then having it so that then it can be self-sustaining as we move along. You don't want have something that is really great and then not be able to be maintained over a long period of time. I think that's very important.

I also think that the other part of it, with regards to juvenile justice or the law, oftentimes our children are the ones that most find themselves coming into contact with the criminal justice system. Children, regular children -- well, all children are regular -- but children that don't struggle mental illness very often become criminalized at a certain age. That usually happens during middle school. Most of the kids that I teach, there isn't a child that I

1
2 teach that has not come into contact with law
3 enforcement at some point simply walking from
4 school to home. Our kids are not as well able to
5 handle that interaction and often find themselves
6 criminalized very early on. I think it's very
7 important to have that component and that kind of
8 training weighing heavily because that type of
9 representation will undoubtedly be needed
10 throughout the process of their illness.

11 MS. MULLEN: Thank you. We are going to
12 take one more.

13 AUDIENCE MEMBER: Thank you. My name is
14 Michael. I'm a peer specialist and director of a
15 peer specialist program. I run specifically the
16 support of education branch of Baltic Street.
17 From the mental health perspective, I really
18 appreciate everyone's voice here. A few things I
19 would just add is really kind of creating a
20 campaign with not only the mental health
21 training, kind of really focusing on the bravery
22 and courageousness and strength of individuals
23 when they step up to be advocates, use their life
24 experience to really speak to the needs of people
25 in the community.

1
2 So on one level, we would say we would want
3 to have actors and artists and athletes to kind
4 of be part of this campaign, but also to give a
5 platform for people who are doing this work.
6 Say, "New York City, we have a poet laureate, but
7 maybe we have a peer laureate." Someone who can
8 speak to the voice, people can nominate year
9 after year and really give like a platform and
10 stage for people to hear that voice. The Mural
11 Arts Project where people really can flood the
12 resources and fundings to programs like that,
13 that bring the arts -- every family center should
14 have a mural with youth, engaging youth so people
15 have their voice to be able to be seen. Also,
16 media training for youth, for advocates, for
17 family advocates. You know, partnering with
18 YouTube or something of that nature to get the
19 message out there, the story out there. Thank
20 you.

21 MS. MULLEN: Thank you. So I want to thank
22 everybody who came, who participated, who spoke,
23 who participated through the WebEx and listening
24 on the phone. Once again, I'm sorry we weren't
25 able to get to everybody's comments. If you need

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2 index cards to write your comments down and
3 provide to us before you leave out, then just
4 raise your hand and they're going to pass them
5 out to you. If you want to provide comments
6 through the e-mail address, once again, it's
7 rfp@health.nyc.gov. It's on the handout that we
8 gave. Once again, my name is Salena Mullen, I am
9 the Child Wellness and Family Support Specialist.
10 Your input really is very much appreciated. It's
11 going to help me to build out this RFP and really
12 think about the future of Family and Youth Peer
13 Support Services. I have a card up here. If you
14 want, you can come and get my card. There are
15 more things to say in closing.

16 I want to say that for a provider to be
17 eligible to submit a proposal -- once again, let
18 me back up. Even if you didn't get to submit a
19 comment or provide any comments today, there will
20 be a pre-proposal conference where you will be
21 able to ask questions and give us more feedback.
22 For a provider to be eligible to submit a
23 proposal for the Request For Proposals, they must
24 be prequalified in the City's HHS Accelerator
25 System. Providers must be prequalified in at

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least one of the categories to be eligible for this RFP; that's Parenting Services, Mental Health Services, Caregiver Support, Case Management.

AUDIENCE MEMBER: I ain't got none of those.

MS. MULLEN: Is there anything else that we need to say in closing?

(No response.)

All right. Thank you.

(TIME NOTED: 11:57 a.m.)

