

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
ADDICTION

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CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
ADDICTIONS

February 27, 2019

Start: 1:11 p.m.

Recess: 4:21 p.m.

HELD AT: Committee Room - City Hall

B E F O R E: DIANA AYALA
Chairperson

COUNCIL MEMBERS:

ALICKA AMPRY-SAMUEL
FERNANDO CABRERA
ROBERT F. HOLDEN
JAMES G. VAN BRAMER

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COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

1

ADDICTIONS

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

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Susan Herman
Senior Advisor to the Mayor's Office of ThriveNYC

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Hillary Kunins
Acting Executive Deputy Commissioner at the
Department of Health and Mental Hygiene

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Erin Drinkwater
Deputy Commissioner of Intergovernmental and
Legislative Affairs at the New York City
Department of Human Resources

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Patrick Joseph
Reading for Manhattan Borough President Gale
Brewer

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Jason Lippman
Executive Vice President at the Coalition for
Behavioral Health

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Dawn Yuster
Advocates for Children of New York's Director of
The School Justice Project

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Colleen King
Senior Staff Attorney in the Mental Health Team
Brooklyn Defender Services, BDS

16

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Maureen Curtis
Vice President for Criminal Justice and Court
Programs at Safe Horizons

18

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Yu-Kang Chen
Clinical Psychologist at Hamilton Madison House

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21

Samuel Molik
Director of Policy and Legislative Advocacy for
The New York City Veterans Alliance

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23

Rama Issa
Executive Director of the Arab American
Association of New York

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Hazel Guzman
Assistant Clinic Director for Northside Center
For Child Development

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

3

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

Jo Park
Clinic Director at Korean Community Services of
Metropolitan New York, Inc. Mental Health Clinic

Joo Han
Deputy Director at the Asian American Federation,
AAF

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
ADDICTIONS

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[gavel]

CHAIRPERSON AYALA: Alright. Good

afternoon we're going to be calling this meeting to order. Okay. Good afternoon everyone, I'm Council Member Diana Ayala, Chair of the Committee on Mental Health, Disabilities and Addiction. I'd like... see there is an echo in here, hold on I'm sorry, I'm trying to... I knew I kept hearing it before I even turned on the mic. I'd like to thank my fellow Committee members and Council Members for being here with me this afternoon. Today we will be holding an oversight hearing on ThriveNYC, a three-year update. The topic of mental health is one that we as a city have only seriously begun having in recent years. It is a topic that effects every New Yorker directly whether it be a family member, neighbor, friend or co-worker and it is a topic that is crucial for all of us having an order... for all of us to keep having an order to remove the taboo that has historically surrounded mental health. According to a recent study, mental health issues are increasingly throughout... are increasing throughout New York City and throughout the entire state. Here are some alarming statistics; the number of emotionally

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25

ADDICTIONS

disturbed persons called.. calls responded to, I'm
sorry, I'm... I have new reading glasses so I'm
adjusting. The number of emotionally disturbed
persons calls responded to by the New York City
Police Department has risen every year since 2014.
The number of seriously mentally ill inmates in New
York City jails is now higher than it was in 2014. In
recent years the number of seriously mentally ill
homeless New Yorkers increased by over... by about
2,200 individuals or 22 percent. Rikers Island is now
counted as one of the three largest providers of
psychiatric care in the entire country with
approximately 40 percent of its population diagnosed
with a mental illness and ten percent diagnosed with
serious mental illness. Spending on mental health
shelters has grown every year since 2014 and
currently stands at about 150 million. There are now
more beds in mental health shelters in New York City
than combined... than the combined total number of beds
in state psychiatric centers and psychiatric beds in
New York City Health and Hospital facilities. In
response to the city's mental health crisis, Mayor De
Blasio and First Lady McCray announced ThriveNYC in
2015 describing the initiative as a mental health

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2 road map, map... road, road map for all. The plan
3 identifies 54 initiatives, 31 of which are already in
4 existence prior to the announcement of Thrive.
5 ThriveNYC aims to provide direct services and
6 training across all five boroughs, across multiple
7 agencies and working with various community partners.
8 Thrive, Thrive has been priced at approximately 850
9 million over the course of four years. In January of
10 this year First Lady McCray announced the creation of
11 the office of ThriveNYC and named Deputy Commissioner
12 of NYPD, Susan Herman to head the office. At today's
13 hearing we're hoping to shed light on some of the
14 work that Thrive has done over the past three years
15 and on their vision for the future. We also have a
16 lot of questions about ThriveNYC, how it is
17 structured and how it is budgeted. We want to
18 understand the relationships between the Thrive
19 initiatives and the newly announced Thrive office and
20 we want to understand the relationship between
21 ThriveNYC and the various agencies in which Thrive
22 initiatives live. We want transparency and who plays
23 an oversight role over Thrive's programs,
24 administration and budgeting. We want to understand
25 how community partners are selected, vetted and

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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25

ADDICTIONS

7

review contracts and we also want to understand Thrive's budget because 850 million is a large price tag and transparency is especially crucial here. We are thankful to the administration and the First Lady for starting the conversation about mental health in New York City and we are looking forward to working with Deputy Commissioner Herman on these initiatives. Mental health is an issue that effects my district very seriously and I am grateful that we are having this conversation together. I want to thank the administration and the advocates here today for the commitment they have made to making mental health services and resources available to New Yorkers in need. It is a crucial issue and we thank you all for the work that you're doing. I also want to thank Committee Staff Counsel Sara Liss; Policy Analyst Christy Dwyer; Finance Analyst Lauren Hunt; my Chief of Staff Mili Bonilla and my Legislative Director Bianca Balmedina for making this hearing possible and I want to recognize Council Members Cabrera, Samuel and Holden are in attendance. Thank you. We will now administer the oath.

COMMITTEE CLERK: Do you affirm to tell the truth, the whole truth and nothing but the truth

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ADDICTIONS

in your testimony before this Committee and to respond honestly to Committee Council questions?

SUSAN HERMAN: I do. 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'm 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. 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 all people of all ages and

2 circumstances. There were also far too many missed
3 opportunities for prevention. A team of people, with
4 tremendous community input, created a realistic, but
5 ambitious agenda. Then, with the Mayor's support, all
6 of city government and all parts of the city came to
7 the table, to promote mental health and address
8 mental illness in a way that is commensurate with the
9 powerful and deep impact these issues have on all of
10 our lives. Clear and compelling goals were
11 established from the outset; overcoming the stigma of
12 mental illness so that New Yorkers would both
13 recognize problems and seek help to address them;
14 increasing wellness and resilience among New Yorkers;
15 ensuring that mental health care could be found where
16 people live, work and learn. As a city, we were going
17 to actually face mental illness and address it,
18 rather than simply putting a band aid over its
19 symptoms. Since it's inception, this work has been
20 inspired by the vision of First Lady Chirlane McCray
21 who has an unwavering commitment to promoting mental
22 health for all New Yorkers. She called this new
23 approach ThriveNYC. And ThriveNYC has become one of
24 the Mayor's top priorities. As you know, ThriveNYC
25 has been guided by six principles that underpin our

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 initiatives. These principles have been in place
3 since Thrive's inception and continue to focus and
4 ground our work. They are; change the culture, act
5 early, close treatment gaps, partner with
6 communities, use data better, and strengthen
7 government's ability to lead. With significant
8 resources and evidence-based strategies, informed by
9 dozens of listening sessions, town halls, and focus
10 groups with hundreds of New Yorkers, ThriveNYC set
11 out to change the way New York City approaches mental
12 health. Just over three years later, change is
13 starting to take hold. Thrive has dismantled some of
14 the barriers that prevent people from getting help.
15 To date, even without counting all the callers to NYC
16 Well or students now served in schools, ThriveNYC has
17 served over three quarters of a million people
18 through discrete interventions and touched the lives
19 of countless more. In the first phase of our work, we
20 took a hard look across the mental health system and
21 expanded our understanding of who is best fit to
22 provide support and treatment; where services can and
23 should be delivered; and what mental health support
24 could look like. We sought the best opportunities to
25 change our cultural understanding of mental health,

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 create new pathways to care, close particular gaps in
3 services, and enable more people outside of the
4 formal treatment system to be helpful. This kind of
5 innovative, comprehensive approach enabled us to
6 develop community based mental health solutions that
7 address the diverse needs of New Yorkers. The second
8 phase focused on the implementation of these
9 strategies. A large team was created and Thrive began
10 to grow. We partnered with every sector of society to
11 develop programs and services that put the Thrive
12 approach into practice. New Yorkers can now see and
13 experience the benefits of Thrive all over the city,
14 on the subways and buses, in Pre-K to 12th grade
15 classrooms, in homeless shelters and health clinics,
16 in police stations, social service agencies and in
17 houses of worship. I joined ThriveNYC as Senior
18 Advisor to the Mayor in February, having been asked
19 to oversee the third phase of the implementation of
20 Thrive. I'm pleased to join a strong team working
21 with over 20 city agencies to implement dozens of
22 Thrive initiatives. We will continue to increase
23 access to care and move beyond traditional
24 interventions to make sure every New Yorker can have
25 the care they need, when and where they need it. the

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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25

ADDICTIONS

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

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 ambitious initiative and in the next phase of this
3 work, our goal is to strengthen the interventions,
4 evaluate key initiatives and move towards
5 sustainability so that New Yorkers will continue to
6 benefit from this work. As we build out our capacity,
7 we are mindful of the need for both accountability
8 and transparency. As you know, we have a chapter in
9 the Mayor's Management Report and are held to the
10 same budget standards and oversight as other Mayoral
11 Offices and initiatives. To further ensure proper
12 oversight and evaluation of this work, we are
13 collaborating with experts at city agencies and
14 academic institutions to continue to assess the
15 progress of these initiatives. It is essential that
16 there are tools in place to measure the short,
17 medium- and long-term impact of our work. Thrive now
18 has a presence across the city. While New York has
19 always provided behavioral health services, Thrive
20 has both re-imagined how mental health can be
21 promoted and how care can be delivered. I'd like to
22 take a few moments to describe some of the good work
23 Thrive has undertaken thus far. Let's begin with;
24 mental health first aid, taught by Health Department
25 trainers, is changing the New York culture by

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 teaching people skills to be mental health first
3 responders. The mental health first aid training is
4 modeled on training which began in Australia and is
5 offered in many jurisdictions across this country.
6 Over the past three years, we have trained more than
7 100,000 New Yorkers in mental health first aid,
8 including nearly 48,000 front line city workers. This
9 means 100,000 New Yorkers are now more comfortable
10 talking about mental health, listening to others and
11 helping point people in need to relevant services.
12 Going forward, the Department of Homeless Services
13 has now mandated this training for all homeless
14 shelter staff. We have also made it easy to find a
15 mental health first aid workshop in any neighborhood
16 throughout the city. All you have to do is go on the
17 ThriveNYC website, and you can select a training when
18 and where it's convenient for you. If you are
19 interested in a class taught in Mandarin or Spanish,
20 we offer them twice a week. With mental health first
21 aid, everyone can learn how to better support their
22 co-workers, their neighbors, and their loved ones. As
23 you know, our goal is to train 250,000 New Yorkers by
24 2020, a figure comparable to the number of New
25 Yorkers trained in CPR and we're on track to meeting

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 that goal. NYC Well builds on LifeNet, the city's
3 former crisis line. NYC Well provides a free, central
4 point of entry to local behavioral health services.
5 Available by call, text or online chat, NYC Well is a
6 safe and easy way for New Yorkers to quickly get
7 connected to care no matter where they are and what
8 emotional state they are in, or what signs and
9 symptoms they express. Our counselors strive to
10 provide the least invasive intervention possible by
11 supporting callers through safety planning, teaching
12 coping skills and connecting them to resources. In
13 2016, LifeNet, which only handled immediate crisis
14 calls, answered 92,000 calls. With support from
15 ThriveNYC, in 2018, NYC Well answered 256,000 calls,
16 texts and chats from people who were seeking help,
17 including those in crisis. To date, NYC Well has had
18 more than half a million interactions with New
19 Yorkers. Runaway and homeless youth often struggle
20 with mental health challenges. With ThriveNYC's
21 support, more than 3,700 evaluations have been
22 conducted for youth served by runaway and homeless
23 youth drop in centers, crisis service programs and
24 transitional independent living programs, increasing
25 opportunities for young people to be connected to

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 mental health support. Schools are another place to
3 reach children in need. Many schools lack capacity or
4 expertise to develop comprehensive mental health
5 plans to address these needs. With ThriveNYC, over 50
6 percent of New York City public schools have access
7 to professional mental health experts to build the
8 capacity of school staff through training and
9 customized mental health plans. These experts also
10 connect schools to a range of mental health resources
11 to benefit individual students in need. Now, all
12 public schools in New York City have access to mental
13 health support. Homeless shelters serve some of New
14 York's most vulnerable families. Before ThriveNYC,
15 families residing in shelter did not have ready
16 access to staff specifically focused on providing
17 social work services. With ThriveNYC's support, the
18 Department of Homeless Services has placed 312
19 licensed social workers in shelters for families with
20 children. Since the inception of the program in 2016,
21 these social workers have served thousands of
22 families in need consisting of more than 9,800 New
23 Yorkers. Crime victims have often been forgotten and
24 their mental health challenges are quite real. Before
25 Thrive, three police precincts right before Thrive

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 started, the number of policing's had gone down to
3 one on site victim advocate each in three precincts.
4 Now, with the crime victim assistance program or
5 CVAP, each of the city's 77 precincts has two victim
6 advocates, one specializing in domestic violence and
7 one for every other crime category, except in six
8 precincts where one advocate manages both roles. With
9 Thrive support, CVAP advocates have served nearly
10 100,000 victims of crime, mitigating their trauma and
11 connecting them to critical resources and services.
12 Maternal depression is common. Before Thrive,
13 however, a large percentage of new and expecting
14 mothers in New York were not screened for maternal
15 depression before and after the birth of their
16 children. We partnered with 29 public and private
17 hospitals and within only about six months after this
18 new maternal depression collaborative launched in the
19 spring of 2016, almost 63 percent of women in these
20 hospitals were screened at prenatal visits. Last
21 month, 86 percent of women in these hospitals were
22 screened, and the percentage continues to increase.
23 The city's public hospitals are leading the way here,
24 last month, they screened 98 percent of new patients
25 in prenatal clinics. The department of Health's

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 newborn home visiting program previously did not
3 serve mothers in homeless shelters and did not
4 conduct post-partum maternal depression screenings.
5 As a result of Thrive, the newborn home visiting
6 program has expanded and has been able to provide
7 health education, resources, and maternal depression
8 screening services to over 3,800 mothers residing in
9 DHS shelters and has conducted over 3,100 maternal
10 depression screenings. It's worth noting that these
11 resources and services were offered to all new
12 mothers in shelter. Connections to care is changing
13 how social service providers do business. Before
14 Thrive, mental health was primarily seen as the
15 responsibility of clinical mental health providers,
16 who didn't always have the reach, capacity or
17 cultural competencies to meet the city's tremendous
18 need. As a result of ThriveNYC, connections to care
19 has demonstrated that we can augment our traditional
20 mental health system with mental health supports, out
21 of clinics and in communities. Since 2016, C2C
22 community-based organizations and their mental health
23 providers have trained more than 1,400 community-
24 based organization staff to recognize mental health
25 problems in clients and engage them in a way that

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

1

ADDICTIONS

2 promotes conversation and when appropriate, helpful
3 referrals to care. Older adults also often suffer in
4 silence. Prior to ThriveNYC, the city did not fund
5 services for homebound older adults at risk of
6 profound social isolation and loneliness. Now, the
7 Department for the Aging's friendly visiting program
8 supports 15 sites across all five boroughs. [clears
9 throat] excuse me. Volunteers have made over 35,000
10 visits to seniors' homes, donating more than 52,000
11 hours of service. In addition, prior to ThriveNYC,
12 DFTA did not have an ongoing mental health program
13 embedding licensed mental health professionals in
14 senior centers. Now, DFTA's geriatric mental health
15 program offers mental health services in 25 senior
16 centers and to date they have served over 20,000
17 seniors. Substance misuse is often associated with
18 mental health challenges. Before ThriveNYC, assertive
19 community treatment teams, or ACT teams, did not have
20 the expertise to assess clients with substance use
21 needs, they were focusing on mental health needs. As
22 a result of ThriveNYC, a master's level substance use
23 specialist was added to each of the 40 ACT teams,
24 which together serve more than 2,700 individuals
25 annually. These clinicians enhanced ACT teams'

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 ability to serve people with co-occurring disorders.
3 These are only a few, I know they seem like a lot,
4 but these are only a few of the many examples of
5 Thrive's work on the ground. In the last three years,
6 Thrive has sown the seeds for a new citywide approach
7 to mental health and long-lasting change. But
8 radically re-imagining mental health is a job for
9 everyone, every city agency, every service provider,
10 every community-based organization, every school and
11 every family. In the years ahead, we must work
12 together to acknowledge the importance of our
13 individual and collective wellbeing. We must also
14 work together to address barriers to accessing mental
15 health care and promoting the mental wellbeing of all
16 New Yorkers. These barriers include stigma, poverty,
17 homelessness, racism, and violence, and an inadequate
18 mental health workforce. This is our chance to build
19 the culture and infrastructure we need to support
20 healthy communities. Thrive has initiated a seismic
21 shift in our culture and in our mental health system.
22 We appreciate First Lady McCray's guidance in this
23 endeavor and the sincere collaboration of so many
24 agencies who do this work every day. We also
25 appreciate the support and strong partnership we have

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 had with City Council. And now, I would be happy to
3 answer any questions you may have.

