

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH, DISABILITIES, AND ADDICTION

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February 24, 2020
Start: 1:12 p.m.
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HELD AT: Committee Room - City Hall

B E F O R E: DIANA AYALA
Chairperson

COUNCIL MEMBERS:

Fernando Cabrera
Jimmy Van Bramer
Alicka Ampry-Samuel
Joseph C. Borelli

A P P E A R A N C E S (CONTINUED)

Renee Campion
Commissioner
Mayor's Office of Labor Relations (OLR)

Kevin Bulger
Director
EAP

Claire Levitt
Deputy Commissioner
Mayor's Office of Labor Relations (OLR)

Myla Harrison
Assistant Commissioner
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Michael Clark
New York Police Department

Beverly Johnson
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Jaren Marino
Samaritans

Dr. Christian Huygen
Executive Director
Rainbow Heights Club

Kathleen Rivera
Senior Vice President of Care Management Services
JCCA

1 COMMITTEE ON MENTAL HEALTH, DISABILITIES, AND
2 ADDICTION

4

3 CHAIRPERSON AYALA: Calling this hearing
4 to order. Good afternoon, everyone. I'm Councilmember
5 Diana Ayala Chair of the Committee on Mental Health
6 Disabilities and Addiction. This afternoon, we are
7 here to explore the mental health coverage supports
8 and services offered by the City of New York, to it's
9 approximately 1.25 million public employees,
10 retirees, and their dependents. We will also be
11 hearing two pieces of legislation; introduction
12 number 64 sponsored by majority leader Laurie Cumbo
13 Combo in relation to creating a mental health
14 coordinator to inform city employees about mental
15 health support and services, and introduction number
16 1792 sponsored by Council Member Ritchie Torres, in
17 relation to providing information relating to
18 behavioral health services. In New York State and in
19 New York City, all terms and conditions of a public
20 employee's employment including health care benefits
21 must be the result of a negotiation, of a negotiation
22 process referred to as collective bargaining. Through
23 collective bargaining the city offers three main
24 insurance plans and low costs for basic coverage.
25 Group health insurance which merged with emblem
comprehensive benefits plan GHI well sorry, let me go

3 back group health insurance, which is merged with
4 emblem, comprehensive benefits plan which is also
5 known as GHICBP Health Insurance Program of New York,
6 which is also known as HIPHMO, and most recently
7 Metro Plus Gold. As of 2017 and 96 percent of
8 employees were enrolled in GHI, CBP, HIP or Metro
9 plus gold. All of these health plans include mental
10 health care coverage. Due to both federal and state,
11 and state's Mental Health Parity laws, New York group
12 health plans must provide broad based mental health
13 coverage that is equivalent to surgical and medical
14 coverage. There has been some criticism of the mental
15 health care coverage for city employees, including
16 concerns around the inadequate number of
17 participating members, lack of competitive rates paid
18 to mental health providers, high premiums paid by
19 city, lack of meeting federal, state, parity laws and
20 co-pays and deductibles that are too high, wait times
21 for care that are too long, a lack of information
22 provided to city employees about mental health care
23 options, and stigma and receiving care within certain
24 city agencies. As just some examples of these
25 criticisms of mental health care provider is paid \$40
by GHI for one session of outpatient therapy and \$15

3 and copay by patient, by the patient, for a total of
4 \$55 for a session of outpatient therapy. By contrast,
5 the medium fee for New York City based mental health
6 care provider is \$220 per session. It seems obvious
7 that there is just this extreme low rate paid by GHI
8 would lead to difficulty in recruiting and retaining
9 a broad culturally competent and diverse network of
10 talented mental health care providers to participate
11 in network. As another criticism last year following
12 the tragic string of suicides within the New York
13 City Police Department, Chief of Departments Terence
14 Monahan admitted that GHI makes this tough, makes it
15 tough for cops to seek mental health care, citing
16 several providers having dropped out of GHI due to
17 low and non competitive reimbursement rates. We need
18 to understand these criticisms and problems, and we
19 need to do better for the hardworking employees of
20 this city. This hearing will allow the committee to
21 examine the crucial role, the seamless and easy
22 access to quality mental health insurance plays in
23 providing necessary services to city employees and
24 their families in a timely manner. I want to thank
25 the representatives from the Office of Labor
Relations and the Department of Health and Mental

1 COMMITTEE ON MENTAL HEALTH, DISABILITIES, AND
ADDICTION

7

2 Hygiene who are here today for their commitment to
3 ensuring that quality mental health services are
4 available for all New York City employees, and I look
5 forward to hearing about what is being done to ensure
6 that those services are delivered when and where
7 they're needed, and the role that the city council
8 can play in supporting those efforts. I also want to
9 thank my colleagues as well as my committee
10 [SPELLING] Senior Staff Council Sarah Lizz Policy
11 Analyst Christy Dwyer Finance Analyst Lauren Hunt, my
12 Deputy Chief of Staff legit... and Legislative Director
13 Bianca Medina and Chief of Staff Louisa Lopez for
14 making this hearing possible. I also want to thank
15 the NYPD who is here today. We will, we will, we will
16 probably be joined by Majority Leader Combo in a
17 little while but I guess that we can then swear in
18 the first panel.

19 COMMITTEE CLERK: And this is for anyone
20 who's going to be answering questions as well so
21 please raise your right hand. Do you affirm to tell
22 the truth, the whole truth, and nothing but the truth
23 in your testimony before this committee and to
24 respond honestly to council member questions? Thank
25 you, you can begin.

3 RENEÉ CAMPION: Thank you Chair Ayala and
4 members of the Mental Health Disabilities and
5 Addiction Committee for inviting me here today to
6 testify on this important issue for New York City
7 employees, and for all employees and employers. I'm
8 Renee Campion Commissioner of the Mayor's Office of
9 Labor Relations, known as OLR. I have with me Kevin
10 Bulger, who is executive director of the New York
11 City Employee Assistance Program or EAP and Claire
12 Levitt OLR's, Deputy Commissioner for Health Care
13 Strategy. Before I begin my testimony, I'd like first
14 to acknowledge the recent deaths of two of our NYPD
15 officers. Last week, and to extend on behalf of OLR,
16 my sincere sympathies to their families and to the
17 entire NYPD community, these tragedies underscore the
18 importance of ensuring our city employees, and all
19 New Yorkers have access to quality mental health
20 care. By way of background. OLR is responsible for
21 labor relations and negotiations between the city of
22 New York, and the many unions represented employees
23 of the city. As part of that responsibility OLR
24 administers the health benefits programs for city
25 employees, and the employee assistance program thus
having oversight of many of the mental health

3 programs available to the 1.2 million employees,
4 dependents, and retirees covered by the City of New
5 York. The common stressors, of everyday life like
6 managing debt, dealing with the loss of a loved one,
7 and dealing with physical illness can impact our
8 mental wellbeing and our ability to be present, where
9 we work. Stress and mental disorders can also
10 exacerbate acute and chronic health conditions,
11 health conditions, health conditions. In addition, we
12 know from a Milliman research report that individuals
13 treated for mental health conditions, typically incur
14 two to three times as much health care cost as those
15 without a mental health condition. Further adding to
16 their burden. Unfortunately, while mental health
17 conditions are extremely common, they often remain
18 hidden due to the stigma associated with them.
19 Fortunately for our employees and their families as
20 well as our retirees, the city of New York provides
21 many opportunities for the treatment of mental health
22 issues, including extensive health insurance options
23 at no cost, a wide range of employee assistance
24 programs sponsored by the city and its municipal
25 unions and Work Well NYC our worksite wellness
program. All New York City employees, dependents, and

2 retirees enjoy the unique privilege of having
3 extremely generous health insurance coverage options
4 available, available to them from the city for free.
5 That is no employee contribution to the premium costs
6 for either individual or family coverage. The
7 majority of New York city employees, 75%, choose to
8 be in the Emblem GHICBP comprehensive Benefit Program
9 PPO plan. While approximately 20% or an Emblem's
10 HIPHMO plan. Both of these plans, which are choosing
11 by 95% of our city employees are premium free to
12 employees and dependents. The remaining 5% of
13 employees choose from several different available
14 options, some of which require an employee premium
15 share. Retirees also have free health coverage
16 options. New York City's premium free coverage is a
17 stark contrast to the average employee in the United
18 States, who contributes over 1200 dollars a year, and
19 over, for individual coverage, and over 6,000 dollars
20 a year for the premium for family coverage. New York
21 city employees with the CBP or HIPHMO have no annual
22 deductible on their plans, which means there are no
23 out of pocket costs before the insurance coverage
24 starts paying for services. Most employer plans, by
25 contrast, have an annual deductible, which is on

3 average over 1600 dollars. All of our health
4 insurance plans include extensive coverage for mental
5 health treatment and cover all mental health and
6 substance use treatment including hospital
7 admissions, partial hospitalization programs,
8 rehabilitation facilities, outpatient visits to
9 psychologists, adult and child psychiatrists, and
10 clinical social workers for ongoing support. The
11 Mental Health Network for the GHICBP plan, and the
12 HIPHMO plan are both administered by Beacon Health on
13 behalf of Emblem Health. In both the GHI and HIP
14 plans in addition to having no premium cost sharing
15 and no deductible, the co-pays for each visit to in
16 network mental health providers are exceptionally
17 low. While the average plant in the country is
18 reported by Kaiser to have office visit co-pays of
19 \$25 for primary care and \$40 for specialty care, for
20 New York City employees in the GHI plan co-pays for
21 primary care and mental health care are only \$15, and
22 the HIPHMO they are either adopt zero dollars for
23 preferred doctors or \$10 for non preferred doctors.
24 For inpatient mental health, the co-pays are also
25 minimum for the HIPHMO there's a \$100 co-pay per
admission. For GHI it's a 100, a \$300 co-pay for

1 COMMITTEE ON MENTAL HEALTH, DISABILITIES, AND
2 ADDICTION

12

3 admission, up to a \$750 maximum per calendar year.

4 Both plans provide coverage for substance use

5 disorders, for the same co-pays as that of mental

6 health. The GHI plan also allows employees the

7 flexibility to utilize out of network providers... to

8 additional coverages, deductibles and co-pays with

9 cost sharing options to cover services. Emblem Health

10 has reported to us that in 2019 over 83,000 New York

11 City employees and their dependents generated 1.4

12 million visits to mental health providers. About 23%

13 of those visits were to psychiatrists, 19 to

14 psychologists, 39% of clinical social workers, and

15 the balance to other providers. About 75% of the GHI

16 visits were to in network professionals. Currently,

17 the HIPHMO network has approximately 8200 behavioral

18 health providers in the 12 downstate counties. The

19 GHI network has approximately 6,800 providers in the

20 12 downstate counties. While this is a very

21 substantial number of providers. We do recognize that

22 the increasing demand for mental health services can

23 make it challenging to find mental health

24 professionals, especially those with convenient hours

25 for working people. In New York City and in many

areas, it can also be difficult to find mental health

3 professionals, willing to take any insurance
4 coverage, the shortage of mental health professionals
5 is especially severe for psychiatrists. Access to
6 mental health professionals is a widely recognized
7 problem, not just in New York City, but across the
8 nation. According to the US Department of Health and
9 Human Services about 111 million people in the US
10 live in designated mental health professional
11 shortage areas, some of which are in New York City.
12 To address access concerns for city employees. The
13 city has been exploring solutions with Emblem Health
14 Beacon Health, and the Municipal Labor Committee to
15 expand the mental health provider network, as well as
16 to introduce a more convenient way for city employees
17 and GHI to access the service, to access the services
18 of mental health providers. The MLC executive board
19 is now recommending the city's proposed expansion of
20 the Mental Health Network, to the MLC membership.
21 First emblem estimates that it may be possible to add
22 as many 1,000 new providers to the GHI network within
23 the next four to six months, increasing the
24 availability of in network providers, by about 15%.
25 This is an important step and continuing to ensure
that all city employees have appropriate access to

3 necessary mental health services. Second, a
4 telemedicine benefit has been recommended for
5 behavioral health care for GHI members that will
6 provide access to mental health professionals
7 telephonically and through video like FaceTime or
8 Skype. This will mean that city employees and GHI
9 will be able to access a mental health professional
10 from the privacy of their home, or any other
11 convenient location, without requiring them to go to
12 an office location. Similar to our telemedicine
13 benefit for medical treatment, which has generated
14 high utilization and strong customer satisfaction
15 among the city's workforce we hope that telemedicine
16 can encourage more people to seek care due to the
17 convenience and the privacy. These services could be
18 available from 7am to 9pm daily, seven days a week,
19 providing access during the much needed after work,
20 and weekend hours that are particularly necessary
21 based on our dedicated city employees' work
22 schedules. On a personal note, I'd just like to share
23 that I personally have used the tele, the
24 telemedicine benefit for, for a physical issue. I was
25 actually in Colorado about a year ago with, visiting
my sister and her two, and her two, two daughters.

