



Testimony of Susan Herman
Senior Advisor to the Mayor, Office of ThriveNYC
New York City Council Committee on Mental Health, Disabilities and Addiction
Oversight – ThriveNYC, a Three Year Update

Good afternoon Chair Ayala and members of the Committee on Mental Health, Disabilities and Addiction. My name is Susan Herman and I am the Senior Advisor to the Mayor, Office of ThriveNYC. I am joined today by Dr. Hillary Kunins, Acting Executive Deputy Commissioner at the Department of Health and Mental Hygiene and colleagues from Thrive and several other agencies.

Introduction

In 2015, First Lady Chirlane McCray decided to embrace a big challenge: to change New York City's entire approach to mental health.

Working with the Department of Health and Mental Hygiene, she set out to identify key ways the City government could foster more widespread ownership of this issue and address many of the problems she was hearing about across the City — that there was too much stigma associated with mental illness for people to seek help, that even when people — especially people in underserved neighborhoods — decided to seek help, it was hard to find it, and that there were enormous gaps in services to address mental health problems. And this was true for people of all ages and circumstances. There were also far too many missed opportunities for prevention. A team of people, with tremendous community input, created a realistic, but ambitious agenda. Then, with the Mayor's support, all of City government and all parts of the City came to the table, to promote mental health and address mental illness in a way that is commensurate with the powerful and deep impact these issues have on all of our lives.

Clear and compelling goals were established from the outset: overcoming the stigma of mental illness so that New Yorkers would both recognize problems and seek help to address them; increasing wellness and resilience among New Yorkers; ensuring that mental health care could be found where people live, work, and learn. As a City, we were going to actually face mental illness and address it, rather than simply putting a Band-Aid over its symptoms.

Since its inception, this work has been inspired by the vision of First Lady Chirlane McCray who has an unwavering commitment to promoting mental health for all New Yorkers. She called this new approach ThriveNYC. And ThriveNYC has become one of the Mayor's top priorities.

Guiding Principles

As you know, ThriveNYC has been guided by 6 principles that underpin our initiatives. These principles have been in place since Thrive's inception and continue to focus and ground our work. They are:

1. Change the Culture
2. Act Early
3. Close Treatment Gaps
4. Partner with Communities
5. Use Data Better
6. Strengthen Government's Ability to Lead

With significant resources and evidence-based strategies, informed by dozens of listening sessions, town halls, and focus groups with hundreds of New Yorkers, ThriveNYC set out to change the way New York City approaches mental health. Just over three years later, change is starting to take hold. Thrive has dismantled some of the barriers that prevent people from getting help. To date — even without counting all the callers to NYC Well or students now served in schools — ThriveNYC has served over three quarters of a million people through discrete interventions, and touched the lives of countless more.

The Thrive Approach

In the first phase of our work, we took a hard look across the mental health system and expanded our understanding of **who** is best fit to provide support and treatment; **where** services can and should be delivered; and **what** mental health support could look like. We sought the best opportunities to change our cultural understanding of mental health, create new pathways to care, close particular gaps in services, and enable more people outside of the formal treatment system to be helpful. This kind of innovative, comprehensive approach enabled us to develop community-based mental health solutions that address the diverse needs of New Yorkers.

The second phase focused on the implementation of these strategies. A larger team was created and Thrive began to grow.

We partnered with every sector of society to develop programs and services that put the Thrive approach into practice. New Yorkers can now see and experience the benefits of Thrive all over the City — on the subways and buses, in Pre-K to 12th grade classrooms, in homeless shelters and health clinics, in police stations, social service agencies, and in houses of worship.

Structure

I joined ThriveNYC as Senior Advisor to the Mayor in February, having been asked to oversee the third phase of the implementation of Thrive. I'm pleased to join a strong team working with over 20 City agencies to implement dozens of Thrive initiatives. We will continue to increase access to care and move beyond traditional interventions to make sure every New Yorker can have the care they need, when and where they need it.

The new Mayoral Office of ThriveNYC reinforces the Administration's commitment to embed mental health across City government. The Department of Health and Mental Hygiene will continue to serve as the key technical advisor as we develop, implement, and manage ThriveNYC. The Health Department also oversees the majority of the Thrive initiatives, including NYC Well and Mental Health First Aid.

The Office of ThriveNYC works collaboratively with City agencies and partners to deliver mental health services to everyone, but particularly to vulnerable and traditionally underserved populations including immigrants, victims of crime, young people, homeless people, and seniors. We work to ensure agencies are able to maximize the potential of their work. Performance management and cross agency collaboration are necessary tools to achieve this goal. Additionally, we develop public awareness campaigns, work with strategic partners to advance the work of Thrive, and implement outreach efforts to ensure New Yorkers are aware of the range of services available to them. As we work to maximize capacity, we also strive to ensure program sustainability.

In a very short time, Thrive has grown from a great idea to an ambitious initiative. In the next phase of this work, our goal is to strengthen the interventions, evaluate key initiatives and move towards sustainability so that New Yorkers will continue to benefit from this work. As we build out our capacity, we are mindful of the need for both accountability and transparency. As you know, we have a chapter in the Mayor's Management Report and are held to the same budget standards and oversight as other Mayoral Offices and initiatives. To further ensure proper oversight and evaluation of this work, we are collaborating with experts at City agencies and academic institutions to continue to assess the progress of these initiatives. It is essential that there are tools in place to measure the short, medium, and long term impact of our work.

Thrive Success

Thrive now has a presence across the City. While New York has always provided behavioral health services, Thrive has both re-imagined how mental health can be promoted and how care can be delivered.



I'd like to take a few moments to describe some of the good work Thrive has undertaken thus far. Let's begin with:

Mental Health First Aid, taught by Health Department trainers, is changing the New York culture by teaching people skills to be mental health first responders. The Mental Health First Aid training is modeled on training which began in Australia and is offered in many jurisdictions across our country.

Over the past three years, we have trained more than 100,000 New Yorkers in **Mental Health First Aid**, including nearly 48,000 front-line City workers. This means 100,000 New Yorkers are now more comfortable talking about mental health, listening to others, and helping point people in need to relevant services. Going forward, the Department of Homeless Services has now mandated this training for all homeless shelter staff. We have also made it easy to find a Mental Health First Aid workshop in any neighborhood throughout the City. All you have to do is go on the ThriveNYC website, and you can select a training when and where it's convenient for you. If you are interested in a class taught in Mandarin or Spanish, we offer them twice a week. With Mental Health First Aid, everyone can learn how to better support their co-workers, their neighbors, and their loved ones.

As you know, our goal is to train 250,000 New Yorkers by 2020, a figure comparable to the number of New Yorkers trained in CPR, and we're on track to meeting that goal.

NYC Well builds on LifeNet, the City's former crisis line. NYC Well provides a free, central point of entry to local behavioral health services. Available by call, text or online chat, NYC Well is a safe and easy way for New Yorkers to quickly get connected to care no matter where they are, what emotional state they are in, or what signs and symptoms they express. Our counselors strive to provide the least invasive intervention possible by supporting callers through safety planning, teaching coping skills and connecting them to resources.

In 2016, LifeNet, which only handled immediate crisis calls, answered 92,000 calls. With support from ThriveNYC, in 2018, NYC Well answered 256,000 calls, texts, and chats from people who were seeking help, including those in crisis. To date, NYC Well has had more than half a million interactions with New Yorkers.

Runaway and Homeless Youth often struggle with mental health challenges. With ThriveNYC's support, more than 3,700 evaluations have been conducted for youth served by runaway and homeless youth drop-in centers, crisis service programs and transitional independent living programs, increasing opportunities for young people to be connected to mental health support.

Schools are another place to reach children in need. Many schools lack capacity or expertise to develop comprehensive mental health plans to address these needs. With ThriveNYC, over 50% of New York City public schools have access to professional **mental health experts** to build the capacity of school staff through training, and customized mental health plans. These experts also connect schools to a range of mental health resources to benefit individual students in need. Now, all public schools in New York City have access to mental health support.

Homeless Shelters serve some of New York's most vulnerable families. Before ThriveNYC, families residing in shelter did not have ready access to staff specifically focused on providing social work services. With ThriveNYC's support, the Department of Homeless Services (DHS) has placed 312 licensed social workers (LMSWs) in shelters for families with children. Since the inception of the program in 2016, these social workers have served thousands of families in need consisting of more than 9,850 New Yorkers.