4 CHAIRPERSON AYALA: Thank you, I think
5 the first question is how do I appropriately address
6 you, are you... not... you're not a Commissioner, I mean
7 Deputy Commissioner anymore or... [cross-talk]

8 SUSAN HERMAN: Well I'm a Senior... [cross-
9 talk]

10 CHAIRPERSON AYALA: ...are you... [cross-
11 talk]

12 SUSAN HERMAN: ...I'm the Senior Advisor to
13 the Mayor and you can call me Susan.

14 CHAIRPERSON AYALA: Okay, that is very
15 helpful, thank you so much and I, I, I want to
16 acknowledge that, you know since I've, I've been
17 heading this committee for a year and a half and I've
18 done a lot of the Thrive mental health work in my
19 district and it's, it's actually one of my favorite
20 parts of this entire initiative. I think that the
21 idea that we're having a conversation about mental
22 health at a time when, when we desperately need to be
23 having a conversation around mental health is
24 critical and it's very much appreciated I think by
25 this council, by I know my constituents but I think

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 that Thrive is a big initiative and I think that it
3 creates a lot of confusion and... amongst providers,
4 amongst even, you know some of, of my colleagues.
5 There's not... it's, it's, it's difficult to kind of
6 assess what type of program it is, is it a referral-
7 based program, is it a direct service program. How,
8 how would you describe what Thrive is, what is the,
9 the, the simplest, you know explanation of what... you
10 know the Thrive program?

11 SUSAN HERMAN: I mean the, the very
12 simplest explanation is that we are re-imagining
13 mental health and want to make sure that every New
14 Yorker who needs help gets the help they need, that's
15 the very simplest and what that involves when you
16 break that down is trying to work on both the stigma
17 and the cultural barriers that prevent people from
18 recognizing that they may be facing mental health
19 challenges and the barriers that prevent them from
20 seeking help, so that's the first part. The second
21 part is making sure that everybody gets the help they
22 need and some of that can be in non-traditional ways.
23 So, if we look at what Thrive is doing, what's big
24 and bold about it is we're looking not only at
25 prevention and changing attitudes about mental health

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 and mental illness, we're also trying to not be all
3 things about mental health for the city, there's
4 plenty of work that was done and is being done that's
5 outside the work of Thrive but we're trying to, to
6 fill particularly strategic gaps in services and test
7 out some innovative ideas for delivering support in
8 different ways.

9 CHAIRPERSON AYALA: So, prior to, to the
10 inception of Thrive... [cross-talk]

11 SUSAN HERMAN: Uh-huh... [cross-talk]

12 CHAIRPERSON AYALA: Well... [cross-talk]

13 SUSAN HERMAN: Certainly, we've had
14 health... mental health care in New York.

15 CHAIRPERSON AYALA: Yes... [cross-talk]

16 SUSAN HERMAN: Right?

17 CHAIRPERSON AYALA: No, I, I agree but
18 when, when, when the... when Thrive was announced 31 of
19 these initiatives I guess were already part of an
20 agency, what was the benefit of taking those
21 initiatives and making them part of the Thrive model
22 like what, what was the benefit to the agency if the
23 work was already being done?

24 SUSAN HERMAN: I think there are... there
25 are several benefits to that, one, one is that Thrive

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
ADDICTIONS

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2 in many respects serves as a... serves as a catalyst,
3 serves as a way of keeping this conversation going
4 across all city agencies and encouraging everybody to
5 do their part in not only promoting wellness, where,
6 where they can do that but also in providing mental
7 health support so by showing people at the beginning
8 the breadth of that vision and saying all of these
9 things are part of what we mean by promoting wellness
10 and promoting more and a wider variety of mental
11 health support we got that message across, it
12 encompasses many ways of approaching it, there are
13 lots of pathways to this. So, some agencies when you
14 say what was the benefit to the agency, some agencies
15 are at the same funding level that they were at
16 before, some of them have enhanced their work through
17 their connection to Thrive and some of them have
18 gotten slightly more funding for it but there, there...
19 the... our value... their... the value to them of being
20 associated with Thrive is that we are able to share
21 lessons learned across city agencies, we're able to
22 say you're facing a situation that another agency
23 that another may have already faced and we can help
24 you with that and we're here to help and provide

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 whatever guidance we can to help you maximize your
3 potential.

4 CHAIRPERSON AYALA: So, it kind of sounds
5 like Thrive is really a hub of information or some
6 sort of like... you know central respiratory... [cross-
7 talk]

8 SUSAN HERMAN: You mean the office?

9 CHAIRPERSON AYALA: Yeah.

10 SUSAN HERMAN: The office is both
11 conducting outreach so that the public understands
12 what Thrive is all about, the office was coordinating
13 a lot of the mental health first aid training but now
14 that's shifted to the Department of Health, the
15 office is creating strategic partnerships that can
16 help agencies implement their work outside external
17 partners that can help any given agency to do that
18 and the office is... [cross-talk]

19 CHAIRPERSON AYALA: So, can you give me...
20 [cross-talk]

21 SUSAN HERMAN: ...also... [cross-talk]

22 CHAIRPERSON AYALA: ...I'm sorry Susan can
23 you give me an example of how, how that... how that
24 would look like I mean I know that for instance the
25 Department for the Aging didn't have... they didn't

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 really offer... we don't... you know it's, it's one of
3 the... has one of the, the Department has one of the
4 smallest budgets as any other city agency and they
5 don't have... they don't have the capacity to hire
6 social workers and so mental health, you know often
7 is not an issue that is discussed in the senior
8 center setting, right and now... [cross-talk]

9 SUSAN HERMAN: Right... [cross-talk]

10 CHAIRPERSON AYALA: ...through, through
11 this initiative we have social workers at 25 senior
12 centers that's a direct benefit but then... [cross-
13 talk]

14 SUSAN HERMAN: That... and that's a new
15 initiative... [cross-talk]

16 CHAIRPERSON AYALA: That's a... [cross-
17 talk]

18 SUSAN HERMAN: That's right... [cross-talk]

19 CHAIRPERSON AYALA: ...new... that's, that's
20 a new initiative but then how does it look like for
21 an agency, which would be an agency, an example of an
22 agency... [cross-talk]

23 SUSAN HERMAN: So, I'll give you... [cross-
24 talk]

25 CHAIRPERSON AYALA: ...that... [cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: ...an example, so, so the
3 Department of Health and Mental Hygiene is now not
4 only setting up the mental health first aid trainings
5 but conducting the mental health first aid trainings,
6 we looked at who's attending those trainings, we
7 looked at who seems to be absent from those trainings
8 and the Thrive central office in conjunction with the
9 Department of Health said we need to do targeted
10 outreach to Spanish speaking communities and mandarin
11 speaking communities to make sure that they know that
12 mental health first aid is being offered and is being
13 offered in their languages so that's looking at
14 what's happening and offering assistance to enable
15 the Department of Health to do their work better.

16 CHAIRPERSON AYALA: So, how do you... how
17 do you measure success, I mean considering there's 54
18 initiatives how do you... how, how is that even
19 possible?

20 SUSAN HERMAN: So, you measure... you
21 measure success both at the program level and
22 ultimately at the macro level looking at what's the
23 sum total of all of this accomplished at a population
24 level. So, each of the initiatives have performance
25 metrics to make sure that they are on target, that

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 they have implemented well what they said they were
3 going to do, many of them have, many more of them are
4 shifting to outcome measures so that they know that
5 what they are doing is having an impact that is
6 appropriate and we also are engaged in very active
7 discussions, it's not that they're starting now they
8 have been ongoing about a macro evaluation for the
9 entire Thrive initiative.

10 CHAIRPERSON AYALA: Who, who are those
11 metrics reported to and how, how do... how does the
12 general public access, you know information on the
13 successes of these programs like where is that
14 information... [cross-talk]

15 SUSAN HERMAN: So, so... [cross-talk]

16 CHAIRPERSON AYALA: ...stored?

17 SUSAN HERMAN: We have a chapter in the
18 MMR as you know, we have performance metrics that we
19 can talk about with any of you if there's anything in
20 particular that you want to know about but we will be
21 asking... we have... we have several agencies that are
22 already engaged in long term outcome evaluations, a
23 few more to come that will be started and then there
24 will be an evaluation of Thrive itself and all of
25 those will be reported on.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 CHAIRPERSON AYALA: Okay. Okay. On mental
3 health... on the mental health awareness piece, so one
4 of the self-described signature objectives of Thrive
5 was about changing the culture by making mental
6 health everybody's business and having an open
7 conversation about mental, has this goal been
8 achieved and if so, can you give some examples?

9 SUSAN HERMAN: Well we hear from many of
10 our providers, Fountain House is a great example,
11 that they now have wait lists for people seeking
12 their services and they attribute that to Thrive
13 building awareness and promoting mental health and
14 encouraging people to seek services. Our Thrive talks
15 that our office does in the community that's
16 something else that we do, I think we've done several
17 at your request, we engage communities and community
18 based organizations in conversations about what the
19 different services are, the range of services that
20 are offered across agencies and that includes
21 community based agencies as well as city agencies. We
22 have an increasing demand for those Thrive talks, so
23 we know that we are not only building awareness but
24 that more and more people are seeking those talks.
25 We've also surveyed people who have taken the mental

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

health first aid training and 80 percent of the people who took the training said that they are using the skills in their conversations and their relationships with others on a regular basis. We also have a public opinion... a public health opinion poll that DOHMH will be rolling out this spring that we'll get a sense of, of what... how people are doing, what they feel they're experiencing and so we'll get more data to compare.

CHAIRPERSON AYALA: Yeah, I think one of...

one of my issues with... the, the only I think complaint that I have about the mental aid first aid or one of the... I think one of the complaints that I have about it I think that what I'm been trying to change and locally in my district is ensuring that regular people are also benefiting from the training. I think that, you know a, a lot of providers; school staff, support staff at senior centers, at, you know variety of different city agencies they... they're very eager to take the, the course but how are we getting that information to the mothers and the fathers and the sisters and the brothers of individuals that are living with someone that is suffering through mental illness and may not even be able to recognize that

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 they're living through mental illness. So, while I
3 recognize that it... there is a... you know it, it has
4 been beneficial to some... you know to a large degree
5 there is still a subset of individuals that don't
6 really benefit from that program and I would love to
7 hear how, you know this... if there's any conversation
8 to kind of change that dynamic a little bit maybe...
9 [cross-talk]

10 SUSAN HERMAN: There is... [cross-talk]

11 CHAIRPERSON AYALA: ...you did... you came up
12 yesterday at the hearing that that is an eight hour
13 course, people have to work, it becomes very
14 difficult so if you're at... if you work... if you're a
15 provider, right then you can take it as a staff...
16 [cross-talk]

17 SUSAN HERMAN: Yeah... [cross-talk]

18 CHAIRPERSON AYALA: ...you know... [cross-
19 talk]

20 SUSAN HERMAN: ...while you're working...

21 CHAIRPERSON AYALA: Exactly... [cross-talk]

22 SUSAN HERMAN: Yeah... [cross-talk]

23 CHAIRPERSON AYALA: But you can't just...
24 you know if you're a mother you... and you take the day
25 off you may not get paid for that day, alright, you

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 may have to take it as a... as a vacation day that, you
3 know you could have used to take some time out with
4 your children... [cross-talk]

5 SUSAN HERMAN: So, so we have... mental
6 health first aid is currently taught not only during
7 the week but on weekends and we are actively
8 exploring other ways of offering it because I agree
9 with you, we need to have people who aren't doing
10 this work for a living taking the training. To try to
11 reach more New Yorkers though we have not only
12 focused on particular populations of people,
13 particular ethnic groups for instance have their own
14 ways of reaching through service providers, we have...
15 we've worked with the Arab American Coalition to... I
16 think I got that name wrong, the Arab American... oh I
17 know that but what's the name of the organization
18 that I'm talking about? We have at the Department of
19 Health we have Brothers, Sisters Thrive, we have the
20 Latina X Thrive, we are trying to reach special
21 populations of New Yorkers through other
22 organizations that already serve them. We also are
23 focusing on neighborhood-based work by reaching out
24 to local community-based organizations in those
25 communities to try and encourage them to encourage

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 people to take mental health first aid. It's, it's
3 part of a growing awareness that this is something
4 that's useful but as I said we've got 100,000 people
5 who have taken it, we, we brag about 48,000 of them
6 being city frontline staff the rest of them are New
7 Yorkers, just New Yorkers who have taken the
8 training.

9 CHAIRPERSON AYALA: Any, any thought to
10 incorporating resources for the Asian community
11 because... [cross-talk]

12 SUSAN HERMAN: Yes... [cross-talk]

13 CHAIRPERSON AYALA: ...I think that that's
14 been kind of you know... [cross-talk]

15 SUSAN HERMAN: Yes... [cross-talk]

16 CHAIRPERSON AYALA: ...some criticism...
17 [cross-talk]

18 SUSAN HERMAN: Actively being developed.

19 CHAIRPERSON AYALA: That's, that's,
20 that's actually great news.

21 SUSAN HERMAN: Yep.

22 CHAIRPERSON AYALA: So, Thrive has said
23 that they wanted to act... [cross-talk]

24 SUSAN HERMAN: We actually... again I just...
25 [cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 CHAIRPERSON AYALA: Yeah, yeah... [cross-
3 talk]

4 SUSAN HERMAN: ...sorry to interrupt you
5 but we... twice a week I believe we offer trainings in
6 Spanish and train, trainings in mandarin so we are...
7 we're trying to reach everybody. I was trying to say
8 the Arab American Family Support Service that was the
9 organization that I was thinking about and they have
10 trained everybody in mental health first aid in that
11 organization.

12 CHAIRPERSON AYALA: So, we all know that
13 Thrive is really meant to be preventive and I think
14 one of the criticisms that we hear is that there are
15 individuals that are chronically mentally ill that
16 are, you know sometimes street homeless and that
17 we're not doing enough to really address the needs of
18 that population as well through this initiative, has
19 there been any thought to that, are we expecting now
20 through the new office to maybe start having that
21 conversation or is that part of another initiative?

22 SUSAN HERMAN: So, let me... let me address
23 that in a number of ways. First there's plenty of
24 work that the city does to address the seriously
25 mentally ill and that work pre-dates Thrive and it is

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

still ongoing so everything about mental health and mental illness we don't want and never intended to be happening within Thrive, Thrive is to serve as a, a catalyst to have work that isn't being done, done and to fill particular gaps not only in service but in public awareness and cultural shift, right, change the conversation around this. In terms of the seriously mentally ill, there are a number of Thrive initiatives that do address the seriously mentally ill and I'm going to ask Dr. Kunins to talk about that but I'd also like to ask her to talk a little bit about what the city's doing generally, it's not.. it doesn't and shouldn't all rest within Thrive. It is also true bottom line that one reason why we are focusing so much on not just prevention but early intervention is that people don't become seriously mentally ill overnight and if we don't start not only working more on prevention and intervening earlier in many ways then we're only going to be working on crisis situations so we're trying to prevent many crisis situations from occurring in the first place and that's what's... that's what's... one of the things that different about Thrive that we're actually saying this didn't need to go that far, let's try and

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 work upstream a little bit as well as providing
3 services to people who are already in serious shape.
4 Dr. Kinins.

5 HILLARY KUNINS: Should I be sworn in?

6 COMMITTEE CLERK: Do you affirm to tell
7 the truth, the whole truth and nothing but the truth
8 in your testimony before this Committee and to
9 respond honestly to Council Member questions?