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C E R T I F I C A T E

STATE OF NEW YORK)

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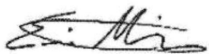
COUNTY OF NASSAU)

I, Elbia Merino, a Notary Public within
and for the State of New York, do hereby certify:

I reported the proceedings in the
within-entitled matter, and that the within
transcript is a true record of such proceedings to
the best of my ability.

I further certify that I am not related to
any of the parties to this action by blood or
marriage; and that I am in no way interested in the
outcome of this matter.

IN WITNESS WHEREOF, I have hereunto set my
hand this 23rd day of February, 2017.


Elbia Merino

<p>& 1:4 2:6,9</p> <p>'99 41:13,14</p> <p>23rd 89:20</p> <p>28th 1:10</p> <p>2b 77:12</p> <p>3rd 41:7</p> <p>ability 59:13,16 83:13 89:14 (4)</p> <p>able 15:14 16:8,16 18:20 19:3 22:19 25:14,21,24 34:23 35:15 40:6,11 41:4,15 43:13 44:3,5,6,13 46:2 47:22,23 50:19 55:10 58:20 59:10 61:9 64:21 66:5,10,16,19 71:15 72:18 77:20 78:3,8 81:22 83:19 84:13 85:4 86:15,25 87:21 (45)</p> <p>about 7:23 12:8,25 13:22 14:16 15:17 17:12 18:16,23 25:4 30:9 31:3,4 32:3,17,21 35:2,3 36:4,17 37:8,10 39:16 40:12,15,18 43:9,20,24 44:18,24 45:13 46:18 48:25 49:15 52:17 57:10 58:10 59:16 60:10 62:16,25 63:24 67:19,25 68:2,5,10 72:24 73:17,24 74:4,19,25 75:2,25 77:6 79:4 80:14 81:17,19 82:5,6 87:12 (64)</p>	<p>above 39:12</p> <p>absolutely 36:21</p> <p>abuse 38:13 47:2,6,13 55:11 (5)</p> <p>academic 60:3</p> <p>accelerator 87:24</p> <p>accept 36:25</p> <p>access 17:21,22 18:7,14 20:5 21:12,14 25:15 27:23,24,25 28:12,13 29:18 30:21 32:5,7 33:4 34:13 37:19,25 38:5 41:5 45:4 65:11 (25)</p> <p>accessibility 19:6 83:6</p> <p>accessible 5:3</p> <p>accessing 13:23 20:19 38:8</p> <p>accommodate 25:25 39:13 51:16</p> <p>accordance 64:4</p> <p>accordingly 18:15</p> <p>account 61:19</p> <p>accountable 64:20</p> <p>accredited 51:8,12</p> <p>achieved 76:21</p> <p>achieving 5:5</p> <p>acknowledged</p>	<p>59:19</p> <p>across 49:5 64:5</p> <p>acs 39:22 49:13 60:25 61:2 63:17 64:7,12 (7)</p> <p>action 89:16</p> <p>actively 39:5</p> <p>activities 13:5 26:22 38:21</p> <p>actors 86:3</p> <p>actually 20:12,13 25:11 33:11 53:7 59:10,18 65:6,9 79:10 (10)</p> <p>adapted 53:2</p> <p>add 41:25 58:9 69:11 85:19 (4)</p> <p>added 59:24</p> <p>addiction 71:13</p> <p>addition 25:13 28:24 58:10 62:20 71:22 (5)</p> <p>additional 17:11,13 21:9 69:11,18,21 (6)</p> <p>address 16:11,19 17:17 19:15 43:17 73:23 81:15 87:6 (8)</p> <p>addresses 37:14</p> <p>adequate 61:18</p> <p>adequately 54:14</p> <p>administration 35:3 39:22 42:2</p>	<p>adolescent 39:3</p> <p>adolescents 9:15</p> <p>adults 30:8 44:21 56:25 60:5 (4)</p> <p>advance 18:12</p> <p>advertise 34:2</p> <p>advertisement 31:12</p> <p>advertisements 21:17</p> <p>advertising 33:13 34:7</p> <p>advisor 3:14</p> <p>advisorytraining 11:22 12:15 13:8,18 (4)</p> <p>advocacy 9:23 12:24 14:22 38:19 42:14 57:11 (6)</p> <p>advocate 4:12,13,14,14 8:17,19,22,23 9:5,24 10:6 11:8 17:3 21:25 23:11,11 24:8 30:2,14 33:7,19 37:17 42:18 44:11 56:22 64:20,22,22 66:8 (29)</p> <p>advocates 8:13,14,15,16 10:9,20,21 11:9 12:12,13,17 13:11 22:20 30:19 33:19 35:18 42:5 43:8 47:11 49:3 53:11 54:18,18 55:11,11,12 56:3,3,7,8 57:2,3 58:12 60:16 61:21 62:6,7,9,10,14,17</p>	<p>64:2 67:11 73:4,12 78:6 85:23 86:16,17 (49)</p> <p>advocating 22:3 70:12</p> <p>affiliated 7:7</p> <p>affirm 36:20</p> <p>affirmation 24:12</p> <p>afford 39:13</p> <p>after 6:4 25:17 26:2,5,18 28:10 45:5 66:25 67:5 86:9 (10)</p> <p>afterschool 30:12</p> <p>again 15:6,16 16:9,12,18 25:9 28:4 34:17 49:8 50:9 52:20,25 54:21 56:12 60:17 62:10 66:7 68:6,16 70:25 71:3 76:17,23 80:11 82:2 83:15 86:24 87:6,8,17 (30)</p> <p>age 8:24 77:21 84:23</p> <p>agencies 10:3 13:22 46:9 53:2 60:13 61:17 62:18 63:20,22 64:6,9,11 75:14 84:10 (14)</p> <p>agency 7:7,8,9 13:9 80:17 83:5,14 (7)</p> <p>ago 40:24</p> <p>agree 54:12</p>
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ATTACHMENT B