Crime Victims have often been forgotten, and their mental health challenges are quite real. Before Thrive, three police precincts had one on-site victim advocate each. Now, with the **Crime Victim Assistance Program** or CVAP, each of the City's 77 precincts has two victim advocates — one specializing in domestic violence and one for every other crime category — except in 6 precincts where one advocate manages both roles. With Thrive support, CVAP advocates have served nearly 100,000 victims of crime, mitigating their trauma, and connecting them to critical resources and services.

Maternal Depression is common. Before Thrive, however, a large percentage of new and expecting mothers in New York were not screened for maternal depression before and after the birth of their children. We partnered with 29 public and private hospitals, and within only about 6 months after this new **Maternal Depression Collaborative** launched in Spring of 2016, almost 63% of women in these hospitals were screened at prenatal visits. Last month, 86% of women in these hospitals were screened, and the percentage continues to increase. The City's public hospitals are leading the way here. Last month, they screened 98% of new patients in prenatal clinics.

The Department of Health's Newborn Home Visiting Program previously did not serve mothers in homeless shelters and did not conduct post-partum maternal depression screenings. As a result of Thrive, the **Newborn Home Visiting Program** has expanded and has been able to provide health education, resources, and maternal depression screening services to over **3,800** mothers residing in DHS shelters and has conducted over **3,100 maternal depression**

screenings. It's worth noting that these resources and services were offered to all new mothers in shelter.

Connections to Care is changing how social service providers do business. Before Thrive, mental health was primarily seen as the responsibility of clinical mental health providers, who didn't always have the reach, capacity, or cultural competencies to meet the City's tremendous need. As a result of ThriveNYC, **Connections to Care** has demonstrated that we can augment our traditional mental health system with mental health supports — out of clinics and in communities. Since 2016, C2C community-based organizations and their mental health providers have trained more than 1,400 CBO staff to recognize mental health problems in clients and engage them in a way that promotes conversation and, when appropriate, helpful referrals to care.

Older Adults often suffer in silence. Prior to ThriveNYC, the City did not fund services for homebound older adults at risk of profound social isolation and loneliness. Now, the Department for the Aging's **Friendly Visiting Program** supports 15 sites across all 5 boroughs. Volunteers have made over 35,000 visits to seniors' homes, donating more than 52,000 hours of service. In addition, prior to ThriveNYC, DFTA did not have an on-going mental health program embedding licensed mental health professionals in senior centers. Now, DFTA's **Geriatric Mental Health Program** offers mental health services in 25 senior centers, and to date they have served over 20,000 seniors.

Substance Misuse is often associated with mental health challenges. Before ThriveNYC, **Assertive Community Treatment Teams, or ACT teams**, did not have the expertise to assess clients with substance use needs. As a result of ThriveNYC, a master's level Substance Use Specialist was added to each of the 40 ACT teams, which together serve more than 2,700 individuals annually. These clinicians enhanced ACT teams' ability to serve people with co-occurring disorders.

Conclusion

These are only a few of the many examples of Thrive's work on the ground. In the last three years, Thrive has sown the seeds for a new citywide approach to mental health and long-lasting change. But radically re-imagining mental health is a job for everyone: every City agency, every service provider, every community-based organization, every school, and every family.

In the years ahead, we must work together to acknowledge the importance of our individual and collective well-being. We must also work together to address barriers to accessing mental health



care and promoting the mental well-being of all New Yorkers. These barriers include stigma, poverty, homelessness, racism, and violence — and an inadequate mental health workforce.

This is our chance to build the culture and infrastructure we need to support healthy communities. Thrive has initiated a seismic shift in our culture and in our mental health system. We appreciate First Lady McCray's guidance in this endeavor and the sincere collaboration of so many agencies who do this work every day. We also appreciate the support and strong partnership we have had with City Council. And now, I would be happy to answer any questions you may have.



OFFICE OF THE PRESIDENT
BOROUGH OF MANHATTAN
THE CITY OF NEW YORK

1 Centre Street, 19th floor, New York, NY 10007
(212) 669-8300 p (212) 669-4306 f
431 West 125th Street, New York, NY 10027
(212) 531-1609 p (212) 531-4615 f
www.manhattanbp.nyc.gov

Gale A. Brewer, Borough President

February 27, 2019

**Gale A. Brewer, Manhattan Borough President
Testimony before the New York City Council
Oversight – Committee on Mental Health, Disabilities & Addiction
ThriveNYC: Three Year Update**

Good afternoon Chair Ayala and members of the Committee on Mental Health, Disabilities and Addiction. I am Gale A. Brewer, Manhattan Borough President. Thank you for the opportunity to testify about ThriveNYC. I am here today to offer my support of the ThriveNYC action plan to change the way our city thinks about mental health as well as offer my input on how the plan can be improved.

As many of you know, I am a longtime advocate for improving mental health services in New York City – especially when it comes to schools. Since New York City schools serve more than 1 million students, at least 180 days per year, school based mental health services should be an essential part of any systemic effort to educate the whole child. One component of the ThriveNYC action plan recognizes this logic in creating the School Mental Health Consultant program for schools without on-site mental health services. It's my understanding that each of these consultants, some of whom may be social workers, are tasked with facilitating mental health consulting at 10 schools. I support the intention of trying to expand access; however, this ratio is tremendously overwhelming and I believe the city of New York can and should do more to address the mental health needs of students and their families.

The primary method for improving services should be increasing the number of licensed social workers in schools. While consultants and coordinators may be helpful in connecting families with resources, there is no substitute for professionally delivered direct services that meet students where they are – in school! At the very bare minimum, there should be at least one social worker in every school. Research on mental health indicates that social workers are particularly adept at supporting vulnerable students and improving school climate. However, in 2017, when my office released the report, "Who's Caring: The State of School Based Mental Health Care in NYC Schools," one of the key findings was that New York City Department of Education (NYCDOE) social workers have overwhelming caseloads and are stretched too thin. In fact, we found that there was a ratio of just 1 social worker to every 800 students in the borough of Manhattan. This ratio is far below the recommended 1 to 250 ratio suggested by the National Association of Social Workers (NASW).

The dearth of social workers in schools is a critical issue that needs immediate attention. Recent data on New York City schools suggests a great need for radical improvements in mental health services for students. Last year, *The Times* reported that 1 in every 10 students in New York City

sleeps in temporary housing. Based on the Department of Education's Demographic Snapshot Data, the percentage of students facing economic hardship is over 70%. According to the most recent NYCDOE Student Survey results, bullying is pervasive. Eighty-two percent of students who were surveyed in 2017 reported that students harassed, bullied, or intimidated others in school – that's 17% higher than in 2012. Additionally, suspensions and removals topped 46,500 during the 2016-17 school year.

If the NASW's suggested ratio is met, NYC schools will make great strides in supporting youth and families. By increasing the ratio of social workers, we can expect suspension rates, arrests, and summonses in schools to decrease. Conversely, we can also expect *increased* attendance, student morale and academic performance as school climate improves and mental health needs are met.

Even though it is a critical need, I understand that meeting the 1 to 250 service ratio will take time and considerable resources. As part of the FY20 Executive Budget, the City should commit to establishing a 'floor' of school based mental health services by funding at least one social worker in every public school to work directly with students. There are also several other steps that ThriveNYC can take in coordination with the NYCDOE in order to improve mental health services for students:

- **Community Schools:** Restructuring community school funding is critical for improving mental health supports. Whereas the community school model is typically oriented around providing social and emotional supports for students, the Independent Budget Office found that in the 2018-19 school year most community school funding in New York City is allocated for academic services (\$118mm) while only \$18.4mm was allocated for health, mental health, counseling, and dental care. This funding distribution must change. New York City students deserve community schools that prioritize the right supports for their needs.
- **Social Work Graduate School Students:** The DOE should rethink how social work graduate school interns can play a role in supporting more students. Schools that have a licensed social worker on staff can provide supervision and support to social worker interns. The expansion of this program would have a dual benefit – more students would have access to in-school mental health services plus these graduate school interns who need the clinical practice would also be engaged for future careers in school-based or youth mental health services. For schools that do not have the resources to hire a licensed social worker, I think it is important that we figure out how to facilitate a combination of school-based and off-site supervision by graduate programs or service providers like settlement houses. By leveraging graduate school internships, schools can have access to an intern pool to help meet students' day to day needs and not just the needs that arise in emergency and crisis situations.
- **Response to Crisis Reform:** Stop the practice of relying on School Safety Agents (SSAs) to respond to in-school mental health crises. According to the NYPD's 2018 SSA Report by School data, 32.21% of all incidents reported in schools were "child in crisis" incidents. The preponderance of such incidents is alarming but even more so because the

current first responders (SSAs) are not trained mental health professionals and do not have comparable clinical experiences to social workers. This mismatch of needs and resources must end. Trained mental health professionals should be the ones who respond to students in crisis.

