CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE AND DISABILITY SERVICES

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September 22, 2016
Start: 1:14 p.m.
Recess: 2:15 p.m.

HELD AT: 250 Broadway – Committee Rm.
16th Fl

B E F O R E: ANDREW COHEN
Chairperson

COUNCIL MEMBERS: Elizabeth S. Crowley
Ruben Wills
Corey D. Johnson
Paul A. Vallone
Barry S. Grodenchik
Joseph C. Borelli

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

Dr. Gary Belkin, Executive Director Commissioner
Division of Mental Hygiene
NYC Department of Health and Mental Hygiene

Christie Parque, CEO
Coalition for Behavioral Health

Melissa Thomas, Senior Program Associate
Mental Health First Aid Trainer
Coalition for Behavioral Health
Center for Rehabilitation and Recovery

[sound check, pause]

CHAIRPERSON COHEN: Okay. Good afternoon, everybody. I'm Council Member Andrew Cohen, Chair of the Council's Committee on Mental Health, Developmental Disabilities, Alcoholism, Substance Abuse and Disability Services. It is a lot, yes. One in five New Yorkers experience a mental health disorder in any given year. The DOHMH's ThriveNYC released with First Lady Chirlane McCray in November of 2015 represents a significant step toward addressing the issues facing individuals with mental illness. The Committee held a hearing ThriveNYC in January examining the plan in its entirety, and its initial rollout. Today, we will be focused on one part of that plan, the Mental Health First Aid training Initiative. The City plans to train 250,000 individuals in mental health first aid in five years. According to the 150-day update of ThriveNYC, 120 individuals have been trained as instructors, and 2,300 New Yorkers have been trained in mental health first aid. [pause] Mental Health First Aid training teaches people to support someone who—who may be suffering from a mental health condition, helps to reduce bias against mental

health, and allows people to more comfortably engage with mental health issues. The program teaches the common risk factors and waning signs of specific types of illness such anxiety, depression, substance abuse, bipolar disorder, psychosis and schizophrenia. It prepared participants to interact with a person in crisis, and connect the person with help whether it's professional, peer, social or self-help care. Like CPR, mental health first aiders are certified to deliver the initial intervention to an individual experiencing mental health problems until the appropriate treatment and support are received or the crisis resolved. Last month, the New York City Council held our own Health First Aid Training. We had over 60 Council staff and 35 officers in attendance including myself, who received a certification after the two-day course. It was great event sponsored with DOHMH at the Council. I was surprised and gratified by the turnout. No, on second thought, I should have been—I should not have been, as our offices and staffed work all day, everyday in constituent services. Any community—community member can walk off the street into our district offices or call the offices by phone, and

will be assisted by staff on whatever the issue may be. Constituent services are the life blood of our work as Council Members and New Yorkers rely upon these services. It is through these services that we encounter all different people with a variety of needs and concerns including persons with mental illness. One out of every five constituents access our fund. (sic) Today, as the committee examines mental health first aid, we want to understand who is currently being trained, how the city might reach different communities, what the benefits and limitations of Health First Aid are, and how the success of this program will be tracked. The committee is also interested in how the individuals are able to use their training after the course has ended, and whether there are any follow-up trainings or courses to build upon initial training. I want to acknowledge that we've been—the members of the committee who are present here today. We have Council Member Joe Borelli. We have Council Member Paul Vallone, Corey Johnson. Ruben Willis is here some place, Barry Grodenchik is here. I think that's it. I think we have a full house again. Lastly, I'd like to thank the committee staff for their work

preparation for this hearing. We have Nicole Andino, our Legislative Counsel, Michael Benjamin, our Policy Analyst, and Janette Merrill our Financial Analyst. Before I turn it over to the Administration to testify, I want to talk for a minute about a bill we're going to vote on, and we're going to do that before the Administration testifies. Today, we are also here to vote upon a bill, Intro 1183. Intro 1183's goal is threefold, first and foremost to ensure individuals who are entering the justice system are treated in a humane and sensitive way. To that end, this bill will require DOHMH to ensure that every arrestee brought to a criminal court for arraignment is screened for possible mental health issues prior to being arraigned. The agency will create a report for any arrestee so identified. The agency will also be required to—required to request the health information of any arrestee treated by any healthcare provider while in NYPD custody. Additionally, the legislation requires the NYPD create a report whenever a person under arrest either exhibits symptoms of mental illness or is treated by a healthcare provider while in police custody. These reports are to be transferred to the DOHMH in a

timely fashion. Such—such information, mental health reports and mental health reports created by the NYPD will also be sent to the Department of Corrections to ensure a continuity of care for inmates admitted to the custody of the Department of Corrections. I would like to thank my fellow committee members especially my fellow chair member Council Member Crowley and Council Member Johnson who first heard this bill in a joint hearing back in May with their, what we'd say respectively chaired the committees. I would also like to thank Brian Crow from the Legislative Drafting Division for his work on creating this bill. And with that, I will—I'm going to ask the clerk to call the roll on Intro 1183.

CLERK: Kevin Penn, Committee Clerk, roll call in the Committee on Mental Health, Developmental Disabilities, Substance Abuse, Alcoholism and Disability Services. Intro 1183-A. Council Member Cohen.

COUNCIL MEMBER COHEN: I vote aye.

CLERK: Wills.

COUNCIL MEMBER WILLS: Could I have a moment? Okay, so what I want to say doesn't directly impact the vote except for to thank the Chair for his

leadership on it. I think it's a great bill, and we have signed onto, but I did want to take a moment because of the TNRs (sic)-I might have to leave early--to thank Council Member Corey Johnson. I'm talking about the Corey to the right of Barry, to left of—of Paul[laughter] for your leadership to the horrible act of terrorism that happened in your district. You handled it in a way that made the Council proud, and I wanted to publicly thank you for that, and I know your district is grateful for it. I vote aye.