10 HILLARY KUNINS: I do.

11 COMMITTEE CLERK: Thank you.

12 HILLARY KUNINS: And Susan is pointing
13 out that you can also call me Hillary. So, thank you
14 Council Member Ayala for that question, I think as
15 the Committee knows the Department of Health and
16 Mental Hygiene has been long responsible for
17 contracted and some direct services that are
18 primarily focused on people with serious illness both
19 mental health and substance use disorder and that
20 represents more, more... hundreds of millions of
21 dollars in contracts and historically the mental
22 health system and the substance use treatment system
23 have been very focused on one end of the continuum
24 that is both for people who are undomiciled as well
25 as people who are housed providing serious

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 psychiatric rehabilitative outreach and engagement
3 services and what... in the context of Thrive those
4 services absolutely continue and are absolutely a
5 central part of, of the Health Department portfolio
6 particularly in the division of mental hygiene. What
7 Thrive has afforded I think in a number of, of
8 examples is the ability to enhance and compliment
9 already existing services. As, as Susan mentioned in
10 her testimony I think a really good example is that..
11 is that of the ACT teams which were primarily funded
12 and constructed to think about and address people's
13 mental health concerns even though we know that many
14 people have both a mental health disorder and may
15 also have a higher risk of having a substance use or
16 addictive disorder, what that additional funding from
17 Thrive allowed us to do was build, enhance an already
18 existing program with substance use services as well
19 as actually expand the services that we're able to
20 deliver. So, at the Health Department the Thrive
21 oriented work is not separate from the other mental
22 health work that we're doing but in fact has enabled
23 us to enhance it strategically to build more
24 comprehensive programs and approaches.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 CHAIRPERSON AYALA: I'm sorry, I've had
3 this conversation a million times with like a
4 different people about, you know the... and I think... I
5 think that we're making some headway and I think that
6 we're doing better, a better job because of the
7 Thrive initiative to better connect people to
8 services even individuals that are suffering from
9 some sort of chronic mental health illness but
10 there's still a gap in services and I don't think
11 that it's really related to stigma to be honest, I
12 really think that it's because we don't have enough
13 mental health providers to go around and I think that
14 people are waiting sometimes, you know months before
15 they're able to, to see someone or are forced into
16 the emergency room unnecessarily, you know for
17 something that could have been treated on an
18 outpatient basis. I... you know my family has been the
19 recipient of, of this, I have several members in my
20 family that as you know and I've been very, you know
21 open about suffer from bipolar disorder and you know
22 it... the experience with each has been very different,
23 there's no consistency in the level of services that
24 are being provided and this is not a Thrive critique,
25 this is pretty much just my personal assessment of

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

1

ADDICTIONS

2 how this, this works outside of, you know City Hall
3 is that there's really no coordination of efforts and
4 everybody is receiving a different treatment
5 depending on where they go. I... you know moved my mom
6 from Beth Israel to Metropolitan Hospital which I
7 love and couldn't get her... I tried, I attempted to
8 put her at Metropolitan but couldn't so I ended up
9 having to go to another clinic in the neighborhood
10 that was able to take her who didn't have... they, they
11 prescribed her the wrong medication and for about two
12 weeks she was walking like... you know talking as if
13 she was about to have a stroke, scared the bejesus
14 out of me and it ended up that they gave her... they
15 overmedicated her, she needed, you know her
16 medication to be adjusted but they didn't have a...
17 they didn't even have a psychiatrist on staff for two
18 months so I don't know if, if there's a shortage of
19 psychiatrists in the city, what are... what is the city
20 doing to address that, is that... is that something
21 that Thrive is addressing directly?

22

SUSAN HERMAN: So, so you know Thrive is...

23

Thrive is working in a number of different ways to

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address the inadequate mental health workforce, that

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is... you are absolutely correct, we have an inadequate

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

workforce. One way that we're working on that is the mental health service corps trying to place people, new clinicians into both primary care environments where we can marry together primary care and mental health care so that people are getting treatment and getting someone to look at them in... as an entire person rather than just parts of them so that's half of what they're doing and we're also trying to get them into other places that already provide mental health services. So, we have a... several hundred people who are now out in New York City providing clinical work that we didn't have before Thrive, that's one effort. Another effort though is the connections to care where we're saying to people community-based organizations that are working with people by providing legal service, housing counseling, substance abuse counseling, employment counseling, you are working with people because of the stressors in their lives who are particularly at risk of mental health problems. We want to train you to see them when you're working with somebody, talk to them, interact with them in a way that you can either just understand how to help them better so that they can succeed or where appropriate refer them

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 to care. So, we've partnered with mental health
3 providers and these community based organizations to
4 try and... it does two things, it not only gets people
5 to mental health care that they might not have
6 accessed otherwise but it helps them succeed in
7 their client identification in those social service
8 agencies, right, they're in an employment training
9 program, program and they can't succeed because
10 they're suffering from depression or anxiety, let's
11 put a pass on that, let's get them some care, let's
12 get them in care and perhaps they'll be able to
13 succeed not only in life but also in that particular
14 agency. So, we're doing it in a number of ways. We're
15 also embedding clinicians in runaway youth drop in
16 centers, transitional housing environments, we have
17 much more access to mental health support in all of
18 our schools, all over New York City so we are trying
19 to reach people where they are not just say the only
20 way that you can experience mental health care is to
21 go to a psychiatrist in a clinic for this number of
22 minutes in that office. People, all of us can do
23 something that's good and it's on a spectrum by
24 taking mental health first aid you and I can probably
25 be a whole lot better than we were before but if I

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
ADDICTIONS

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2 have a social worker in a police precinct who can
3 interact with a crime victim who's just experienced
4 something traumatic I may be able to mitigate that
5 trauma and have that victim who is more likely than
6 the general public to suffer from depression,
7 anxiety, suicidality we know that through research
8 that intervention may help keep them on track rather
9 than have them go down that path.

10 CHAIRPERSON AYALA: So, I have a
11 gazillion other questions regarding the structure and
12 the budget of Thrive but I want to allow some time
13 for my colleagues to also ask questions, I don't know
14 if that's Jimmy but... okay, Cabrera is actually first
15 and he was here first, I wanted to acknowledge that
16 he was here first, he was here early, he asked me to
17 acknowledge him.

18 SUSAN HERMAN: He was here first.

19 COUNCIL MEMBER CABRERA: Thank you Madame
20 Chair and thank you Susan, it's good to see you.

21 SUSAN HERMAN: It's nice to see you.

22 COUNCIL MEMBER CABRERA: See you in a
23 different role..

24 SUSAN HERMAN: Yes...

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER CABRERA: ...from the other
3 committees that had the opportunity to be with you.
4 So, I got so many questions, let me work backwards.
5 In terms of... you just mentioned Madame Chair a
6 psychiatrist and the lack of mental... licensed people,
7 we actually have, and I know a little bit about this
8 because I was... I used to be the Program Director for
9 one of our colleges for the masters of mental health
10 counseling program, we actually have many, many
11 unemployed mental health counselors in this state,
12 licensed, that are looking for a job and yet I see
13 that and... a tremendous need for more direct services..
14 [cross-talk]

15 SUSAN HERMAN: Uh-huh... [cross-talk]

16 COUNCIL MEMBER CABRERA: ...counseling
17 services, therapy and so forth and also when it comes
18 to Spanish, I mean just this week in other languages;
19 Chinese and so I, I don't know if I misunderstood
20 what you mentioned in terms that are we lacking from
21 your... [cross-talk]

22 SUSAN HERMAN: I think it's both... I think
23 it's both, I think we're lacking a workforce that
24 speaks as many languages as we need, I think we're
25 lacking a workforce that might want to work in

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 neighborhoods that are traditionally underserved and
3 try and help people where they are and I think in
4 some cases we're lacking the funding to pay them, I
5 think it's many things but... [cross-talk]

6 COUNCIL MEMBER CABRERA: I think it's the
7 second one, I'm going to tell you why, you can go to
8 Mercy College, you can go to Long Island University
9 and they have young people graduating there and
10 adults with a master's degree by the dozens every
11 semester, very qualified as a matter of fact you do
12 more practicum hours of mental health counseling than
13 you do with social work, they're super qualified to,
14 to do the job and I think that we need to look at the
15 funding piece to be able to have more services
16 throughout this city. Which leads me to the other
17 question... [cross-talk]

18 SUSAN HERMAN: Let me just say I'd be
19 happy... [cross-talk]

20 COUNCIL MEMBER CABRERA: Yes... [cross-
21 talk]

22 SUSAN HERMAN: ...to work with you on that.

23 COUNCIL MEMBER CABRERA: Oh, that would
24 be beautiful, thank you Susan.

25 SUSAN HERMAN: Uh-huh.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER CABRERA: So, the, the
3 other thing was I'm, I'm still trying to
4 conceptualize ThriveNYC, how many people work just
5 for ThriveNYC?

6 SUSAN HERMAN: So, ThriveNYC my office
7 currently has 21 people.

8 COUNCIL MEMBER CABRERA: 21... [cross-talk]

9 SUSAN HERMAN: And how many people are
10 working on Thrive throughout the city, unknowable...

11 COUNCIL MEMBER CABRERA: Unlimited...

12 SUSAN HERMAN: Unknowable...

13 COUNCIL MEMBER CABRERA: So...

14 SUSAN HERMAN: Not only because... we do
15 have budgets for each of the Thrive initiatives but
16 what's unknowable and I want to be really clear about
17 this because I can see everybody going what does that
18 mean, we are trying very hard to ask agencies to step
19 and do more work in this area and in some cases these
20 are people that are just layering on Thrive work onto
21 what they were doing otherwise.

22 COUNCIL MEMBER CABRERA: So, I, I get
23 that... [cross-talk]

24 SUSAN HERMAN: That's a good thing.
25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER CABRERA: ...piece... so I get
3 that piece so, what I... now... so, you're like a
4 clearinghouse at the same time, I almost see you
5 like government operations but a specialized
6 government operations for the Mayor's Office is, is
7 that... [cross-talk]

8 SUSAN HERMAN: I think... [cross-talk]

9 COUNCIL MEMBER CABRERA: ...a good way to
10 describe you?

11 SUSAN HERMAN: In some ways, we, we do
12 provide a layer of oversight, there's no question...
13 [cross-talk]

14 COUNCIL MEMBER CABRERA: Okay... [cross-
15 talk]

16 SUSAN HERMAN: ...we also promote the
17 Thrive message, we promote Thrive activities, we help
18 these initiatives succeed... [cross-talk]

19 COUNCIL MEMBER CABRERA: Okay... [cross-
20 talk]

21 SUSAN HERMAN: ...we promote public
22 awareness about Thrive so that people are engaging in
23 those initiatives.

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COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER CABRERA: So, and, and
3 this is what I'm getting at so it's 21 people, what's
4 the budget for the 21 people?

5 SUSAN HERMAN: About two million dollars.

6 COUNCIL MEMBER CABRERA: Two million
7 dollars because when I first heard this, I heard
8 about 850 million dollars...

9 SUSAN HERMAN: So, that's a really
10 outdated and almost irrelevant number...

11 COUNCIL MEMBER CABRERA: Okay...

12 SUSAN HERMAN: Our annual budget for
13 Thrive that we are operating on right now for Thrive
14 throughout the city is about 250 million dollars
15 which when you say that out loud and you look at the
16 work that's being done is pretty incredible.

17 COUNCIL MEMBER CABRERA: Yeah, I don't
18 question the, the impact... [cross-talk]

19 SUSAN HERMAN: The 850... [cross-talk]

20 COUNCIL MEMBER CABRERA: Yeah... [cross-
21 talk]

22 SUSAN HERMAN: ...million dollars was a
23 four-year projection at the outset of Thrive... [cross-
24 talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER CABRERA: Right... [cross-
3 talk]

4 SUSAN HERMAN: ...this is what we are
5 likely to spend on Thrive but when you look at the
6 budget year to year to year and where we are now,
7 first of all it's appropriate to be talking about
8 annual budget, we are not, you know you don't... you
9 don't talk about how much the... any given agency has
10 over a four year period, we're operating at a 250
11 million dollar a year budget.

12 COUNCIL MEMBER CABRERA: Which is good
13 and very fair, you know and you... [cross-talk]

14 SUSAN HERMAN: I think so, you might...
15 [cross-talk]

16 COUNCIL MEMBER CABRERA: ...we're just
17 getting started... [cross-talk]

18 SUSAN HERMAN: ...ask why it's not more...
19 [cross-talk]

20 COUNCIL MEMBER CABRERA: ...and so forth
21 but what I'm trying to get at is that 200 million
22 dollars, right... [cross-talk]

23 SUSAN HERMAN: 250... [cross-talk]

24 COUNCIL MEMBER CABRERA: 250 million
25 dollars is that new monies or is... were those monies

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 that were already, already... what's, what's added that
3 was not already organic... [cross-talk]

4 SUSAN HERMAN: Right... [cross-talk]

5 COUNCIL MEMBER CABRERA: ...to the... [cross-
6 talk]

7 SUSAN HERMAN: It's a combination...
8 [cross-talk]

9 COUNCIL MEMBER CABRERA: ...agency... [cross-
10 talk]

11 SUSAN HERMAN: ...some of the initiatives
12 as we've discussed some of them are brand new and
13 that's new money, some of them are not, we're not
14 counting the money twice in the budget, it's counted
15 once... [cross-talk]

16 COUNCIL MEMBER CABRERA: Okay... [cross-
17 talk]

18 SUSAN HERMAN: ...and we can lay that out
19 for you if you'd like, I don't have that with...
20 [cross-talk]

21 COUNCIL MEMBER CABRERA: Yeah, I think
22 that will... [cross-talk]

23 SUSAN HERMAN: ...me, some of it is...
24 [cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER CABRERA: ...be... I think
3 that's something... [cross-talk]

4 SUSAN HERMAN: ...new and some of it is
5 not... [cross-talk]

6 COUNCIL MEMBER CABRERA: ...that our, our
7 staff here were wondering about if you were to
8 separate... if, if there was no ThriveNYC and they
9 would have been functioned in, in the normal course
10 as they were how much did it get out of... [cross-talk]

11 SUSAN HERMAN: We can talk about things...
12 [cross-talk]

13 COUNCIL MEMBER CABRERA: ...50, 100...
14 [cross-talk]

15 SUSAN HERMAN: ...that preexisted, I'm not
16 sure I would go as far as you just did though to
17 think what would have continued, I'm not sure what
18 would have continued... [cross-talk]

19 COUNCIL MEMBER CABRERA: Okay... [cross-
20 talk]

21 SUSAN HERMAN: ...without the support of
22 Thrive and without us saying this is an important
23 part of this... of this work.

24
25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER CABRERA: So, I guess the,
3 the... we'll be interested in seeing what was new, what
4 came into being... [cross-talk]

5 SUSAN HERMAN: Yeah, we can tell you
6 that.

7 COUNCIL MEMBER CABRERA: Yeah, so if you
8 could... if you could give us that later on you don't
9 have to do it right now because... [cross-talk]

10 SUSAN HERMAN: I can't but I will.

11 COUNCIL MEMBER CABRERA: I know... okay,
12 actually go for it, go for it.

13 SUSAN HERMAN: No, I can't do it now...
14 [cross-talk]

15 COUNCIL MEMBER CABRERA: Oh, you can't...
16 [cross-talk]

17 SUSAN HERMAN: ...but I will do it, yeah,
18 yeah... [cross-talk]

19 COUNCIL MEMBER CABRERA: Okay, I thought
20 I heard... you can't, I'm sorry... [cross-talk]

21 SUSAN HERMAN: Yeah, I can't do it now.

22 COUNCIL MEMBER CABRERA: I, I'm, I'm...
23 okay, good, good.

24 SUSAN HERMAN: Right.
25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER CABRERA: Also really
3 quickly here, you, you said that and I, I love the,
4 the word that you used culture change, do you have..
5 do you have an assessment tool that assesses cultural
6 attitude changes that you've been using in order to
7 quantify if indeed there have been cultural changes?

8 SUSAN HERMAN: Well so, so.. [cross-talk]

9 COUNCIL MEMBER CABRERA: Attitude
10 changes?

11 SUSAN HERMAN: Cultural change is many
12 things, right, one is do people feel more comfortable
13 to talk about mental health, to talk about and to
14 seek help, right, so the, the surveys that we're
15 already engaged in for the people who are trained in
16 mental health first aid whether they're using it,
17 whether they feel more competent and confident that
18 tells us that something is happening and as we get to
19 that 250,000 mark if we still have the same level of
20 people saying they feel more confident and competent
21 to talk about mental health that's a cultural shift
22 right there. In addition we have the survey that I
23 mentioned at the Health Department that is going to
24 be launching in the spring which talks about what
25 you're experiencing but cultural shift is, is partly

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 about how we talk about it, right, we didn't... we
3 didn't say breast cancer in polite company 50 years
4 ago, we just didn't say it... [cross-talk]

5 COUNCIL MEMBER CABRERA: True, true...
6 [cross-talk]

7 SUSAN HERMAN: ...now we're starting to
8 talk, we... anybody can mention the words breast cancer
9 in conversation, I think we need to get there in
10 talking about different kinds of mental health
11 challenges, you know to, to be able to say I was
12 suffering from depression, I'm feeling anxious, I
13 have this so that's another kind of shift and that's
14 important because it enables people to say it's okay
15 to acknowledge it, it's okay to seek help and it's
16 okay to talk about it, it's common that people
17 experience this... [cross-talk]

18 COUNCIL MEMBER CABRERA: And, and I... what
19 you just mentioned right there that could be a
20 measure and so what I'm suggesting Susan is if, if
21 you guys could come with some metrics... [cross-talk]

22 SUSAN HERMAN: Well that is what we're
23 looking at when we look at the macro evaluation, are
24 there more people in treatment, are there more people

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 who feel able to seek treatment that's part of that,
3 and we will be... [cross-talk]

4 COUNCIL MEMBER CABRERA: If you could
5 have that... [cross-talk]

6 SUSAN HERMAN: ...looking at it... [cross-
7 talk]

8 COUNCIL MEMBER CABRERA: ...you could have
9 that, look I met with a guy in the street yesterday
10 and, and I could tell that he was... you know he needed
11 somebody to talk to, to start with... [cross-talk]

12 SUSAN HERMAN: Okay... [cross-talk]

13 COUNCIL MEMBER CABRERA: ...so I just
14 engaged, and he told me I, I, don't want to go back
15 to the hospital... [cross-talk]

16 SUSAN HERMAN: Uh-huh... [cross-talk]

17 COUNCIL MEMBER CABRERA: ...so... [cross-
18 talk]

19 SUSAN HERMAN: He may be able to get
20 help... [cross-talk]

21 COUNCIL MEMBER CABRERA: ...for mental...
22 [cross-talk]

23 SUSAN HERMAN: ...outside of the hospital.

24 COUNCIL MEMBER CABRERA: Yeah but the,
25 the point that I was making and I know this is

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 anecdotal is that though we service that we need to
3 measure how people perceive that, you know do they
4 celebrate it, do they fear it and do we have heroes,
5 really that's when it comes down to culture... [cross-
6 talk]

7 SUSAN HERMAN: Yes and... [cross-talk]

8 COUNCIL MEMBER CABRERA: ...and how you do
9 culture change... [cross-talk]

10 SUSAN HERMAN: ...and we will be looking.

11 COUNCIL MEMBER CABRERA: So, if you... if
12 you could come... it's just a suggestion it's not a
13 criticism really, I'm... I really mean that...