- **School-based Mental Health Prevention & Intervention Program for High Needs Schools (SMHPIP):** Increase NYCDOE Office of School Health funding for the SMHPIP so that high need schools can afford the services of full-time social workers provided by quality service providers. SMHPIP currently has maximum reimbursement of \$90 per student with a cap rate of \$157,751 per school per year. For a school with 500 students, this means that the maximum reimbursement is \$45,000 – thousands of dollars less than the average salary for social workers in New York City; for schools with fewer students the shortfall is even greater. It's my understanding from community mental health service providers that requests for service providers go unmet due to this significant under funding. Without drastic increases to the SMHPIP funding, high need students will continue to go without appropriate mental health services.

If ThriveNYC is able to successfully implement these recommendations, I am confident that the more than 1 million students attending public schools will have greatly improved socio-emotional supports and better access to the resources they need to live and thrive in New York City.

Thank you to Chair Ayala for convening us here today to discuss this most important issue. Thank you to First Lady Chirlane McCray for her leadership in this work. I hope that we can all continue to work together to further the goal of providing appropriate, culturally responsive social and emotional support for every child in New York City.



NYC Veterans Alliance

www.nycveteransalliance.org

www.ourveterans.nyc

Testimony by

Samuel Molik
Director of Policy and Legislative Advocacy
NYC Veterans Alliance

**Committee on Mental Health, Disabilities & Addiction
Oversight: ThriveNYC - A three year update**

February 27th, 2019

Good afternoon and thank you to the Committee Chair for the opportunity to testify today. My name is Samuel Molik and I am the Director of Policy and Legislative Advocacy for the NYC Veterans Alliance, a member-driven, grassroots policy advocacy and community building organization that advances veterans and their families as civic leaders.

I would like to start by applauding the ambitious approaches of ThriveNYC in addressing mental health in our city, and the inclusion of veterans and their family members as a key underserved population requiring programmatic focus to close gaps in care. ThriveNYC is a needed initiative, and we are optimistic about its potential for tremendous positive impact on the veterans community as well as New York City as a whole. Mental health must be an ongoing topic of education and conversation in all communities, and it is on all of us to make routine mental healthcare just as high a health priority as exercise and good nutrition, and to build strong bonds of support and compassion within our communities.

Mental healthcare is a top concern of our membership, especially related to the worst possible outcome for those who have been failed by our culture of stigma and barriers to mental healthcare—veteran suicide. Last year the US Department of Veterans Affairs issued its latest statistics on known veteran suicides, revealing that 20 veterans each day across the nation are dying by suicide—a rate more than twice the rate of our civilian counterparts. Rates for younger veterans and women veterans dying by suicide are spiking, while generations of aging veterans continue to make up the largest population in sheer numbers dying by suicide.¹ In New York, rates of suicide are overall lower than the rest of the country, yet the statistics remain alarming—veterans in our state are still dying by suicide at nearly twice the rate of our civilian counterparts.² Veteran suicide is a national crisis, and also a local crisis. **We urge this committee to ensure that ThriveNYC continues to improve and refine targeted programs and outcomes to keep our city's veterans alive and thriving.**

Back in 2015, we were proud to work with Commissioner Sutton and her team on our community's recommendations to integrate the city's 3-1-1 service with the VA's Veterans Crisis Line to provide veteran-specific support to any New Yorker expressing concerns about a veteran in danger of self-harm.³ **As this is a critical tool in the prevention of veteran suicide, we urge**

¹ https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf

² <https://www.mentalhealth.va.gov/docs/data-sheets/Suicide-Data-Sheet-New-York.pdf>

³ <https://www.nycveteransalliance.org/151123>

ThriveNYC and this committee to ensure that reporting out of metrics is made publicly available.

We have hosted a day-long Mental Health First Aid Training provided by ThriveNYC, certifying 20 veterans, family members, and people who work with veterans on this training. We appreciate that veteran-specific content is included in this off-the-shelf curriculum, and that veterans are employed as trainers for the program. Yet we received feedback from participants that the curriculum remined at a loss for specific places to refer veterans and their caregivers for preventive care. It is also unclear on what takes place when someone calls the city's 9-1-1 system to intervene for a veteran in crisis—would there be responders with veteran-specific competencies? Would they be met by law enforcement, or medical providers? **Mental Health First Aid Training would be vastly improved by offering information specific to how our city's agencies and medical community can prevent and treat the conditions discussed in the curriculum.**

We have also been proud to host a discussion event on the city's response to the opioid crisis—another crisis disproportionately impacting veterans—that included certifying more than 40 event attendees on Narcan kits they were able to take home with them because of ThriveNYC's investment to make this free and available to save lives. If any other veterans organization wishes to host this kind of training, we would be glad to share what we did so it can be replicated. **We further recommend more robust direct outreach by ThriveNYC to veterans and community organizations so they know this is available. We also recommend this as a possible addition to Mental Health First Aid Training.**

We applaud ThriveNYC's initiative to reach veterans and their family members and broach important subjects of mental health and suicide prevention through arts-based cultural events. The NYC veterans community includes robust programs that have done tremendous work toward training veterans in the arts, literature, and performance, including a growing community of working actors and performers. A priority within the vast majority of these programs is broaching mental health subjects and building a vibrant and supportive community. The first iteration of this "C1" initiative has included Theater of War, an innovative program presenting military-themed ancient Greek tragedy and audience discussions to areas across the city—we have discussed with DVS that this program that does not hire or employ veteran artists is a missed opportunity to engage with the already-robust community efforts at work.⁴ **We recommend that going forward**

⁴ https://www.ourveterans.nyc/artistinresidence_meeting

ThriveNYC seek to engage with and support existing arts and culture programs and organizations already at work within the NYC veterans community to maximize connectedness, resources, and overall positive impact of this important initiative.

Back in 2015, we applauded the inclusion of peer social support coordinators as part of the staffing of DVS. We have been pleased to watch the growth and outreach of these coordinators that now make up a consistent, welcoming, and helpful presence at numerous outreach events, including our own, held in the veterans community across the city. These coordinators are important connective tissue between veterans and the city services available to them. **We recommend further development of these important ambassadors to the veterans community, to include robust connections with the full spectrum of city services available to support veterans and families, from tax exemptions to city employment to business development programs, and more. This should be fully integrated and aligned with the city's VetConnectNYC network, mirroring in-person connections with the digital referral network. We further recommend refined reporting metrics of their meaningful outreach, differentiating referrals from brochures distributed, and so on.**

Also back in 2015, we applauded the inclusion of the \$1 million Veteran Mental Health Holistic Treatment Fund in the ThriveNYC Roadmap—and we understand that philanthropic funds have been raised toward making alternative treatment modalities available to veterans and their families. Yet it remains unclear where these funds are being used under this city program. **We urge ThriveNYC and this committee to make information about this fund transparent and accessible to the veterans community, which includes a number of veteran-led organizations offering modalities that would welcome the opportunity to place a bid in any public RFP.**

We hope that future ThriveNYC reporting includes the progress, broken out by population subset, toward securing 15,000 supportive housing units for veterans & families and other vulnerable New Yorkers, as promised in the Roadmap. **Stable housing is a key component of addressing mental health needs, and information on the progress toward this ambitious and critical initiative for veterans and families should be made public as well.**

Thank you for the opportunity to testify today. Pending your questions, this concludes my testimony.