3 And I realized very quickly that I was going to need
4 an antibiotic. So I called up tele Doc, which is our
5 vendor for telemedicine, called up after as part of a
6 20 to maybe 25 minute maximum interaction with that
7 person, with a physician who was actually located in
8 Colorado because where you call from you need to be
9 in the same state that professional that's talking to
10 you needs to be from the same state certified. I was
11 able to access an antibiotic, he was able to call up,
12 I was at the local Walgreens at, down, down the block
13 a mile or so from my sister's house, pick it up, and
14 my weekend was continued with no interruption of, of
15 the fun that we were having that weekend so I really
16 can appreciate that. EAP starting in the late 60's,
17 and continuing to present day, New York City has a
18 rich history of providing EAP programs to our
19 employees and their family members. Currently, New
20 York City has an extensive network of agency and
21 union-based EAPs providing services to all city
22 employees. Each EAP offers distinct services based on
23 employees' needs, but all the programs work in
24 concert with one another to best serve all New York
25 City employees. EAPs follow all policies and
procedures of the mayor's Executive Order Number 46

3 that was signed off on by Mayor David Dinkins. The
4 New York City employee assistance program, the
5 largest of all city EAPs is under the auspices of the
6 office related, labor relations. I am very proud of
7 this. Currently the New York City EAP provides
8 services to mayoral agencies, the Housing Authority,
9 New York City Health and Hospitals, and the
10 Department of Education. The New York City EAP is
11 designed to assist employees and their families in
12 resolving personal problems that may be adversely
13 affecting their personal and professional
14 performance. New York City EAP offers assistance with
15 a broad range of behavioral health issues, such as
16 substance abuse and misuse, mental health, child or
17 elder care, relationship challenges, financial or
18 legal problems, bereavement, wellness matters, and
19 traumatic events such as workplace violence. Free
20 individual and family services are offered in person,
21 via phone and/or email interactions. Other services
22 provided by the New York City EAP include information
23 and referral services, case management, and extensive
24 follow up in the insurance authorization. And in
25 2018, the New York City EAP worked along with the
Department of Health and Mental Hygiene to register

1 COMMITTEE ON MENTAL HEALTH, DISABILITIES, AND
2 ADDICTION

17

3 the EAP as an opioid overdose prevention program,
4 offering all EAP clients the opportunity to be
5 supplied with naloxone and trained to administer if
6 exposed to an overdose. The overdose prevention
7 program, and all EAP services are free and
8 confidential and all services are provided by
9 master's level mental health professionals New York
10 City EAP also offers supervisors and manager
11 trainings and consultations to aid in their response
12 to staff members' behavioral health needs. Stress
13 Management, suicide awareness and prevention, de-
14 escalation techniques, improving communication in the
15 workplace, are just a few of the presentations
16 offered to our employees. Supervisory consultations,
17 on site workshops, and staff presentations are
18 provided upon the request of any city agency. In
19 regards to supervisors that may need assistance with
20 addressing an employee's behavioral health issue the
21 New York City EAP offers guidance through a multi
22 step model that emphasizes privacy, empathy, and the
23 steps to take to direct the employees to EAP for
24 further assistance and support. Furthermore, New York
25 City EAP provides agency on site interventions based
on need and by request of the agency. Most often the

1 COMMITTEE ON MENTAL HEALTH, DISABILITIES, AND
2 ADDICTION

18

3 New York City EAP is requested when a traumatic event
4 has occurred at a work site, such as a threat to an
5 employee's safety, unexpected loss of a co-worker, or
6 other crisis related events. At times of crisis
7 events the EAP has adapted to the needs of New York
8 City employees and the agencies. For example, in
9 2014, at the Department Environmental Protection
10 there was a murder that took place at one of the
11 Upstate facilities. That was extremely traumatic for
12 the employees at that site, the EAP, representatives
13 of the EAP offered ongoing support and services to
14 the facility, which then inspired DEP to create and
15 support and additional EAP counselor that could offer
16 the EAP services to their more remote locations. And
17 I'm here to say that our EAP staff members, still
18 visit those upstate locations to this day. In
19 general, New York City's EAP delivery of services to
20 clients emphasizes accessibility confidentiality and
21 appropriateness of clinical and social service
22 treatment plans. Services to individual employees,
23 supervisors, or agencies are completely confidential,
24 free, and voluntary. The expertise of the EME, EAP
25 counselors, all of whom are masters level mental
health professionals, assist employees and their

3 family members to address a wide range of personal
4 problems. On average over 62% of individuals
5 accessing EAP identify mental health problems as
6 their reason for reaching out to the program. In
7 addition to mental health problems, 42% of those who
8 contact gap also identify family problems, and 33%
9 note job related problems. EAP services continue to
10 grow based on an increasing need and request for
11 services. In 2018 EAP documented roughly 7,000
12 individuals that accessed a service of EAP. In 2019,
13 there was an increase of approximately 50%, with over
14 10,000 individuals reached by EAP services. These
15 services include direct clinical services to
16 individuals and family members supervisor
17 consultations as well as on site services such as
18 workshops, presentations, health fairs, and trauma
19 interventions. Requests for these on site services
20 have increased by 47% from 2018 to 19, indicating the
21 growing need of mental health support services in the
22 workplace. Based on the increase in demand for EAP
23 services the program is also planning to expand our
24 program in the following ways; adopt an online
25 platform that will allow New York City employees and
their families to access the program confidentially

3 via text or video, therefore increasing accessibility
4 and convenience for those who need assistance,
5 acquiring an advanced electronic service record
6 database to document all EAP services in order to
7 elevate quality of care by decreasing administrative
8 barriers to productivity and clinical work. This
9 system will also allow EAP to track quantitative and
10 qualitative data in order to capture and analyze
11 outcomes, productivity levels, recognize trends and
12 potential needs of our pop, city population.

13 Incorporating the workplace outcome suite, which will
14 offer EAP information on absenteeism, presenteeism,
15 work engagement, workplace distress, and life
16 satisfaction among our EAP clients. Assessing these
17 particular domains will offer the EAP an even greater
18 opportunity to enhance New York City's employees'
19 wellbeing and assist in the strength and resilience
20 of our New York City workforce. New York City EAP
21 continues to deepen services by developing programs,
22 new programs, tailored for city employees with
23 specific needs. Last year the EAP was contacted by
24 the Administration for Children Services Division of
25 Child Protection to develop the first New York City
DCP specific EAP program. Child Protective

3 specialists are first responders for New York City's
4 children. They work around the clock to make sure the
5 children are safe and families receive services they
6 need in order to stay together and be healthy.

7 Working as a CSP, CPS worker is rewarding however, it
8 can put many CPS employees at the risk for compassion
9 fatigue. Staff within the Division of Child

10 Protection now have access to onsite mental health
11 counselors throughout the New York City's EAP. DCP's
12 EAP mental health counselors are located at ACS work
13 sites and provide a wide range of services to address
14 concerns such as depression, anxiety, secondary
15 trauma, substance misuse, family issues, intimate
16 partner violence, bereavement, conflicts with co

17 workers, job stress, and more. And before I leave my,
18 my testimony on the EAP program, I'd like to just say
19 two, on two personal notes; as an agency head of the
20 Office of Labor Relations, I mentioned that how proud

21 I am of our EAP staff they do amazing work every
22 single day, and they help city employees, help
23 themselves change their lives every single day. I

24 personally witnessed my, some members in my own
25 agency over the years, who have gone to, voluntarily
gone to the EAP. And I have seen those same, I've

3 seen those people to this day they continue to be in
4 my agency, they continue to work for our agency, and
5 they are thriving and I have seen that myself. On a
6 separate very personal note, I myself have used EAP
7 services several years ago. And I'd, I'd like to say
8 that the support and the resource that the EAP
9 counselors gave to me, and were able to have me
10 access personal resources through our health
11 insurance plan, and to allow me to be, just to sort
12 of over the course of time, be able to put myself in
13 a position where I was able to advance. At that time
14 I was the first deputy commissioner of the Office of
15 Labor Relations and today I sit in front of you as
16 the Commissioner of Labor Relations. And I will
17 honestly tell you that without that support from our
18 employees EAP program I don't know that I could be
19 here testifying to you today. So I really, really am
20 a person who really stands out and wants to cheer our
21 EAP program. And I talk to people about it all the
22 time, because I know personally it's helped me and
23 it's helped people that I've worked with. Recently
24 the OLR's New York City EAP program joined with the
25 Department of Education, and this was just announced
this past Friday we're super excited about this. On

3 Friday, February 21 the UFT, along with DC 37
4 personnel unit, and the Department of Education and
5 New York City's EAP expanded services to all do
6 employees and their families. Now the New York City
7 EAP will deliver comprehensive services to help DOE
8 employees overcome personal problems that diminish
9 quality of life and interfere with effectiveness on
10 the job, as well as trauma interventions in the event
11 of critical job related incidents. As provided for
12 all New York City employees the EAP will offer DOE
13 employees the same mental health assessments and
14 referral systems to connect them to the appropriate
15 resources in the community or through their health
16 insurance plans. DOE will also be offered customized
17 management training programs to guide supervisors and
18 managers to effectively use the EAP as a tool for
19 addressing performance problems and other supervisory
20 concerns. Work Well NYC is OLR's workplace wellness
21 program for 380,000 New York City employees. As part
22 of this administration's commitment to our employees
23 Work Well NYC was created, only 2016 to leverage the
24 convenience of the workplace to promote health and
25 wellbeing, boost workforce engagement and attract
well qualified candidates to civil service. Worksite

3 well nice, wellness programs result in numerous
4 benefits for employees, employers, and the public,
5 including improved employee physical and mental
6 health, reduce healthcare costs and improve
7 productivity. Work Well NYC offers convenient
8 accessible programs, tools, and resources in four key
9 areas; eat well, healthy eating, move more, physical
10 activity, take action, primary care and prevention,
11 and be well, our mental wellbeing and resilience
12 program. We recognize the importance of addressing
13 the needs of the whole employee, and therefore
14 addressing both physical and emotional mental health.
15 As part of our outreach to our employees Work Well
16 NYC sends monthly email blasts to our over 380,000
17 city employees, providing health and well being
18 information and resources. Every e-blast includes a
19 call to action, whether to participate in a program,
20 to download a tool, or a link to get more
21 information. Let me turn now to the NYPD, and our
22 newest service. I also want to highlight Finest Care,
23 a partnership between the NYPD and New York
24 Presbyterian Hospital, which provides access to 24-
25 hour telephone based counseling service, services,
comprehensive evaluation, and mental health

1 COMMITTEE ON MENTAL HEALTH, DISABILITIES, AND
2 ADDICTION

25

3 assessments, medication management and psychotherapy
4 services, and counseling referral services for all
5 uniformed members of the service confidentially and
6 at no cost. Lastly, all captains and above in the
7 police department as well as all civilian executives
8 in the department have taken the executive health and
9 wellness training program to better assist those in
10 leadership roles to recognize those in crisis and to
11 provide support and resources. Our office also
12 partners with the Mayor's Office of Thrive NYC to
13 support the mental health of city employees. Through
14 Thrive NYC nearly 68,000 city employees have been
15 trained in Mental Health First Aid, which is a Thrive
16 NYC supported program implemented by the New York
17 City Department of Health and Mental Hygiene. Mental
18 Health First Aid is an evidence driven free eight-
19 hour training that is regularly provided seven days a
20 week in all five boroughs to expand the number of
21 people who can help New Yorkers in need. Conducted
22 regularly in English, Mandarin, and Spanish, Mental
23 Health First Aid helps trainees recognize mental
24 health needs, learn how to talk about them, and learn
25 where to direct people in need to ongoing care. In
2019 we partnered with Thrive NYC to launch the Be

3 Well program under OLR's Work Well New York City
4 initiative. Be Well offers programs and resources to
5 promote mental health among the almost 400,000 people
6 employed by the City of New York. This program aims
7 to create work environments that support the mental
8 and emotional wellbeing of city employees and create
9 opportunities for employees to build resilience. Our
10 program helps to promote our EAP New York City well
11 and the Mental Health First Aid training. Lastly, I
12 will now turn to the legislation being heard today
13 Intro 64 by Council Member Cumbo. To, would mandate
14 that each city agency, identify a mental health
15 coordinator to assist and perform outreach to
16 employees of the city, about mental health services
17 and support services, including but not limited to
18 the EAPs. OLR supports this bill, shares the
19 council's interest in promoting a meant, a mentally
20 and physically healthier workforce. We'd also like to
21 note that Work Well currently has a network of
22 hundreds of ambassadors and champions, located at
23 virtually all city agencies who share information and
24 promote and implement Work Well and other work side
25 programming. The roles of ambassadors and champions
are critical in increasing the physical and mental

3 wellness of New York City employees and enhancing the
4 culture of wellness at our work sites. We would like
5 to discuss opportunities for city agencies to further
6 engage even more staff and wellness programming,
7 provide deeper communication about resources, and
8 access staff across all locations. Finally intro 1792
9 by Council Member Torres, which requires the
10 Department of Health and Mental Hygiene to develop a
11 list of all free behavioral health services and share
12 the information with city agencies that provide
13 direct services to young adults, family, and
14 children. DOHMH supports the intent of this
15 legislation. If you have additional questions I will
16 let the Myla Harrison from the Health Department
17 speak to the specifics of that bill. I'd like to
18 conclude by saying that OLR on behalf of the de
19 Blasio administration recognizes and takes very
20 seriously the importance of caring for the mental
21 health of our employees and their families. Through
22 our extensive health insurance program coverage, our
23 EAP programs, and our worksite wellness programs we
24 offer a comprehensive approach to addressing those
25 needs. We're also working on new and innovative
approaches, as evidenced by the discussions on

3 expanding the Mental Health Network, and a new
4 telemedicine benefit for mental health, the expansion
5 of EAP programming and the growing impact of our
6 worksite wellness programs. Thank you again for your
7 time. And now I'd be pleased to take your questions.
8 Thank you.