14 SUSAN HERMAN: It's exactly the right
15 suggestion, this is... [cross-talk]

16 COUNCIL MEMBER CABRERA: And so... [cross-
17 talk]

18 SUSAN HERMAN: ...we are right at that
19 place... [cross-talk]

20 COUNCIL MEMBER CABRERA: Okay... [cross-
21 talk]

22 SUSAN HERMAN: ...where this is what we
23 should be talking about... [cross-talk]

24 COUNCIL MEMBER CABRERA: Fantastic...
25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: I think you need to think
3 about Thrive as a startup, right, it's this really
4 great fabulous, ambitious idea, it turns into this
5 great initiative and then all of a sudden you realize
6 that it's caught on fire and everybody is thinking
7 about it and talking about it, interested in it, we
8 didn't have to coax agencies to work on this, people
9 wanted to join this effort and now we're looking at,
10 okay, when you start to do something sometimes you
11 have in all the data collection tools in place to do
12 it and then you realize you better put more in place.
13 We have lots in place, but we will be putting more in
14 place.

15 COUNCIL MEMBER CABRERA: And, and since..
16 [cross-talk]

17 SUSAN HERMAN: Yeah.. [cross-talk]

18 COUNCIL MEMBER CABRERA: ...I'm going to
19 close with this, since you are serving like Sudo
20 government operation for all the mental health
21 services.. [cross-talk]

22 SUSAN HERMAN: I don't think we're Sudo,
23 are we Sudo?

24 COUNCIL MEMBER CABRERA: Okay, you are..
25 [cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: I think we are, yeah.

3 COUNCIL MEMBER CABRERA: I was... I was...

4 [cross-talk]

5 SUSAN HERMAN: You can call me Susan, but
6 I work for the government, right.

7 COUNCIL MEMBER CABRERA: Okay, so I, I
8 didn't want the government operations people to get
9 offended... [cross-talk]

10 SUSAN HERMAN: Right, they won't get
11 offended... [cross-talk]

12 COUNCIL MEMBER CABRERA: ...I was trying to
13 be too, too politically... [cross-talk]

14 SUSAN HERMAN: They won't get offended...
15 [cross-talk]

16 COUNCIL MEMBER CABRERA: ...correct.

17 SUSAN HERMAN: Yeah, yeah.

18 COUNCIL MEMBER CABRERA: Can I just make
19 a suggestion regarding... since I have you here, the
20 mental health providers especially all those case
21 workers working with young people in the shelters,
22 they're burnt out, I, I could tell you first... I know
23 many of them working in that field they're really
24 burnt out, we need to come up with a system I mean
25 that is consistent that could be measured, that we

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 could see outcomes that will provide a level of help
3 to them because they're suffering from secondary
4 PTSD, they're working with some of the hardest most
5 difficult population, it's not like you have one easy
6 case and then another difficult case and that's how
7 caseloads should be... [cross-talk]

8 SUSAN HERMAN: Are you... are you talking
9 particularly about people working in shelters for
10 youth?

11 COUNCIL MEMBER CABRERA: Yeah, like you
12 know Covenant House, any... you know and the like they
13 have high turn overs and they pay to be honest with
14 you very little so there's almost... you know burn out
15 does not happen because they're tired, it's because
16 they see little inherent rewards... [cross-talk]

17 SUSAN HERMAN: Yeah... [cross-talk]

18 COUNCIL MEMBER CABRERA: ...and the cost is
19 very high and so if you could, you know give
20 attention to that I would really, really appreciate
21 it, they're doing as phenomenal work as they can...
22 [cross-talk]

23 SUSAN HERMAN: Thank you...

24 COUNCIL MEMBER CABRERA: Susan thank you,
25 I know I had a hard question I wasn't even planning

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 to ask these but as the Chairman was... as Madame Chair
3 was speaking, I was just prompted to do so and you
4 came up with good answers, thank you so much.

5 SUSAN HERMAN: Thank you, thank you for
6 calling attention to that issue, it's a very
7 important issue.

8 COUNCIL MEMBER CABRERA: Indeed, thank
9 you.

10 CHAIRPERSON AYALA: Council Member
11 Holden.

12 COUNCIL MEMBER HOLDEN: Thank you Chair.
13 Susan I, I really appreciate the testimony, does
14 Thrive New York... NYC, I'm sorry, ThriveNYC is so
15 important, long overdue, I want to thank the First
16 Lady, an amazing, amazing program and under... I mean a
17 huge task this is, this is a, a task like this..

18 [cross-talk]

19 SUSAN HERMAN: Yes... [cross-talk]

20 COUNCIL MEMBER HOLDEN: ...will not happen
21 overnight, I know trying to solve the mental health
22 issue that's really.. you, you make.. you make a, a
23 claim here that New Yorkers can now see and
24 experience the benefits of Thrive all over the city..

25 [cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: Uh-huh... [cross-talk]

3 COUNCIL MEMBER HOLDEN: ...and then you
4 mentioned the first one, subways... [cross-talk]

5 SUSAN HERMAN: Uh-huh... [cross-talk]

6 COUNCIL MEMBER HOLDEN: ...which it's not a
7 coincidence though that we have the most complaints
8 in the subways of actually homeless taking over
9 entire cars and harassing commuters, riders and
10 threatening their lives and I had three cases this
11 week of one homeless individual coming in the face of
12 all the riders and threatening to stab them in the
13 eye because he thought they were CIA, I have other
14 seniors getting harassed, I have women getting
15 harassed constantly on the M line, this is the M line
16 that serves... it's the only one that really serves my
17 district essentially is in Middle Village, we called
18 Breaking Ground... [cross-talk]

19 SUSAN HERMAN: Uh-huh... [cross-talk]

20 COUNCIL MEMBER HOLDEN: ...we called the
21 NYPD NCOs to try to do something, you name it we have
22 it going on, on the... on the subways so I'm not so
23 sure people in New York City would agree that the
24 subways we're seeing a difference, I don't know if
25 any of my colleagues can say they are and I don't

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 know if we can make those claims this early because
3 ThriveNYC needs to be... you know it needs... this is
4 going to... this is going to take... [cross-talk]

5 SUSAN HERMAN: So, I'm not claiming
6 victory, I'm claiming that we've moved the dial and
7 how we've moved the dial in the subways is that we
8 now have outreach workers who are on the subway who
9 were not there before.

10 COUNCIL MEMBER HOLDEN: Right... [cross-
11 talk]

12 SUSAN HERMAN: ...and we now have trained
13 offices... [cross-talk]

14 COUNCIL MEMBER HOLDEN: I want... I'm
15 getting to... I, I know... I know that, I know that
16 because we do but tell me on a practical term if...
17 unless a, a police officer sees the... somebody being
18 harassed... [cross-talk]

19 SUSAN HERMAN: Yes... [cross-talk]

20 COUNCIL MEMBER HOLDEN: ...can they
21 actually take the individual off the car... off the
22 train and put them in a program or... unless... if they
23 don't want to go, they stay on the... on the train this
24 is what we're experiencing...

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: Depends on what they're
3 behavior is and I'm no longer going to speak for the
4 police department, but I will say it depends on what
5 someone's behavior is whether they can eject them
6 from the subway or not.

7 COUNCIL MEMBER HOLDEN: But if they don't
8 go, if they don't want to go and if the police
9 officer... [cross-talk]

10 SUSAN HERMAN: It depends on what they're
11 doing... [cross-talk]

12 COUNCIL MEMBER HOLDEN: ...this is what
13 we're being told... [cross-talk]

14 SUSAN HERMAN: ...right, depends on what
15 they're doing... [cross-talk]

16 COUNCIL MEMBER HOLDEN: ...by the police
17 but the Break... Breaking Ground can only do so much
18 and if they don't want to go, they just let them go
19 and it... and see what I'm seeing in the last probably
20 two or three months is... the... it... the situation is not
21 improving, it's actually getting worse so I think we
22 need some other... I mean there... I don't know if
23 there's anything that you guys can come up with to...
24 if, if, if we're getting enough complaints from a
25 certain line... [cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: Uh-huh... [cross-talk]

3 COUNCIL MEMBER HOLDEN: ...that we just
4 sweep that line and we try to do something a little
5 bit more aggressive because we see people all over
6 the streets, I mean you... if... to be out in 15 degree
7 weather the... we really have to reevaluate that we're
8 allowing human beings to be on the street in this
9 kind of weather because they chose, chose not to go
10 into a, a facility or, or a hospital so I, I... there's
11 a fine line I know that with the law so... [cross-talk]

12 SUSAN HERMAN: There is a fine line...
13 [cross-talk]

14 COUNCIL MEMBER HOLDEN: ...can you explain
15 a little bit of that?

16 SUSAN HERMAN: I can... I can say that... and
17 when you're raising weather I can say that when
18 someone is dressed inappropriately or appears to be
19 suffering they're not dressed appropriately for the
20 weather or they appear to be suffering if someone
21 appears to be in danger that they can be brought
22 involuntarily to a hospital be... just in a cold
23 weather emergency when the city has that and I can
24 tell you that in the winter there are many more
25 homeless people who are brought to hospitals as well

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

ADDICTIONS

1
2 as shelters and they're just there temporarily,
3 they're warming up, they're getting coffee, they're
4 getting a shower, they're getting a meal and they're
5 off the streets at night where they're safe, right,
6 but I can also tell you and we can hear from people
7 from DHS if you'd like who are here, we have more
8 work being done through the Health Department and
9 their outreach teams through the Police Department
10 and I shouldn't be going like this anymore but
11 through DHS, the non-profits that they contract with,
12 there is more work being done and I... and I would
13 agree with you completely that more needs to be done
14 but there is more that is happening.

15 COUNCIL MEMBER HOLDEN: Okay, so if I'm...
16 if, if somebody is... [cross-talk]

17 SUSAN HERMAN: But if you are a private
18 citizen and you observe somebody and you think
19 somebody needs help you can call NYC Well and say
20 what you saw and they can either transfer the call to
21 the police department if they think it's an urgent
22 need or they can connect with the Health Department's
23 range of services to send out the appropriate team to
24 that person. So, the private citizen does have
25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

1

ADDICTIONS

2

something to do, they can call NYC Well and say what

3

they observed and what they saw.

4

COUNCIL MEMBER HOLDEN: Okay, so are we...

5

so the outreach that your, your office is doing is

6

that in, in the subways?

7

SUSAN HERMAN: No, the outreach that my

8

office specifically is doing is outreach events to

9

raise awareness about all of these initiatives but...

10

[cross-talk]

11

COUNCIL MEMBER HOLDEN: How... [cross-talk]

12

SUSAN HERMAN: ...the Department of Health...

13

well we, we give what we call Thrive talks in

14

community organizations and houses of worship and

15

YMCAs all over the place..

16

COUNCIL MEMBER HOLDEN: Yeah but that's

17

only reaching a small percentage what I'm saying is

18

do a massive campaign in the subways because I think

19

we're seeing a lot of, of this.. the really.. there's,

20

there's... being confined in a subway car by the way

21

when it's... you know and you can't get out and

22

somebody is in your face and... [cross-talk]

23

SUSAN HERMAN: Yeah... [cross-talk]

24

COUNCIL MEMBER HOLDEN: ...threatening you

25

and screaming at you and whatever else is happening

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 it... my, my daughter won't take the, the number seven
3 line anymore, my wife will not take the subways,
4 she'd rather take the express bus and, and it takes...
5 it's a longer commute but she will not... she just
6 feels threatened and many people feel threatened in
7 the subways what we need is outreach that means ads
8 in the subway cars, Thrive New York, here's what you
9 can do, here's how to identify this, this is what we...
10 because people are frightened and.. [cross-talk]

11 SUSAN HERMAN: So, it is... [cross-talk]

12 COUNCIL MEMBER HOLDEN: ...people are
13 scared and.. [cross-talk]

14 SUSAN HERMAN: ...it isn't just... [cross-
15 talk]

16 COUNCIL MEMBER HOLDEN: ...rightfully so...
17 [cross-talk]

18 SUSAN HERMAN: ...it isn't just NYC Well
19 it's 3-1-1, it's also 9-1-1, what you want is some
20 response to that person and the challenge is exactly
21 what you named earlier... [cross-talk]

22 COUNCIL MEMBER HOLDEN: Right... [cross-
23 talk]

24 SUSAN HERMAN: ...depending on that
25 person's behavior, it's either their choice whether

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 they want to not only get off the subway but engage
3 in services or if their behavior is otherwise they
4 may not have choice, if they're doing something
5 criminal or they're problematic in another way,
6 right, but it depends on their behavior and that's
7 where we are in New York City.

8 COUNCIL MEMBER HOLDEN: I think... I think...
9 [cross-talk]

10 SUSAN HERMAN: That's our laws... [cross-
11 talk]

12 COUNCIL MEMBER HOLDEN: ...you're... I think
13 we have to change the mindset of people who call 3-1-
14 1 because they don't really... I mean in questioning my
15 constituents they feel they call 3-1-1 it's just...
16 it's not... I mean I, I, I believe you that something
17 will happen, and we'll get a little bit more
18 attention but it hasn't been getting better so if we
19 had some outreach and, and I don't know why with the
20 budget... [cross-talk]

21 SUSAN HERMAN: So, let me... let me tell
22 you some things... [cross-talk]

23 COUNCIL MEMBER HOLDEN: ...that what... that
24 we can't put a, a really public service campaign out
25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 there and say here's how you identify the problem...

3 [cross-talk]

4 SUSAN HERMAN: Uh-huh... [cross-talk]

5 COUNCIL MEMBER HOLDEN: ...here's what's
6 going... you know if you see this please report it
7 right here or 3-1-1 and, and we'll... and you'll... and
8 we'll get some kind of reaction, we'll get some kind
9 of answers...

10 SUSAN HERMAN: I'll look at that, I'd be
11 happy to work with you on it and I'll... [cross-talk]

12 COUNCIL MEMBER HOLDEN: Okay... [cross-
13 talk]

14 SUSAN HERMAN: ...look at it.

15 COUNCIL MEMBER HOLDEN: Alright, I'll
16 even help you design it because I'm a designer.

17 SUSAN HERMAN: We'll fight over that.

18 COUNCIL MEMBER HOLDEN: Thank you.

19 SUSAN HERMAN: Yep.

20 CHAIRPERSON AYALA: Council Member
21 Samuel.

22 COUNCIL MEMBER AMPRY-SAMUEL: Hi, it was
23 just a, a follow up just a point of clarification
24 because when Council Member Holden mentioned the
25 subways and the increase in like homelessness and

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 mentally ill homelessness you said that there are
3 outreach workers now and there were not workers
4 before?

5 SUSAN HERMAN: No... [cross-talk]

6 CH AMPRY-SAMUEL: I just wanted some
7 clarification... [cross-talk]

8 SUSAN HERMAN: ...just both... there were
9 outreach workers there are now more outreach workers
10 that are actually on the trains not just on the
11 platforms, there are more police on the trains not
12 just on the platforms and there are more outreach or
13 teams of people that go out and engage with people
14 that are in the, the toolbox that the Health
15 Department and the Police Department can call when
16 they see somebody so there's just more services, more
17 resources available.

18 COUNCIL MEMBER AMPRY-SAMUEL: So, are you
19 able to tell us how many like or like contracted
20 agencies or how many like organizations actually work
21 inside the subway systems now?

22 SUSAN HERMAN: So, BRC, the Bowery
23 Residence Committee works on... [cross-talk]

24 COUNCIL MEMBER AMPRY-SAMUEL: Yeah, for
25 years... [cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: ...our subways.

3 COUNCIL MEMBER AMPRY-SAMUEL: Uh-huh...

4 SUSAN HERMAN: Sorry?

5 COUNCIL MEMBER AMPRY-SAMUEL: They've
6 been doing that for years.

7 SUSAN HERMAN: Yes, but they're doing it
8 more...

9 COUNCIL MEMBER AMPRY-SAMUEL: Okay...
10 [cross-talk]

11 SUSAN HERMAN: ...not, not even through
12 Thrive, I just happened to know through other work
13 that they are doing it more than they were before, I
14 also know that they are patrolling with police
15 officers and they're on subways, they used to be and
16 what they've been doing for years was on the
17 platforms now they are actually on trains as well
18 because they go now with officers. For the outreach
19 workers they experience much of what Council Member
20 Holden was saying, it's an enclosed space, it's not a
21 space that they all felt comfortable going without
22 police officers but there are now outreach teams of
23 clinicians and officers going together.