Testimony for Oversight Hearing – Thrive NYC, a Three-Year Update

Submitted to the New York City Council Committee on Mental Health, Disabilities, and Addiction

February 27, 2019

Thank you Chair Diana Ayala and the Committee on Mental Health, Disabilities, and Addiction (Fernando Cabrera, Jimmy Van Bramer, Robert Holden, and Alicka Ampry-Samuel) for convening this hearing today. I am Jo Park, Clinic Director at Korean Community Services of Metropolitan New York, Inc. Mental Health Clinic.

KCS Mental Health Clinic is the first New York State-licensed outpatient mental health clinic operated by a Korean nonprofit organization. Our licensed professionals have been providing culturally and linguistically competent mental health services in Korean and English since November 2015.

According to Asian American Federation's 2017 report *Overcoming Challenges to Mental Health Services for Asian New Yorkers*, Asian Americans are the least likely of groups to report, seek, and receive medical help for depressive symptoms due to a lack of knowledge, cultural stigma, insurance limits, and a dearth of linguistically and culturally competent service providers (Abe-Kim et al, 2007). Moreover, the United States national mortality records show that suicide rates among Korean Americans nearly doubled from 2003 to 2012, surpassing those of all other Asian subgroups (Kung et al., 2016).

In its initial stages, the resources and services that ThriveNYC offered were not culturally relevant to our mental health clinic. Our Art Therapist/Outreach Coordinator took the Mental Health First Aid (MHFA) training in English. She then had to translate the entire presentation into Korean and also cater the presentation to make it more relevant to the Korean community. This was an incredibly arduous and time-consuming task.

KCS Mental Health Clinic was not able to benefit from NYC Mental Health Corps because no Korean-speaking clinician was available at the time. It was recommended that we utilize a translator – a solution that does not work in a mental health setting. Moreover, we were not able to bill for the services provided by a NYC Mental Health Corps member.

KCS Main Office	Corona Senior Center	Flushing Senior Center	Public Health and Research Center	Brooklyn Project
Adult Daycare Afterschool Immigration ESOL Workforce Development Thrift Shop 35-56 159th Street, Flushing, NY 11358 Tel: (718) 939-6137 Fax: (718) 886-6126	Korean Mutual Aid Society 37-06 111 th Street Corona, NY 11368 Tel: (718) 651-9220 Fax: (718) 478-6055	42-15 166th Street Flushing, NY 11358 Tel: (718) 886-8203 Fax: (718) 886-8205	2 W 32nd Street, Ste. 604 New York, NY 10001 Tel: (212) 463-9685 Fax: (212) 463-8347	8710 5th Ave. 1FL Bay Ridge, NY 11209 Tel: (718) 630-0001 Fax: (718) 630-0002



KCS
WWW.KCSNY.ORG

THE KOREAN COMMUNITY
SERVICES OF METROPOLITAN
NEW YORK, INC.

뉴 욕 한 인 봉 사 센 터

Since 1973

We ask the City Council to invest at the community level – to the community based organizations who are already doing the work and have the expertise and cultural knowledge to provide the necessary mental health services for our respective communities. One of the biggest challenges we are experiencing is recruiting and retaining talent with the cultural and linguistic skills. As a smaller community based organization, we cannot compete with the competitive salaries of hospitals, larger organizations, and NYC Mental Health Corps. We are already struggling to recruit talent with the cultural and linguistic skills in a limited pool and we simply cannot afford to lose our current staff.

We look forward to working with the Committee on Mental Health, Disabilities, and Addiction to address these needs. Thank you again for your time and consideration.

KCS Main Office	Corona Senior Center	Flushing Senior Center	Public Health and Research Center	Brooklyn Project
Adult Daycare Afterschool Immigration ESOL Workforce Development Thrift Shop	Korean Mutual Aid Society			
35-56 159th Street, Flushing, NY 11358	37-06 111 th Street	42-15 166th Street	2 W 32nd Street, Ste. 604	8710 5th Ave. 1FL
Tel: (718) 939-6137	Corona, NY 11368	Flushing, NY 11358	New York, NY 10001	Bay Ridge, NY 11209
Fax: (718) 886-6126	Tel: (718) 651-9220	Tel: (718) 886-8203	Tel: (212) 463-9685	Tel: (718) 630-0001
	Fax: (718) 478-6055	Fax: (718) 886-8205	Fax: (212) 463-8347	Fax: (718) 630-0002



Asian American Federation

Testimony for New York City Council Oversight Hearing on Thrive NYC, a Three Year Update

Submitted to the New York City Council Committee on Mental Health, Disabilities, and Addiction

February 27, 2019

Thank you, Chair Diana Ayala and the Committee on Mental Health, Disabilities, and Addiction for convening this hearing today. I am Joo Han, Deputy Director at the Asian American Federation (AAF). AAF's mission is to raise the influence and well-being of the pan-Asian American community through research, policy advocacy, public awareness, and organizational development. We come to you today representing our network of over 60 member and partner agencies that support our community through their work in health & human services, education, economic development, civic participation, and social justice.

We are here today to highlight the mental health needs of Asian New Yorkers, who are the fastest-growing racial and ethnic group in New York City. The Asian population in the city grew by 50 percent from 2000 to 2016, and now comprises 15 percent, or 1.3 million, of the city's overall population. This growth has been accompanied by a 44 percent increase in the number of Asians living in poverty, from 170,000 in 2000 to over 245,000 in 2016. In other words, 25 percent of Asian New Yorkers are currently living in poverty. Poverty in the community brings a whole host of challenges that impact mental health.

AAF's 2017 report on *Overcoming Challenges to Mental Health Services for Asian New Yorkers* highlights the fact that Asians are the only racial group for which suicide was consistently one of the top 10 leading causes of death in New York City from 1997 to 2015. In New York State, suicide is the second leading cause of death for Asian Americans ages 15-24 and the third leading cause for those ages 10-14 and 25-34.

As the committee considers the three-year achievements of Thrive NYC, we recommend that you take into account the systemic gaps in available and accessible mental health services for Asian New Yorkers that still exist. While resources like mental health first aid is an important first step in identifying Asian Americans with mental health needs, there are not enough in-language, culturally competent mental health services to which to refer them due to a lack of investment in Asian-serving, Asian-led community-based organizations.

From Fiscal Year 2002 to 2014, the Asian American community received a mere 1.4 percent of the total dollar value of New York City's social service contracts. In that time period, the Asian American share of the total contract dollars awarded by the Department of Health and Mental Health was 0.2 percent. This rate of investment has not changed since the launch of Thrive NYC.

For example, one key component of Thrive NYC, Connections to Care, aimed to spend \$30 million over 5 years to integrating evidence-based mental health support into social services programs serving low-income New Yorkers. Of the 15 community groups selected, only one served the Asian community despite the high rates of poverty in our community.

Through Connections to Care and other measures, Thrive NYC aims to increase access to mental health services for communities of color, but our greatest challenge has been working with the City to create investment in culturally competent models for mental health service delivery that have been developed by Asian-led, Asian-serving organizations that understand the deep cultural stigma around mental health in Asian communities and have implemented integrated approaches to addressing their communities' particular mental health needs. This bottom-up approach is the only way we can begin to effectively tackle mental health. Instead, the one-size-fits-all approach we have encountered with Thrive NYC has countered our common aim to increase mental health services for underserved communities.

RECOMMENDATIONS

We ask the City Council to make an initial investment of \$1 million in pan-Asian nonprofit organizations to develop community-wide capacity in mental health services. As linguistic and cultural competency increases the utilization and effectiveness of mental health services, Asian-led agencies providing services directly to Asian Americans are in the best position to use additional funding most effectively. This investment would support the following services:

- To develop a training program for Asian-led social service organizations using models of non-clinical service delivery that utilize existing services and programs.
 - Utilize models which integrate mental health concepts into existing programs or services, such as youth leadership programs, parenting skills workshops, and senior wellness activities.
 - Incorporate culturally competent mental health first aid for key touch points in the Asian communities where people seek help, such as social service front-line staff, religious leaders, primary care physicians, etc.
- To create a network of non-clinical mental health service providers serving the Asian communities of New York City in order to share resources and knowledge about best practices and available services.
- To develop a shared database of mental health service providers.
- To provide cultural competency training for mainstream mental health service providers.

AAF plans to launch a program this year to enhance mental health services in the Asian community. We will take the lead on designing and implementing programs based on our research, which will help to reduce stigma and other barriers to mental health services, increase awareness of the mental health needs of Asian American residents in New York City, and foster greater collaboration between formal service systems and community resources to reach these residents.