CLERK: Johnson.

COUNCIL MEMBER JOHNSON: I vote aye. Thanks, Council Member Wills.

CLERK: Vallone.

COUNCIL MEMBER VALLONE: Aye.

CLERK: Grodenchik.

COUNCIL MEMBER GRODENCHIK: Aye.

CLERK: Borelli.

COUNCIL MEMBER BORELLI: Aye.

CLERK: By a vote of 6 in the affirmative and 0 in the negative and no abstentions, the item has been adopted.

CHAIRPERSON COHEN: We don't—we other members. We're going to leave it open. Oh, okay. Alright, so we'll figure it out while we're working. (sic)

LEGAL COUNSEL: Dr. Gary Belkin, do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before the committee today, and to respond honestly to council member questions.

DR. GARY BELKIN: Yes. I do. Well, good afternoon, everyone, Chairman Cohen, members of the committee. I'm Gary Belkin, Executive Director Commissioner of the Division of Mental Hygiene for the New York City Department of Health and Mental Hygiene. Thank you for the opportunity to testify on ThriveNYC and Mental Health First Aid Initiative. Before I start, I'd like to thank you, Chairman Cohen, for all the support you and your fellow council members have shown to changing the mental health culture in the city. I also want to than you for organizing your council colleagues and their staff to attend the Mental Health First Aid training that recently took place. We're happy to report that it was from our point of view a success. I hope

that—and all here, it was a success from all your end. I want to invite your colleagues who didn't have a chance to attend to sign up for a training in the future. Last year, as you know, the First Lady of New York spearheaded a campaign to address the mental health of our city. Through her leadership we launched ThriveNYC, a comprehensive approach to improper population health with six key organizing principles and 54 initiatives designed to make them real. These principles are: Change the culture; act early; close treatment gaps; partner with communities; use data better and government's ability to lead. At the heart of each ThriveNYC initiative is a focus on destigmatizing mental illness, increasing access to services and changing the way New Yorkers think about and talk about mental heath in their homes, their communities and even where they work. Central to achieving to achieving those goals then is this ambitious campaign the city ahs taken on to train 250,000 New Yorkers over the next five years in mental health first aid. And I would like to point sitting in the front row Aligi and Gracias Arinawal (sp?) who are really managing the day-to-day of—of meeting that goal. So feel for them as I dive

into what this is going to entail. Mental health first aid helps people identify, understand and respond to signs of mental illness or substance abuse disorders in people the know, meet or care about. The program is offered in the form of an interactive eight-hour course that presents an overview of mental illness and substance use disorders in the United States and introduces them to risk factors and warning signs, and mental health problems, builds understanding of their impact, and outlines and lends some familiarity with common approaches to treatment. Those who take the eight-hour course practice using these skills, along with a five-step action plan. Studies of mental health first aid participants have shown that these trainings can greatly improve their knowledge and reduce their stigma, ties and beliefs that are often associated with mental health—mental health problems. The course called Mental Health First Aid is USA is managed, operated and disseminated in partnership with the National Council for Behavioral Health, and this course was developed for general adult audience, and is appropriate for both para—paraprofessionals, but also lay persons wishing to have an introduction to mental health and

substance use concerns. The individuals completing this course receive certification from the National Council. Since we launched this initiative, over 5,000 New Yorkers have been trained along with 173 individuals who are now certified as mental health first aid instructors, meaning they can now lead trainings in their communities, and often in their city home agencies. I'm happy to say that we are on track to reach our goal of training 10,000 first aiders in—in our first year, and 240 instructors and those are RNs for the end of 2016. City agencies, community based organizations, faith based organizations are all currently participating in this initiative both as providing first aiders as well as instructors. For ThriveNYC to reach every pocket of New York City, we are ensuring that our training and services are culturally competent. That's why we've place particular emphasis on training instructors and scheduling trainings in diverse and underserved communities. Mental Health First Aid training and materials are currently offered in Spanish, and by early November also in Mandarin. We've also trained bilingual instructors who can offer trainings in the following languages so far: Chinese, Korean,

Russian, Arabic, Bengali, Urdu and Hindi, and we're actively recruiting instructors who ware fluent in Polish, French Creole, Italian and Yiddish. Another guiding principle ThriveNYC is to partner with communities. And so to reach a quarter of million New Yorkers, we have embarked on a citywide outreach strategy to engage community organizations in Mental Health First Aid trainings, and urging them to be host to instructors. To date, these organizations include among a long list, and I'll mention a few representative groups, the Esther Hough (sic) Foundation, the Red Hook Initiative, New York Disaster Interfaith Services, the Hedrick Martin Institute, Buddhist Council of New York, the Muslim Center of New York and the South Asian Youth Action Leaders from the South Asian Muslim community. To guide this effort, we have identified community based and social service organizations that are located for example within neighborhood health action center catchment areas. These neighborhoods have often been deprived of sufficient resources and attention as a result of racial and social injustice and thus bear the highest burden of illness. With a strong partner with the Health Department's Center for Health Equity

we're working to further integrate mental first aid into their collaborative community health planning process. And additionally, using existing American community survey data, we're prioritizing outreach to areas with a high need for mental health support. However, we do want to reach all New York, and open this up to all New Yorkers. Often times stigma deters New Yorkers from access critical mental health treatment for themselves or loved ones. In spite of these challenges, faith leaders in particular have moved to destigmatize mental health treatment by opening their houses of worship to trainers throughout our city. The Mayor's Community Affairs Unit and the Health Department's Office of Faith-based Initiatives have read numerous training initiatives for clergy and faith-based organizations, and it's notably an advance of the Weekend of Faith where over a thousand faith leaders participated in a weekend dedicated to raising awareness around mental health and destigmatizing mental illness. And on September 29th, we will be offering the first ever Mental Health First Aid training for faith leaders conducted entirely in Spanish. This effort will continue with trainings for faith leaders, and other