9 CHAIRPERSON AYALA: I can't see. I lost
10 where I wrote, really nice and big, who was here. So
11 we want to acknowledge Council Member Van Bramer
12 who's here, Council, Majority Leader Cumbo, Council
13 Member Cabrera and Council Member Ampry-Samuel. Will
14 now turn it over to Deputy Majority Leader, Laurie
15 Cumbo for remarks.

16 MAJORITY LEADER CUMBO: Thank you chair
17 Ayala. And I thank you so much for expediting this
18 hearing and for prioritizing this very important
19 issue. I want to begin by thanking you also for your
20 enthusiasm as well. Intro 64-2018 will require that
21 every city agency have a mental health coordinator.
22 Today we will hear from advocates, civilians, and
23 organizations that have worked tirelessly to bring
24 forth mental health legislation protecting our city
25 agency employees. Of the many advocates represented
today, I want to highlight Miss Beverly Johnson, who

3 will share her experiences battling mental health
4 challenges and the insurance system. From day one she
5 has helped champion this cause and has worked closely
6 with our office to effect positive change. It is
7 thanks to her that we are having this hearing today.
8 In an age where increased awareness and conversations
9 about health and wellness are coming to the
10 forefront. I thank Beverly and the countless others
11 whose courage tenacity and determination brought this
12 issue to the forefront. So as we are here, and Black
13 History Month, you are making history Miss Beverly
14 Johnson, and you're sliding right into Women's
15 History Month, with a renewed excitement and just
16 bringing so much to the council at a very important
17 time of recognition of African Americans and of
18 women, and you are certainly a trailblazer, and your
19 persistence, and your dedication and your many, many,
20 many... visits to my office, as well as phone calls,
21 has certainly paid off. So, we certainly salute you,
22 as one of our (s)heroes for this Black History Month,
23 as well as our Women's H(er)story Month. We hear so
24 much in the media about health and wellness and self
25 care, the overall importance of taking care of our
entire being from our physical health, down to our

3 emotional, mental, psychological, and spiritual
4 health. It is imperative that a city prides itself on
5 diversity and tolerance, that we be diligent, but
6 most importantly intentional in meeting the needs of
7 our city's employees who are inundated with stressful
8 high impact and even traumatic situations daily.

9 Mental health continues to be left out of the
10 conversation for many communities of color, due to
11 cultural biases, lack of access to education, and
12 inadequate health care coverage. This bill will not
13 only help to support so many of our city workers, but
14 continue to push back on the stigma surrounding
15 mental health. As Inspector General Sir, an inspector
16 general survey related that a sampling of NYPD
17 officers perceived stigma associated with seeking
18 mental health services within their department.

19 Officers have also voice concerned over GHI's
20 inadequacy in reimbursing mental health claims.

21 Having a dedicated coordinator to provide information
22 on services, both free and paid may provide greater
23 access to care for these personnel. I want to again
24 thank Chair Ayala for your leadership. I want to
25 thank Beverly Johnson, Kevin and Christian at
Hightail Mental Health, Carmen Calando of the Shield

2 Institute, formerly at ICL women's shelter, and
3 Deanna O'Grady at Samaritans NYC. Thank you.

4 CHAIRPERSON AYALA: Thank you. Alright so
5 we have a whole bunch of questions for you guys
6 today. I guess I will start here. So for individuals
7 that are seeking therapy, how long does it usually
8 take to schedule an appointment?

9 RENEE CAMPION: So I would like to, to
10 refer to my Deputy Commissioner for Health Care
11 Strategy Claire Levitt to provide that response.

12 CHAIRPERSON AYALA: Okay.

13 CLAIRE LEVITT: Thank you for that very
14 important question. We know that it's crucial that
15 patients are able to access care in a timely manner,
16 and we do believe that there is availability for new
17 patients to find providers in the network. But one of
18 the difficulties we do think that patients encounter
19 is that employees are often looking for treatment
20 after hours, after their work hours, and those are
21 most in demand, and they are harder to find. We've
22 spoken with Beacon Health and they've advised us that
23 the length of time that individuals wait for an
24 appointment depends on their immediate need. Normally
25 what happens is if you call you get an assessment, an

3 assessment. And in the case of a true emergency
4 members have seen immediately, or referred to an
5 emergency facility. In an emergency situation they've
6 advised us that members are normally seen within six
7 hours, in an urgent situation within 48 hours, but in
8 routine situations it can take up to 10 business days
9 in order to get an appointment. And again, I think
10 it, it depends on how specific the type of
11 appointment is, if you are, if you're looking for an
12 appointment with a specific type of provider in a
13 very specific location with very specific hours, it
14 can take longer to find that provider.

15 CHAIRPERSON AYALA: In cases where there's
16 an emergency our patients then referred to, or
17 employees referred to the emergency room at any time?

18 CLAIRE LEVITT: Sometimes the employees
19 are referred to the emergency room. That can be the
20 best place to go if it is truly an, if it is truly an
21 emergency, they may be, they may be referred to, to
22 the EAP program. They may be referred to call NYC
23 Well, there are a lot of different avenues for
24 getting emergency treatment.

25 CHAIRPERSON AYALA: Is someone collecting
data that would better advise as to how many people

2 were referred to the EAP, to the emergency room, or
3 to a provider?

4 CLAIRE LEVITT: Data is being collected by
5 Emblem and Beacon health on where people are being
6 referred. I don't think we've seen outcome straight
7 on that. And that's certainly something we can
8 request that they give us.

9 CHAIRPERSON AYALA: Yeah I would, I would
10 appreciate that.

11 RENEE CAMPION: And also on the EAP
12 program, perhaps, Kevin Bulger, the director of EAP
13 could speak more on the, on the emergency status.

14 KEVIN BULGER: Think I got it on. Sorry
15 about that. I think we were talking about emergency.
16 But really most psychiatric emergencies do go through
17 9-1-1 to an emergency room. That's how most people
18 get into inpatient, because of a severe psychiatric
19 issue, but we do get agencies calling us for critical
20 incident on the job where a person might be
21 expressing some type of concern that the agency has.
22 Then we'll respond with our counselors to work with
23 the employee and decide the best level of care.
24 Someone who expressed maybe suicidal ideations, but
25 the majority of people through say Beacon when they

2 go to hospital it's because it's usually off hours,
3 and there's some really psychiatric emergency that
4 beacon feels that hospitalization's needed at that
5 time.

6 CHAIRPERSON AYALA: Can you remind me
7 again what was the number of calls to the EAP program
8 last year. Do you, did you... was that in the testimony
9 I don't remember hearing that?

10 KEVIN BULGER: In 2018-19 how many...

11 CHAIRPERSON AYALA: Yes.

12 KEVIN BULGER: ...calls we received?

13 CHAIRPERSON AYALA: Yes.

14 KEVIN BULGER: We serviced, I can tell you
15 how many people we serviced. 2019 was... 2019 was
16 6,000-7,000, and the, I'm sorry, 2018 was 6,000 and
17 2019 was 10,000.

18 CHAIRPERSON AYALA: Okay, so let me just
19 go back a little bit. So if I'm an employee. And I
20 remember having to go through this grueling process
21 like many of us, and I'm walking into HR for my
22 onboarding appointment. I am really nervous. I'm
23 freaking out a little bit. I'm hearing a lot of
24 information that's really new to me and I'm probably
25 given a package probably as big as this one if not

3 bigger. I'm sure that somewhere in that process
4 somebody would have informed me about those services
5 the EAP services, however, I may not have heard what
6 was being shared because I was really nervous. How,
7 how, how are employees then, how is the information
8 getting to the employees, how will we making sure
9 that the information is readily available without
10 having to kind of force somebody to maybe self
11 disclose? Because my, my experience tells me that a
12 lot of people usually go to their immediate
13 supervisor when they're feeling like something is
14 just really off, and it's, and that something is may
15 be impacting their ability to do their job, and as an
16 attempt to maybe explain to the supervisor, immediate
17 supervisor, that there's something going on they may
18 disclose that they are in fact, going through nervous
19 breakdown, suffering from some sort of chemical
20 dependency issue. How do we prevent that from
21 happening? And how do we ensure that the information
22 is readily available in a way that an employee would
23 not have to self disclose to an to an employer? Is
24 that something that happens now?

25 RENE CAMPION: Okay, great. Thank you.
That's a really terrific question. That's, that's

2 really great. And I'm happy to respond on, on the
3 overall information how we send out information to
4 our city employees. So first up for new employees or
5 any employees, the OLR website, nyc [dot] gov [slash]
6 OLR is an excellent source of information. It has
7 specifically, all of our employee benefit programs as
8 well as our health insurance programs, and a specific
9 section on the employee assistance program. So if
10 people go there, they will be provided with
11 additional information, there is EAP information
12 which Kevin will speak a little bit about more to new
13 employee orientations, but even I, I completely
14 understand what you're saying about the sort of
15 overwhelming and this pile of paper that you get when
16 you're a new employee. Is that there's a monthly
17 email sent to HR among the various city agencies. We
18 have onsite presentations and agency Health and
19 Wellness Fair, where we talk to city employees and
20 our representatives talk to city employees about all
21 the possible programs that we have for physical and
22 mental health resources. Kevin, do you...

23 CHAIRPERSON AYALA: Do you know which
24 agencies get that?

25 RENEE CAMPION: Which, I'm sorry?

2 CHAIRPERSON AYALA: The newsletter, which
3 agencies get the newsletter?

4 RENEE CAMPION: All the agencies. All the
5 agencies get the monthly email to all of the, I'm
6 sorry Human Resources contact at every single agency.
7 So I just... Kevin would be able to... Could you explain
8 a little bit more about the intake process and
9 people?

10 KEVIN BULGER: Okay. When, when an
11 employee calls us for services we get some
12 information from them, and they're given to a
13 counselor, right away. Everybody, everybody on my
14 staff is a licensed mental health counselor, social
15 worker, mental health counselor, psychologist. That
16 person then will get the information, and will talk
17 with the person about what's going on and what
18 services they're requesting. They either offered an
19 in person session, a phone sessions, to come in with
20 them or their family member. If it is a family
21 member, child they're asking for, we do ask the
22 parent to come and bring the child, because we feel
23 that the child has a right to have their say in the
24 whole thing so that we really do see what's going on
25 in the family. And then from there the council will

3 work with the person and get the services they need.

4 And we'll keep in contact until the services provided

5 to the employee, and we'll follow up with those

6 services appropriately, whether the therapist is

7 comfortable with it or not. And then just to add one

8 on to the commissioner's statement. We also do

9 supervisory training, and that's who, for the person

10 to identify problems that might be showing up with

11 the employee, and we've got what we call a five step

12 model, and it's really looking at job performance,

13 not the mental health issues or anything else because

14 we don't want a supervisor to be a therapist, you

15 want them to do their job as a supervisor, but they

16 will be deteriorating job performance that the

17 supervisor can identify, and then recommend that to

18 person, you know this is going, you know, we see this

19 behavior. You see a job performance deteriorating and

20 we have services that are free and confidential to

21 you.

22 CHAIRPERSON AYALA: I'm just a little bit

23 thrown off by the number because if we, we're saying

24 we have one, a workforce of over a million right?

25 1.25 million?

2 RENEЕ CAMPION: No, that's the... I'm sorry.
3 It's... That just, just, just to clarify, that's the
4 number, 1.25 million is the number of active
5 employees, retirees, and their dependents who are
6 covered under health insurance both physical and
7 mental, and the number of city employees is, is
8 almost 400,000.

9 CHAIRPERSON AYALA: Okay, but that's
10 still, I mean, we're only getting close to maybe
11 8,000 calls through the EAP? Does that sound like a
12 small number to you? With them... I mean I don't...

13 RENEЕ CAMPION: Well I think that... Let me
14 start by saying that, that the number of calls that
15 we get... I mean so we are one, we are one... The EAP is
16 one resource to people to ask to, to ask about
17 benefits and, and ask for help. They're also the New
18 York City Be Well, of course, as well as in the
19 uniformed agencies, there are the EAP programs. I
20 think that there are. I know that there are more,
21 just the numbers that we are getting into our city
22 EAP doesn't represent the number of contacts that
23 are... updated... doesn't represent the number of
24 employees who are reaching out looking for help. That
25 number would be more than that.

2 CHAIRPERSON AYALA: Okay, I'm gonna yield
3 to Deputy Majority leader Cumbo because I know that
4 her time is precious. And so...

5 MAJORITY LEADER CUMBO: So is yours Alica,
6 don't worry. Your time is precious too. Just wanted
7 to go over just a few logistical questions about
8 this. Is there a plan in place to account for the
9 additional demand in programs like employee
10 assistance program and Thrive NYC? The bill requires
11 the mental health coordinator to outreach to city
12 agency stat and presumably there will be an increase
13 in requests for mental health services.