We look forward to working with the City on how to address the mental health service needs of Asian New Yorkers.



Thrive NYC Testimony

Provided by Dr. Hazel Guzman, Assistant Clinic Director

We'd like to thank the Committee for allowing us the opportunity to testify regarding the ThriveNYC initiative. Northside greatly appreciates our continued partnership with ThriveNYC, which allows us to continue to pursue our 70+ year mission of helping children rise up and thrive by providing much-needed early childhood mental health services to 100+ children annually through this partnership.

Pioneering psychologists Drs. Kenneth B. and Mamie Clark founded Northside Center in 1946, offering Harlem youth much-needed social work and psychological services. The Clarks' groundbreaking research, including the black-white doll study, showed how racial inequality negatively affected the self-esteem of young children and was critical to the 1954 Brown vs. Board of Education Supreme Court decision legally ending segregation in public schools.

Many of our services are still being provided in the same building in which this agency was founded in 1946. We are excited to continue providing these services in our new location in mid-to-late 2020, just a few blocks away from our current site.

While we have grown and innovated over the years, our mission has remained constant:

Northside Center provides children and families the support they need to overcome adversity and thrive. Our high quality outcome-driven behavioral, mental health, and education services propel struggling children forward... away from the ill-effects of poverty and racism toward a future limited only by the scope of their dreams.

We offer a continuum of mental health and educational services for youth, ages 0-18. Our initiatives include: Behavioral Health Clinics, Home Based Crisis Intervention, Preventive Services, Clinics in Schools, Creative Arts Trauma Therapy, A Therapeutic Early Childhood Center, Pre-School and School-Age Special Education Programs, Early Intervention, Head Start/Early Head Start Centers, One-on-One Remedial Education, Homework Help, and After School/Summer Day Camp Programs.

Our approach works: Each year, through evidence-based program assessments and direct feedback from our families, we are finding that our children are making great academic and personal strides, families are healing and remaining safely intact, and across programs, families and youth are reporting high satisfaction with Northside's staff and services.

**NORTHSIDE CENTER
FOR CHILD DEVELOPMENT, INC.**

1301 Fifth Avenue
New York, NY 10029
Phone: 212-426-3400

**SUSAN PATRICOF
HEAD START CENTER**

302-306 East 111th Street
New York, NY 10029
Phone: 646-351-1300

**BRONX CHILDREN
AND FAMILY SERVICES**

745 Eagle Avenue
Bronx, New York 10456
Phone: 347-926-5400

**FT. GREENE – BROOKLYN
CHILDREN AND FAMILY SERVICES
CENTER**

44-60 Rockwell Place
Brooklyn, NY 11201
Phone: 347-505-5500

Founded 1946 by Drs. Mamie Phipps Clark and Kenneth B. Clark



www.northsidecenter.org



In 2016, we were happy to join the ThriveNYC network as the sole Early Childhood Treatment Center (ECTC) serving Manhattan. As a recipient of the Thrive NYC ECTC grant, Northside was able to expand mental health services to include young children (age 0-5), in addition to their siblings and caregivers. Additionally, Northside was able to implement mental health consultation, which was a new service for this agency. Mental Health Consultation aims to build the capacities of staff in Early Learn sites, as well as the caregivers of the children enrolled in Early Learn Sites. The goal of mental health consultation is to promote social emotional development in preschool settings. By supporting staff in this regard, children will be better equipped to focus on developmentally appropriate tasks, such as learning. In addition to consultants being in the classroom and providing "live" support, consultants conduct workshops on topics such as Early Childhood Trauma, to help teachers and administrators have a better understanding of signs to look for and how to best support victims.

Over the course of the nearly three years that Northside has been running an ECTC, we have seen an increase in demand for clinical services for young children. As the community becomes more knowledgeable about service availability and the benefits of intervening at a young age, referrals have progressively increased. Similarly, many of the mental health consultation sites we work with have asked us to remain beyond the period covered by our partnership agreement and at times, return following our beginning work with a new cohort of sites.

The ThriveNYC ECTC grant has been instrumental in allowing us to train the workforce to be able to serve young children, training which does not typically occur during schooling. Additionally, the network provides the ongoing training and support that is vital to this work. Furthermore, without Thrive NYC funding, mental health consultation services would not be sustainable as this is not currently a reimbursable service.

We continue to be very excited about being a part of the ThriveNYC network and to be able to provide our clients with much needed Early Childhood Mental Health Services. The ongoing support of DOHMH, Thrive NYC, and partners like the Coalition for Behavioral Health have positioned us to best serve our youngest clients and their families.



Oversight – ThriveNYC, a Three Year Update

Testimony Before the NYC Council Committee on Mental Health, Disabilities and Addiction

February 27, 2019

Introduction

Good morning Chairperson Ayala and distinguished members of the committee. On behalf of The Coalition for Behavioral Health, I thank you for the opportunity to testify at today's hearing on "Oversight – ThriveNYC, a Three Year Update". My name is Jason Lippman, and I am the Executive Vice President at The Coalition for Behavioral Health.

The Coalition is a true partner with the city as we continue to move forward with enhancing ThriveNYC's partnerships with community providers and addressing gaps in the service system, whether that be through our members' participation in the Mental Health Services Corps, NYC Well or the provision of Mental Health First Aid trainings by The Coalition itself.

As we work together to create innovative models of care and services to improve health outcomes that are at the same time cost-effective, the community-based behavioral health sector must be sufficiently utilized and engaged with to inform policy decisions and ensure access to timely, high-quality services and supports for New Yorkers in need. ThriveNYC planning should fully incorporate the expertise and strength

of community behavioral health providers to integrate services, address the social determinants of health and connect people to the care and services they need. In addition, outcomes data and benchmarks for ThriveNYC programs needs to be established or made readily available to assess for successes or refine areas that might need improvement.

Supporting a Healthy Life Cycle from Children to Aging Adults

Starting in January of 2019, New York State began to implement a broad reform of the children's behavioral health system after 8 years of discussions on design and development. This transition involves the addition of 6 new children's mental health services to the Medicaid state plan, intended to improve access for children and their families, streamlining the evaluation and diagnosis process, so that more children and families can get the services they need, at the right time, before their needs escalate. It also includes moving exempt Medicaid services and populations to Medicaid managed care, consolidating 5 different children's Home and Community Based Waiver Programs into a single Home and Community Based Service (HCBS) program with a uniform array of 11 services, and transitioning care coordination that was previously included as an HCBS services to the Health Home Serving Children care management program.

Enhanced startup rates are being provided by the state that will cover the cost of services, however, they do not offset the expenses incurred by providers from delays to the transition and required health information technology (HIT) needs. This is an area in which ThriveNYC and The Coalition can partner to support the work of New York City's children's providers.

We can also work together to close gaps on the other end of the life spectrum, where the system of care and services needs to adapt to meet the needs of older adults

who are living longer and with less family caregiver support available. Unfortunately, too many behavioral health services for older adults are tied to place and time, with not enough capacity for outreach, in-home services, access to services outside of standard office hours and adequate responsiveness to crisis episodes. In addition, funding models need to be adapted to all for greater use of home and community-based services. Dually eligible adults (Medicaid and Medicare) are excluded from many programs and services, such as in their own home services or even telepsychiatry, simply because a reimbursement mechanism does not exist for individuals that are dually eligible for Medicaid and Medicare.

Medicaid does not pay for home visits, but Medicare does. Though Medicaid will begin paying for telepsychiatry services, dually eligible seniors will not be able to access them, because Medicare does not cover this service. We urge the city to work with the state and federal government if necessary to find a mechanism to break through these type of payment barriers that exclude people in need from accessing services in the community.

In addition to the need to change funding models to fit older adult service needs, consumers need to be provided with the tools necessary to seek out care and services in the community that are better alternatives to costly emergency room services. There is currently a reliance on primary care physicians and medication, and too little use of coordinated care management in primary care and too few clinically, culturally and generationally competent mental health professionals. Structural changes are required to the behavioral health system to better address needs like chronic physical and behavioral health conditions, isolation and inactivity.