commonly used languages in New York City. Another one of the six guiding principles of ThriveNYC I mentioned is change the culture, and to truly transform our approach to mental health and shift the culture, we are engaging city employee staff throughout New York City government to get trained in mental health first aid, and many will also be trained as instructors. A large and diversed—diverse city workforce interacts with New Yorkers everyday, in every borough and neighborhood. They are team ambassadors for this work. For example, the Department of Corrections has trained over 1,800 staff members at their training academy, and 13 instructors. They've also recently started offering Mental Health First Aid trainings to inmates on Rikers Island. The Department of Parks and Recreation is also conducting numerous trainings at their academy and have trained over 250 staff members and ten instructors. They plan to offer Mental Health First Aid trainings to community members in the near future. We are also working with city agencies that provide services to the adolescent population such as the Department of Education and the Administration for Children's Services to enhance

the knowledge of typical and atypical adolescent development by offering the youth mental health first aid module to their staff. The City's leadership is key t the culture shift within the workforce and access---and the success in meeting our goal. Beginning with First Lady Chirlane McCray, Deputy Mayor Buery, senior leadership at City Hall have been trained themselves. In addition to the training help for City Council, City Hall staff and the Public Advocate's Office have also posted trainings. While we are making and are on par for the course, and progress towards our goal, we still have a long way to go, and need everyone to join us in order to truly shift the culture norms around mental health. Mental health first aid is available at no cost to all New Yorkers. The Health Department hosts three weekly trainings open to the public at our offices in Queens, and regularly hosts trainings and requests across the five boroughs. So sign up for a training or find out more information, please visit www.nyc.gove/thrivenyc. I want to thank the City Council for their continued support of ThriveNYC. I look forward to working with all of you to connect all New Yorkers to this important training and change

the culture—and to change the culture on mental health. For anyone who has not yet been trained in this room, Department of Health staff are here today to help you sign up for training. Thank you for the opportunity to testify, and I'm happy to take any questions.

CHAIRPERSON COHEN: Thank you, Dr. Belkin. Yeah, we—the—the training was a great experience for—for me, and like I said, I was very, very gratified by the—the amount of offices that took advantage of it, the number of staff. Well, we were—we were at capacity. So I think that we're actually over capacity. So I was—and it was—like I said in my testimony, I was not overly optimistic that—that counsel—that the staff from the district officers, the part from district offices would be able to devote to the time to the training because it—it is comprehensive and it—it does take time away from-- But I—I think that the need is so great, and I think it's really a testament to my colleagues that they appreciate the need for this, and that they were willing to commit to have the—the staff take the training. So that was very helpful. I'm curious

about first responders and—and the training. You, if you could talk about that, I'd appreciate it.

DR. GARY BELKIN: So as part of—as—as I mentioned, but to go in further, we're—we would take a two-track approach in terms of training on the—on the community side really trying to engage with a representative set of community-base organizations, but we're doing a real push to—to engage city agencies who touch New Yorkers everyday, and so it's valuable skill for them to have, but also have connections and reach out to communities across the city and thus great pipelines for—for training and spreading training. So what we want to do is have a bulk of the trainers that we need to reach this 250,000 the city agency employees. So they're training people in their own workplace and their own agency as well as to be available for community-based trainings. And so that is—that includes every agency. We have—are actively trying to close in on targets for trainings and—and that includes first responder entities as well as other entities. So I don't have specific numbers for you at where we might be with—with targets and—and aspirations, but we think this is—and we've gotten interest from our

first responder agencies, and we're working with them about who and how that makes sense.

CHAIRPERSON COHEN: [off mic] And you—[on mic] and you have, Jay could give us some follow-up information on that for me.

DR. GARY BELKIN: Yes, sure.

CHAIRPERSON COHEN: [laughs] We—I would appreciate that because I think it is important. I think that, you know, the value of the training might be different to sort of different people depending on their perspective and what they do, and how they interact, but again I thin that it, you know, really anybody would benefit from—from the training. You talked about making the training available in—in other languages. Besides that or I guess as part of the strategy or is there strategy to get into specific communities other than making it available in language on how will you target the particular communities, and what—what—are—are there specific strategies for that?

DR. GARY BELKIN: Yes. So we are—we want to—I mentioned some initial cuts of how we're making sure that we hit priority communities from different perspectives. The initial perspective we take—we've

taken is looking at catchment areas of our Neighborhood Health Action Centers, which reflect and mirror some relationship to overall health burden and other social and economic burdens. And—and then we want to think about how to map not just the socio-economic diversity, but the cultural and linguistic diversity of the city as well. And similarly map that we prioritize those areas because those are individuals who are often especially marginalized for the health—the community mental system, which often does not have people speaking their language and looking like them that come from the communities. So we're in the process of—of—of doing that. We've already started to partner with CBOs that are nested within some of our Neighborhood Health Action Centers, and that's the strat—the strategy we want to—want to follow as we identify areas and set targets in a—to partner with organizations within that really want to host a trainer, and really then use their organization as—as—as the umbrella, and the credible presence in the community to bring the community in for trainings.

CHAIRPERSON COHEN: You know, I'm—I'm thinking also, you know, immigrant communities might

really benefit, too, in the sense of like having sort of a—a common mental health language that—that sort of transcends the—the cultural differences between immigrant communities. We should definitely--

DR. GARY BELKIN: Absolutely, and—and we have—and I—and I—I don't have a—a full voluminous recitation of where we've been, but we are starting to evolve as very, you know, place based focused approach. What—so for example we started early because we got a lot of interest from the South Asian community, and especially South Asian Muslim community. So, for example, just as a representative list of—of where we trained first aiders in that group include a diverse of the—of the British Council of New York, which I mentioned, the Muslim-American Society, the Muslim Center of New York, the South Asian Youth Action Pakistan News, and—and a few others. So we are really trying to—and then these can become longer lasting partnerships where some of these groups are now asking to host a trainer or to maybe work together as—and to host a trainer. So we are seeing real response from these communities and interest because they have often felt like the stigma

is greater, a sense of how to navigate the system is more challenging and so on.