14 RENEE CAMPION: Sorry, so your, your
15 question is, is are the resources available, is there
16 a plan in place?

17 MAJORITY LEADER CUMBO: Correct.

18 RENEE CAMPION: That was your, that was
19 your question. So, to the extent that we would have
20 on the for the, on representing the city OLR as an
21 oversight agency we would have any additional
22 programming that we would need. So we, we have the
23 resources in place at the current time for Work Well
24 NYC that we've talked about, at its current levels.
25 We've also had resources in place for the DOE

3 expansion for EAP program. To the extent that we
4 need, if there's any reference to an additional
5 mandate for additional programming, we would have our
6 conversation with our colleagues at OMB to talk about
7 what exactly it is that we need and what, what
8 resources we would need as a result of that.

9 MAJORITY LEADER CUMBO: What training is
10 being considered for the mental health coordinator?

11 RENEE CAMPION: So, so right now we have
12 New York City OLR through our Work Well program has
13 ambassadors and champions in the city agencies as
14 well as our Work Well staff that guide and provide
15 guidance. There are a number of different educational
16 opportunities that they have to work with our work
17 well staff that people on this, people look... city
18 employees who are in each of the different agencies
19 who are interested in being ambassadors and champions
20 which is what we refer to them as, to the extent that
21 they need additional training are provided with the
22 information Work Well can provide that. To the extent
23 that they need additional training I'm totally open
24 and willing to listen, continue having this
25 conversation about what would be the appropriate
training, if in fact it was OLR, potentially who

3 could to help lead this discussion going forward
4 about the mental health coordinator.

5 MAJORITY LEADER CUMBO: So do you
6 anticipate that most of the hiring for these
7 positions will come from within?

8 RENEE CAMPION: I think we would need to
9 assess that. I think that no did we, I haven't, we
10 have enabled, haven't thought it through enough at
11 this point prior to the, the proposal of the
12 legislation. I think that the, the resources that are
13 available now as part of our discussing it with the,
14 with you as the sponsor of the bill as well as
15 others, we would need to have those conversations to
16 see what that would look like.

17 MAJORITY LEADER CUMBO: How many people do
18 you think would be, would need to be hired in order
19 to fulfill this legislation?

20 RENEE CAMPION: So right now we have
21 three, approximately 350 to 400 ambassadors in our
22 city agencies who also haven't, they have a day job
23 so they, they, they work performing their duties as
24 a, as I say a clerical or administrative associate as
25 a member of the trades, as members of... all the
occupational groups that the city of New York

2 employs. To the extent we would, we would need to sit
3 down and figure out what that would look like if we
4 needed to go outside from the current compliment of
5 employees that are currently in an agency, we would
6 hope that we could use the Work Well program that we
7 have to actually lead the way to expand that to
8 include the mental health as we have the Be Well
9 program, to be able to provide resources to city
10 employees so they're, they're able to get in, in real
11 time, as much information as they possibly could so
12 they'd be directed in the right way.

13 MAJORITY LEADER CUMBO: My next question
14 is how will the mental health coordinator address
15 issues regarding Emblem Health denial of services
16 issues?

17 CLAIRE LEVITT: Thank you. Can you, can
18 you explain what you mean by denials of service
19 issues?

20 MAJORITY LEADER CUMBO: In 2014, then A.G.
21 Schneiderman announced a \$1.2 million settlement with
22 Emblem Health HIP and GHI merged in 2006 for having
23 rendered poor mental health care services. Emblem
24 Health routinely denied more intensive levels of care
25 for patients, including drug rehab, potentially, up

3 to 31 million could be reimbursed to some 15,000
4 members.

5 CLAIRE LEVITT: Yes, thank you, we, we are
6 aware of that. These were in relation to issues that
7 the attorney general raised in 2014 about Emblem
8 Health and other insurers not meeting Mental Health
9 Parity requirements, and it was specifically around
10 the way that they were managing the care for
11 behavioral health. Since then, there was, there was a
12 settlement, and we are assured by Emblem Health on
13 behalf of both the HIPHMO, and the GHI CBP plan that
14 they are completely in compliance with parity. And we
15 have not seen those types of care management denials
16 in quite some time.

17 MAJORITY LEADER CUMBO: Because the
18 concern would be that through this coordinator,
19 through the help and the support and the
20 recommendations that our own employees are getting
21 that when they actually go to providers for help and
22 support that they could be denied based off of their
23 policies and the coverage that we currently offer.

24 CLAIRE LEVITT: If they were, if they were
25 denied they have appeal rights to, to Emblem Health
and appeal rights for additional independent review

2 as well, but probably the best way to resolve those
3 issues is by calling OLR and getting us involved in
4 trying to resolve those issues.

5 MAJORITY LEADER CUMBO: Would the, as this
6 legislation was created to have a coordinator of
7 sorts, could the coordinator in that case, then be
8 your representative to help you through the process
9 of this? Because when you're on the verge of a mental
10 health breakdown as Council Member Ayala... you know if
11 you have mental health issues or just mental
12 disabilities in many ways you really don't have the
13 capacity to press one callback, speak to the
14 operator, hang up, call back, do you have this
15 number. Why don't you fill out this form and this
16 packet and get back to us and then press one, but
17 what you also can do is you can mail in the packet
18 after you figured it out and you've called your
19 lawyer press one. Like, that's enough to send you off
20 the deep end, if you're in a good mood.

21 CLAIRE LEVITT: That's true.

22 MAJORITY LEADER CUMBO: And life is going
23 great.

24 CLAIRE LEVITT: That's true. We really
25 appreciate that comment. I think that one, one

3 resource right now that's in, that's in effect that
4 can handle that is also the EAP program. And they
5 often do get involved in those types of issues as
6 well as helping to find people a provider. It's
7 certainly possible we could look at the mental health
8 coordinators, as an appropriate location for part of
9 that role. Kevin do you want to follow up on that?

10 KEVIN BULGER: Yeah, I think we've, we've
11 handled it in the past where employees have been, had
12 a problem getting into a facility or there might have
13 been something happen along the way. I think the EAPs
14 are the best including union EAPs are the best in
15 some ways to coordinate the care because everybody's
16 a mental health professional. So we can talk with the
17 treatment facility and look at really what the
18 problem is, you know why what they presented to... to
19 the, say the health plan, and what the health plan is
20 saying back we can sort of cut through what's being
21 said, because we understand the lingo of mental
22 health. I think that's the best way to go because I
23 think coordinate if they're not a mental health
24 professional might muddy the waters a little bit. So
25 if you're saying depression and someone is saying
it's major depression well what's the difference

2 between an EAP person to be able to explain that and
3 work through the issues. So I think the mental health
4 professionals, is the best way to go to try to
5 alleviate some of the problems unless it's just
6 regular benefit issues of, you know, benefit has been
7 expired or something along those lines.

8 MAJORITY LEADER CUMBO: Thank you. I'll
9 turn it back over to Council Member Ayala.

10 CHAIRPERSON AYALA: We have been joined by
11 Council Member Ritchie Torres. Go ahead.

12 COUNCIL MEMBER TORRES: Thank you, Council
13 Member. Sorry. Thank you. It's not clear from the
14 testimony where the administration stands on intro
15 1792. I know it says you support the intent of the
16 legislation but it's certainly possible to support
17 the intent while opposing the legislation so.

18 RENEE CAMPION: Yes thank you Council
19 Member.

20 COUNCIL MEMBER TORRES: Yeah.

21 RENEE CAMPION: It's a good question.
22 Thanks for allowing us the opportunity to clarify.
23 So, we, the city administration OLR as an oversight
24 agency is absolutely in favor of having, providing as
25 many resources as possible to both our city employees

3 as well as our city public at large. I'd like to
4 invite up for a moment Dr. Myla Harrison from DOHMH
5 who can explain more in answer to your question.

6 MYLA HARRISON: Thank you very much for
7 the question. So, the summary of the bill would
8 require the Department of Health and Mental Hygiene
9 to develop a list of all free behavioral health
10 services and share the information with any city
11 agency that provides direct services to young adults,
12 families and children. And as we said we support the
13 intent of the bill and in fact are already doing that
14 so as the health department, everyone including city
15 employees should have knowledge about and access to
16 mental health information and supports and services,
17 regardless of their ability to pay regardless of
18 their insurance status. The Department of Health and
19 Mental Hygiene works with Vibrant, which used to be
20 known as the mental health agency of New York City to
21 run NYC Well, which is our call, text, and chat
22 feature that has information and referrals on all
23 mental health services and substance use services in
24 New York City, and they keep that up to date. It's an
25 information line. It's also our crisis line, and so
anybody can call on behalf of themselves, or somebody

3 they work with or know and love, who might be in
4 crisis and can get urgent help as needed. And so this
5 already exists as a resource for folks in New York
6 City. People can access it again online or on their
7 phone or on their computer in many ways.

8 COUNCIL MEMBER TORRES: What about
9 situations where, what about rank and file employees
10 and human resource agencies that serve populations in
11 need that, you know populations that could benefit
12 from, from health care services? Do those employees,
13 are those employees briefed about the full range of
14 services available to the populations that they serve
15 in agencies like HRA or DHS and all the rest?

16 MYLA HARRISON: So, that's a good question
17 so through another resource we have Mental Health
18 First Aid training; Mental Health First Aid training
19 is a day long training that helps people understand
20 what mental health looks like what mental illness
21 looks like when people might need help. As part of
22 that training which has been offered to something
23 like 68,000 city employees already. They get
24 information about how to access in NYC Well, how to
25 get care when care is needed for people that they

2 either are working with or live with, those sorts of
3 situations.

4 COUNCIL MEMBER TORRES: But we're... How
5 many people received the training?

6 MYLA HARRISON: About 60... yeah, 68,000
7 city employees through many city agencies so far and
8 many more outside of city agencies, but certainly
9 that is another way to get information out there
10 again about how to access help for people and when to
11 know somebody might need additional help when it
12 comes to mental health.

13 COUNCIL MEMBER TORRES: Because the bill
14 was based on an observation that you know there are
15 community based organizations that might have funding
16 to provide mental health services but might lack the
17 volume, whereas city agencies no one serves more
18 people than the largest provider of social services
19 our New York City agencies right, that have, that
20 often have the volume, might not have the funding.
21 And so I was, I was concerned about a lack of
22 coordination and communication between the
23 organizations that have the funding for the services
24 and the city agencies that have the volume of clients
25 who could benefit from the services. So, is there a

2 system in place for ensuring that there is
3 coordination, a system of referral between community
4 based organizations and city agencies around mental
5 health services?

6 MYLA HARRISON: I'm not sure I'm
7 understanding...

8 COUNCIL MEMBER TORRES: Yeah.

9 MYLA HARRISON: the intent actually, and
10 I, we'd be happy to talk further if it will help you
11 know we can talk more detail because it sounds like,
12 what you have is simply a process by which you refer
13 people to the hotline. If you have any mental health
14 condition, just call this hotline. But I'm looking
15 for something more concrete just a referral
16 relationship between community based organizations
17 that provide mental health services and agencies that
18 serve populations that are most predisposed to
19 anxiety, depression, the whole range of mental
20 illnesses so I'm looking for something more concrete
21 than simply saying hey call this hotline call 3-1-1.

22 MYLA HARRISON: Yeah so, so I think I
23 understand your question a little bit better. It's
24 about...

25 COUNCIL MEMBER TORRES: Yeah.

3 MYLA HARRISON: ...how do you, how do people
4 not fall through the cracks, how do people know
5 what's available and out there for them. There are
6 hundreds and hundreds and hundreds of providers in
7 New York City that that offer mental health resources
8 and so that list is long, and that list needs to be
9 kept up to date so we're using NYC Well through
10 Vibrant as a place to make sure that list is always
11 up to date. There's information there about the
12 population someone, then an agency will serve about
13 the insurances that they accept about the languages
14 that are spoken. And those can change over time so
15 there's, it's a resource that helps keep that
16 information up to date. And yet it's not the only way
17 to get care for people so it is, it is one way for
18 people to know what's out there, and it's a
19 centralized way to, to get that information out
20 there. It's not the only way.

21 COUNCIL MEMBER TORRES: Yeah. And, and I
22 guess, I don't want to dwell on this but you know any
23 one of us can call the hotline. You could call the
24 hotline, I could call the hotline. What I'm hoping
25 for is just closer coordination, a more systematic
referral relationships between community based

2 providers and city agencies that target populations
3 that we know are at risk of mental illness. Like we
4 know what the predictors are. And rather than wait
5 for those people to call the hotline we should
6 proactively target them, you know if, if we're
7 connecting them to other city services then we can
8 simultaneously connect them to mental health services
9 that would benefit them. We should do so, especially
10 if the services are there and the funding for the
11 services are there, like we, you know, my theory is
12 we can serve more people simply through better
13 coordination. And I think that's, that's the logic of
14 the bill. So thank you, Madam Chairwoman.

15 CHAIRPERSON AYALA: Thank you. We've been
16 joined by Council Member Borelli. We will now be
17 hearing from Council Member Ampry-Samuel.