Promote Workforce Recruitment and Retention

Behavioral health providers continue to face workforce recruitment and retention challenges, including high turnover rates. While ThriveNYC's Mental Health Service Corps places staff at community-based providers, resource constraints, professional licensing and scope of practice issues prevent providers from hiring the necessary senior supervisory staff to oversee the Corps practitioners. Furthermore, the problem of long-term workforce sustainability still needs to be solved for the not for profit sector providing critical services to people living with mental health issues and substance disorders. Providers also face issues from non-competitive wages and staff who move on to better paying jobs at hospitals, insurance and managed care companies, or through city government. According to a study performed by a group of statewide behavioral health provider associations, which included The Coalition, New York City reported a 42% workforce turnover rate and a 20% vacancy rate among community behavioral health providers.

Conclusion

With behavioral health care needs growing across the entire spectrum of life greater treatment and care will be required to meet the physical and behavioral health needs of individuals receiving services. To achieve ThriveNYC's longer-term goals, community-based behavioral health providers need to be supported with the necessary communication, outreach and engagement, so that we can work collaboratively to deliver high-quality, integrated services to New Yorkers in need. We look forward to continuing our partnership with ThriveNYC and organizing additional focused conversations between ThriveNYC staff and Coalition members. I thank you for your time and interest.

Respectfully submitted,

Jason Lippman, Executive Vice President
The Coalition of Behavioral Health
123 William Street, Suite 1901
New York, NY 10038
212-742-1600 x115
jlippman@coalitionny.org

About The Coalition

The Coalition is the umbrella nonprofit, (501)(c)(3), association and public policy advocacy organization of New York's behavioral health providers, representing over 100 non-profit behavioral health agencies. Taken together, these agencies serve approximately 400,000 adults and children and deliver the entire continuum of behavioral health care in every neighborhood of a diverse New York City and surrounding areas.

Founded in 1972, the mission of The Coalition is to coordinate the efforts of government and the private sector toward efficient delivery of quality behavioral health services to children, adults and families. The Coalition promotes policies and practices that support the development and provision of community-based housing, treatment, rehabilitation, and support services to all people with mental illness and addictions disorders. Our members serve a diverse group of recipients, including older adults, people who are homeless, those who living with HIV/AIDS and other co-occurring health conditions, violence and other special needs. Coalition members help people with mental health conditions and substance use disorders to recover and lead productive lives in their communities.

The Coalition provides quality learning opportunities, technical assistance and training to staff and leadership of its member agencies and to the professional community on important issues related to rehabilitation and recovery, organizational development, best practices, quality of care, billing and regulations/contract compliance, technology and finance.



Advocates for Children of New York

Protecting every child's right to learn

Testimony to be delivered to the New York City Council Committee on Mental Health, Disabilities and Addiction

RE: Oversight - ThriveNYC, a Three-Year Update

February 27, 2019

Board of Directors

Eric F. Grossman, *President*
Jamie A. Levitt, *Vice President*
Harriet Chan King, *Secretary*
Paul D. Becker, *Treasurer*
Matt Berke
Jessica A. Davis
Lucy Fato
Robin L. French
Brian Friedman
Kimberley D. Harris
Caroline J. Heller
Maura K. Monaghan
Jon H. Oram
Jonathan D. Polkes
Steven F. Reich
Veronica M. Wissel
Raul F. Yanes

Executive Director
Kim Sweet

Deputy Director
Matthew Lenaghan

Thank you for the opportunity to speak with you. My name is Dawn Yuster. I am Advocates for Children of New York's ("AFC's") Director of the School Justice Project, which focuses on helping students excluded from school due to unaddressed emotional, behavioral, and mental health needs. For over forty-five years, AFC has worked to ensure a high-quality education for New York students who face barriers to academic success, focusing on students of color and from low-income backgrounds.

AFC values the significant investment that this City has made through ThriveNYC in building awareness around mental health issues and reducing stigma regarding mental illness. However, there continues to be a gap in access to direct mental health services and behavior supports for the students who need help the most – students with significant mental health needs. Week after week, AFC and other advocates get calls from parents of students with significant emotional, behavioral, and mental health issues who are not getting the targeted interventions and services they need in school and, instead, are removed from class, suspended, handcuffed, arrested, and unnecessarily transported by Emergency Medical Services to a hospital.

This breaks my heart as a lawyer and an advocate, and also as an individual with significant psychiatric conditions myself. I know firsthand the trauma from being excluded from school without supports to keep me in school, and the trauma from being handcuffed by police when in emotional distress and carted off like a criminal to a hospital only to be discharged without appropriate mental health services. This happened to me 30 years ago as a child, before the enormous advancement in medical and evidence-based therapeutic treatments over the past couple of decades. This should not be happening now.

Yet, AFC's experience and the data illustrate that it is. For example, according to Student Safety Act data, in the 2017-2018 school year, NYPD interventions involving students in emotional distress sent to the hospital for psychiatric evaluation increased



Advocates for Children of New York

Protecting every child's right to learn

by more than 31% from the prior year – from 2,702 to 3,542 incidents.¹ And the NYPD continued to handcuff some children in emotional distress, including some as young as six years old. Also, students with disabilities comprised about 20% of the student population, but more than 41% of students removed from class or suspended from school were students with disabilities, and nearly half (46%) of students removed from class or suspended multiple times were students with disabilities. Other students, while not removed from the classroom, fail to receive the appropriate emotional and behavioral supports they need to succeed academically and, as a result, languish in school. These responses are traumatic for children, do nothing to address the root cause of student behavior, and push students out of school.

At the launch of ThriveNYC three years ago, a ThriveNYC white paper described a key problem throughout the City: *“People are not connected to the right care when they need it.”*² Three years later, this problem remains for students with significant mental health challenges. For the vast majority of students with considerable mental health needs who do not attend community schools with mental health programs or schools with mental health clinics, ThriveNYC is failing them. Instead of using ThriveNYC funding for clinically trained mental health professionals to work directly with students in schools to prevent and address emotional crisis, funding is going to the School Mental Health Consultant Program and the 100 Schools Project, which focus on: (i) assessing school needs, instead of assessing student needs, and (ii) training school staff to increase student referrals to mental health supports outside of school, instead of providing direct mental health services with targeted interventions and supports to students who need them in the school environment. Despite their qualification as Licensed Clinical Social Workers, School Mental Health Consultants funded through ThriveNYC do not provide direct mental health services, including assessments and evidence-based treatment, to students in school. Instead, they focus on linking schools with community-based organizations outside of school.

We urge the Administration, and request the City Council’s support in pressing the Administration, to provide funding to implement recommendations by the Mayor’s Leadership Team on School Climate and Discipline to expand direct mental health supports for students by:

¹ Advocates for Children of New York, *Children in Crisis: Police Response to Students in Emotional Distress* (Nov. 2017), <http://www.advocatesforchildren.org/node/1183>.

² ThriveNYC, *Understanding New York City’s Mental Health Challenge* (2015), 9 https://www1.nyc.gov/assets/home/downloads/pdf/press-releases/2015/thriveNYC_white_paper.pdf (emphasis in original).



Advocates for Children of New York

Protecting every child's right to learn

(1) Investing in a Mental Health Continuum to Provide Direct Services to Students with Significant Mental Health Needs in High-Needs Schools So They Can Remain in School Supported and Learning (\$15 million)

Following one of the lead recommendations of the Mayor's Leadership Team on School Climate and Discipline, **we recommend that the FY 2020 budget include and baseline at least \$15 million per year to launch and sustain a Mental Health Continuum** involving school partnerships with hospital-based mental health clinics and call-in centers to assist 100 high-needs schools with students in crisis, school response teams that help students get direct mental health services, whole-school training in the evidence-based model of Collaborative Problem Solving, and program evaluation.

(2) Expanding the Number of School Social Workers to Prevent and Address Behavioral Issues, Deescalate Crises, Resolve Conflict and Improve Outcomes for All Students (\$20 million)

According to the DOE's 2018 report pursuant to Local Law 56 of 2014, in the 2017-2018 school year, the City had only one full-time social worker for every 769 students, and almost half (744) of all NYC schools had no full-time social worker. The National Association of School Social Workers and the Mayor's Leadership Team on School Climate and Discipline recommend a ratio of one full-time social worker for every 250 students. For students with intensive needs, a ratio of one social worker for every 50 students is recommended. We greatly appreciate the City Council resolution (Resolution 514), introduced in September 2018, calling on the City to meet the recommended ratios to address this significant gap. We urge the City to phase in a plan to provide at least one full-time social worker for every 250 students in NYC schools. As a start, we recommend that the **FY 2020 budget include at least \$20 million to add 150 full-time social workers for high-needs schools, as well as supervising social workers.**

Unlike decades ago when I was a child, there are now evidence-based mental health treatments that can help students directly in school. Now is the time for the City to make a real difference by investing the resources to deliver these critical services to the students most in need.