CHAIRPERSON COHEN: And I believe that those concerns are—are well founded, but I—I think ultimately it would be helpful to sort—if we could sort of quantify what the outreach is, and--

DR. GARY BELKIN: [interposing] Yes--

CHAIRPERSON COHEN: So, I--

DR. GARY BELKIN: --and we need to do that for ourselves to set any targets, and—-and as we know, we're happy to show that.

CHAIRPERSON COHEN: We would be definitely interested. I'm going to just ask a question about budget. What are we spending on this, an how are we doing with the budget allocations that have been made already?

DR. GARY BELKIN: That is a good question. [laughter] I'm not sure I have—we were spending $8 million over five years roughly, $1.8 million in the first year. I believe we're spending all of it. The—the—the dollars go to a staff. We are housing trainers in—in-house as well as to do evaluation and track the many things you talked about. If we're going to keep on pace, if we're

going to target any goals we have some of that support. But the bulk of the funds goes to support our ability to provide free training. So that these 250,000 trainings are at no cost to New Yorkers, and there's an expense per person for materials, et cetera for that—for that to happen. We can get a breakout of—of that more specifically, too.

CHAIRPERSON COHEN: Yeah, the number of an--

DR. GARY BELKIN: Yeah.

CHAIRPERSON COHEN: We'd be interested in that. I think Council Member Wills has a question.

DR. GARY BELKIN: Thank you, Mr. Chair. Dr. Belkin, thank you--

DR. GARY BELKIN: [interposing] Yes.

COUNCIL MEMBER WILLS: --for coming. Good afternoon. I just wanted to ask you a couple of questions about the construct of the Health First Aid presentation. In the—in this what's conditions on that from priority in the mental health spectrum that you concentrate on when you're giving this instruction to people or first responders or even my staff who has—as the chair's staff has benefitted from the training, but what is the actual construct

of the mental conditions that people are being trained on, and how did you arrive at those?

DR. GARY BELKIN: Yeah. So the course I think does two things. One, is a generalized set of skills. So it's listen empathically, how to respond to people. What to try to do first in—in—in what feels like a—a crisis or urgent situation, and some basic rules that are fun to follow. So people feel like they can retain that, and—and—and act. Another thing that was to give people a—a better understanding of what some of the meeting groups of this—of—of mental illness diagnoses are. So, I—and I—so I wouldn't say it hones or prioritizes one over the other. It's more toward these main groups, which are roughly substance use, alcohol and drug use, anxiety, thought disorder or psychosis, and depression. And—and so what the content does is give a general background so the training has a better awareness of what those terms mean, what this really means for a lived experience of someone and how it might present itself to them. Because often people, you know, the kind of questions I get how do the difference between, you know, depression and sadness? So just to help people navigate some of those basic

things to know when to worry about a friend or—or a loved on or—or a co-worker. We have added two things to that basic template in New York in collaboration with the National Council. One is to also focus a little more on trauma, and to understand how people experience trauma. Might, you know, appear engaged and to appreciate that—where people are sitting when they come out of those experiences. And another was to add a little more practical skill in relaxation and self-care stress reduction and relaxation methods. So that I think encompasses the—the—the way it approaches this idea of—of going through illnesses.

COUNCIL MEMBER WILLS: Okay, with the culture sensitivity, how deep and what is the exact definition that you're using for that, and I'm asking because when we've been doing research this has become something our office has been—we've been deeply rooted in since maybe March of this year. We found out that when you look at African-Americans or anybody in the Black diaspora, they have the longest—they have the—the highest level of lifetime PTSD. They also have the highest level of non-diagnosis of things that come out of PTSD whether it be anxiety,

depression. That combined with the state that we're now with a lot of the community violence in lower income or minority communities, the interactions and negative impact with law enforcement that are going on right now. With that, how deep does these—or how deep are you planning to go with the different cultural aspects of these diagnoses in trying to reach people in the community?

DR. GARY BELKIN: Yeah. I mean well to start, we're trying to go deep in having as often as possible if not always that in terms of our community based trainings and outreach that the trainer is a neighbor. In other words that this idea we were just talking about, about mapping communities that we really want to make sure we reach, and set goals for is that by then partnering with groups in those communities, we're training trainers that come—that come out of that. Because I think that is really—is really crucial. A lot of— You know, mental health is an interesting thing. I don't know. That's a pretty general statement.

COUNCIL MEMBER WILLS: Not it's not. [laughs]

DR. GARY BELKIN: But it's interesting in—in—in talk about it--

COUNCIL MEMBER WILLS: [interposing] Right.

DR. GARY BELKIN: --because I often find I think I know what I'm talking about. I mean you're understanding what I'm saying, but, you know, you're hearing something else, or not understanding what I'm meaning because the way we use terms, the way we describe things, the way we categorize things is deeply embedded in our own experiences, our sense of—of—of shame, our senses of identify, and-and those really filter quite a bit. And so, the more we can have this work and what's really a dialogue, and these sessions be in ways that—that—that overcome some of those barriers, the better.

COUNCIL MEMBER WILLS: I think that's right, yep. Mr. Chair, two more questions. Do we have time for two more questions?

CHAIRPERSON COHEN: Yes.