February 16, 2018 Family and Youth Peer Support Services WebEx Forum

February 16, 2018 10:00:00 AM from dorothy ham (privately): hello there

February 16, 2018 10:00:23 AM from dorothy ham (privately): what do i have to do? i am not hearing anything

February 16, 2018 10:02:15 AM from dorothy ham (privately): at the screen " community forum: family an dyouth peer support services. do i need to do something

February 16, 2018 10:05:57 AM from Send Comments Here to everyone: Please send comments to this account, thank you.

February 16, 2018 10:08:42 AM from Kristine Rivera (privately): Is there sound? I don't hear anything.

February 16, 2018 10:09:43 AM from Eddie Lu to everyone: Hi, has the meeting begun? Just checking to see if my audio is working - I am not getting sound at the moment. Thank you.

February 16, 2018 10:10:19 AM from Kendra (privately): Is there a call in number?

February 16, 2018 10:10:21 AM from Send Comments Here to everyone: yes we have started the meeting. you will need to call in

February 16, 2018 10:10:28 AM from Eddie Lu to everyone: OK. Thanks

February 16, 2018 10:10:41 AM from Send Comments Here to everyone: 1-866-213-1863 Access Code # 8340018

February 16, 2018 10:10:48 AM from Kendra (privately): thank you

February 16, 2018 10:12:50 AM from karen leggio (privately): is there a call in number?

February 16, 2018 10:13:40 AM from Jenny Borisov (privately): Thank you

February 16, 2018 10:21:02 AM from Maria Molina (privately): Hello, I'm logged on and able to see the slides, however, I do not have access to the audio. What is the best number to call to join via the audio?

February 16, 2018 10:23:03 AM from Send Comments Here to everyone: Please send responses to this account, thank you.

February 16, 2018 10:23:39 AM from Maria Molina (privately): What number should I call in for the audio?

February 16, 2018 10:27:27 AM from Kristine Rivera to everyone: Hello, my name is Kristine Rivera from Excellence Community Schools. It is important for DOHMH to partner with schools to provide these services to young people and their families in a timely manner and address issues in a safe space where the family will receive the necessary supports.