Thank you for the opportunity to testify today. I would be happy to answer any questions you may have.



TESTIMONY OF:

Colleen King, Senior Staff Attorney, Mental Health Team

BROOKLYN DEFENDER SERVICES

Presented Before:

The New York City Council Committee on Mental Health, Disabilities, and Addiction

Oversight Hearing on ThriveNYC

February 27, 2019

My name is Colleen King and I am a Senior Staff Attorney in the Mental Health Team at Brooklyn Defender Services (BDS). BDS provides multi-disciplinary and client-centered criminal, family, and immigration defense, as well as civil legal services, social work support, and advocacy in over 30,000 cases involving indigent people in Brooklyn every year. I thank the Committee on Mental Health, Disabilities, and Addiction and Chairperson Diana Ayala for the opportunity to testify about ThriveNYC and mental health services available to New York City residents.

Brooklyn Defender Services represents many people who have a diagnosed mental illness. Our Mental Health Team provides specialized representation to criminal defense clients in the Mental Health Treatment Court and in competency evaluation proceedings. In 2018, BDS represented over 230 people in cases in the Mental Health Treatment Courts. Our attorneys and dedicated social workers represent mentally ill clients at competency evaluations, hearings and other court appearances during the pendency of their case. It is part of our mission to ensure that these clients not only receive a fair and just disposition, but also the best care and treatment possible. Research suggests that clients with a mental illness who are offered an opportunity to participate in mental health courts are less likely to get re-arrested than similar offenders with mental illness who experience traditional court processing.¹

¹ Lauren Almquist and Elizabeth Dodd, *Mental Health Courts: A Guide to Research-Informed Policy and Practice*, Council of State Governments Justice Center, Available online: https://csgjusticecenter.org/wp-content/uploads/2012/12/Mental_Health_Court_Research_Guide.pdf

Our office has served on Mayor Bloomberg's Steering Committee of the Citywide Justice and Mental Health Initiative and Mayor de Blasio's Task Force on Behavioral Health and the Criminal Justice System. We have consistently advocated for data-driven, evidenced-informed programs that will help to divert people with mental illness from the criminal legal system and improve behavioral health services for court-involved people.² We applaud the mission and intention of Thrive NYC and we recognize there is a continued need for additional services for New Yorkers with mental illness, specifically those who have severe mental illness, are living in poverty, or are involved in the criminal legal system.

Recommendations

For too long, our City has relied on policing and jails to address issues of mental illness and substance abuse. Individuals experiencing a mental health crisis are more likely to be engaged by police than medical providers.³ Across the country, jails and prisons have become the largest provider of health care, including mental health care. New York City is no exception. We offer the following recommendations to strengthen ThriveNYC programming to meet the needs of court involved New Yorkers with mental illness.

Close treatment gaps for individuals with severe mental illness

We have found little change in our clients' ability to access mental and behavioral health services since the roll out of ThriveNYC. While our clients know they can call NYC Well, there is confusion on where or how to access in-person counseling, therapy, or medication management. We recognize a need for high quality, trauma informed therapy and psychiatry services for adults with severe mental illness.

Inadequate community-based mental health and substance use treatment funnel people struggling with mental illness into handcuffs, jails and prisons. For these individuals, time in City jails frequently exacerbates their conditions, as illness and medical needs are all too often met with violence and isolation rather than appropriate care. After serving time in jail or prison, people who return to their communities frequently lack adequate healthcare infrastructure and affordable and supportive resources. These inadequacies lead to people falling through the cracks and too often tragic results – either irreversible sickness and death or the churning cycle of incarceration, lapses in treatment, homelessness, and recidivism.⁴

In order to ensure that every New Yorker is able to access the care they need, we ask that ThriveNYC expand evidenced-based treatments available to people with severe mental illness before they are engaged in the criminal legal system. This includes expanding access to Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) teams, investing in community based mental health treatment programs in low-income communities, and frontline workers—including Health Home care navigators and NYC Well

² Please see our previous testimonies before the City Council, available on the Brooklyn Defender Services website at www.bds.org/#policy

³ National Alliance on Mental Illness, *Jailing people with mental illness*, 2019, Available online: <https://www.nami.org/Learn-More/Mental-Health-Public-Policy/Jailing-People-with-Mental-Illness>

⁴ The National Commission on Correctional Healthcare has recognized these dangers. See Nat'l Comm. On Corr. Healthcare, About Us, <https://www.nccchc.org/about> (recognizing that improving the quality of care in jails and prisons not only “improve[s] the health of their inmates,” but also “the communities to which they return”).

phone-based counselors—on available mental health care options for New Yorkers with severe mental illness.

Provide more respite centers and crisis beds for people with mental illness

Many of our clients would not have become court involved if there was a safe place they could go to stay, access medications, and get the support of mental health professionals while addressing a short-term crisis or mediating a concern with a family member or caretaker. While crisis respite centers are available, restrictive policies often prevent our clients who are court involved, suicidal, or acting erratically to access beds. Our clients with severe mental illness could be invaluable served if there were safe, well-known respite centers where adults with mental illness could stay when experiencing a crisis that does not require hospitalization.

We encourage the Council to work with your colleagues at ThriveNYC, mental health provider providers, and other stakeholders to establish and fund respite centers that would be available to provide support to families and individuals in crisis—both those that are already court-involved and those who are at risk of becoming so involved.

Increase number of mobile crisis units citywide

Families and caretakers of people living with mental illness often feel that they have nowhere to turn when their loved ones are in the midst of a mental health crisis. They recognize the sad reality that in New York City, calling 911 to report a mental health crisis will likely trigger a response by NYPD. Our clients and their families are fearful that, instead of a trained mental health provider or emergency medical technician, armed officers may respond to a call and that may lead to someone being shot by police.

Mobile crisis teams are an essential resource for New Yorkers, yet in a moment of crisis, a caller must decide if they can wait 48 hours for a crisis team to arrive. We would love to be able to call mobile crisis when our clients require acute mental health or psychiatric assessment, however, in most cases, our clients cannot wait two days for an intervention. For people experiencing homelessness or who must appear in court, this intervention is not able to meet them where they are. BDS calls for the expansion of the mobile crisis teams so that individuals can receive crisis intervention in real time, just as EMS responds to medical emergencies.

Conclusion

We thank the City Council for the continued attention to the challenges New Yorkers with mental illness face. We believe an expansion of ThriveNYC that targets the needs of those with severe mental illness could help avoid many unnecessary arrests and contact with the criminal legal system. Thank you for your time and consideration of this important issue.

If you have any questions, please feel free to reach out to Kathleen McKenna, Policy Social Worker, 718-254-0700 ext. 210 or kmckenna@bds.org.



moving victims of violence from crisis to confidence

**Testimony of
Maureen Curtis,
Safe Horizon**

Oversight: ThriveNYC

**Committee on Mental Health, Disabilities, and Addiction
Hon. Diana Ayala, Chair**

New York City Council

February 27, 2019

Thank you for the opportunity to testify before you today. My name is Maureen Curtis, and I am the Vice President for Criminal Justice and Court Programs at Safe Horizon. Safe Horizon is the nation's leading victim assistance organization and New York City's largest provider of services to victims of crime. Safe Horizon's mission is to provide support, prevent violence and promote justice for victims of crime and abuse, their families and communities.

Safe Horizon believes that it is essential for New York City to have a strong network of mental health services. Crime victims often have a variety of mental health needs in the aftermath of a crime, and access to trauma-informed services can help a victim recover. We applaud the de Blasio Administration for recognizing the need to strengthen the City's network of mental health services and for creating the citywide ThriveNYC plan. Safe Horizon has been fortunate to participate in ThriveNYC initiatives, and our testimony today will focus on how this initiative has bolstered our response to victims of violence and abuse.