COUNCIL MEMBER WILLS: Okay, great. Doctor, the—you've already spoke about the negative connotation that mental health has, and especially in minorities, there's a stigma that's attached to it,

and you spoke about CBOs. I'm interested in have you guys looked at signing up and making sure that they have the additional funding as a recommendation that is coming from my office that started out Cease Fire, Cure Violence, and now it's the New York Crisis Management System to those first responders that we have on the ground to deal with the gun violence and different things, the 17 that we have in the city? I think it would be beneficial if we were able to work with them through ThriveNYC to make sure they had a budget to hire a psychologist and a psychiatrist. I know you know the difference, but many people may not know that a psychologist can't prescribe medication and a psychiatrist can. So often times, you need both to be able to diagnose and create a treatment plan for someone as well as a lot of people even if they have medication or medical insurance can afford the medications that are necessary. I believe that if we had a budget that we can add to them, and under your leadership train them, and have people that can go to them in a separate space not a great big gray building in the community where everybody label it as a crazy house to lack of a better word. There's street terms that demean people and mental illness,

but these are the things that are happening. So if they were working along with let's say a house of worship, and they had office space or something. People already have a—a level of confidence in them. Because when people have family members taken from the because of violence or when they are separated because of incarceration, parents and children, these are things that people live with and don't know how it's actually impacting them. And if we had them as points of confidence that people can go to and say I need help, where they can identify through the training that you're offering, and be able to go see a psychologist or psychiatrist on a regular basis. I think that that would impact the needs as far as delivery on the ground. Based on what I said, do you have—I know you can't give me a quick snap judgement, but is there any interest in talking or discussing that type of platform for delivery?

DR. GARY BELKIN: So a few things. First, so one of the I think major takeaway points from ThriveNYC is the idea that we have to equip more credible points of contact for people in communities to be initial points of contact for entering a pathway of care, and—and—and recovery around mental

health. So a lot of Thrive Initiatives capture exactly the point you're taking me up to, skill people outside of the system in order to—to-to properly guide and bring people into care—into the care system. And we fund that in many ways in Thrive. Specifically on Cure Violence, I mean Cure Violence is run out of a different part of the Health Department--

COUNCIL MEMBER WILLS: [interposing] Yes.

DR. GARY BELKIN: --the Center for Health Equity. We work very closely with them, and I know they're very committed to the principle of, you know, optimizing that whole very locally credible presence in communities. How can we skill up those—those folks to—to be able to respond to people in our community that way? I know working—you know, they—they have other work to do, and so we're trying to see what are—what makes sense, but in principle, platforms like that are really crucial, because they're—they're critical to people, and I'm going to add that, but they're also understood as places to go to for—for crisis.

COUNCIL MEMBER WILLS: Okay, and my last question, and I was just handed a question, and I wanted thank for this. Thank you very much, but this is a phenomenal question. Training in sign language because I know the chair was speaking about different languages, but sign language because we do have a high rate of depression amongst people with disabilities and that form. So thank you for the question. So I wanted to ask you is his question, just to be clear. [laughter] I wanted to ask you how do you project dealing with that?

DR. GARY BELKIN: So I will echo your compliment. That's a great question, and we will—we will have to explore that. That's a great point.

COUNCIL MEMBER WILLS: You stumped the doctor. Thank you, Mr. Chair. Thank you, Chair.

DR. GARY BELKIN: [interposing] I gave you half of that. (sic)

COUNCIL MEMBER WILLS: Okay. No, no. Thank you. Thank you, Mr. Chair.

CHAIRPERSON COHEN: Thank you, council Member.

DR. GARY BELKIN: Well, thanks for raising that.

CHAIRPERSON COHEN: Council Member Grodenchik.

COUNCIL MEMBER GRODENCHIK: Thank you, Mr. Chair. I—I do want to thank Dr. Belkin first off. I want to thank you for coming out to my district with Deputy Mayor Buery. It was very helpful. I know it's a long way. I commented that if you hit a golf ball far, you'd probably be in Nassau County, but--

DR. GARY BELKIN: [interposing] It's—it's always a small city to me.

COUNCIL MEMBER GRODENCHIK: [laughs] Well, I'm glad somebody thinks that, and I think that is a side benefit of getting all those different groups many of them dealing with the East Asian and South Asian communities together we're going to be leading. So , we started something there, and that's—that's a wonderful thing. 250,000 people, a lot of people. That's a thousand a week almost for five years. Are the numbers there yet? Are you building them or--?

DR. GARY BELKIN: Yeah, so if you look at -to the short answer is we are on track to reach that goal so how we—how we plan to reach that goal, and

know that we're on track? So, our fund and investment now is training trainers, and training trainers, but smartly, you know, so that we're going to cover places that we want, that we're going to get our city agencies engaged, and—and, but these trainers have homes that will be impacting the places we want to get. So that's been—so that's sort of the ground level, and then—so we're still doing trainings—trainings in parallel, but it's going to be sort of like a rapidly ascending curve as that output of trainers then hits the ground, and starts doing training. So, we have made, you know, calculations that are always, you know the real world always tests and challenges about what pace we need to maintain to reach that. And we're now trying to finish up ways to monitor that, and get reporting from our trainers whether we are, in fact, on pace, and mechanisms to keep after them to stay on pace. And my guess is we're going to have to be constantly course correcting, but the fact that we have a goal and that we have a strategy to get to it enables us to break it down into really monthly chunks of progress that we want to keep up on. So, to—we curved—curved out what every month would have to look like if—if all

our assumptions held correct, and we are still ahead of that curve.

COUNCIL MEMBER GRODENCHIK: And how long is the training? Once a trainer is trained, how long do—does it take people to be trained?

DR. GARY BELKIN: So a—a training is—so to train a trainer to become a trainer is a five-day course. A training in the—for state for anyone that would certainly want to go to one of the eight-hour course, an eight-hour commitment.