February 16, 2018 10:28:18 AM from Iliana Reyes (privately): Iliana Reyes from Northern Bronx FRC under the umbrella of MHAOFNYC- Lourdes (parent) When you go into a hospital with crisis information should be provided to parent about our services. (Yovonne) Having Peer Advocate in centers like hospitals, family court, schools, shelters, path or other family serving entities. Advocates should be available to answer questions

February 16, 2018 10:30:23 AM from Iliana Reyes (privately): (yvonne) Stigma about services could be reduced by advertisement, letting the public know that there is no shame in needing help.

February 16, 2018 10:44:04 AM from Hetal (privately): Agree to the above, from Kristine Rivera. Enhance the resources for organizations to liaise with schools as many of these communities find schools a safe space and will allow more direct programming impacting their youth within the school environment.

February 16, 2018 10:45:42 AM from Kristine Rivera to everyone: Yes, there are communities that could use Peer Support Services that are not currently using the services. Access to these services must be culturally relevant and in their home language. Also, professionals need to understand when to refer families to these services.

February 16, 2018 10:54:17 AM from Gail Mercedes to everyone: I'm sure we are all aware that there are many grandparents and extended families that are raising children and may be overwhelmed that need support and respite. I support that Peer Support Services be expanded. Also, I want to add that HRA - Human Resource Administration Offices be more families friendly.

February 16, 2018 10:56:51 AM from Kristy (privately): Hello, my name is Kristy Medina from New York Presbyterian Hospital/ Columbia University Medical Center. We work with families that identify themselves as food insecure. I suggest that in addition to all other services, providing families linkages to resources to food pantries, soup kitchens, and organizations that can assist with SNAP or other benefits.

February 16, 2018 10:57:51 AM from Gail Mercedes to everyone: One parent that we service asked whether parents can be trained in Parent to Parent mental health awareness.

February 16, 2018 10:59:57 AM from Iliana Reyes (privately): Iliana from the Northern Bronx FRC. (Lourdes Parent) Respite that is provided through the agency, having

accessability to psych services in house like for evaluations rather than having to wait 6 months also for crisis some one who could come out to the home . (Yvonne parent) also legal services like Educational Lawyers that can help meet and come out to help get funding for specialized services in the school, i dont want to be referred i want to have the avalibility within the agency.

February 16, 2018 11:01:49 AM from Gail Mercedes to everyone: I agree with Vanessa. Community Centers, schools, after school must collaborate

February 16, 2018 11:02:16 AM from Iliana Reyes (privately): (naja Youth Advocate) norethern bronx, there should be more advertizement, create likage with more schools or be involve with more youth centers like the boys and girls club to have youth actually come in and feel comfortable to talk and ask for help

February 16, 2018 11:02:59 AM from Iliana Reyes (privately): also seminars or workshops for schools from youth or having guidance counselors refer to us

February 16, 2018 11:03:05 AM from Iliana Reyes (privately): or advocate inhouse

February 16, 2018 11:05:52 AM from Kristine Rivera to everyone: I agree with Gail that parents need to be equipped with the tools and skills to facilitate a continuation of services at home.

February 16, 2018 11:06:25 AM from Iliana Reyes (privately): (yvonne& Lourdes Parent) Northern Bronx FRC we feel that school staff and other officials like police officers should also be trained at this place. Training should include how to deal with emotional and behavioral diagnosis. it should also talk about how to make schools and other agencies more friendly and less stigmatizing for people with mental health disorder

February 16, 2018 11:09:16 AM from Iliana Reyes (privately): trainings should be around anger management and mental health first aid. also here should be trainings on new educational laws updates on juvenile justice laws. creating a book with diferent services and how to access them and giving them out city-wide

February 16, 2018 11:10:37 AM from Yudelca De La Cruz (privately): I agree with this idea; I believe that this city-wide entity should be experienced with peer support programs so that they can be able to adequately meet the needs of the programs

February 16, 2018 11:11:26 AM from Send Comments Here to everyone: Again, please submit comments to this account - we are unable to monitor comments from the host account at this time, but they will be posted for the record.