18 COUNCIL MEMBER AMPRY-SAMUEL: Good
19 afternoon. I guess Council Member Torres and Majority
20 Leader Cumbo kind of went through the line of
21 questions that I had, because I was going to ask
22 about the expansion of the EAP program. And to kind
23 of give us a more detail about how do you work in
24 certain agencies. Because when I was reading through
25 the testimony, and I see the child protective

3 specialists, highlight. And the language here just
4 reading it back says, working as a CPS worker is
5 rewarding, however, it can put many CPS employees at
6 the risk for compassion fatigue. And then, when you
7 read down to the new DOE program. The language that's
8 used says, where is it, now that NYC EAP will deliver
9 comprehensive services to help DOE employees overcome
10 personal problems that diminish quality of life and
11 interfere with effectiveness on the job. And, and I
12 think about the teachers in our schools, and in
13 particular in schools where you know you have high
14 rate of children in transitional housing and families
15 just struggling in certain communities, and those
16 teachers to me seem to be the equivalent of a child
17 protective specialist, because they are dealing with
18 compassion fatigue, as well. And it's not necessarily
19 that they come into school with all these personal
20 problems, but the fact that their problems are coming
21 from the fact that they want to work so hard, helping
22 the children and the families that they serve. And so
23 I was just wondering if you can kind of explain the,
24 the difference between or, you know, the similarities
25 between the work that you'll be doing with the CPS
workers and the new program with DOE, but you, you

2 kind of talked about that, but I just wasn't still
3 sure, because I still know so many struggling
4 professionals at different agencies that are told to
5 call a hotline, as opposed to, you know, knowing that
6 they have these issues with those services that they
7 provide. So that was my...

8 RENEЕ CAMPION: Sure.

9 COUNCIL MEMBER AMPRY-SAMUEL: ...line of
10 questioning that you answered.

11 RENEЕ CAMPION: Right, thank you for
12 clarifying that in the testimony. You're absolutely
13 right about that, about the way we reference in the
14 testimony. So I appreciate the opportunity to explain
15 a little bit further and I'll have Kevin explain a
16 little bit further. But just, just as a, as a...
17 initially I'd like to say that the, the uniqueness of
18 our city EAP program is that we're able to customize
19 by agency. The, the record, the, the... based on the
20 agencies and based on the, the occupational group of
21 employees and based on the city, the, the public that
22 they, the city employees take care of. We're able to
23 customize those EAP programs and talk with them and
24 bring them programming like workshops and clinics
25 and, and, and make those presentations to them based

3 on the work that they are actually doing. So a
4 teacher in a classroom, as you mentioned, is not
5 going, necessarily going to be the same. There may
6 be, there could be some overlap, but, but as versus a
7 child protective specialist who is dealing going into
8 a home and dealing with, with different circumstances
9 but I'll let I'll let Kevin explain a little bit more
10 on the uniqueness of how we're able to customize both
11 of those programs, as we look forward to the future
12 as we mentioned the DOE program we just announced as
13 of this past Friday February 21st so there'll be,
14 there'll be a up and coming period of transition
15 where we're talking about that, but Kevin?

16 KEVIN BULGER: Thank you very much for the
17 question because I think it's a very important
18 question and there are a lot of similarities. If we
19 just look at the three separate programs that we set
20 up to, to meet the needs of the agency when there was
21 a traumatic event up in, up in the actually the case,
22 the site office up in upstate New York, we realized
23 there was about 1,000 workers who work for the City
24 of New York who didn't have access to the employee
25 assistance program, just because of where they are.
So we worked with the DEP and DEP suggested that we,

3 they funded a line to work with them. And that
4 brought us to the ACS. The ACS was realizing the
5 turnover rate is very high, the burnout rate, and
6 that they felt that maybe there was something needed
7 to be able to work with those employees and having
8 started my career in child welfare, on the other side
9 of it, I understand. Trust me, the compassion fatigue
10 and the need of that population of work on them. So,
11 we developed this program with ACS. That led us to
12 DOE. And I agree with you. we just started with DOE
13 on Friday at 4:30. And we've gotten a lot of
14 interesting phone calls. And a lot of them are around
15 teachers experiencing trauma in the workplace. My
16 parents, my parent well my mother was a teacher and
17 you sort of look at it that you... suddenly given a
18 child's life, as well as an ACS worker and you're
19 trying to mold them and... things that our children are
20 going through now so much more traumatic than when I
21 was a child, or when my kids who are young adults
22 now. It's a different population and I think
23 teachers, I agree with you, teachers have a very
24 difficult time and I think between us working with DC
25 37, and work with the DOFT we're going to develop a
very comprehensive way of, of working with the

2 teachers, the DOFT was overwhelmed, DC 37. And so we,
3 with the additional funding from OMB we're able to
4 develop probably a program that'll be able to address
5 all the issues, my deputy director Claire Cammarata,
6 Doctor Claire Cammarata actually has been researching
7 all the needs that we're seeing with teachers, their
8 own compassion fatigue, their burnout. You're right,
9 the amount of kids we have to deal with who have come
10 from shelters, it's a different environment and just
11 how children react to each other. So, the teachers
12 are very difficult, and we funded six to 15,
13 different new counselors to work in this population
14 plus four supervisors, plus a clinical director so I
15 think we're going to start addressing it. We'll have
16 more information as it goes along. But trust me since
17 4:30 when the, when it was announced we've gotten
18 very interesting phone calls and addressing what
19 you're saying.

20 COUNCIL MEMBER AMPRY-SAMUEL: Okay, thank
21 you. My last question is related to the license
22 social worker. So under state law, insurance
23 companies give insurer groups the option to cover
24 social workers who have LCSW licensing for therapy,
25 which is widely recognized as more cost effective

2 than psychiatrists, the city has gone further and
3 determined that they will not cover an LCSW, unless
4 they have the R privileged designation, which
5 requires three more years of supervised training. And
6 so the question is what is the, R privileged
7 delegation, I mean designation. And with that, I have
8 to explain the city already has a limited number of
9 practitioners to provide mental health care. Why are
10 we adding additional barriers if that is the case for
11 treatment? So if there's anybody that can explain
12 that.

13 RENEЕ CAMPION: So I think... So, I'm going
14 to let Kevin explain a little bit about the, the
15 reference to the R designation, but I think this,
16 we're going to need to, we're need to, going to need
17 to go back and find some different, different,
18 additional information I have follow up with you
19 about what about the specific question that you're
20 asking but, but Kevin, he can explain a little bit
21 about the R...

22 KEVIN BULGER: Okay, I'm an LCSW with the
23 R.

24 COUNCIL MEMBER AMPRY-SAMUEL: Okay you the
25 perfect...

2 KEVIN BULGER: ...per the R. It is, it is...
3 when that law was passed number of years ago, 30
4 years ago it gave the rights to correct,
5 psychiatrists, psychologists, social workers by law
6 have to be paid by insurance if one is paid. The R is
7 just meaning reimbursable, so it's your three years
8 plus another three years so six years. I think what
9 they tried to do is equate it to a psychologist,
10 because it's more education they're getting a PhD
11 than getting your LS... your MSW, so I felt, I think
12 the bill itself made it that you had more supervision
13 before they made you reimbursable, that's where the R
14 comes from. There is a bill in New York State that
15 hasn't signed yet that has eliminated the R. And it
16 still hasn't been signed but it will allow any LCSW
17 to be reimbursed, removing the R, so it'd be you're
18 licensed, your LMSW then you pass your, you test,
19 your LCSW plus your additional I think 3,000 hours so
20 pass by R... how many? 2,000 and I didn't have to do it
21 anymore so. So it's 2,000 hours. So there is a bill
22 in this New York State, eliminating the R to be
23 honest with you. I know if that's eliminated then we
24 wouldn't put the R, it's just, it's just, they felt
25 when they gave the R was to make sure the quality of

2 mental health treatment was there at the time and it
3 was about 30 years ago, maybe 40.

4 COUNCIL MEMBER AMPRY-SAMUEL: So since you
5 know about this bill, do you know what's happening
6 with it?

7 KEVIN BULGER: Yeah. We've been... it hasn't
8 been signed yet, and it was in this last budget bill,
9 and so if it's not signed I'm assuming I'm only a
10 social worker that then in, in they would have to be
11 reinduced in the next, reinduced... I, I have no idea
12 why it was never signed. Maybe it opens up the other
13 licenses I'm not sure.

14 COUNCIL MEMBER AMPRY-SAMUEL: Do we have a
15 number of the like New York City LCSWs, like the
16 percentage that have the R designation and who don't?
17 I'm just curious now... [cross-talk]

18 RENEE CAMPION: Your question goes... to the
19 number of... in the, in the five boroughs, for example,
20 in the five boroughs number of LCSWs with the, with
21 or without the R.

22 COUNCIL MEMBER AMPRY-SAMUEL: That'll be
23 helpful.

2 RENEЕ CAMPION: Yeah, we could, we could,
3 we could do, we can, we can look into it and research
4 and, and get back to you and follow up.

5 COUNCIL MEMBER AMPRY-SAMUEL: Okay. Thank
6 you.

7 CHAIRPERSON AYALA: I'm just going to go
8 back a little bit because I, I still don't feel like
9 I kind of, that I heard what I wanted to hear. So,
10 does each city agency regularly update employees
11 about mental health care benefits? I mean, you
12 wouldn't be able to answer for every agency, but is
13 it your impression that they do?

14 RENEЕ CAMPION: So as an oversight agency,
15 it's difficult for me to give you information about
16 each individual agency but to the extent that OLR is
17 a, is a resource for every single agency to provide
18 employees and we send out, as I mentioned, that
19 monthly communication to the each agency's HR
20 division what's going on with, with, our four, our
21 four different Work Well programs. As far as the
22 health insurance, and what the benefits are and how
23 you can gain access and who you can speak to all of
24 the information is on the OLR website, and people can

3 easily access that. Any city employee can easily
4 access that.

5 CHAIRPERSON AYALA: But when the
6 information goes to the HR department is it up to the
7 HR department to determine what to do with the
8 information? Or is there a requirement that ensures
9 that HR is, is ensuring that the information is
10 trickling down to the employees, is what I'm trying
11 to... I mean I got a lot of, I got a lot of information
12 through my office and sometimes it sits with my
13 staff. Right. And so I get that this happens right
14 everybody's so busy and... Is it a priority for each
15 agency to ensure that the information that you are
16 submitting to them is trickling down to the employee?
17 And not just during the times when there's, when
18 they're being onboarded.

19 RENEE CAMPION: I understand. So thank you
20 for that question. So I think that with our 300, 350
21 to 400 ambassadors that OLR has for the Work Well
22 programs also, I think that's also another way of,
23 another outlet, not just sort of the HR office
24 responsibility to, to communicate with city
25 employees, we have ambassadors in every single one of
our agencies that were, that we work with every

2 single day, the Work Well program staff works with,
3 so that we can make sure that those people,
4 ambassadors and actually champions who are sort of
5 examples of, of, of mental and, and, and physical
6 wellness, who actually go out and talk to their
7 colleagues, talk to their fellow employees to provide
8 them with information, and an insight. And that is
9 one of their roles that we, you know, sort of help..
10 They voluntarily raise their hand and say they like
11 to do that and there's a lot of excitement about
12 their... about people sharing the information.

13 CHAIRPERSON AYALA: Okay. Is there
14 information about mental health care coverage and
15 benefits available in common areas spaces such as
16 like the break rooms?

17 RENEE CAMPION: So I'm not, it, I can't,
18 it's difficult for me to speak on behalf of all, of
19 all the individual agencies, to the extent that we
20 send out the information to the HR agencies every
21 month. We certainly encourage them to then provide
22 that information to their employees.

23 CHAIRPERSON AYALA: You encourage but you
24 don't require?

3 RENEÉ CAMPION: I do not, as an oversight
4 agency it's, it's difficult for me to require such a
5 thing.

6 CHAIRPERSON AYALA: Okay. Approximately
7 how many mental health providers are in the network
8 of each of the city's three main insurance plans?

9 CLAIRE LEVITT: Thank you again for that
10 question. We actually, I have the numbers for the two
11 major insurance plans that cover 95% of the city
12 employees. That's the, the CBP plan through GHI and
13 the HIP HMO plan. There are over 8,000 in HIP HMO,
14 and over 6,000 in the, in the GHI network.

15 CHAIRPERSON AYALA: All right. How does
16 that number compare to other insurance networks?

17 CLAIRE LEVITT: So, we're, we're not sure
18 what the numbers are in other insurance networks. We
19 do feel that the number that are in, particularly in
20 the GHI network since there are less in the GHI
21 network than there are in the HIP HMO network, we do
22 feel the GHI network could use some improvement in
23 the number of providers, and we are working with
24 Beacon Health and Emblem Health on that now and we
25 hope that in the next four to six months that we'll

3 see an additional thousand or so providers added into
4 that network.

5 CHAIRPERSON AYALA: Of the providers that
6 are in the network now are they geographically spread
7 throughout the city to meet the, to better meet the
8 needs of the city employees and are these providers
9 culturally and language competent as well?

10 CLAIRE LEVITT: These are all really
11 important questions and we're very committed to
12 having diversity, tabbing diversity in the network.
13 There are providers in every single county in the
14 five boroughs and all of the surrounding counties,
15 and each one has psychiatrists, psychologists, and
16 social workers in the network as well as some other
17 types of providers like nurse practitioners. And
18 there is a substantial amount in in each borough.
19 That being said, we do have the problem in this city
20 that is available, that is a problem nationally,
21 which is that there is a lack of availability and
22 some of the federally designated mental health
23 professional shortage areas. So, there are shortage
24 areas in some of the, in some of the local areas, but
25 in each of our, in each of our boroughs in each of
our counties there are providers.