24 HILLARY KUNINS: If I can just add a
25 little bit to what Susan is saying and I appreciate

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
ADDICTIONS

1
2 what Council... both Council Members just pointed out
3 about subways, I think what's important to know about
4 Thrive and generally both the Health Department and
5 citywide work is that we have expanded an approach
6 that's active engagement finding people offering them
7 services, in the context of Thrive there is something
8 called Safe NYC which is really a, a... as we've called
9 it a suite of services to reach people who have not
10 otherwise been engaged in care that could reduce
11 behaviors that some of which you're, you know
12 rightly pointed out so the ACT teams which we've
13 already mentioned there's other, other approaches
14 something called intensive mobile treatment or IMT
15 teams and these teams provide broad mental health
16 approaches for people in need of care, I'm looking at
17 my notes and there's also something called forensic
18 ACT teams. Additionally, support... expansion of
19 supportive housing under NYNY 15/15 is also a way to
20 engage people in alternate places and to connect them
21 more fully to care. The other program I just want to
22 mention that Susan alluded to is something called co-
23 response teams or CRT teams, these were expanded
24 under ThriveNYC, these are instances in which police
25 and a clinician respond together to an, an instance

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

1

ADDICTIONS

2

of somebody who seems to be having a behavioral

3

health condition so police officer is there for

4

safety, for both people around the situation as well

5

as the person, the clinician is there to help with

6

inform a clinical response. Most recently, in

7

November the Health Department launched something

8

called HEAT, Health Engagement and Assessment Teams,

9

these are health only teams that work with people in

10

streets, in parks to form both relationships to offer

11

and engage and promote whatever services the person

12

seems like they need; mental health, substance use..

13

[cross-talk]

14

SUSAN HERMAN: Housing... [cross-talk]

15

HILLARY KUNINS: ...housing and is a way to

16

establish more of a health presence on the ground

17

where people are in order to pull them into care in

18

order to establish trust and engage them so this is

19

not in the subways but again thinking about the

20

subways as part of the larger context of reaching

21

people with serious mental health conditions both

22

within Thrive and across the portfolio of work I

23

would say both at the Health Department and beyond.

24

COUNCIL MEMBER AMPRY-SAMUEL: This... this

25

is just a quick statement and then I'll end there.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 So, and I know people know that I used to work for
3 Guided Riverside project reach out and I used to be a
4 case manager on a mobile ACT team...

5 SUSAN HERMAN: Uh-huh...

6 COUNCIL MEMBER AMPRY-SAMUEL: ...and that
7 was my job to go around and engage mentally ill
8 homeless individuals that was my job and when I was
9 working for Guided Riverside and my area was Central
10 Park... [cross-talk]

11 SUSAN HERMAN: Uh-huh... [cross-talk]

12 COUNCIL MEMBER AMPRY-SAMUEL: ...in the
13 Upper West Side in that area and after that I was a
14 discharge planner on an inpatient psych unit so like
15 I know the field...

16 SUSAN HERMAN: Uh-huh...

17 COUNCIL MEMBER AMPRY-SAMUEL: ...but what
18 I'm noticing now is I see more mentally ill homeless
19 people in the street and on the subways then I did
20 when I was actually working directly in the field and
21 when I hear the numbers and all of the different
22 programs with Thrive and it seems like... I, I kind of
23 say the same thing over and over and over and I was
24 like Groundhog Day but I just... it's... I'm... it just
25 baffles me like with just so much attention and focus

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
ADDICTIONS

1
2 and financial resources allocated to this specific
3 issue like why do we see an increase in like just so
4 many people like I can walk... 15 years ago, ten years
5 ago I, I couldn't walk down a street and see along an
6 entire block ten people literally sleeping on a
7 mattress in, in front of a store, I didn't... you
8 didn't... I didn't see that before, you know we had to
9 go into the... into the like hills within Central Park
10 and, and look for individuals and offer them a
11 sandwich, offer them a bag of food to engage them to
12 come into the van with us but now you, you don't
13 even have to walk a block and you see it and so to me
14 it's just... it's just baffling that, you know here it
15 is we're spending 250 million dollars, whatever the
16 number is but we're seeing so many more people every
17 day, it's just very interesting to me. That's all.

18 CHAIRPERSON AYALA: Council Member

19 Deutsch.

20 COUNCIL MEMBER DEUTSCH: Thank you Chair,
21 thank you. So, you did mention that your annual
22 budget is 250 million dollars and it's not 850
23 million dollars..

24 SUSAN HERMAN: I'm sorry?

25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER DEUTSCH: You said it's
3 not 800... the, the number 850, 850 million is not
4 accurate?

5 SUSAN HERMAN: 850... [cross-talk]

6 COUNCIL MEMBER DEUTSCH: Right... [cross-
7 talk]

8 SUSAN HERMAN: ...million dollars was a...
9 was the number that was projected to be the four year
10 budget and that's a number that the, the city gave at
11 the very, very beginning of Thrive as what was
12 projected to be the budget, as each individual year's
13 budget was actually created that number went down and
14 the more accurate number for all of us to really be
15 working with is where are we now annually, annually
16 we've spending 250 million dollars on the Thrive
17 initiatives, it doesn't in any way mean that's all
18 that we're spending on mental health in New York,
19 that's what I wanted to make clear.

20 COUNCIL MEMBER DEUTSCH: So, if you take
21 250 over four years... [cross-talk]

22 SUSAN HERMAN: But there wasn't 250 over
23 four years, we are now... [cross-talk]

24 COUNCIL MEMBER DEUTSCH: Oh... [cross-talk]
25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: ...operating at... [cross-
3 talk]

4 COUNCIL MEMBER DEUTSCH: ...on the... on 250
5 so... [cross-talk]

6 SUSAN HERMAN: ...at 250.

7 COUNCIL MEMBER DEUTSCH: ...250 over the
8 next four years, right? So, is, is, is one billion
9 dollars, right?

10 SUSAN HERMAN: Uh-huh.

11 COUNCIL MEMBER DEUTSCH: So, over the
12 next four years so it's actually more than 850
13 million because if you're looking at over four years
14 it's... it comes out to a billion dollars.

15 SUSAN HERMAN: Right... [cross-talk]

16 COUNCIL MEMBER DEUTSCH: So, it's
17 actually... [cross-talk]

18 SUSAN HERMAN: ...they're, they're very...
19 [cross-talk]

20 COUNCIL MEMBER DEUTSCH: ...the 850 is kind
21 of wrong but it's actually a lot higher which is good
22 because we should... [cross-talk]

23 SUSAN HERMAN: Yeah... [cross-talk]

24
25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER DEUTSCH: ...be spending a
3 lot of... we should be spending money on mental...
4 [cross-talk]

5 SUSAN HERMAN: Yeah... [cross-talk]

6 COUNCIL MEMBER DEUTSCH: ...on mental
7 health.

8 SUSAN HERMAN: And many people think
9 it's... [cross-talk]

10 COUNCIL MEMBER DEUTSCH: But... [cross-
11 talk]

12 SUSAN HERMAN: ...an annual budget... [cross-
13 talk]

14 COUNCIL MEMBER DEUTSCH: Yeah, but I
15 have... [cross-talk]

16 SUSAN HERMAN: ...which is not... [cross-
17 talk]

18 COUNCIL MEMBER DEUTSCH: ...problem with,
19 with how it's being spent so firstly I just want to
20 start off by saying that my budget in the City
21 Council for my office is 500,000 dollars..

22 SUSAN HERMAN: Is how much?

23 COUNCIL MEMBER DEUTSCH: 500,000 annually
24 so it's 500,000 dollars, I have approximately nine
25 employees and I do case... we, we do direct contact

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 with constituents who come into the office one on
3 one, everything gets logged in, right, it's called
4 council stat, every case that comes into my office
5 gets logged into a system so if you come over to me
6 today and... or now and you ask me how many open cases
7 I have for any category of services that we provide I
8 would call my Chief of Staff right now because I
9 don't have a computer here and ask her to look at the
10 category and I'll give you the numbers in five
11 minutes of how many cases I had throughout the year
12 or thus far on each category, if you choose a
13 category... [cross-talk]

14 SUSAN HERMAN: Uh-huh... [cross-talk]

15 COUNCIL MEMBER DEUTSCH: ...whether it's
16 Department of Transportation, potholes, mental health
17 issues, anything... [cross-talk]

18 SUSAN HERMAN: Uh-huh... [cross-talk]

19 COUNCIL MEMBER DEUTSCH: ...and I'll give
20 you the exact number of how many cases I have.
21 Yesterday I Chaired the Veterans Committee and I
22 asked ThriveNYC what the stats are, how many cases
23 they have, there's no such type of statistics of what
24 cases they have, how many call in, follow ups, I
25 could tell you all my cases and what's open up until

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 today, what cases are closed because they was.. that
3 was satisfied.. [cross-talk]

4 SUSAN HERMAN: Uh-huh... [cross-talk]

5 COUNCIL MEMBER DEUTSCH: ...I could give
6 you exact numbers on the 500,000-dollar budget that
7 includes staffing, that includes everything else in
8 my office.. [cross-talk]

9 SUSAN HERMAN: Uh-huh... [cross-talk]

10 COUNCIL MEMBER DEUTSCH: ...I could give
11 you... give me five minutes I'll give you any, any
12 information you need. My issue is... I'll start from
13 the beginning, beginning from yesterday, so I had in
14 my... in my district I had three Asian Americans who
15 were killed, they were killed only because they were
16 Asians, they were killed going to work, being at
17 work, providing for their families only not to come
18 home that evening of January 15th. I wanted to get
19 mental health training for the people in my district
20 because honestly, I have... I have to tell you that I
21 have not learned as much about ThriveNYC of what they
22 do and what they don't do until yesterday and today.
23 In my district, 40th council district I could tell
24 you right now that I haven't seen anything about
25 ThriveNYC whether it's community based organization,

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 I cover probably I would say 100 percent of my
3 meetings that means after I leave City Hall I go
4 straight to civic meetings, community board meetings,
5 precinct council meetings, I cover almost 100 percent
6 of my meetings I have not seen ThriveNYC in five
7 years at, at the meetings I go to. So, what I did was
8 on January... on January 28th I decided to go on
9 ThriveNYC on the online portal to request a mental
10 health training which is called what they mentioned
11 before... [cross-talk]

12 SUSAN HERMAN: Mental health first aid..
13 [cross-talk]

14 COUNCIL MEMBER DEUTSCH: Mental health..
15 mental health, yeah so I waited, waited, waited, I
16 finally got a response about a week later
17 acknowledging my message to them and I went on the
18 portal Council Member Chaim Deutsch, I gave my
19 address, my phone number, my cell number, everything
20 only to get a, a call back about a week later. If I
21 had a budget of 250 million dollars annually and I
22 know that there's a mental health crisis here in, in
23 New York City then that email, that means once I
24 receive a message on the portal I would send an email
25 back within five minutes acknowledging that I just

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

1

ADDICTIONS

2 received the email then I'm just telling you what I
3 would do, then within 24 hours that mental health
4 training would be set up. Today is, is February 27th,
5 they did get back to me and you have a few people in...
6 who you do employ who are very responsive but today..
7 as of today I don't have that mental health training
8 set up yet, why? They told me that.. at first a week
9 later, it's an eight hour program, I told them that
10 people work for a living and they don't have time to
11 sit eight hours a day, I would like to have it spread
12 out over four weeks, two hours a week and this way I
13 can make a mental health program out of it and it's
14 two hours a week just like the citizens police
15 academy Susan you come from the NYPD that's a.. I
16 think an 18 week program.

17 SUSAN HERMAN: 16 I think, yeah..

18 COUNCIL MEMBER DEUTSCH: 16 week and I..
19 and I was there I think in 1994, I was one of the
20 first graduates and so all I wanted is... or four
21 weeks, two hours a.. two hours a day it might be a
22 little shorter, it might be an hour and a hour
23 because there's no lunch if we do it in the evening
24 but whatever the case is it should have been set up

25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 within 24 hours. As of today, I received two days,
3 three and a half hours... [cross-talk]

4 SUSAN HERMAN: Uh-huh... [cross-talk]

5 COUNCIL MEMBER DEUTSCH: ...right, almost a
6 month later, why, why can it be that an email comes
7 back to me within 24 hours saying whatever you want,
8 you want one hour a week over eight, eight weeks
9 let's do it, the purpose is, is to get this training
10 out to the community, that's number one..

11 SUSAN HERMAN: Can I... can I respond to
12 that one first?

13 COUNCIL MEMBER DEUTSCH: Yes, you could,
14 yeah.

15 SUSAN HERMAN: So, so I don't know
16 everything about your case, I've heard a little bit
17 about the interaction and I think that we are.. we are
18 very mindful of the fact that mental health first aid
19 is a... is a class that has a certain amount of
20 learning that needs to be done and the experts that
21 have shaped it around the world believe that to
22 certify somebody you teach it a certain way, you
23 have... the size of the class shouldn't go above a
24 certain number and you certify them to... that they
25 have graduated from this class. You asked for a

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

1 ADDICTIONS

2 modality that hadn't been offered before, it doesn't
3 mean that it can't... [cross-talk]

4 COUNCIL MEMBER DEUTSCH: Oh, so let them
5 keep the certification, I don't need the
6 certification... [cross-talk]

7 SUSAN HERMAN: Well that's, that's a
8 conversation... [cross-talk]

9 COUNCIL MEMBER DEUTSCH: I just want the
10 training... [cross-talk]

11 SUSAN HERMAN: ...exactly, that's, that's
12 exactly the conversation, can we offer something else
13 in shorter times, does it change too much if you do
14 it just an hour at a time or can you do it two hours
15 at a time, what works so that's a conversation and
16 that's... [cross-talk]

17 COUNCIL MEMBER DEUTSCH: But this
18 conversation is already a month but I'm just telling
19 you even now, even today if it has to do with the
20 certificates, right, the certification then they can
21 keep the certificate, I just want the training.

22 SUSAN HERMAN: It's not just the
23 certificate... [cross-talk]

24 COUNCIL MEMBER DEUTSCH: But, but...
25 [cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: ...it's what it represents.

3 COUNCIL MEMBER DEUTSCH: Yeah, but if,
4 if... [cross-talk]

5 SUSAN HERMAN: ...if you're saying you're
6 offering... [cross-talk]

7 COUNCIL MEMBER DEUTSCH: ...there's... I
8 don't understand if there is training if, if, if
9 everything has to do with training people what's the
10 difference if it's done... [cross-talk]

11 SUSAN HERMAN: Oh, what's the... [cross-
12 talk]

13 COUNCIL MEMBER DEUTSCH: ...over eight
14 weeks or 12 weeks?

15 SUSAN HERMAN: There's a... there's a big
16 difference in whether you believe that some of the
17 conversations that take place in a classroom build on
18 each other or... and, and whether people kind of forget
19 what you did from one week to another, you can... do
20 you want to talk about... [cross-talk]

21 COUNCIL MEMBER DEUTSCH: Okay, so I, I'd
22 like to talk about it offline... [cross-talk]

23 SUSAN HERMAN: We're happy to.

24 COUNCIL MEMBER DEUTSCH: ...because none
25 of... because... [cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: Happy to... [cross-talk]

3 COUNCIL MEMBER DEUTSCH: ...yeah, because I
4 have more questions.

5 SUSAN HERMAN: Okay...

6 COUNCIL MEMBER DEUTSCH: But I'd like to
7 talk about it offline that if the conversation has to
8 go when it doesn't make sense to me still but I'd
9 like to have it offline conversation, so no you don't
10 have to answer, I'd like to have an offline
11 conversation about that to explain that to me so this
12 way I understand add then... because this isn't... this
13 was not explained so one second, that's... let's,
14 let's, let's... [cross-talk]

15 SUSAN HERMAN: Fine... [cross-talk]

16 COUNCIL MEMBER DEUTSCH: ...go further
17 we'll have an offline conversation on that. Second...
18 secondly is the way ThriveNYC the way you do
19 outreach. So, I haven't heard anything about
20 ThriveNYC in my district, I did hear when I go to the
21 Mayor's press conference, he tells everyone to call
22 1-800-WELLS, right...