COUNCIL MEMBER GRODENCHIK: Okay. Thank you. Thank you, doctor. Thank you, Mr. Chairman.

CHAIRPERSON COHEN: Thank you, Council Member. You know, what, we talked about this offline a little bit, and I—and I have a greater understanding of sort of quantifying the effectiveness of the training by virtue of going through it myself, but can you articulate a little bit about, you know, what criteria we think that would make the—that would make the training effective, and how we're going to try to--

DR. GARY BELKIN: Right, so there's been a fair bit of research now on mental health first aid, originally by the people who came up with it,

but then increasingly by others, and—and finding similar conclusions that it's main effect is on the trainee. That the trainee, if you survey them before and after their training, you see a—a real shift in their own—the degree of their own attitudes and beliefs and assumptions on mental illness are—are advised or stigmatized or—or—or just or—or they express that discomfort, their own sense of confidence in self-efficacies to—to handle an issue like this with someone else. So those things improve in the trainee. What there's less work on is understanding how people use, and the frequency with which they use what they are trained on to how often do they feel they use those skills and help others. We hope to try to capture some of that. Given the large size and grouping we're going to have we have a real opportunity here to look at some of these questions in a way that—that's been hard before, and—and we're pulling together an evaluation plan to try to do that. We would also, and it's a little more challenging, but it gets back to your question and my response about appreciating the importance to really target and hone in on communities and know what communities are focusing on and where we're reaching,

is for communities we may be more intensive about, is to get a sense of what happens in that community that could be a ripple effect of training a lot of people there, and making it obvious that this is available and normal to do. Which could be interesting to see if that has a—it—it kind of rubs off on general attitudes, beliefs, awareness and stigma but we'll see.

COUNCIL MEMBER GRODENCHIK: That—that would be very interesting. I mean I—I think that there is no doubt, like I said having gone through the training that it-- I mean it's sort of analogous I think, you know, we talked about the analogy—the analogy of the CPR. But sort of just your willingness to sort of, you know, run to someone who's having--

DR. GARY BELKIN: [interposing] Instead of away from them.

COUNCIL MEMBER GRODENCHIK: Yeah, so I—I—I do think that that, you know, has impact--

DR. GARY BELKIN: [interposing] And—and it does that and that—and—and we shouldn't underestimate the—the huge value of that to the person being either run to or away from.

COUNCIL MEMBER GRODENCHIK: That's—that's all very tangible to me after taking the training. So I—I agree with that, but it would be I think still helpful to somehow again to quantify that into data that, you know, sort of the—you know, we can measure what we'll see.

DR. GARY BELKIN: But you fund us for another five years.

COUNCIL MEMBER GRODENCHIK: That's exactly—exactly my point. Thank you very much.

DR. GARY BELKIN: Until we reach and train every New Yorker.

COUNCIL MEMBER GRODENCHIK: Absolutely, absolutely.

CHAIRPERSON COHEN: Thank you very much for your testimony, Dr. Belkin.

[pause]

LEGAL COUNSEL: Next we'll Melissa Thomas, Christy Parque, and Sylvie Sun (sp?). Forgive me. [pause]

CHAIRPERSON COHEN: Anyway you want.

CHRISTY PARQUE: Okay. Good afternoon, Council Member Cohen and staff that are here. We really appreciate you guys sticking around and

actually calling this hearing. It's a really important issue to us. My name is Christie Parque. I am the CEO of the Coalition for Behavioral Health, and I'm here, I'm happy to be here with Melissa Thomas who's our Program—Senior Program Associate and a Mental Health First Aid Trainer. So lots of question I'm missing (sic) can be answered by Melissa. And so, she'll be testifying right after me. Just by way of background, this is my first time testifying before the committee as the new CEO of the Coalition. It's also the first time we're testifying with our new name. We were formerly the Coalition of Behavioral Health Agencies. Now, we are the coalition for Behavior Health, and that's all encompassing of every community, every aspect of mental health including sub—[pause] abuse and mental health services from the consumers all the way to the regulators to our over 140 providers. So I'm happy to be testifying for the first time with the new name on this very important issue that we care a lot about. So as you may know, the Coalition is an umbrella organization, advocacy organization of New York's behavioral health community representing over 149 non-profit community based health and substance

use agencies. We serve almost 500,000 consumers throughout New York City and the surrounding areas. We serve people form Long Island all the way up into the Hudson Valley. Our member serve folks on the continuum of behavioral health in every New York City neighborhood on top of just serving citywide. We provide access to a whole range of outpatient mental health and substance use services including supportive housing, crisis, pier employment, personalized recovery-oriented services--of which I'm sitting next to an expert on that—club house models, another expert on that topic; education, food, nutritional services as well as many other supports to promote recovery. Our members have been providing these types of services in the community since the dawn of the institutionalization of it. In fact, the Coalition has been around since 1972. So we are not new to this, and we're very committed to t he communities that we're in, and we're looking forward to working with you even more so about how to strengthen those communities. We think that mental health first aid is one of the ways that we can strengthen our communities. You heard—I'm going to diverge from my testimony a little bit because you've

heard a lot about the actual structure of the program. But I—what I do want to say a couple of things is that mental health first aid is an extensive course, but for—we do it over a two-day period. It's eight hours for community folks who get involved in it, but we find it as a really important opportunity for people as Dr. Belkin said, to not run away, but to run toward people. And to run toward people, and be able to give them a warm hand-off to a community-based provider like my programs in the city. My members have the opportunity to provide the expertise to identify and propose a course of treatment that will lead to recover. The people need that support. They need somebody they trust in the community whether it's a loved one or a clergy member to really do that warm hand-off, and we think that mental health first aid is a really fantastic way to partner with traditional kinds of behavioral health services. So with more than 680,000 people across the United States being trained in mental health first aid, and 10,000 in New York City were very excited to have so many partners to join us in this ambitious plan to eventually get to 2500,000 individuals trained in mental health first aid over