Crime Victim Assistance Program

The Crime Victim Assistance Program (CVAP) is the cornerstone of the NYPD's efforts to improve interactions with victims of crime. Started under ThriveNYC, CVAP is a groundbreaking initiative developed by the NYPD and staffed by Safe Horizon. CVAP was modeled after our Domestic Violence Police Program (DVPP); a 30-year partnership with the NYPD that placed Advocates specializing in helping domestic violence victims alongside police officers. CVAP has expanded DVPP services by placing two victim advocates in each of the NYPD precincts; one specializes in working with victims of domestic violence, the other serves victims of all other crimes.

CVAP rolled out over time as ThriveNYC grew and scaled its work. As of summer 2018, CVAP officially became a citywide program, with advocates placed in all 77 precincts and 9 Police Service Areas.

We know that crime can leave victims confused, angry, and feeling isolated. Victims are often unaware of the services and resources available. CVAP advocates provide crisis intervention, immediate safety planning, referrals to community-based service programs, and advocacy to support victims' interactions with the police and other components of the criminal justice system. The sooner victims' needs and concerns are addressed, the sooner victims can feel safe, recover from trauma, regain a sense of control, and ultimately, if they choose to, participate in the criminal justice process.

Each morning, in every precinct, Safe Horizon advocates read the crime complaints from the prior day, and reach out to the individuals who filed them. They assure victims that we care about what happened to them, and offer assistance. In some cases, one contact with the individual is enough. In other cases, the victim advocate may work with someone for weeks on a public housing transfer, a complicated application to the state compensation system, funeral arrangements when someone has been killed, or advocating for the victim with a landlord or employer. Often, their work centers around helping victims understand and navigate the criminal justice process. Some of the roles and responsibilities of CVAP advocates include:

- Sending a letter to all victims who have reported a crime to the police;
- Reaching out to victims who have filed a police report or who walk into a precinct seeking help;
- Conducting safety assessments with victims;
- Helping victims identify and address their most pressing safety concerns;
- Helping victims develop a safety plan that is unique to their individual needs;
- Informing victims of their rights and link them to available services;
- Exploring eligibility for victim compensation and help them apply as needed;
- Advocating on behalf of victims with various systems, such as criminal justice, housing and public benefits; and
- Conducting visits with police officers to homes of victims identified as high risk.

Additionally, through CVAP, advocates provide training for police officers to enhance their knowledge of victims' needs and available resources to assist victims. They also conduct presentations in the community to address domestic violence and other crime-related topics. CVAP advocates also receive extensive training, and Safe Horizon leverages over 40 years of experience helping victims of crime to train staff.

Below is some information that gives a sense of the scope of the CVAP program:

Metric	Notes	Total from Program Start (9/7/16-11/30/18)
Police Reports Reviewed	Review police reports to identify victims who will be contacted by phone or home visit.	190,060
Successful Contact with Victims	Contact potentially traumatized victims with a response that acknowledges their experience and makes them aware of their rights and options.	98,353
Safety Assessment and Safety Planning	Conduct safety assessments to identify and prioritize emotional and physical risk. Help victims develop safety plans that are suited to their individual needs.	92,698

Advocacy	Advocate on behalf of victims to help them navigate various services such as housing, mental health, public benefits and criminal justice.	16,457
Police Training	Conduct training to raise the awareness of the role of the advocate in addressing issues such as trauma and enhance officers' knowledge of services available for victims.	3,850
Community Presentations	Provide presentations that will raise the community's awareness of the impact of crime and the services available to address needs of victims.	2,764

We are proud to have been a part of this effort with the NYPD to implement this program, and we feel that it is an essential part of the City's response to crime victims.

Thank you for your time, and I am happy to answer any additional questions.



The Needs for Mental Health for the Asian Community

Committee on Mental Health, Disabilities, & Addiction's Oversight Hearing
Yu-Kang Chen, PhD, Licensed Psychologist
February 27, 2019

Good Afternoon- my name is Dr. Yu-Kang Chen. I am a Clinical Psychologist at Hamilton-Madison House. We are a non-profit settlement house located in the Lower East Side. We are also the largest outpatient behavioral health provider for Asian Americans on the East coast. Currently, we operate five mental health clinics, a Personalized Recovery Oriented Services program, and a Supportive Housing program for individuals with severe mental health issues in two locations, in Manhattan and Queens. Our staff are all bilingual and we provide services for the Chinese, Korean, Japanese, Cambodian, and Vietnamese community.

In the last decade, Asian Americans continued to be the one of the fastest growing population in the New York metropolitan area. We at HMH have worked tirelessly to increase the capacity to this underserved population through active education, prevention projects, and providing culturally specific services. We do this because suicide is the 11th leading cause of death in the United States and 8th among Asian Americans. Currently, in our mental health programs, 20 % of our client population have severe symptoms with high risk factors, many with passive suicide ideations and often require psychiatric interventions.

Asians are often the most difficult to engage in services due to the stigma associated with seeking help and lack of culturally competent providers. Many admit to having thoughts of suicide or have attempted suicide in the past. This is a crisis that cannot be ignored.

Research shows that the majority of Asian Americans does not seek behavioral health services until they are in a crisis or referred by a medical provider. This is due to many factors including

- 1) There is a lack of knowledge about mental health services and options due to isolation, recent immigration status and language barriers;
- 2) A cultural lack of recognition of mental health problems;
- 3) Their own attitudes regarding self-worth and that they do not want to be a burden to their families.
- 4) The feelings of stigma and fear inherent with mental illness and depression.

In New York City, there are few Asian psychiatric units in the public hospitals and fewer than a dozen mental health clinics that provide linguistically services to meet the needs of the growing Asian community. In a recent study on suicide attempters among Chinese immigrants, local PCPs were the most common providers in which the suicide attempters sought consultation for their mental health. And yet most of the providers failed to provide psychoeducation and referral services.

In order to address these challenges and increase mental health services for the Asian community, providers like Hamilton-Madison House and the Asian American Federation makes the following recommendations to the City, State, and funders:

- Provide funding support and invest in Asian-serving organizations to hire culturally competent mental health providers and train mainstream mental health providers to develop their cultural competency.
- Support programming and collaboration that integrates mental health services through other services
- Increase funding research opportunities in obtaining data and increasing access for the Asian community.

By providing vital services for these underserved populations in the Tri-state area, Hamilton-Madison House is often looked upon as a mental health safety net for the Asian American community. We strongly urge NYC's Committee on Mental Health, Disabilities, & Addiction's to address these issues and allocate the appropriate funding to organizations that provide services to a growing, yet underserved population.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 2/27/2019

(PLEASE PRINT)

Name: Jo Park

Address: 42-16 162nd Street, 2nd floor

I represent: Korean Community Services Mental Health Clinic

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Erin Drinkwater

Address: _____

I represent: DSS

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

speaking on behalf of Gale A. Brewer
Date: _____

(PLEASE PRINT)

Name: Patrick Joseph

Address: _____

I represent: Gale A. Brewer, M3P

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Samuel Malik

Address: 118 W 22nd St

I represent: NYC Veterans Alliance

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Rama Issa

Address: _____

I represent: Arab American Association of NY

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Susan Herman

Address: 293 Broadway

I represent: Mayco's Office

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Yu-Kang Chen

Address: 635 W 42nd St, Apt 235, NY, NY 10036

I represent: Hamilton Madison House

Address: 253 South Street, New York, NY 10002

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 2/07/19

(PLEASE PRINT)

Name: Dr. Hazel Guzman

Address: 1301 Fifth Ave NYC 10029

I represent: Northside Center

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dawn Yuster

Address: 151 W. 30th St, NY NY 10001

I represent: Advocates for Children of NY

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 2/27/19

(PLEASE PRINT)

Name: Joan Han

Address: 120 Wall Street, 9th Floor, 10005

I represent: Asian American Federation

Address: Same as above

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Hazel Guzman

Address: _____

I represent: North Side

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jason Lippman

Address: _____

I represent: Coalition for Behavioral Health

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Maureen Curtis, Safe Horizon

Address: _____

I represent: Safe Horizon

Address: _____

▶ Please complete this card and return to the Sergeant-at-Arms ◀

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Colleen King

Address: _____

I represent: Brooklyn Defender Services

Address: 177 Livingston, Brooklyn

▶ Please complete this card and return to the Sergeant-at-Arms ◀