23 SUSAN HERMAN: NYC Well...

24 COUNCIL MEMBER DEUTSCH: NYC Wells...

25 SUSAN HERMAN: Right...

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER DEUTSCH: It's only
3 because... [cross-talk]

4 SUSAN HERMAN: Just Well... [cross-talk]

5 COUNCIL MEMBER DEUTSCH: Well, okay so
6 I'm just telling you it's only because I hear him say
7 it, I don't even have the number right because I have
8 nothing in paper, I have nothing... [cross-talk]

9 SUSAN HERMAN: Uh-huh... [cross-talk]

10 COUNCIL MEMBER DEUTSCH: ...it's all on,
11 you know an announcement that's made somewhere during
12 a conversation whatever the case is. In my office
13 like I said I attend all my meetings, why, because I,
14 I look at things like, you know something there's no
15 computers, there's no social medias, there's no
16 phones, nothing and for me to do outreach especially
17 to my constituents who don't speak English as a first
18 language... [cross-talk]

19 SUSAN HERMAN: Uh-huh... [cross-talk]

20 COUNCIL MEMBER DEUTSCH: ...the way I do
21 outreach is to go physically out to them one on one
22 and to offer them what services I have... [cross-talk]

23 SUSAN HERMAN: Right and those are what
24 Thrive... [cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER DEUTSCH: ...as, as if they
3 don't have phone, they don't have internet, they have
4 no way to communicate... [cross-talk]

5 SUSAN HERMAN: Right... [cross-talk]

6 COUNCIL MEMBER DEUTSCH: ...with me so I
7 physically go out, I'm not saying you're not but I'm
8 just saying that with a 250 million dollar a year
9 budget I should already be sick of ThriveNYC and say
10 get out of my district, I have not seen anything for
11 250 million dollars I have not seen anything so I
12 don't know... [cross-talk]

13 SUSAN HERMAN: May I respond?

14 COUNCIL MEMBER DEUTSCH: Yes.

15 SUSAN HERMAN: Okay, it's... much of the
16 work that Thrive does, the vast majority of the work
17 that Thrive does is done by other city agencies and
18 contractors, community based organizations, over 200
19 organizations that those city agencies contract with,
20 we have never asked people when you are providing
21 this service, when you are for instance, I know
22 you're well aware of the crime victim advocate
23 program, CVAP, that's a Thrive initiative, we have
24 never said answer the phone Thrive or wear a Thrive
25 t-shirt, what I care about is that people in your

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

district know that there's a crime victim advocate in their precinct, that's a Thrive initiative, what matters to me is that they're doing the work. I've got 100,000 people in New York who have all taken mental health first aid, they don't have little stickers that say graduated from mental health first aid nor does it say Thrive, I just know that I've got 100,000 people who have done that and I bet you some of them live in your district. I know that with mental health service corps I'm placing people in clinics and health care providers all over the city including your district probably, chances are good. I'm not asking them to call themselves Thrive clinicians they work for a particular community-based organization and they're doing their work. The people who are engaged in social and emotional learning in all of our schools, all Pre-K, Thrive initiative wasn't happening before, senior centers, I think you've got one in your district, we've got 25 senior centers that now have clinicians because of Thrive, they're not wearing a t-shirt that says I'm the Thrive clinician, they work for a senior center. So, if you want to know what's in your district, I'll tell you what's... [cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER DEUTSCH: I'd love to
3 know... [cross-talk]

4 SUSAN HERMAN: ...in your district... [cross-
5 talk]

6 COUNCIL MEMBER DEUTSCH: ...yeah, I would
7 love to know... [cross-talk]

8 SUSAN HERMAN: ...but I can tell you...
9 [cross-talk]

10 COUNCIL MEMBER DEUTSCH: ...but can you
11 give me a breakdown... [cross-talk]

12 SUSAN HERMAN: ...Thrive is there and it's
13 intentional that we are not asking people to double
14 brand, why would we do that? We are supporting the
15 work that they're doing.

16 CHAIRPERSON AYALA: Chaim I think...
17 [cross-talk]

18 COUNCIL MEMBER DEUTSCH: Do you... yeah...
19 [cross-talk]

20 CHAIRPERSON AYALA: We also... what...
21 [cross-talk]

22 COUNCIL MEMBER DEUTSCH: Yeah, I'm almost
23 done... [cross-talk]

24 CHAIRPERSON AYALA: No, no, no. Susan and
25 I also met recently, and I did... I did put in a

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 request for each member to get a breakdown of the,
3 the services... [cross-talk]

4 COUNCIL MEMBER DEUTSCH: Right... [cross-
5 talk]

6 CHAIRPERSON AYALA: ...that are being
7 provided by district because I think it's, it's
8 easier for members to process and to, you know have a
9 better understanding of what it looks like for them.

10 SUSAN HERMAN: Well I can tell you though
11 that some of it is as I said, mental health first aid
12 I can tell you where it's being taught, I don't know
13 how many people in your district... I can tell you
14 whether it's in your district that it's being taught,
15 it doesn't mean that many people in your district
16 haven't taken it, doesn't mean that there aren't
17 clinicians there, it doesn't mean that of the 500,000
18 interactions with NYC Well that there haven't been
19 people in your district... [cross-talk]

20 COUNCIL MEMBER DEUTSCH: And that's... and
21 that is... [cross-talk]

22 SUSAN HERMAN: ...that haven't called...
23 [cross-talk]

24
25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER DEUTSCH: ...great but if
3 someone reaches out to NYC... to ThriveNYC... [cross-
4 talk]

5 SUSAN HERMAN: To NYC Well?

6 COUNCIL MEMBER DEUTSCH: ...that we should...
7 to... [cross-talk]

8 SUSAN HERMAN: ...or to... [cross-talk]

9 COUNCIL MEMBER DEUTSCH: ...to ThriveNYC
10 then we should get a response about the training so,
11 that we'll, we'll work with now...

12 SUSAN HERMAN: Well I should tell you
13 right now that function has been shifted and that
14 happened right around the end of January, that
15 function is now... it's not just that the mental health
16 first aid is being taught by the Health Department
17 they are also scheduling those classes but I will
18 work with the Health Department to make sure that you
19 get a good training in your district.

20 COUNCIL MEMBER DEUTSCH: Great, thank you
21 and one on one... [cross-talk]

22 HILLARY KUNINS: And Council Member if I
23 could just also... [cross-talk]

24 COUNCIL MEMBER DEUTSCH: Yeah... [cross-
25 talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 HILLARY KUNINS: ...just acknowledge that
3 when very serious things happen in community, the...
4 your... the loss of the, the folks in your district is
5 of course extremely concerning and it's... we just want
6 to say that mental health first aid may not be the
7 only strategy there and we're happy to speak with you
8 to think about what a... what other ways we can help
9 support you... [cross-talk]

10 COUNCIL MEMBER DEUTSCH: Thank you...
11 [cross-talk]

12 HILLARY KUNINS: ...to meet the needs.

13 SUSAN HERMAN: A range of clinicians and
14 I would say Thrive initiative, CVAP, Crime Victim
15 Assistance Program should be talking to those
16 families and should be working with them, Thrive
17 initiative, I don't care that they know its Thrive
18 but if you need help like that we'll get you the
19 resources that they need.

20 COUNCIL MEMBER DEUTSCH: Okay, so all I
21 was asking is that when someone does go on the online
22 portal... [cross-talk]

23 SUSAN HERMAN: Yep... [cross-talk]

24 COUNCIL MEMBER DEUTSCH: ...then those
25 answers should come right away not a month later.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: And it's a suggestion...

3 [cross-talk]

4 COUNCIL MEMBER DEUTSCH: So, so that's
5 why... [cross-talk]

6 SUSAN HERMAN: ...we'll look at... [cross-
7 talk]

8 COUNCIL MEMBER DEUTSCH: ...I'm glad we're
9 here today and I had a hearing yesterday so now
10 hopefully now I'm be able to get it done. So, I just
11 want to mention that part of the 250 million dollars
12 is that from that funding does some of that funding
13 like you said you have other providers and community-
14 based organizations who you refer out... [cross-talk]

15 SUSAN HERMAN: That's in that... [cross-
16 talk]

17 COUNCIL MEMBER DEUTSCH: ...some of the
18 case... [cross-talk]

19 SUSAN HERMAN: That's in that.

20 COUNCIL MEMBER DEUTSCH: So... because
21 yesterday at the Veterans Committee there was a, a
22 non for profit who said they get phone calls from,
23 from ThriveNYC to do some mental health and I asked
24 them do you get any money from ThriveNYC and they
25 told me no, absolutely nothing.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: Well I'd like to look at
3 that, I'm not sure what kind... I'm not sure what
4 they're being asked to do by... when you say ThriveNYC
5 that's my office... [cross-talk]

6 COUNCIL MEMBER DEUTSCH: That means your
7 office... [cross-talk]

8 SUSAN HERMAN: ...or the NYC Well who's
9 referring them... [cross-talk]

10 COUNCIL MEMBER DEUTSCH: ...they told... they
11 told me... what they told me is that ThriveNYC refers a
12 case over to them like... I said how often, not often,
13 maybe once a month, so I said do you receive any
14 funding from them and they said absolutely nothing.

15 SUSAN HERMAN: I, I have a feeling that
16 what they're talking about is NYC Well refers a case
17 to them.

18 COUNCIL MEMBER DEUTSCH: Is it... is it
19 possible to get... to give us a breakdown of the 250
20 which organizations and non for profits and community
21 based get funded part of this 250 this way my office
22 knows so this way maybe we could contact them
23 directly if they're funded by, by ThriveNYC?

24 SUSAN HERMAN: Let me just say that there
25 are many community... there are many clinical providers

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 that NYC Well refers people to who don't necessarily
3 get Thrive funding that are serving... [cross-talk]

4 COUNCIL MEMBER DEUTSCH: So, but... yeah,
5 but so what is... [cross-talk]

6 SUSAN HERMAN: ...the community, they get
7 other funding... [cross-talk]

8 COUNCIL MEMBER DEUTSCH: So, what is it...
9 where is the... [cross-talk]

10 SUSAN HERMAN: ...they're serving people...
11 [cross-talk]

12 COUNCIL MEMBER DEUTSCH: ...250 million
13 dollars going to, it's two million for staffing,
14 right, you have two, two million annually for
15 staffing, right... [cross-talk]

16 SUSAN HERMAN: Now... [cross-talk]

17 COUNCIL MEMBER DEUTSCH: ...and... now so
18 where's the rest of the money?

19 SUSAN HERMAN: I think you have a
20 breakdown of which agencies have funding and if not,
21 we'll get you that but I think we distributed that to
22 you, there's a breakdown... [cross-talk]

23 COUNCIL MEMBER DEUTSCH: So, so that's
24 funded... [cross-talk]

25 SUSAN HERMAN: ...of agencies... [cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER DEUTSCH: ...strictly for
3 mental health or... [cross-talk]

4 SUSAN HERMAN: Thrive initiatives, all of
5 the Thrive initiatives... [cross-talk]

6 COUNCIL MEMBER DEUTSCH: Thrive
7 initiatives so it's 40... like 47 I think, right?

8 SUSAN HERMAN: No, there's... I think there
9 are 54 initiatives that are in the... [cross-talk]

10 COUNCIL MEMBER DEUTSCH: 54, okay...
11 [cross-talk]

12 SUSAN HERMAN: ...in the budget that you've
13 seen.

14 COUNCIL MEMBER DEUTSCH: So, that's where
15 the funding is going so it's going to other agencies
16 and... as well as non... [cross-talk]

17 SUSAN HERMAN: Who, who either use that
18 money themselves or contract out.

19 COUNCIL MEMBER DEUTSCH: And the... as well
20 as non for profits?

21 SUSAN HERMAN: Yeah, they contract out
22 with non-profits.

23 COUNCIL MEMBER DEUTSCH: And we have the
24 list, is it... [cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: I don't have the list of
3 non-profits... [cross-talk]

4 COUNCIL MEMBER DEUTSCH: Yeah, so...
5 [cross-talk]

6 SUSAN HERMAN: ...we got the list of the
7 agencies, the city agencies that manage that money.

8 COUNCIL MEMBER DEUTSCH: Yeah, so I'd
9 like to see also the non for profits this way I know
10 which non for profits... [cross-talk]

11 SUSAN HERMAN: But, but you see what I'm...
12 what I'm trying to say is that when, when somebody
13 from NYC Well and you can talk about this, when they
14 refer to an agency it doesn't mean that that agency
15 gets Thrive funding, it means that they serve people
16 with mental health problems and they already are
17 funded and set up to do that.

18 COUNCIL MEMBER DEUTSCH: Yeah, so they're
19 funded otherwise, no but I still want to know where
20 that 250 million dollars is... 248 million annually
21 because two million is for staffing so the other...
22 additional 248 million so which agencies they go...
23 they go to and which non for profits get, get funded
24 from... [cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: I understand what you're
3 saying... [cross-talk]

4 COUNCIL MEMBER DEUTSCH: ...there and what
5 the breakdown is so this way we know that exactly
6 where the money is going to because when you're
7 mentioning... when, when I go back to my, my district
8 and I say yeah, ThriveNYC 250 million dollars a year
9 they'll go crazy so I just want to know for myself,
10 I, I go crazy...

11 SUSAN HERMAN: See you're going crazy
12 because you're not counting all these things that you
13 can't see like mental health first aid.

14 COUNCIL MEMBER DEUTSCH: So, that's what
15 I'm saying, so if... [cross-talk]

16 SUSAN HERMAN: Can't say... [cross-talk]

17 COUNCIL MEMBER DEUTSCH: ...so if I see it,
18 if I know where the funding goes in as well as my
19 colleagues here then we know, we understand.. you know
20 until this day we don't understand why a bathroom in
21 a park costs three million dollars, we still don't
22 understand it but I'd like to understand this, you're
23 telling me that I could understand it so I just want
24 to know for myself this way I could better understand
25 where that funding is going and how it's being

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 utilized, that breakdown of 248 million dollars and,
3 and also when you refer someone to a non for profit
4 for example the one I spoke to yesterday that either
5 gets reached out to, to ThriveNYC or, or Well... or
6 Well... [cross-talk]

7 SUSAN HERMAN: Well... [cross-talk]

8 COUNCIL MEMBER DEUTSCH: ...I'm not sure
9 which one how do they get vetted before you send them
10 a mental health patient or someone with mental health
11 issues, how do you vet that non for profit because
12 it's a very sensitive... [cross-talk]

13 SUSAN HERMAN: Uh-huh... [cross-talk]

14 COUNCIL MEMBER DEUTSCH: ...issue...

15 SUSAN HERMAN: I'm going to ask Dr.
16 Kunins to talk... [cross-talk]

17 COUNCIL MEMBER DEUTSCH: Yeah... [cross-
18 talk]

19 SUSAN HERMAN: ...about that.

20 HILLARY KUNINS: So, I think one of... what
21 I believe you're referring to is the service NYC Well
22 which is a crisis help and referral line, we... they
23 refer to licensed treatment providers, the state
24 function is to license mental health substance use
25 providers through a certification process so that is...

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 and that ensures credentialed providers, certain
3 standards are met, typically those providers bill
4 insurance for their services and so the referral is a
5 way to connect a New Yorker who might not know where
6 to get help to a non for profit, treatment program
7 that's convenient to them; work, home, whatever and
8 so that is the connecting function of NYC Well.

9 COUNCIL MEMBER DEUTSCH: So, when someone
10 calls NYC Well does NYC Well because they received
11 the initial call, do they follow up with that...

12 [cross-talk]

13 HILLARY KUNINS: So, they offer... they
14 offer a couple of things, they offer to help make the
15 connection to connect them telephonically, they also
16 offer, gee would you like us to follow up with you to
17 see if you were able to make that appointment, so
18 there's an offer made, it's not done routinely and
19 it's only done with the person's permission. The
20 other thing I'll point out is one of the ways in
21 which ThriveNYC has enabled the expansion...

22 establishment and expansion of this service is often
23 people don't actually know what kind of help is out
24 there or they might need and so trained masters level
25 counselors who answer the phones are able to help the

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 individual calling whether it's the person who
3 themselves needs help or a friend or a family member
4 to help sort that out and advise about what might be
5 the best kind of help you need.

6 COUNCIL MEMBER DEUTSCH: So, if you call
7 3-1-1 do, they connect you to, to, to 1-800-WELL?

8 HILLARY KUNINS: I'm... I, I missed your
9 question I... [cross-talk]

10 COUNCIL MEMBER DEUTSCH: If you called..
11 if someone calls 3-1-1 do, they connect you to..
12 [cross-talk]

13 HILLARY KUNINS: Yeah, so 3-1-1 can then
14 refer to NYC Well if, if it's a mental health problem
15 that the person is calling about or has a crisis that
16 they want to get on the phone counseling about so
17 Susan's just pointing out also that sometimes the
18 phone call is enough, brief counseling, brief advice
19 is all that the person needs at that moment and that
20 service is available as well.

21 COUNCIL MEMBER DEUTSCH: So, why do you
22 give out the number 1-800-NYC-WELL when yesterday at,
23 at my hearing the... Commissioner Sutton said that
24 people who have a mental health issue might not
25 remember that especially when it comes to a crisis

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 but they should 3-1-1 so why wouldn't you just direct
3 them to 3-1-1 as opposed to giving them this number
4 which I forgot and I'll probably forget in five
5 minutes from now because I didn't write it down...

6 [cross-talk]

7 SUSAN HERMAN: You can call either one...

8 [cross-talk]

9 COUNCIL MEMBER DEUTSCH: What... no, no...

10 yeah, but why you are giving out this first number
11 when people could just call 3-1-1 because yesterday
12 when we had... I had a hearing and Commissioner Sutton
13 said it's better to give the 3-1-1 because when
14 people are in a crisis you want them to give an easy
15 number, 3-1-1 because they already know that.