3 CHAIRPERSON AYALA: Are you concerned
4 that... [cross-talk]

5 RENEE CAMPION: Oh.

6 CHAIRPERSON AYALA: Yeah?

7 RENEE CAMPION: I was just going to, on
8 the, on the, on the language, the issue regarding
9 languages I just wanted to mention for when selecting
10 a provider from the website or by phone an employee
11 can specifically, can specify different language
12 requirements as well as gender and ethnic
13 requirements to accommodate their preferences. We
14 also have the same similar. A little, when we're
15 doing intake on the EAP side which Kevin can, can
16 specify about as to match people up with the city
17 employee who needs the information with the
18 appropriate provider.

19 KEVIN BULGER: Okay, everyone, an employee
20 calls for speaking to mental health services. This is
21 other services. We'll go through everything and we
22 will ask, do you have a need that you would like,
23 that can be a certain zip code or do you want to have
24 a therapist downtown? If you live in Brooklyn, you
25 know, it's easy to go before going home or do you
want one on a weekend in Brooklyn where you're

3 living, and do you have any requests you have? You
4 know, a racial, ethnic, is there some needs that you
5 feel that is important for you. So, and it's up to us
6 to find that part, type of person, some get very
7 difficult you know you want somebody between the age
8 of 22 and 24, and a psychiatrist say and it's very
9 difficult to get to your answer how many social
workers, today GHI have... 6,527.

10 CHAIRPERSON AYALA: I mean I think that
11 the concern is that we you know we want to ensure
12 that employees are not facing additional barrier by
13 then having to leave their community to receive
14 services right. Because we know that people don't
15 often get from point A to point B when they have to
16 leave their network and their communities.

17 KEVIN BULGER: No, we, we give them the
18 opportunity in the community, or it might be easier
19 for them to do it at, in this area here if they work
20 downtown so they'd rather do it on their lunch hour,
21 they try to do it on, the, you know going, before
22 going home so they can set up their childcare that
23 way. So, we go to what the needs of the employee
24 asked for. We don't mandate where they do the
25 treatment. We ask them, do you have a certain

3 requirement that you like, and then we'll meet that
4 need.

5 CHAIRPERSON AYALA: Do we know how
6 competitive the rates are that are being paid to
7 providers compared to other health insurance
8 providers and is there a concern that the existing
9 low rates are incentivizing a broad pool of talented
10 providers?

11 CLAIRE LEVITT: Thank you for bringing up
12 the question of, of access to care and the rates that
13 are being paid. This is a very, it's a very important
14 issue to us to ensure that employees have appropriate
15 access to care. We do have a substantial pool of
16 providers that do accept the rates from Emblem
17 Health. And for us, it's an important balancing act
18 between the fact that we've been tasked with making
19 sure that the coverage is affordable at the same time
20 that we're tasked with making sure that it's
21 extensive. And we've worked very hard to keep the low
22 and employee co-pays that we have and the free
23 coverage that we have for now and into the future. We
24 do believe that there are at some of the rates that
25 are being paid may be lower than what's paid by, by
other insurers and to the extent that negotiating

2 with new providers will be happening in, in the near
3 future, that may impact the rates that we're paying.

4 CHAIRPERSON AYALA: Since 2014 there have
5 been several lawsuits against GHI brought by city
6 employees and retirees, alleging that GHI, Emblem,
7 and Empire have defrauded taxpayers of more than a
8 billion dollars, provided inadequate healthcare while
9 collecting billions of dollars in premiums, and have
10 filed false claims to overstate their expense by an
11 average of 55 million per year between 2008 and 2014,
12 and they have committed unfair and deceptive
13 practices. Without commenting on the lawsuits has the
14 city considered finding a new insurer?

15 CLAIRE LEVITT: This is something that is,
16 finding a new insurer is something that is subject to
17 collective bargaining. And that it is something that
18 has come up in discussions with the Municipal Labor
19 Committee, and we continue to have those discussions.

20 COUNCIL MEMBER TORRES: If we, if there's
21 a finding that an insurer defrauded, the city of New
22 York we're powerless to remove that insurer? Outside
23 the context of collective bargaining that strikes me
24 as strange.

2 RENEÉ CAMPION: Right, so Council Member,
3 so to the extent that we have a relationship with the
4 Municipal Labor Committee, and we administer the
5 health benefits program together there are decisions
6 that are made together as far as putting out, there's
7 actual requirements going back to the 80's where we
8 actually, the ability for us to put out a separate
9 RFP unilaterally and separate apart from them there
10 was actually litigation about that, and it was
11 determined that we actually need to do it with them
12 together. To the extent that we need to address
13 problems with an insurer to the extent that they're
14 doing something, if they've done anything that we
15 find the controversial, we can have, we have those
16 conversations with them and as far as this 2014
17 Attorney General investigation my understanding is
18 that that Emblem actually addressed these particular
19 issues, and they are now going forward with having
20 those issues resolved.

21 CHAIRPERSON AYALA: Thank you Rich. My
22 final question. So, would you say that the city has
23 been satisfied with the mental health care coverage
24 provided by the three main insurance plans used?

2 CLAIRE LEVITT: We're actually, that's a
3 great question. We are proud of the coverage that we
4 provide. It has no annual deductible, it's free to
5 employees. It has very low per visit co-pays. It
6 costs people \$15 to go for, for any kind of treatment
7 including to a psychiatrist or psychologist or social
8 worker. So that, on one hand, we're really proud of
9 the fact that I think we offer great coverage. That
10 being said, we're always looking for ways to improve
11 it. And we are looking now at expanding the number of
12 mental health providers that are, that are in the
13 network, and we're looking at adding this
14 telemedicine benefit that we think will, will be used
15 by more people because of the convenience and the
16 privacy that it offers. So we're always looking for
17 new and innovative ways to do things to expand access
18 to mental health coverage and all our coverage.

19 CHAIRPERSON AYALA: Is SPOP one of your
20 providers, by any chance? It's a mental health
21 program for older adults I guess where you have a
22 retiree constituency. And that's a, it's a service
23 that's provided at home.

24 RENEE CAMPION: I'm sorry what was the
25 program?

2 CHAIRPERSON AYALA: SPOP, I think it's
3 Special Program for Older People... [cross-talk].

4 CLAIRE LEVITT: I'm not aware of that but
5 we'll find out.

6 CHAIRPERSON AYALA: Okay. I actually lied
7 I did have one other question because I needed just
8 some clarification on the program, what is the, what
9 is the difference between the Work Well NYC program
10 and the EAP?

11 RENEE CAMPION: So the EAP program is a
12 program that's been, that was established back in,
13 back in the 80's in, in, for OLR as a city wide
14 oversight. This specific work, the work that's done
15 through this the EAP is over, is, is managed and
16 overseen by certified mental health professionals who
17 are working with employees on a daily basis to deal
18 with personal issues, professional issues, and other
19 related, related concerns. Also talking about health
20 insurance. Our Work Well program that was established
21 in 2016 is our on site, on the site on the location
22 program that where we are, we are encouraging city
23 employees because we, we do, we do agree and
24 encourage that all employees are, are able to
25 exercise both their, sort of their, their physical

3 selves and their mental selves. And to the extent
4 that they are able to move more eat more, be, be
5 well, be more resilient in their, in their lives as
6 city employees, we know that city employees take care
7 of many, many different populations of people. And
8 what we say here is that to the extent that we, that,
9 that city employees take care of others, take care of
10 members of the public we are here at OLR and our Work
11 Well programs to take care of city employees. So that
12 is something that we, that we truly take very
13 seriously and want to ensure that those elements... and
14 that people on their, on their work site. For
15 example, to the extent that an employee if you give
16 them a program say a weight loss program or something
17 like that and say okay here's a, here's a website,
18 go, go home and look on your computer and work all
19 that you know and good luck, or something. To the
20 extent that we're able to have these programs in, on,
21 during city, during the, in the workplace that people
22 use during their breaks during their meals either
23 before hours or after hours, we're able, we're
24 finding out that people are able to, since we spend
25 more half of the more than half of our waking hours,
our city employees, all workers spend more than half

3 their waking hours in their, in their workplace,
4 creating an environment where, where that sort of
5 level of care and, and the attention that we spend on
6 making sure that people are, are responding, are able
7 to respond in the best possible way means that they
8 can eventually respond in the best possible way to,
9 to the public, the New York City public at large,
10 which is what we are, which is the service that New
11 York City is, is, is providing on a regular everyday
12 basis.

13 CHAIRPERSON AYALA: Okay. Do you, does
14 anybody have any other questions? Yes?

15 COUNCIL MEMBER TORRES: Two. Has there
16 been a, maybe a comprehensive analysis in which you
17 identify the positions in city government that have
18 mental, a high mental health risk? And then, like,
19 are there positions in city government that have a
20 high mental health risks but do, but lack access to
21 onsite services? Has that kind of analysis been done?

22 RENEE CAMPION: Right. Thank you. Thank
23 you for the question. I think that in our
24 specifically our dealings with the ACS workers the
25 child protective specialist workers we identify that,
and the agency identified that actually very early

2 on, and we were able to come up with a program, we're
3 able to have those four onsite mental health
4 providers working with them on, on, onsite. To the
5 extent that we also have of course through, through
6 the NYPD there are the various programs, most
7 recently, the Finest program that was established
8 back in, back in October of 2019 they're that free,
9 confidential 24/7 resource for our members of the
10 service are able to access that service as well as
11 others. I think that that's another area where the
12 police department has, has taken, has taken that next
13 step in trying to provide other opportunities for,
14 for members of law enforcement to actually seek out
15 and get help on a confidential basis.

16 COUNCIL MEMBER TORRES: And I don't know
17 the details of the program but are there, you know,
18 are there social workers or some kind of mental
19 health professionals onsite at the precincts
20 themselves?

21 RENEE CAMPION: So I, I actually don't
22 know the answer to that. I have Michael Clark from
23 the NYPD is here and he can provide an answer on
24 that?

2 MICHAEL CLARK: So, for the, the finest
3 program it's not. It's a 24-hour phone call that
4 accesses to services and mental health help. We have
5 been working on trying to create more of an
6 opportunity to have psychologists in the field with
7 officers. It's something we're working on right now,
8 but doesn't yet exist.

9 COUNCIL MEMBER TORRES: But the goal is to
10 have them in every precinct or in what?

11 MICHAEL CLARK: I don't know if in every
12 precinct but to have them available for officers.
13 It's, you know, it's not, it's what, it's what we're
14 working on to, to get to a place, but right now we're
15 taking first steps to begin working on that. But
16 right now it's not there.

17 COUNCIL MEMBER TORRES: Understood. And
18 beyond the NYPD at ACS what other kinds of positions
19 have access to onsite mental health services?

20 RENEE CAMPION: I'm sorry. I'm sorry
21 Council Member repeat the question?

22 COUNCIL MEMBER TORRES: Okay. Beyond,
23 beyond, beyond ACS and the NYPD what other positions
24 in city government have access to mental health
25 services, onsite mental health services?

3 RENEÉ CAMPION: Sure, Kevin, you want to
4 respond?

5 KEVIN BULGER: Okay, thank you. The, we
6 have, because we have a separate agreement to, to the
7 employee assistance program for the Health and
8 Hospitals Corporation. We have a social worker
9 attending to least one day a week in each of the
10 hospitals, as they open up to us some of the as you
11 know hospitals have a very tight space to give us
12 office space but we're getting more and more I think
13 we're probably in about... I can't say an amount, but
14 the, the social worker's there 11:00 to 7:00 to help
15 pick up the swing shift so the night employees can
16 also have access to, to an EAP counselor on site,
17 they'll be a metropolitan, Kings County. There'll be
18 Metropolitan, Kings County, Elmhurst is opening up,
19 Queens County Hospital, Coney Island not yet because
20 they're still recovering from Sandy. They're still.
21 So we do have an, there's a person in each one of
22 those, and Jacoby. So they're there at least one day
23 a week 11:00 to 7:00. Do we know if our social
24 service agencies typically have onsite mental health
25 professionals because I feel like in our, in the area
of social services people are chronically underpaid,

2 chronically overworked, the stressors can be
3 corrosive to mental health, and just for the sake of
4 morale and motivation, it would be useful to have
5 mental health professionals on site. Do we know if
6 DHS and HRA and all the social service organizations
7 that impose an enormous mental burden on, on, on our
8 public workforce do we know if they have access to
9 onsite mental health services?

10 KEVIN BULGER: They don't have access to
11 onsite. Of course they have a huge amount of sites
12 between, between DH, I mean DDS now. They're very
13 active with us now. We have a lot of employees come
14 from HRA.

15 COUNCIL MEMBER TORRES: Or any social
16 workers on staff, any mental health professionals on
17 staff who can rotate, who can go from.

18 KEVIN BULGER: Not right now.

19 COUNCIL MEMBER TORRES: See I think that's
20 a problem. Like I think every, and I would say even
21 for the City Council every, you know the, the
22 stressors of constituent service and social services
23 is an enormous strain on our public workforce and all
24 of us should to the extent possible should have
25 access to the every, every agency frankly should have

3 an on, should have social workers and mental health
4 professionals in my opinion but.