February 16, 2018 11:12:53 AM from Yudelca De La Cruz to everyone: I agree with this idea; I believe that this city-wide entity should be experienced with peer support programs so that they can be able to adequately meet the needs of the programs

February 16, 2018 11:13:50 AM from Kristine Rivera to everyone: In order to develop the structure and services, there needs to be some kind of evaluation tool to assess the needs of the family. Also, keep in mind there needs to be some kind of measurement of the efficacy of the services.

February 16, 2018 11:32:14 AM from Iliana Reyes (privately): Iliana Reyes Northern Bronx FRC (Yvonne&Lourdes Parent) There should be a survey that is given to us that can measure what we are getting out of the program. a way that we could comment so that it is known that we are getting the services and that it is helping. we also feel that families and youth should receive more services and links to community based programs to establish a type of supportive mental health community where we could rely on each other and to know we are not alone.

February 16, 2018 11:35:50 AM from Kristine Rivera to everyone: When we think about providing services to families, we need to take an asset development approach. We know that there are challenges or obstacles to the families, however, we need to build on what works and what resources that families have. We can then assess how we use those assets to build those strengths and address the challenges.

February 16, 2018 11:48:46 AM from Eli Ramos to everyone: Is stigma around mental health issues an obstacle for families or youth? How can we reduce that stigma?

February 16, 2018 11:53:26 AM from Iliana Reyes (privately): Iliana Reyes Bronx FRC (Yvonne & Lourdes) we have some final thoughts because although we appreciate the questions in order to get what we need out of these programs we would like to voice our opinions as well. as parents we just do have a very open advertising to let us know that these services exist and what they can provide. It should remove stigma of mental health issues. Advertising should be multi-lingual and services in a simple friendly well oriented way. also we would like to be able to participate and speak to the public about how these services have helped us feed back to normalize getting services rather than stigmatize them and making parents feel as if they are not good enough.

February 16, 2018 11:56:14 AM from Deborah Khan to everyone: In light of the disasters that are happening in schools across America, we need to employ more family peer workers youths and family advocates to help the professionals in their work to bridge the gap that is missing, therefore youths and families will be open more to services and take advantage of the resources knowing that someone when through the struggle too. Family services should not only be through the Family resource centers but in all aspects of life. Mental health matters.

February 16, 2018 11:57:03 AM from Gail Mercedes to everyone: If there are academic curriculums for children in schools on Mental Health can they be implemented as soon as possible? By the way, teachers must be trained to be sensitive, mindful, and strength based in order to truly model for children and families.

February 16, 2018 11:58:41 AM from DOHMH to everyone: Thank you all for your attendance!

Attachment C

Comments received via e-mail and written form in response to the February 16, 2018 Family and Youth Peer Support Services Community Forum.

Attendees' responses to DOHMH questions via comment cards

1. **DOHMH Question 2b:** Currently, Family and Youth Peer Support Services include peer-to-peer support, advocacy, linkage to services, help navigating systems, skills groups, and recreational activities. In what type of setting or environment would youth feel most comfortable receiving services?

Commenter's Response:

- a. Services must be in drop-in centers (youth-driven spaces, not traditional CB)s) and on the street to meet the needs of RHY.
 - b. In addition, an overwhelming % of heads of household in domestic violence shelters are 24 or under, and they are ignored in the youth space. Services should be integrated into shelters and we should recognize that these survivor parents are still young and need youth driven on-site supports.
2. **DOHMH Question 3b:** DOHMH is considering funding a city-wide entity to provide training, technical assistance, outreach support, and other services for Family and Youth Peer Support programs. How do we build capacity of Family Peer Advocates and Youth Peer Advocates to help families and youth? What trainings and technical assistance might they need?