16 SUSAN HERMAN: Actually, we're finding
17 that you can... you can call 3-1-1 if you're in
18 immediate crisis, if you're in immediate crisis you
19 should be calling 9-1-1, right, immediate crisis...

20 [cross-talk]

21 COUNCIL MEMBER DEUTSCH: If it's not... if
22 it's not... [cross-talk]

23 SUSAN HERMAN: ...but... [cross-talk]

24 COUNCIL MEMBER DEUTSCH: ...immediate
25 crisis and they want to call...

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: We're, we're... you know we
3 have 500,000 interactions with New Yorkers who, who
4 are remembering NYC Well and the counselors who
5 answer that phone are especially trained and as Dr.
6 Kunins said they are... they are trained to a different
7 level of expertise... [cross-talk]

8 COUNCIL MEMBER DEUTSCH: It's 24 hours,
9 right... [cross-talk]

10 SUSAN HERMAN: ...than 3-1-1... 24 hours a
11 day, they are trained, they are... they're doing not
12 only the suicide prevention work that LifeNet was
13 doing but a whole range of other kinds of problems.

14 COUNCIL MEMBER DEUTSCH: How many phone
15 calls do they... does 1-800... 1-800-NYC-WELL receive
16 annually?

17 SUSAN HERMAN: Well I think... [cross-talk]

18 HILLARY KUNINS: I didn't hear what he
19 said.

20 SUSAN HERMAN: How many phone calls
21 annually, I think we... what is it?

22 HILLARY KUNINS: So, NYC Well answered
23 200 and... more than 250 calls in, in fiscal year '18
24 so last fiscal year.

25 COUNCIL MEMBER DEUTSCH: So, 250 calls...

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 HILLARY KUNINS: Thousand...

3 SUSAN HERMAN: Thousand...

4 HILLARY KUNINS: 250 thousand... [cross-
5 talk]

6 COUNCIL MEMBER DEUTSCH: Oh... okay, wow.
7 Okay, you said... you said two... like... [cross-talk]

8 SUSAN HERMAN: You remember 250 billion,
9 you get the... get to the... [cross-talk]

10 COUNCIL MEMBER DEUTSCH: Yeah, well it's
11 not the... [cross-talk]

12 SUSAN HERMAN: ...250,000... [cross-talk]

13 COUNCIL MEMBER DEUTSCH: ...yeah... [cross-
14 talk]

15 SUSAN HERMAN: ...you know, right...

16 COUNCIL MEMBER DEUTSCH: Okay, finally
17 one last question because I want to give it over to...
18 give it back to the Chair. Does... [cross-talk]

19 CHAIRPERSON AYALA: Well it's welcome to
20 the committee...

21 COUNCIL MEMBER DEUTSCH: I have a lot
22 more, I have like three pages here, but we'll do it
23 offline. One last question, next door we have a
24 hearing on marijuana legalization... [cross-talk]

25 SUSAN HERMAN: Uh-huh... [Cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER DEUTSCH: ...I gave my
3 position there, it's on my twitter because I just
4 retweeted... [cross-talk]

5 SUSAN HERMAN: Uh-huh... [cross-talk]

6 COUNCIL MEMBER DEUTSCH: ...for the
7 reporters, I have a lot of issues there. What is
8 ThriveNYC's position regarding in legalization of
9 marijuana?

10 SUSAN HERMAN: I, I mean I'll be glad to
11 refer that to the Health Department for a health
12 analysis of it, ThriveNYC doesn't take a particular
13 position on any legislation that's different from
14 the... [cross-talk]

15 COUNCIL MEMBER DEUTSCH: So, I'll hear
16 from... [cross-talk]

17 SUSAN HERMAN: ...administration, no but
18 she's... [cross-talk]

19 COUNCIL MEMBER DEUTSCH: ...I'll, I'll hear
20 from... [cross-talk]

21 SUSAN HERMAN: ...she's not going to give a
22 legislative answer, she can tell you about the
23 scientific research around marijuana, but we are all
24 city agencies and we have one position as a city.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

1

ADDICTIONS

2

HILLARY KUNINS: I just want to mention

3

that one part of marijuana which is we are aware that

4

it can... it can produce a... it, it is associated with

5

an addiction similar to other legal substances like

6

nicotine and alcohol and as such licensed substance

7

use disorder treatment providers and prevention

8

programs which are funded through the state, Office

9

of Alcoholism and Substance Abuse services as well as

10

some of the contracts that the city Health Department

11

manages are all prepared to address and integrate the

12

care of people with a, a marijuana addiction into

13

their routine care.

14

SUSAN HERMAN: Council Member can I... we

15

can also talk more offline about your other questions

16

and I look forward to doing that but I'd like to give

17

you just one update from what I understand a question

18

that you asked yesterday which was how many veterans

19

have taken the mental health first aid that is

20

designed specifically for veterans, there were 251 of

21

them who were hosted by DVS and DVS has its own

22

trained... specifically trained trainers to offer

23

mental health first aid but there were also 218 who

24

took the mental health first aid also for vets that

25

is offered through DOHMH so we know that 469 people

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 have been trained in the vet's mental health first
3 aid, we have... we don't know how many other vets took
4 the mental health first aid that is offered in the
5 community, I imagine many as well but I just wanted...
6 [cross-talk]

7 COUNCIL MEMBER DEUTSCH: Thank you...

8 [cross-talk]

9 SUSAN HERMAN: ...to give you that fact
10 with your... [cross-talk]

11 COUNCIL MEMBER DEUTSCH: ...so, I would
12 like to expand that, you have 210,000 veterans in New
13 York City... [cross-talk]

14 SUSAN HERMAN: Uh-huh... [cross-talk]

15 COUNCIL MEMBER DEUTSCH: ...so I would like
16 to work with your office to bring in to offer the
17 mental health... [cross-talk]

18 SUSAN HERMAN: Happy to do that... [cross-
19 talk]

20 COUNCIL MEMBER DEUTSCH: ...treatment
21 because... [cross-talk]

22 SUSAN HERMAN: ...be happy to do that...
23 [cross-talk]

24

25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER DEUTSCH: ...as you know
3 veterans every day, we have across the country 20
4 suicides a day...

5 SUSAN HERMAN: Uh-huh...

6 COUNCIL MEMBER DEUTSCH: ...20 suicides a
7 day so... [cross-talk]

8 SUSAN HERMAN: Be happy to do that..
9 [cross-talk]

10 COUNCIL MEMBER DEUTSCH: Okay... [cross-
11 talk]

12 SUSAN HERMAN: ...I also want to say as you
13 know because I know this is a special interest of
14 yours that veterans are being screened for mental
15 health problems by the veterans administration at a
16 much higher rate than they used to be so veterans who
17 are experiencing significant mental health problems
18 are not only being screened but are also getting more
19 assistance than they were before, mental health first
20 aid isn't necessarily the only thing that they should
21 be... we should be looking at... [cross-talk]

22 COUNCIL MEMBER DEUTSCH: Right, it's a
23 start.

24 SUSAN HERMAN: It's a start.
25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COUNCIL MEMBER DEUTSCH: So, we have to
3 start from somewhere...

4 SUSAN HERMAN: Be happy to work with you,
5 yep.

6 COUNCIL MEMBER DEUTSCH: Okay, thank you...
7 [cross-talk]

8 SUSAN HERMAN: Yep... [cross-talk]

9 COUNCIL MEMBER DEUTSCH: ...thank you very
10 much.

11 CHAIRPERSON AYALA: Thank you Council
12 Member Deutsch. Alright, so I have some questions,
13 I'm going to go back to your testimony a little bit
14 because I, I have some questions about some of the,
15 the, the newer initiatives. So, regarding schools and
16 the mental health services that we're providing there
17 when you say mental health providers are these
18 individuals that have been trained in mental health
19 first aid, are they actual therapist... licensed
20 therapist...

21 SUSAN HERMAN: When I say mental health
22 providers, I'm talking about licensed providers...

23 [cross-talk]

24 CHAIRPERSON AYALA: Licensed... [cross-
25 talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: ...of different levels but
3 when I'm talking about providers, they have much more
4 than mental health first aid.

5 CHAIRPERSON AYALA: Okay and these
6 experts are also connecting schools to a range of
7 mental health resources, are those community-based
8 resources, do you... [cross-talk]

9 SUSAN HERMAN: Likely, likely they are,
10 yeah.

11 CHAIRPERSON AYALA: Okay. In regard to
12 the homeless shelters so we're providing services
13 there but is the same happening at the safe havens,
14 are you familiar with the safe havens?

15 SUSAN HERMAN: Yes, I am.

16 CHAIRPERSON AYALA: Are we providing
17 licensed social workers, a therapist to provide
18 services to active drug users that are currently
19 living in safe havens?

20 SUSAN HERMAN: So, so my testimony was
21 talking about how we added 312 social workers to the
22 shelter system, I know that the shelter system..
23 that's not the total that they have, that is the
24 Thrive filling in gaps again but I'm going to turn to
25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 Erin Drinkwater from DHS who's going to talk about
3 the whole picture for a minute.

4 CHAIRPERSON AYALA: You didn't think we
5 were going to call you up Erin, couldn't resist.

6 ERIN DRINKWATER: Do I need to... [cross-
7 talk]

8 COMMITTEE CLERK: Do you affirm to tell
9 the truth, the whole truth and nothing but the truth
10 in your testimony before this Committee and to
11 respond honestly to Council Member questions?

12 ERIN DRINKWATER: I do.

13 COMMITTEE CLERK: Thank you.

14 ERIN DRINKWATER: So, as Susan mentioned
15 the 312 social workers are for in our family with
16 children shelters so it does not address your
17 question in regard to the safe havens but as you're
18 aware from other hearings that we've participated in
19 DHS and this administration has made an unprecedented
20 investment in terms of looking at the provision of
21 social services across the system to ensure that we
22 are treating our clients and meeting them... meeting
23 them where they are at. To your point around the safe
24 havens which are one of our lower threshold
25 engagements with our clients, so we do have

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 additional resources there as well for clients who
3 are experiencing mental health issues and need that
4 type of assistance.

5 CHAIRPERSON AYALA: Uh-huh, do you know
6 how many safe havens we have citywide, there aren't
7 that many, I know there aren't as many as there are
8 shelters...

9 ERIN DRINKWATER: I would... I... off the top
10 of my head I don't know that number, but I can get
11 back to you.

12 CHAIRPERSON AYALA: But do you know if,
13 if, if all existing safe havens have a mental health
14 provider on site?

15 ERIN DRINKWATER: Again, I would get back
16 to you. In regard to the Thrive associated services
17 they're not associated with... [cross-talk]

18 CHAIRPERSON AYALA: Okay... [cross-talk]

19 ERIN DRINKWATER: ...the, the Thrive
20 initiative.

21 CHAIRPERSON AYALA: Okay. Alright, thank
22 you. I have a question around the maternal depression
23 because it seems like the... a lot of the focus is
24 given to new mothers and right immediately after
25 delivery...

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

SUSAN HERMAN: Before and after.

CHAIRPERSON AYALA: Is before and after so I wonder because of the... when, when I... when I had my first... my first baby who is 28 now, he's no longer a baby but when I had him I was a teenager, I was 16 years old, his father had been murdered a few months before and I remember everyone telling me how, how in love I was going to be with this little person as soon as I saw him, I was going to lock eyes with him and I was going to know no love greater than the love of a mother and a child and I remember giving birth and it being a very traumatizing experience for a 16 year old and I remember looking at my baby and there was nothing... [cross-talk]

ERIN DRINKWATER: Uh-huh... [cross-talk]

CHAIRPERSON AYALA: ...and he was really cute and I wanted to get to know him a little bit better but there was nothing and I felt so tremendously guilty about that, I still carry guilt about that, it wasn't until many years ago as an adult in college that I was reading a... it was a book, I think it's called By a Woman Born and the author describes her experiences with parenting and not always liking her children and she kind of humanized

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

1

ADDICTIONS

2 it and humanized the experiences of postpartum
3 depression and, and, and I, I... it, it really
4 alleviated a lot of the guilt that I had been
5 carrying for many years because I immediately bond... I
6 bonded, you know eventually, it took me about two
7 weeks but I, I understood since then that I was
8 probably experiencing some level of postpartum
9 depression that was probably also the, the fact that
10 I had such a traumatic experience prior to the, the,
11 the arrival of my son having contributed to that but
12 I left the hospital and there was no real after care
13 and so I wonder if it... most of us don't know that we
14 are suffering from postpartum depression until maybe
15 a few weeks sometimes a few months after delivery,
16 how are we... are... is there a way to capture and to
17 screen those, those mothers who we may not have
18 necessarily been able to, to screen properly or maybe
19 we weren't... there was no... there was no issue, right
20 at the time that they were discharged?

21 SUSAN HERMAN: We're going up to two
22 months?

23 HILLARY KUNINS: While we're getting the
24 exact answer just Council Member you are the model
25 for being willing to talk about difficult issues and

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 really raising awareness of this and, and really
3 breaking some of the stigma and I... generally 28 years
4 later overall, we are doing a better job screening.
5 In our current program which is happening both
6 health... in Health and Hospital systems as well as in
7 some of the voluntary hospitals across a total 29
8 hospital systems, we are doing screening both pre-
9 natal while the mom is pregnant and post-natal during
10 follow up and it goes up to...

11 SUSAN HERMAN: Up to six weeks. So... and
12 well-baby visits, they're doing... [cross-talk]

13 CHAIRPERSON AYALA: The well-baby visit...
14 [cross-talk]

15 SUSAN HERMAN: ...they're doing post-natal
16 screening for maternal depression.

17 CHAIRPERSON AYALA: Okay. I'm actually
18 really excited about this program.

19 SUSAN HERMAN: Yeah, me too. Yeah, me
20 too.

21 CHAIRPERSON AYALA: And I think that
22 there was one more on the older adults, it's my
23 favorite subject.

24 SUSAN HERMAN: Okay.
25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 CHAIRPERSON AYALA: I was a senior center
3 director for many years and I actually interned at
4 Bronx Community College with a program called Project
5 SOS which was a homebound program and a lot of the
6 seniors that I was responsible for visiting suffered
7 from sort of mental health... [cross-talk]

8 SUSAN HERMAN: Uh-huh... [cross-talk]

9 CHAIRPERSON AYALA: ...issue and so I was
10 very fortunate in that I was trained with, you know
11 social workers who had masters degrees and whose
12 livelihood, you know depended on... revolved around
13 this type of work and so when I started working at
14 the local senior center as a... as an intake worker of
15 case assistance I was pretty able to identify
16 symptoms and some of them were pretty evident, right,
17 like the, the lady that stood in front of the, the...
18 you know in the middle of traffic every morning
19 blessing all of the vehicles as they came by, there
20 was a woman who dressed all in black and had carried
21 this humongous cross who had, you know suffered a
22 tremendous loss in her family, her husband and her
23 children had been murdered and everybody was, you
24 know afraid of her but she was suffering from some
25 sort of post-traumatic stress... [cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: Uh-huh... [cross-talk]

3 CHAIRPERSON AYALA: ...there was the, the
4 woman who was convinced that her next door neighbor
5 who was a drug dealer was, you know coming into her
6 home while she was there with a master key and
7 injecting her every night with HIV and, and, and we
8 were not doing anything to address that and it was
9 very eye opening but also very sad for me to, to
10 realize that we really were not equipped with the
11 resources necessary to adequately identify and refer
12 these individuals. In Manhattan specifically in my
13 district we're very fortunate because we have the
14 SPOP program... [cross-talk]

15 SUSAN HERMAN: Uh-huh... [cross-talk]

16 CHAIRPERSON AYALA: ...so when I heard that
17 through Thrive there were 25 new social workers that
18 had been introduced to senior center settings I was
19 very excited about that and then after reading the
20 information I think there was a, a published report
21 through DOHMH that, that correlated the need for
22 mental health services specifically in communities of
23 color and communities of extreme poverty then I was
24 even more excited because I knew that that was my
25 community. I have one senior center I believe Covello

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 Senior Center might be the recipient of one of those
3 workers but in the South Bronx where I... you know I
4 represent the, the poorest congressional district and
5 we're, we're lacking in resources it was very
6 difficult for me to even get through initiative
7 funding a program that will come out and provide a
8 direct service and so I wonder how... what was the
9 process for identifying these 25 sites and was there
10 like a criteria that had be, be met in order to
11 qualify?