5 RENEÉ CAMPION: Right. Council Member I,
6 so I think to the extent that we have the
7 availability in ACS for our, our division of child
8 protection services that is a group that we were able
9 to, to, to, to focus on. I think that as more
10 conversations go on, we can continue looking. We were
11 able to, in essence, we went from a staff of prior
12 to, prior to this past Friday went from a staff of 15
13 mental health providers in our EAP program to a staff
14 of, of 46 ultimately. So we've in essence tripled our
15 staff to deal with the expansion into the Department
16 of Education, so we're constantly looking to see if
17 there are areas and ways that we can actually, if
18 there are there are. If people are looking for
19 additional help and additional resources. We will try
20 and figure out a way to craft a program. I don't
21 necessarily know that it could be onsite necessarily
22 but depending on resources, but we able to craft a
23 program where we can start to address these very
24 important issues for them as, in a specific
25 occupational group.

2 CHAIRPERSON AYALA: Thank you. Thank you
3 so much commissioner and welcome to our committee and
4 we look forward to continuing to work with you.
5 Thanks.

6 RENEE CAMPION: Great, thank you very
7 much.

8 CHAIRPERSON AYALA: We will not be calling
9 up our one and only panel; Beverly Johnson, Jaren
10 Marino, Christian Huygen, and Kathy Rivera.

11 CHAIRPERSON AYALA: Good afternoon
12 Beverly. Is the light on?

13 BEVERLY JOHNSON: Yeah.

14 CHAIRPERSON AYALA: Okay. You can start.

15 BEVERLY JOHNSON: Good afternoon Honorable
16 Diana Ayala Chair of the Committee on Mental Health
17 Development Disability, Alcoholism, Substance Abuse,
18 and Disability Services. Miss Laurie Cumbo, Majority
19 Leader and primary sponsor of the bill. Mr. Andrew
20 Cohen, member, Council Member and primary sponsor of
21 the bill that's not here, and council members. My
22 name is Beverly Johnson. I'm here to testify about a
23 law that I believe should be enacted as soon as
24 possible. The bill intro 0064 2018 is about hiring a
25 mental health coordinator to... [pause] about mental

3 support and services that are available to them. This
4 local law would be a first. It starts at the city
5 level for New York City. There's been a lot done for
6 people with physical disabilities, then that to great
7 advantages under the ADA, Americans with Disability
8 Act. We are all in recovery from something. Most of
9 us will experience some form of trauma in our lives
10 because life events can be stressful. No one will
11 escape unscathed in this time. Many of us at some
12 point in our lives will need some sort of mental
13 health care. Again, the bills about hiring a mental
14 health coordinator to inform city employees about
15 mental support and services that are available to
16 them. This law will be consistent with the printable
17 goals of the ADA. When enacted this bill will provide
18 many people suffering from mental illness, the help
19 they need to know where to turn. In the ADA the
20 federal government gives the discretion to the
21 employer to give or not to give a reasonable
22 accommodation. I'm a person who has mental challenges
23 of mental illness in my life for me and many like me
24 want to work, and it's part of my DNA and my therapy.
25 Work gives me a sense of belonging and being
appreciated for my contributions to make a positive

3 difference in the lives of others. It is ironic that
4 I was forced to resign when I worked at a city
5 hospital. My job title was peer specialist. I work
6 with adult psychiatric patients in the outpatient
7 treatment program. When, when I, when, when job
8 related issues began to trigger in me latent feelings
9 of inadequacy I reached out to the Associate Director
10 of Human Resources. The outcome was that I was
11 transferred to another department temporarily, but
12 that, the temporary nature of the assignment and the
13 treatment by managers of coworkers who are still
14 under mandatory employment probation period just
15 added to my distress. Consequently, I resigned, I was
16 afraid for a long time to try work again. I believe
17 that a better outcome could be achieved if
18 supervisors and employees were aware of mental
19 support and services that are available. In closing,
20 my experience is not uncommon, the need for
21 information for employees recovering from mental
22 illness, for support in adjusting to the stresses and
23 the complex interactions in the workplace shouldn't
24 warrant a forced resignation. Again, having a mental
25 health coordinator on site can only be helpful to the
employees will know where they, where, where they can

3 get help, and what their rights are. I know work is
4 very important. And I know that I have to work. I
5 think communication is the key for dealing with all
6 types of people on the job. Everyone should be
7 respected and heard in every possible way at work,
8 and in life. If people valued a, if people feel
9 valued at work, they will have fewer problems at
10 work. I'm convinced that if I would have had a health
11 coordinator available, who was not part of my work
12 unit to discuss the events that, that happened just
13 after I was hired, it would have helped me deal more
14 effectively with the situations that arose. I believe
15 there are many others who find themselves in
16 situations that spiral downwards too quickly. This
17 proposal law would help many of them stop their slide
18 down and remain in the workforce. I want to thank
19 everyone for their time and attention to this law and
20 hopefully it will be enacted soon as possible.
21 Remember, your vote will make all the difference.
22 Thank you all again.

23 CHAIRPERSON AYALA: Thank you, Beverly.

24 Thank you. That was, yeah, thank you I wish we could
25 clap but we're not allowed to, um, yeah. Yeah, it was
very moving. But I, we were just having this

3 discussion about having to force an employee to self
4 disclose that they're going through something right
5 so sometimes because the information is not
6 available, we're in essence forcing employees to tell
7 their immediate supervisors, that something is going
8 on. And my concern is that that may lead to
9 termination of an employee unnecessarily. And it
10 also, I think, is an invasion of the employee's
11 privacy, because you have you were in essence forced
12 to tell your immediate supervisor what you're going
13 through. So I appreciate you coming today to testify
14 because it really reiterates what we were already
15 kind of feeling is happening but I think the irony in
16 all of this is that you worked in a psychiatric unit.
17 Was the information not available at all in your, in
18 your experience? Was it posted anywhere? Or was your,
19 did you feel like the only option was to go to your
20 immediate supervisor.

21 BEVERLY JOHNSON: Well, you know, okay,
22 you have EO and you have the EAP and you have civil
23 liberties and you have employment lawyer, you have
24 disgruntled postal people. So, if you don't know. I
25 mean, if you don't know where to go or where to turn,

3 then chances are you're going to leave or something's
4 going to happen. It's like a domino effect.

5 CHAIRPERSON AYALA: I appreciate it. I
6 think Council Member Cumbo, did you have a question?
7 Thank you Beverly.

8 MAJORITY LEADER CUMBO: Beverly Johnson
9 for President. We appreciate your advocacy, and the
10 work that you've done. And I believe Council Member
11 Ayala is also alluding to the fact that it might be,
12 even in addition to this bill, more helpful to have
13 communication or signs within every workplace like
14 you might have if you are pregnant, and you need an
15 accommodation. There's signage to let you know that
16 we have paid sick days, that we have pregnancy
17 accommodations, and, and many others. And so the
18 thought would be that the ability to be able to
19 connect to a coordinator through signage versus your
20 supervisor might in fact be helpful. Would that have
21 been helpful to you if that was something that was
22 available, some sort of signage? But you seem to
23 really know the system inside and out. And all the
24 acronyms and all the abbreviations, you seem to know
25 where to go, but other people might not know where to
go. Do you think that signage would help?

3 BEVERLY JOHNSON: Yes, I didn't know
4 these, this information at hand, when, when I was
5 having a difficulty. So this would be very helpful to
6 people. This should be given to you once you go start
7 the process of being employed.

8 MAJORITY LEADER CUMBO: Perfect. Did you
9 ever have in your work related experience, did you
10 ever have a situation that modeled what you wanted to
11 see? So you talk about, you've come up with this idea
12 of a coordinator. Did you ever interact with someone
13 that was kind of like a coordinator, although that
14 may not have been their official job and how they
15 were able to be helpful to you in a situation?

16 BEVERLY JOHNSON: No, that wasn't
17 available.

18 MAJORITY LEADER CUMBO: Mm. I'm thankful
19 for that because you figured out from that what you
20 actually needed and what so many other people needed.
21 Now I just wanted to get a clarity. We've been
22 talking a lot about it from the place of trauma. In
23 terms of the coordinator, people that may have, are
24 having a nervous breakdown, individuals that be, that
25 might have some sort of mental health issues as it
relates to stress and that sort of thing. When this

3 was conceived of I took it more from a place of
4 people that are hired in the workplace, that might
5 have an intellectual disability or might have, they
6 might have, they might be on the spectrum for autism
7 or other issues that are different from trauma
8 related issues. Did you see this as for all, or did
9 you see it for a particular segment?

10 BEVERLY JOHNSON: It's for everybody
11 really. This is, this is something for everybody.
12 Anything can happen to anybody at any given time,
13 anybody could snap. Any, you don't have to have a
14 diagnosis to, to be able to come to this, to see a
15 mental coordinator, it could be available, it should
16 be available to everybody. Everybody has issues,
17 everybody is recovering from something that's
18 traumatic, that's traumatizing. You know we're all,
19 look life is a recovery. Birth is a recovery. We're
20 all recovering from something. And we all need some
21 sort of mental health care in our life. So it's for
22 everybody, but it triggers down to starting with
23 this, then, then the umbrella opens up to anybody
24 that may need it.

25 MAJORITY LEADER CUMBO: I just wanted to
hear you eloquate, to be so eloquent the way that you

3 verbalize everything I feel like it's a book. Let me
4 ask you this one final question. In your work
5 experience did you have issues, as we brought up as
6 it pertains to health insurance, and being able to
7 seek support and help, and to be supported through
8 your health insurance plan? Or were you denied, like
9 so many others when it came time to actually
10 addressing issues? No, I, I didn't have that problem.
11 I think that, let's see, I think that, I mean, even
12 if you have a therapist and a psychiatrist or social,
13 psychologist, social worker, you know that's, that's
14 that's, individual, that's, that's, that's your own
15 business, but to have somebody at work, because those
16 people can't help you at work. We need to have
17 somebody at work, where we can go to and talk to. And
18 that's the whole idea of this law is to have someone
19 to talk to. Sure you could talk to your therapist,
20 you can talk to your psychiatrist, you could talk to
21 your social worker, but they're not a part of the
22 job.

23 MAJORITY LEADER CUMBO: Correct.

24 BEVERLY JOHNSON: There should be somebody
25 in place, in terms of the job.

2 MAJORITY LEADER CUMBO: Well those are all
3 the questions I have. Beverly, I thank you for your
4 leadership. I thank you for bringing this important
5 legislation to the city council. I thank you for
6 Beverly's law. And I'm so thankful that you have
7 worked so hard to see it through. You should feel
8 very proud this Black History Month, like I said
9 rolling right into Women's History Month, you've done
10 extraordinary work and we at the City Council thank
11 you.

12 BEVERLY JOHNSON: Thank you so much for
13 your time and attention.

14 MAJORITY LEADER CUMBO: Thank you.

15 BEVERLY JOHNSON: I hope this law is
16 enacted immediately. We need everybody's vote and
17 hope everybody votes for it.

18 MAJORITY LEADER CUMBO: Thank you.

19 CHAIRPERSON AYALA: You can go ahead. Oh,
20 did you have a question Council Member Torres for
21 Beverly? Beverly come back.

22 COUNCIL MEMBER TORRES: No.

23 MAJORITY LEADER CUMBO: And I apologize,
24 I'm going to have to step out. I have a doctor's
25 appointment. Speaking of all of this.

2 COUNCIL MEMBER TORRES: No, I just wanted
3 to say that your story resonated powerfully with me.
4 Because I remember what it was like to be an employee
5 who was struggling with depression. And I felt that
6 same sense of inadequacy and I felt that the problem
7 was me and there were no mental health services
8 onsite available to me, and I was able to rebuild my
9 life, and eventually run for the City Council and
10 become the youngest elected official in New York
11 City. But your story reminded me of mine and just
12 thank you for sharing it. You, as Laurie said, you
13 just conveyed it so powerfully and so gracefully and
14 just have, thank you for having the courage to tell
15 your story.

16 BEVERLY JOHNSON: Well it has to start
17 with someone. I had to go through all I went through
18 and it was given to me to come out with this, and I'm
19 humbled and I'm thankful to do a service and try to
20 help everybody because that's what we're all here to
21 do is touch people's lives and make people's lives
22 better.