Commenter's Response:

- a. Since most of these kids spend about 1/3 of the day in school, teachers should have the knowledge, training, and understanding of all the services available for these kids and families in need.
3. **DOHMH Question 3d:** DOHMH is considering funding a city-wide entity to provide training, technical assistance, outreach support, and other services for Family and Youth Peer Support programs. Who else should the center be training in addition to Family and Youth Peer Advocates?

Commenter's Response:

- a. We need to train staff who supervise and work with Family and Youth Peer Advocates. Other staff may not understand the value of peer advocates and (even perhaps, unintentionally) create a non-supportive environment that makes it difficult for peer staff to thrive in their roles.
4. **DOHMH Question 4:** Given that the purpose of these services is to support a) families of children/youth who are experiencing social, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, or community and b) the youth themselves:
 - a. What should families and youth gain from receiving Peer Support Services? What outcomes are important?
 - b. How would we assess if a program is successfully meeting the needs of families and youth?
 - c. How would we be able to determine the quality of the services being provided?

Commenter 1 Response:

- a. Have researchers go offsite (outside of focus group facility) to the community to assess with more empathy and accuracy.
- b. Establish a best practice (with the input of key organizations) process to help agencies meet quality standards.
- c. Ensure education and awareness of what best practices are and how to achieve.

Commenter 2 Response:

- d. The main obstacle to producing informative data in public health, in my experience, tends to be all the information/context that gets lost when patients transfer to one center/clinic to another. If the DOH could consider implementing a streamlined data-sharing system amongst all major community health resources to more meaningfully track the outcomes of patients, the impact could be huge.

Attendee's general comments via comment cards

Commenter 1 Response:

- a. DOHMH should talk with Directors of MH and SA programs and assess their needs
- b. As director of Substance Abuse at the Child Center of NY we could use Youth Peers for clients
- c. It would be good of you to provide this
- d. Also we women in the Asian community could use Parents Peers who speak Korean, Mandarin, Bengali, etc.
- e. Also need residential treatment programs for dually diagnosed youth

Commenter 2 Response:

Please build new facility to educate and train family/per advocates to provide well needed supportive services. School teachers should also have access to these trainings to develop more positive change. A large facility will truly be best to accommodate the large number of advocates and other professionals that will utilize relevant training tools. Trainings must account for cultural sensitivity, understanding of trickle down effects of intrinsic racism such to close the gap between those seeking help that come across difficulty accessing support.

Commenter's Response:

Services must be through a trauma-informed, harm reduction, anti-oppressive, and youth-driven lens.

Commenter's Response:

Please make sure that street-involved/homeless young people without traditional family relationships may be left out if youth and family services are always coupled. There must be youth-driven, low threshold, flexible supports.

Commenter's Response:

Funding must take into account not just direct service but also learning, self-care, supervision, evaluation, and physical space. Flexible performance-based funding is essential.

Commenter's Response:

Integrating arts and performance into services will be effective. Social enterprise options should be a fundable option to help young people gain leadership and independence.

Commenter's Response:

There is value in a combination of central and satellite locations> CBO often struggle with providing staff with basic training on recognizing and dealing with mental health issues. Central locations would be more ideal locations for this.

Commenter's Response:

Create workgroups for providers to improve communication and shared resources. Citywide acceptance allow interboro access. Can be tracked in a network if families have member ID.

Commenter's Response:

Please include referral pathway options for any youth experiencing suicidal ideation.

Comments via e-mail

Commenter 1

Will you kindly consider including backbone support to fully fund the cost of delivering Family Support Services:

- Trended COLA and employee benefits (up to 37% or increase health Insurance by 15%) with adjustments throughout the term of the contract
- Indirect up to 15%
- Occupancy cost increase up to 10%
- Casualty and liability insurance up by 10%