four years. I want to thank the Council Member—Council Member Cohen, and also the committee for really standing up as leaders for organizing the Health First Aid training for council members and their staffs. So bravo for that. I think it's powerful. It says a lot about you guys as leaders. It says a lot about how important we need to be out there publicly about making communities that are strong, and combatting stigma. So when our elected officials do that, it speaks well. I also have a challenge for you on that. So, I also went through the training, and so you mentioned that you have 60 staff people that went through it. I think that we could probably—you asked about impact, and I was thinking about that as you were talking because I think it's important to talk about it. And sometimes the impact is not quantifiable, and Melissa is going to share a little bit about an experience that she had going through the training. But, I'm thinking that we could come up with a really fantastic Twitter campaign or some publicity campaign for those 60 members of the Council to be very public about the impact of that experience they had, and to talk about how they've used it. Because the more we talk about

it as trainers how it impacted your lives, the more the people will be willing to reach out to us. So maybe we can work out a little Twitter campaign to talk about helping the ThriveNYC and ending stigma.

CHAIRPERSON COHEN: I—I have here in my notes survey Council staff, and I—I do think that's an important thing.

CHRISTY PARQUE: Oh, fantastic. So a little bit about the training we do. Although the Coalition does not receive any direct funds to offer this training, we have embraced the spirit and goals of Mental Health First Aid and have invested in having two staff trained as trainers on the curriculum. One of this Melissa, who is sitting next to me. Since April 2013, we began offering this training free of charge to our members and to the community at large because we believe the skills obtained through Health First Aid complements the strong professional backgrounds of our member agencies and their staff. So we have two more Mental Health First Aid trainings scheduled for—on the books for this years, November and December?

October and November.

MELISSA THOMAS: [off mic] October and November.

CHIEF BROOKS: October and November. So we invite the public and Council staff who missed your training to come to ours or to attend one of the city's trainings. So as I mentioned, I went through the training with my staff.

CHAIRPERSON COHEN: We—we could definitely promote that.

CHRISTY PARQUE: That would be great. We will get that out, and we'll get that information to you. So although I'm trained as a social worker, I—I wanted to go through the experience because I learned a lot about it, and read the materials on it, and for me I found the experience extremely educational and rewarding, and we talk about language. It gave me a language, too, in my personal life to not be so clinical when we talk about these things to be more approachable. And it was a transformational experience for those getting—who were getting trained in the room because I watched them. So many of them are also trained clinicians, but when we're trained as clinicians, we're not trained to really talk about our personal experience. We have to keep that back a

little but, and so this is one of the first times that I saw that people had the opportunity to speak openly about how it affects them in their personal lives. So it may be the first time in a safe setting in a public way that people were able to talk about their own experience personally for them or someone they love. So it's both a profound experience to get the knowledge and have a language, but to also go through the experience to allow people themselves to say maybe I need to get a little help, too, having gone through this training. It's not the first time. I know Melissa has had this happen, and I talked to somebody else about one of the trainers having trained people who said, you know, now I realize I do need to get a little help. So, with one in five individuals living with a behavioral health issue, the increase in suicide rate in New York City particularly among white male seniors and young Latinos, and the ongoing epidemic—opioid epidemic together I think those really make a push for the need for more mental health for state training, which I'm glad to hear we're going to be doing more of that. And, of course, last week's bombings are another reminder of how crucial training can be.

Having first responders trained in mental health first aid will allow for the faster identification of symptoms of trauma or shock and speed access to both physical and behavioral healthcare. Building resiliency in individuals builds healthy and resilient communities, and we see that every time there is a tragedy that happens in New York City. Health First Aid reduce the stig—the stigma for those living with mental illness and substance use disorders. That is because more and more people are trained to understand that behavioral health issues are a naturally occurring prat of the human experience, and it will push for more acceptance. So on behalf of our 140 members in the Metro region, we want you to know that we really appreciate the Council, the Mayor and the First Lady's efforts to focus on behavioral health services for those in need. We look forward to working with you on the implementation of this and other ThriveNYC programs. And I'm really excited to have Melissa present just a little bit here, and she—we will both be available for questions.

MELISSA THOMAS: Thank you, Christy. Thank you for having me today. My name is Melissa

Thomas, and I'm a Senior Program Associate for the Coalition for Behavioral Health Center for Rehabilitation and Recovery. And I have been a Licensed Clinical Social Worker for 16 years, and since becoming certified in Mental Health First Aid in March 2016, I have so far trained 100 New Yorkers to recognize the signs and symptoms of depression, anxiety, psychosis, trauma, and substance use disorders. Health First Aid does not teach individuals to diagnose others, but rather equip them with the knowledge and skills to identify and help friends, loved ones, colleagues and/or a stranger in distress through encouragement and support. We know the more we talk about the hidden issues of mental illness and substance use, the easier it is for our loved ones, friends and neighbors to ask for help, and that goes a long way to end stigma and save lives. Mental First Aid not only gives New Yorkers the tools to handle a crisis, but creates a language and form of support for first aiders who will take this out into the world. Each class I have taught has brought eye opening information and discoveries to the attendees including signs and symptoms of depression and anxiety disorders in a parent of

child. What I have found to be the most crucial is helping individuals assess for signs and confidently respond to risk of suicide. A few months after completing the Health First Aid training course, a close friend of mine experienced a loss in her life due to suicide. Although I'm a trained social worker, mental health first aid specifically helped me to better explain to her the risk factors and signs of suicide using the information that I learned. I also used Mental Head--Health First Aid with her to assess for her own reaction to the loss and how she could support her other friends and loved ones during that time. Regardless of one's professional background, Health First Aid provides the vital skills to help further the goal of helping others understand, listen and encourage individuals to seek appropriate professional support without stigma, fear or further harm. Thank you again for the opportunity to testify today.