23 COUNCIL MEMBER TORRES: Thank you for
24 your.

25 CHAIRPERSON AYALA: Thank you, Beverly.

2 JAREN MARINO: Good afternoon. My name is
3 Jaren Marino, and behalf of Samaritan Suicide
4 Prevention Center, which is operated the city's 24-
5 hour suicide hotline for 35 years I want to thank
6 Chair Diana Ayala and the members of the City
7 Council's Committee on Mental Health, Disabilities
8 and Addictions for the opportunity to speak today. As
9 a member of the organization that created the world's
10 first suicide hotline almost 70 years ago and has
11 centers in 42 countries Samaritans joins everyone
12 here today in expressing our great concern for New
13 York City's growing suicide epidemic. You don't need
14 Samaritans to tell you this epidemic illustrates and
15 the ever increasing number of New Yorkers who
16 experience depression, trauma, self harming, and
17 suicidal behavior who are not getting the help that
18 they need. The CDC tells us, one in five New Yorkers
19 experiences a psychological disorder every year, and
20 up to 60% will never receive care or treatment.
21 That's people of every age, race, culture, sexual
22 identity, and economic standing. That means in 2020
23 with 8.6 million residents, 1.7 million New Yorkers
24 will experience a disorder, and 1 million will not
25 receive the help that they need making it imperative

3 that we increase our efforts to provide access to
4 care. That said, Samaritans strongly supports both
5 suicide prevention bills proposed by council members,
6 seeing it as an important step in advancing the
7 message suicide prevention is everybody's business.
8 Considering the number of New Yorkers who are at
9 risk, having a mental health coordinator in every
10 city agency is a necessity. We must have point people
11 who are comfortable with this issue and have the
12 awareness to be both sensitive and effective when
13 responding to a person who is in distress. In terms
14 of 1792 there is no question that all city agency
15 staff should be directed to provide information
16 regarding access to free services available to young
17 adults, families, and children. Samaritans would add
18 that the development of these lists not be left
19 solely to the city, but include direct input from the
20 many community nonprofits that are often excluded
21 from these types of initiatives. This is a necessity
22 if we are truly going to engage more people and break
23 down the silos. More significantly, the need to
24 enhance suicide awareness training in all city
25 agencies is paramount. Again respectfully as someone
who received his initial mental health training on

3 Samaritans hotline went to join the hotline staff.

4 And then with the skills and experience I developed
5 was hired by Vibrant Emotional Health, a contract
6 agency for New York City Well where I worked for
7 three years I have a unique perspective to offer.

8 While the primary suicide prevention trainings used
9 by the city certainly had value the most common being

10 emotional or mental health first aid these programs
11 tend to be somewhat boilerplate and utilize a

12 clinical or medical approach to educate people which
13 is fine with certain audiences. But they mostly do
14 not adapt the, the participants their roles

15 personalities and perspectives. Samaritans with its
16 65 years of experience training 10s of thousands of

17 hotline staff from all walks of life and hundreds of
18 thousands of... and professional health care providers

19 all over the world has found that a more humanistic
20 approach, addressing people's fears, concerns,

21 preconceptions, and personal values is paramount in
22 enhancing suicide awareness. We believe how we

23 approach a person in distress, what we see is our
24 role, how we define what is and what is not helping.

25 How we listen and communicate must be at the heart of
all suicide prevention training. In fact, Samaritans

1 COMMITTEE ON MENTAL HEALTH, DISABILITIES, AND
2 ADDICTION

95

3 has submitted an application to the city council to
4 fund our suicide prevention sensitivity initiative
5 designed to address this issue and deliver training
6 and technical support to city agencies, schools, the
7 police department, taxi union, and others that work
8 with high risk populations. With its ongoing support
9 for Samaritan suicide hotline and its efforts to
10 enhance suicide prevention in New York City we thank
11 the City Council for its ongoing leadership and your
12 commitment to help the New Yorkers that are in need.
13 Thank you so much.

14 CHAIRPERSON AYALA: Thank you. I actually
15 have a question. So out of the people that call in to
16 the hotline are the volunteers on the other line
17 referring them to mental health providers for follow
18 up care?

19 JAREN MARINO: We, we do have some
20 referrals available, but we, we lead with support,
21 rather than focusing on outcome change or, or
22 improvement.

23 CHAIRPERSON AYALA: Understood. I'm just
24 trying to, I'm just trying to determine whether, for
25 those individuals that require a more long term
approach who are being referred, if you, or if the

3 team is, is getting any feedback regarding the
4 inaccessibility of providers, the difficulties with
5 insurance, with the insurance companies in accessing
6 care?

7 JAREN MARINO: No concrete feedback really
8 in terms of... [cross-talk]

9 CHAIRPERSON AYALA: I am sure that by the
10 time that people are calling you they're pretty
11 distraught.

12 JAREN MARINO: Exactly, yes.

13 CHAIRPERSON AYALA: But I just wonder if...
14 come, if that's something that has ever come across.
15 Alright, thank you.

16 JAREN MARINO: Thank you.

17 CHAIRPERSON AYALA: Next.

18 DOCTOR HUYGEN: Good afternoon. Good
19 afternoon Madam Chair Ayala, Deputy Leader Torres,
20 and the members of this committee, my name is Dr.
21 Christian Huygen. I'm a clinical psychologist and for
22 the past 18 years I have served as the Executive
23 Director of Rainbow Heights Club, an agency that many
24 of you are familiar with because you visited us
25 there. Rainbow Heights Club contracts with New York
City Department of Health and Mental Hygiene to

3 provide mental health support, free of charge, to
4 LGBTQ adults who are living with serious mental
5 illness. I'm grateful to this committee for the
6 concern that it consistently shows for the most needy
7 among us, as evidenced by the support that our agency
8 has received from the city council. Because of that,
9 I'm delighted, but not surprised, that this committee
10 and its chair would propose this legislation, I'm
11 speaking of introduction 64. I am here to strongly
12 support it. Despite the prevalence of mental illness
13 and related substance abuse disorders many people
14 struggle to admit to themselves and others that they
15 need and deserve assistance and support. In 2018 a
16 study by Kaiser Permanente that involves 12 million
17 people found that even among people newly diagnosed
18 with depression, only about a third actually follow
19 up and get treatment. Initiative 64 will increase
20 pathways of access to care, and reduce the negative
21 outcomes that can happen when people just don't know
22 where to turn. Those who work in city agencies are
23 often on the front lines in the struggle against
24 violence, exploitation, discrimination, trauma, and
25 abuse. Every day city workers confront human lives
impacted by human trafficking, domestic violence, and

3 sexual abuse. Vicarious traumatization is a term for
4 the very real damage that all too often strikes our
5 frontline city employees, social workers, counselors,
6 police, firefighters, EMTs, ACS workers, and
7 thousands of others who face these realities every
8 day. But mental health and related issues are also
9 prevalent among those who may never come in contact
10 with the public. Having visible accessible mental
11 health coordinators in every city agency will make it
12 possible to reach not only those who are most
13 obviously in need, but also those who wing, we may
14 never suspect would be in need of help. I'm here to
15 show disinterested support for this legislation
16 disinterested because it will not increase our
17 agency's staffing or funding in any way, but it will
18 assure my staff, and my clients that the agencies
19 that we refer them to will be staffed by human beings
20 who have the support and the help that they need and
21 deserve. And that is priceless.

22 CHAIRPERSON AYALA: Thank you so much, we
23 so appreciate your support of the bills. And I owe
24 you, another visit.

25 DOCTOR HUYGEN: That would be great.

3 CHAIRPERSON AYALA: Thank you so much.

4 Hello, Ms. Rivera.

5 KATHLEEN RIVERA: How are you. Good
6 afternoon, chairperson Ayala, members of the, sorry,
7 members of the Committee on Mental Health,
8 Disabilities, and Addiction and Council Member Torres
9 when he comes back. I'd like you, I'd like to thank
10 you for the opportunity to testify in support of
11 introduction 1792 2019 that is proposed by Council
12 Member Torres. My name is Kathy Rivera and I'm the
13 Senior Vice President of Care Management Services at
14 JCCA. We are a 200, almost 200 year old organization
15 working with New York's most vulnerable children
16 throughout New York City. We have historically
17 provided services within the child welfare system but
18 today I'm very proud to really say we more accurately
19 work to strengthen families and provide them with the
20 tools that they need to live stable healthy,
21 independent lives. Effective and accessible mental
22 health care though is a crucial aspect of that. For
23 the last, for over a decade, we established a care
24 management division to provide wraparound services to
25 support young people with severe emotional
disturbances very often referred to as SED. Our

3 programs paired clients from both the foster care
4 world and the OMH world, the Office of Mental Health,
5 with service providers who basically came to the
6 families right, wherever they were; shelters,
7 schools, anywhere in the community that they felt
8 comfortable. The staff helped children and their
9 caregivers understand their diagnoses, how to
10 practice important coping skills, and encouraged
11 independence and self advocacy. And because of this,
12 many of our clients were able to successfully avoid
13 hospitalization, have further foster care
14 disruptions, return home more quickly, or even be
15 placed in a higher level of care. The theory was,
16 wouldn't it just be better to invest now in care than
17 to wait for a crisis so that preventive lens, if you
18 will. And it really worked out, it was very
19 successful to children and their families and JCCA
20 became one of the largest providers of these services
21 in New York. About a, over a year ago, New York, New
22 York State decided to invest in providing similar
23 mental health services to all children eligible on
24 Medicaid. In January, 2019, the services we use to
25 provide only to that small subset of children that I
referenced earlier opened up to any child who needs

3 the referring criteria, including assessment
4 services, so that kids who might not have a
5 qualifying diagnosis and treatment plan could be
6 connected to the appropriate services. These services
7 provide crucial support talk to families enabling
8 them to address mental health needs so as to prevent
9 situations that land young people in the hospital or
10 in the child welfare system, our staff are extremely
11 eager to provide these and more kinds of supports to
12 families like Lucy a 13 year old girl in Brooklyn.
13 I'll share a little bit about Lucy. She was referred
14 to JCCA by a staff member of the shelter that she
15 lived in. She lived there with mom and her younger
16 brother. It's really important to know that the
17 shelter had no idea about the services, until our
18 outreach intake coordinator went out to them and said
19 hey can we do a little presentation for you. These
20 new services went live January of last year, I'd like
21 to make you aware of them. Right away the staff
22 member, connected some families, Lucy being one of
23 them, who could benefit from these services. So,
24 after, after we had done the presentation. It wasn't,
25 we learned that Lucy had a history of suicidal
ideation but she had never received treatment for her

3 depression, nor had she even been formally diagnosed,
4 but because of our flexible in home behavioral health
5 services that she actually now still receives from
6 JCCA. She participates in counseling now, she takes
7 her medication, she engages in treatment, she doesn't
8 skip school, she's getting better grades. She's
9 hopeful and optimistic about her future. Her younger
10 sibling has a heart condition and before connecting
11 with us mom was constantly stress worrying about two
12 kids, and always worrying about Lucy. But now, mom
13 is, feels much better. She knows her daughter's
14 getting the services that she needs. She doesn't have
15 to fear about getting any calls about Lucy harming
16 herself. And these are services I think everyone
17 would agree are far less expensive than one trip to
18 the psychiatric ER, and as you can see far more
19 productive. It's very exciting to be able to provide
20 these services to many families who are now eligible.
21 We've already developed a partnership with the family
22 clinic at... and clinicians now refer on average about
23 30 families a month. We have also partnered with the
24 Administration for Children Services very recently in
25 December of 2019 to offer counseling at the
Children's Center. Every time we talk about, we tell

3 someone about these services, the response is
4 overwhelmingly positive, but people are still often
5 surprised to learn that these services exist since
6 January 2019 they've gone live. We've done a lot to
7 get the word out, but clearly there's a lot more that
8 can be done JCCA and other providers can only help
9 people if we, we can only help if people know that
10 we're here to support them. When New Yorkers access
11 services at city agencies like we've been hearing
12 today DHS, HRA, ACS, it's because, it's rather,
13 sorry, it is because they already in a moment of
14 crisis and vulnerability, it's stressful. We want
15 them to be successful in finding economic housing or
16 family stability, then we must support their mental
17 health, instead of only addressing it when they are
18 at their breaking point. Education and Training all
19 city employees about available services so they can
20 help families access behavioral health care will help
21 us fulfill our commitment to the wellbeing of all of
22 our neighbors and communities. Lastly, I just want to
23 help explain why these behavioral health supports are
24 such an important investment in our young people.
25 Some of you may be aware of the research surrounding
adverse childhood experience, also referred to as ACE

3 this research shows that having three or more ACE
4 scores in the areas of things like divorce, domestic
5 violence, parents who have a substance abuse issue
6 has long term effects on adulthood, it increases
7 heart disease, it lowers educational and professional
8 achievement, higher rates of cancer, incarceration,
9 the list goes on and on. That's why something as
10 simple as a list of free or Medicaid funded mental
11 health support is just a step forward. Whether or not
12 someone triumphs over their adverse childhood
13 experience has a lot to do with the support they
14 receive as they grow up. When we can support the
15 resiliency of our young people we are contributing to
16 the success of our communities. We are exponentially
17 reducing future health care costs, and we are keeping
18 people out of prison, out of higher levels of care.
19 This bill is just not a list. It represents our
20 belief that all New Yorkers can make it here and
21 anywhere when they have the resources that they
22 deserve. I am grateful to the Council Member Torres
23 for his commitment to our families, to their kids,
24 and our kids by sponsoring this legislation. Big
25 thanks to Chair Ayala and the Committee Members for
your interest and assistance. Behavioral health

3 services are effective, necessary, and many times
4 life saving. Thank you for your time.

5 CHAIRPERSON AYALA: Thank you and thank
6 you for the support of the bill. I will be sure to
7 let Council Member Torres know. He had to take a
8 call. But thank you for all of the services that you
9 provide. I know that you guys are one of my
10 favorites. And I, that's for a reason. So, thank you,
11 thank you so much.

12 KATHLEEN RIVERA: Thank you. And you need
13 to visit us too.

14 CHAIRPERSON AYALA: Actually, this meeting
15 has been adjourned.

16 [gavel]
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1 COMMITTEE ON MENTAL HEALTH, DISABILITIES, AND
2 ADDICTION

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date March 15, 2020