CHAIRPERSON COHEN: Thank you very much for your testimony. First, let me just say congratulations and—and welcome to Christy. You did fine. [laughs] It's really a—the coalition I mean has been a tremendous resource to me since I've been

a council member. Jaman (sp?) has been 100% accessible on a variety of, you know, some topics complex and some very simple, but—but it—but really we have a very good relationship, and I'm 100% confident that we will—that we will continue that, and work closely together because it's really been a good partnership. So I'm grateful for that, and I was very pleased when I heard that, you know, I—I, you know, I had met you in your other—in your—in your former hat, and so I think that again, and I look forward to continuing the relationship and the development. And—and I will say that I mean a lot of your testimony mirrors my own experience from having gone through the training. I think that it's—it's so much easier sort of to understand what it does after you've been through it than it is to try to explain to people. You know, and—and even though we were quizzing DOH about—about quantifying the results, I think that while that might be a challenge, I definitely am a witness to that it seem to be effective. It's changed my thinking, and I think it—and I—I think, you know, particularly on—I think at the Council that the constituent service there it's really empowering I think, too. Because we all have

stories. I—I was a—a staff attorney and elected official at one point in my life, and people come in, and so—and, you know, they are sometimes in distress. And trying to de-escalate and help those people rather than having the situation spiral out of control I think is—is a very important skill set for—for people who deal with the public. And so the commitment made by the Administration we're trying to get this out to all agencies I think is—is very laudable and—and I think it's going to be—have a planned impact on the—on the culture in the city. And I think also his testimony in—in—regarding trying to track community impact, and—and sort of intensive areas where people have been trying to conduct the very, very significant trainings. So, I don't have any questions only because I think that we're coming—you know, that—that we have so much experience. So I—oh, I'm sorry. We have—you're-you're going to testify, too.

SYLVIE SUN: Yes.

CHAIRPERSON COHEN: I'm sorry. I didn't' mean to cut you off.

SYLVIE SUN: That's alright.

CHAIRPERSON COHEN: I usually ask questions at the end. I let the whole panel go. I'm sorry. I—I definitely will do that if you'll—if you'll pause for one second we'll let you testify. I'm going to ask the clerk to open the roll.

CLERK: Committee Clerk Matthew Destefano, continuation of the roll call on Intro 1183-A. Council Member Crowley.

COUNCIL MEMBER CROWLEY: I vote aye.

CLERK: The final vote stands at 7 in the affirmative, 0 in the negative and no abstentions.

CHAIRPERSON COHEN: Thank you. I'm sorry. I didn't mean to cut you off.

SYLVIE SUN: Okay. Hi, everyone. Thank you for allowing me a non-professional, just a first time tech mental health first training in March at the March or early April. Let me introduce myself first. My name is Sylvie Sun, and I'm with the Buddhist Global Relief. I was invited by our Buddhist Council of New York who is involved with health and disaster engagement. Reverend TK Nakagaki was here previously. I don't know if he like—I mean gave `testimony. I don't know, but he was the one that invited us. So we have about eight or nine

people attending the first course. Everyone was very excited, and we speak for my—myself. I was the first hand to experience a professional training. We think eight hours. It was a phenomenal. Lots of knowledge to impact, but it's so useful because for years I, besides the Buddhist Global Relief and Buddhist Council of New York, I also as a practitioner I engaged with Mahayana Buddhism Temple and Center, Meditation Center in wafala (sic) to use this kind of training that I have been experiencing for years the Chinese Temple, Asian Temple most are immigrants. Most are lack of language communication of English. When—when we come to the city—the States, we are the immigrants. Most of us we have encountered the culture shock, and education and we think that family, the parents and kids' communication there's a lots of problems going on. I can name you around our members more than half have a problem. Eventually, after living for a couple of years, we have the children. We have spouse, all encounter similar, anxiety, depression, lost jobs, cannot find where-where they can get, where they can get help. They come to the temple. They speak—we speak the same language, and they're speaking of listener or maybe

believing or say it's a comfort. We've been helping and listening, but for me it seems the years—I've been in practice more than 30 years, you know, since I come to this country. It's—we cannot help. Very recently on July I was in one of the Dharma Riches (sic). So we were discussing the problem and, you know, Dharma is supposed to help you better your life. There is always people who raise the questions. They say oh my brother has a problem. We don't know how to deal with him. My parents their hands are full. We send him into the clinic, and so what should we do. Everybody tried to give the answer, you know, from their experience, but I, too, can help. I did help because of my training. I said well, we can actually end this thing (sic) except to size and listen and to—to identify their problem, and then provide the resource that goes to them. My one wang (sic) go to—the training really helped. Although people were not really—like that's it? I cannot help. I can only relate it to the professional bureau to do that? I said yes, there is nothing we can help, but—except we're listening. But if you want to have the real help then we need to ask for a professional. Call 911. [laughs] So, it has

been my personal goal since I had the first training, I really want to become a trainer. You know, to take long calls—a whole week's training that I missed one. I couldn't do it, but I really want to do that to express the message: Go to different center, different temple to express—there's—-we can send out this message. We can get a professional training, and help to guide them to the right place to get help. That's my experience. Thank you.

CHAIRPERSON COHEN: Thank you very much. You know, I mean your—your presence and your testimonial obviously though it's anecdotal, it does sort of give me hope that—that the—that the agency is getting the word out to a variety of communities. So I—I feel good about that. So I do appreciate the—you taking the time to testify.

SYLVIE SUN: Thank you.

CHAIRPERSON COHEN: And with that, I'm going to—Is there anybody else who wishes to testify? Going once. Going twice. That concludes this hearing. Thank you very much, everybody. [gavel]

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 October 1, 2016