12 SUSAN HERMAN: So, the, the, the process
13 of identifying those sites as... is similar to the
14 process of identifying any organization that we work
15 with, sometimes there's an RFP process but we
16 generally... we follow the city's rules, the
17 procurement rules, the contracting rules and when
18 appropriate an RFP process so we can look at anything
19 in particular that you want to look at but we can
20 tell you the process for anyone of these initiatives,
21 how the vendors were selected and, and what we'll be
22 doing going forward. I look... I want to... just for a
23 second, I'm sorry, it's a, a tangent but I want to
24 correct or add to the answer that I gave you about
25 the screenings, I think that we're talking about up

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

1

ADDICTIONS

2

to six weeks in the entire collaborative but H and H

3

hospitals are also screening up to two years in H and

4

H pediatric visits so that's a... that's a really good

5

thing for the maternal depression... [cross-talk]

6

CHAIRPERSON AYALA: That is a really good

7

thing... [cross-talk]

8

SUSAN HERMAN: ...program. In terms of the,

9

the seniors though let's go back, I want to be clear

10

they needed to have the space to do the work in the

11

senior centers, they didn't have prior services that

12

we were building on, we wanted to be really creating

13

work that wasn't there already and they had to have

14

an interest and they had to have a need that they

15

demonstrated. We, we talked about two different kinds

16

of programs though in my testimony and one was the

17

senior center work where we have a clinician and the

18

other was maybe comparable to what you were doing but

19

even more community member, visiting homebound

20

seniors that are particularly at risk for social

21

isolation that leads to depression, right, so they

22

may or may not be suffering from it at the moment but

23

they are at risk, all those volunteers are trained

24

not only to be just engaging those seniors but when

25

they see signs that somebody needs more sophisticated

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 level of help they're referring them back to the
3 Department for the Aging to connect them with those
4 services so we are in places, we're also in people's
5 homes.

6 CHAIRPERSON AYALA: Yeah, I'm, I'm always
7 really just concerned about how, how these
8 individuals are accessing that, that, that help, how
9 they're being connected to these services because it
10 isn't... you know it, it isn't... it's, it's difficult
11 when you are working in an under resourced program
12 such as, you know many of our senior centers are and
13 things that happen so quickly and you're multitasking
14 to really, you know have the, the ability to measure,
15 right, is this like... is this a consistent pattern, is
16 this normal behavior in this individual... [cross-talk]

17 SUSAN HERMAN: Uh-huh... [cross-talk]

18 CHAIRPERSON AYALA: ...something seems, you
19 know to be off... [cross-talk]

20 SUSAN HERMAN: Uh-huh... [cross-talk]

21 CHAIRPERSON AYALA: ...and often times like
22 I, I, I'll tell you have a... I had a client who I
23 still visit, you know my local senior centers quite
24 regularly and they know me because they've seen me,
25 you know grow up and I, I had a senior who was... there

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

1

ADDICTIONS

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was a couple her... she was the caregiver and

3

eventually, you know she became... she, she had a, a...

4

she came down with... she didn't come down with, she

5

was diagnosed with advanced dementia and so now the

6

husband who was very ill became the caregiver for her

7

but the, the, the senior center wasn't really dealing

8

with that and they didn't know what to do with her

9

and so... which is why I'm, I'm... you know introducing

10

legislation, I've introduced legislation to require

11

that all intake workers at senior center settings are

12

trained in mental health first aid because I think

13

that identifying is, you know the first step... [cross-

14

talk]

15

SUSAN HERMAN: Uh-huh... [cross-talk]

16

CHAIRPERSON AYALA: ...and then, you know

17

referring obviously is critical but who are we

18

referring to and in a community like the South Bronx

19

where we are lacking in, in, in services I can't... I

20

cannot depend on referral-based programming because I

21

don't know, there's no guarantee and there's no

22

metrics to measure whether a person actually was

23

connected or not.

24

SUSAN HERMAN: I think... I think that

25

mental health first aid is successfully helping

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 people feel more confident making those kinds of
3 referrals, engaging people in those conversations and
4 making appropriate referrals.

5 CHAIRPERSON AYALA: Understood. See I
6 wasn't going to have this question next but because
7 you, you mentioned that most of the programs are
8 selected through an RFP process... [cross-talk]

9 SUSAN HERMAN: No, some RFP, some through
10 standard procurement... [cross-talk]

11 CHAIRPERSON AYALA: Okay... [cross-talk]

12 SUSAN HERMAN: ...processes and some
13 through our contracting... [cross-talk]

14 CHAIRPERSON AYALA: So, that's what I
15 wanted to kind of understand is how the, the, the
16 community partners identified, vetted or selected for
17 the contracts, is that...

18 SUSAN HERMAN: It's those ways; standard,
19 city procurement methods.

20 CHAIRPERSON AYALA: Okay. Could you... so,
21 we're going to... I, I want to go into the, the budget
22 a little bit, could you explain what the OMB budget
23 codes for ThriveNYC programs are other than Thrive
24 mental health first, Thrive mental health services
25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 corps and ThriveNYC Well call center, is there like
3 some clarification... [cross-talk]

4 SUSAN HERMAN: I'm sorry, you're asking
5 for the budget for those particular programs?

6 CHAIRPERSON AYALA: The, the budget codes
7 for... [cross-talk]

8 SUSAN HERMAN: The budget codes I don't
9 know what the OMB budget codes are.

10 CHAIRPERSON AYALA: These are budget
11 codes, right and they, they... I don't... and I'm not...
12 I'm not the, the... I'm not the, the finance... [cross-
13 talk]

14 SUSAN HERMAN: Yeah... [cross-talk]

15 CHAIRPERSON AYALA: ...specialist here but
16 I am told that if you look up by code in the city
17 budget it'll give you a breakdown of what exactly...
18 how much money has been allotted per agency and for
19 what services but they're... when we... when... [cross-
20 talk]

21 SUSAN HERMAN: I can... I can give you a
22 breakdown... [cross-talk]

23 CHAIRPERSON AYALA: Could you... [cross-
24 talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: ...of how much money... I, I
3 don't know the budget codes, I can give you a
4 breakdown of how much Thrive money went to which city
5 agency.

6 CHAIRPERSON AYALA: Okay, do you think
7 that we can get that information... [cross-talk]

8 SUSAN HERMAN: I think you already...
9 [cross-talk]

10 CHAIRPERSON AYALA: ...prior to the..
11 [cross-talk]

12 SUSAN HERMAN: ...have it actually but we
13 can... some of you got it and some of you don't but I
14 don't know what the budget codes are.

15 CHAIRPERSON AYALA: Okay, but we, we will
16 be getting a breakdown?

17 SUSAN HERMAN: Yeah, I don't believe that
18 in most city agencies there's a separate budget code
19 for Thrive, I can tell you how much money went to
20 them.

21 CHAIRPERSON AYALA: There, there are,
22 there are actually ten that are listed that are
23 specific to Thrive on the budget.

24 SUSAN HERMAN: I'll, I'll look... let's...
25 [cross-talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 CHAIRPERSON AYALA: Okay... [cross-talk]

3 SUSAN HERMAN: ...talk about this... [cross-
4 talk]

5 CHAIRPERSON AYALA: Okay. Is there any
6 detailed delineation between that new funding and
7 existing funding, this is all... I mean I'm sure that
8 some of it you may have to get back to us on but...
9 [cross-talk]

10 SUSAN HERMAN: Yeah, yeah, as... I think we
11 will... if you want a breakdown of what was new as of
12 2016... [cross-talk]

13 CHAIRPERSON AYALA: Yes... [cross-talk]

14 SUSAN HERMAN: As of 2016 and what pre-
15 existed we can tell you that.

16 CHAIRPERSON AYALA: And could you tell us
17 who oversees the budget, who's the, the point person
18 to ensure that the funding is being used
19 appropriately?

20 SUSAN HERMAN: So, this is... [cross-talk]

21 HILLARY KUNINS: At all... [cross-talk]

22 CHAIRPERSON AYALA: The new office?

23 SUSAN HERMAN: Budget oversight is it's a
24 collaborative process, it's OMB, it's the ThriveNYC
25 office.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 CHAIRPERSON AYALA: Okay...

3 SUSAN HERMAN: The agencies themselves
4 they have great ownership over it.

5 CHAIRPERSON AYALA: So, you mentioned
6 that in the... and again this is also part of the
7 budget, you mentioned that there were 25 ThriveNYC
8 staffers but in the budget we only... [cross-talk]

9 SUSAN HERMAN: 21... [cross-talk]

10 CHAIRPERSON AYALA: ...see... 21, sorry...
11 [cross-talk]

12 SUSAN HERMAN: 21...

13 CHAIRPERSON AYALA: But there are... but,
14 but the budget only reflects two, are these new hires
15 or are these just haven't... [cross-talk]

16 SUSAN HERMAN: So... [cross-talk]

17 CHAIRPERSON AYALA: ...been updated?

18 SUSAN HERMAN: So, the Thrive team is
19 being folded into the new ThriveNYC office, the
20 Mayoral office of ThriveNYC and everybody who was on...
21 technically on the Deputy Mayor Thompson's staff is
22 being moved over and we will... they will report to me
23 and they will... I ultimately report to Deputy Mayor
24 Fuleihan.

25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 CHAIRPERSON AYALA: So, under the new
3 office there's an umbrella under, under your umbrella
4 you would have 21?

5 SUSAN HERMAN: That's what I have now.

6 CHAIRPERSON AYALA: That's what you have
7 now, is there a plan to grow?

8 SUSAN HERMAN: Yes.

9 CHAIRPERSON AYALA: Do you know... [cross-
10 talk]

11 SUSAN HERMAN: No.

12 CHAIRPERSON AYALA: ...how much... okay.
13 Okay, I had to ask. I had to ask. Alright, so in, in
14 your testimony you mentioned that ThriveNYC is
15 working with over 20 agencies however, the chapter
16 that provides metrics in the Mayor's Management
17 report only includes 13... [cross-talk]

18 SUSAN HERMAN: Uh-huh... [cross-talk]

19 CHAIRPERSON AYALA: ...do you know why some
20 would be missing and how do you decide what the
21 metrics are for each agency staff or mayoral staff
22 or...

23 SUSAN HERMAN: So, the mental health
24 counsel which is overseen by my office has over 20
25 agencies in that counsel, doesn't mean that every

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

1

ADDICTIONS

2 single agency on that counsel has a designated Thrive
3 initiative it means that all of them have been
4 encouraged to do work that both promotes mental
5 health within their employees, within city
6 government, promotes mental health generally in their
7 work. We're trying to get across a notion that across
8 every city agency all relevant city agencies we
9 should be thinking about mental health in all the
10 work that we do. so, that's why some of them are not
11 in there because they don't have specifically funded
12 Thrive initiatives that doesn't mean they're not
13 doing work that promotes mental health or they're
14 thinking about providing mental health support in a
15 new way.

16 CHAIRPERSON AYALA: And then how do we...
17 how do we create a, a point of clarity because I
18 think that that's where the confusion lies, right
19 because they're not included in the metrics... in the...
20 in the documents but you, you count them as part of
21 the Thrive initiatives so I think that's where people
22 kind of get... [cross-talk]

23 SUSAN HERMAN: It doesn't mean they get
24 funding... [cross-talk]

25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 CHAIRPERSON AYALA: ...confused, they
3 don't... [cross-talk]

4 SUSAN HERMAN: ...there are a lot of people
5 doing work... [cross-talk]

6 CHAIRPERSON AYALA: But even if that was...
7 even if that was the explained I think that that is
8 either... [cross-talk]

9 SUSAN HERMAN: But they wouldn't have a
10 budget code, I mean you're, you're... [cross-talk]

11 CHAIRPERSON AYALA: Yeah... [cross-talk]

12 SUSAN HERMAN: ...looking at a budget code
13 and asking me why don't we have 20 agencies, 20
14 agencies don't get funding.

15 CHAIRPERSON AYALA: I, I understand that
16 but I think that that's where the... why some of the
17 members are confused is because they don't see it
18 and... right and so you need to... even if I see that
19 it's... it... that there's a zero, you know attached I
20 know that this program is being counted as part of
21 the Thrive, you know... [cross-talk]

22 SUSAN HERMAN: See, whet's, what's,
23 what's challenging about this is we're not creating
24 widgets, right, we're not... it's not a factory and we
25 can't say we, we made X number of widgets this year

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 and now we have 20 agencies making Y number of
3 widgets, some of this is work that we hope through
4 conversations for instance that the mental health
5 counsel that we are encouraging and promoting the
6 work of agencies to do things on their own, I hope
7 that there's a lot of work being done in agencies
8 that continues to grow and that I don't actually have
9 to know everything about it, I'd like to know more
10 about what agencies are doing and that's what we talk
11 about in the mental health counsel because I've been
12 a part of it for the last several years but I, I... on
13 my way out of the police department I saw, saw pieces
14 of information that were given to police officers
15 that had resources, places for them to call, talk to
16 POPPA, the internal agency if you're suffering from a
17 particular problem, you have personal issues, you
18 want to talk to somebody and it had the name of
19 POPPA, it had the name of various helplines and there
20 it was NYC Well and I thought okay, does the
21 ThriveNYC office know about that, no, am I glad the
22 police department's doing it, absolutely. So, when we
23 say it's hard for the counsel to wrap your arms
24 around it it's because we are encouraging a lot of
25 independent work and not requiring branding every

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 time somebody does something that either is directly
3 related to Thrive or is just... has been fostered by
4 the conversation that's going on across city
5 government, this is a mark of success as far as I'm
6 concerned.

7 CHAIRPERSON AYALA: I... [cross-talk]

8 SUSAN HERMAN: I understand why it's hard
9 to get your arms around it but it... in part it's a
10 mark of success.

11 CHAIRPERSON AYALA: So, how do you decide
12 what gets called a Thrive initiative and what is just
13 an agency mental health project but isn't Thrive, who
14 makes that decision, I know... you're... I know that this
15 is a new role now, is that... [cross-talk]

16 SUSAN HERMAN: Yeah... [cross-talk]

17 CHAIRPERSON AYALA: ...something that...
18 [cross-talk]

19 SUSAN HERMAN: So, so in week three on
20 the job I can say that we're... [cross-talk]

21 CHAIRPERSON AYALA: Congratulations...
22 [cross-talk]

23 SUSAN HERMAN: ...looking at that, we're
24 looking at it.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 CHAIRPERSON AYALA: Okay, I appreciate
3 it. I have one final question and I don't know if Bob
4 has anything else to add but I just... I wonder and I
5 think that this is going to... we're going to have this
6 conversation several times, how does Thrive outlive
7 this administration, how do we continue this work
8 beyond the First Lady?

9 SUSAN HERMAN: Well it is certainly grown
10 already way beyond the First Lady because we've just
11 now taken a big step in that direction by
12 institutionalizing the central role of Thrive into a
13 mayoral office of Thrive that reports directly to the
14 First Deputy Mayor. Mayor De Blasio has embraced
15 ThriveNYC as one of his top priorities, I think we
16 demonstrate the success of Thrive, we, we help
17 Council Members understand where it is and that you
18 are seeing it you just don't necessarily know it's
19 Thrive all the time, maybe we need to get jackets
20 that say Thrive I don't know but I do think that we
21 demonstrate the success of the initiatives and we
22 work towards sustainability over the next few years
23 and that's a conversation between our office and the
24 City Council and I really do look forward to having
25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 them, we need to be looking about... looking to
3 sustainability now.

4 CHAIRPERSON AYALA: I, I agree, I'm, I'm
5 really concerned that beyond the new initiatives that
6 those that are considered unfunded mandates if you
7 will would not necessarily be the next
8 administration's... you know on, on their list of
9 priorities and so I would love to be able to work to
10 ensure that some of that work is kind of codified
11 which is why I'm working on the, the Aging... [cross-
12 talk]

13 SUSAN HERMAN: Yeah... [cross-talk]

14 CHAIRPERSON AYALA: ...but even then, I
15 can... I can... I can put in a mandate that require that,
16 you know intake workers or case workers at senior
17 centers be trained but where is the funding going to
18 come if we lose the funding for the mental health
19 train... you know first aid training... [cross-talk]

20 SUSAN HERMAN: Uh-huh... [cross-talk]

21 CHAIRPERSON AYALA: ...because it hasn't
22 been codified, you know or you know included as part
23 of the, the, the official budget.

24 SUSAN HERMAN: Okay, so we, we have an
25 executive order for the mental health counsel which

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 is a step in the right direction, it means that there
3 is a body that convenes regularly that's in an
4 executive order that is... it's goal is to promote
5 mental health and creative and innovative ideas
6 across city agencies, that's a step in the right
7 direction, having an office of ThriveNYC is another
8 way of ensuring that there at the mayoral level, at
9 the City Hall level we're looking to make sure that
10 these policies are promoted citywide.

11 CHAIRPERSON AYALA: Would, would you... I
12 lied that that was my last question, I'm sorry, would
13 you think that it would be helpful to have an
14 official Thrive Coordinator at each agency?

15 SUSAN HERMAN: It's worth thinking about,
16 I think each, each agency, I don't know that they
17 need a Thrive coordinator, but we need to know who's
18 thinking about it, it might be lots of people.

19 CHAIRPERSON AYALA: And are the Thrive
20 agencies so that I understand because of the
21 announcement, it was announced that it would be
22 headed by Susan and... [cross-talk]

23 SUSAN HERMAN: That's me... [cross-talk]

24

25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 CHAIRPERSON AYALA: ...by Dr. Belkin but I
3 believe that... was there a change, is it now Hillary..
4 [cross-talk]

5 SUSAN HERMAN: Dr. Belkin is a key player
6 at... [cross-talk]

7 CHAIRPERSON AYALA: Okay... [cross-talk]

8 SUSAN HERMAN: ...at ThriveNYC, he's the
9 Chief of Strategy and Policy or Policy and Strategy
10 but I'm the head of the... [cross-talk]

11 CHAIRPERSON AYALA: Okay... [cross-talk]

12 SUSAN HERMAN: ...office.

13 CHAIRPERSON AYALA: I got... I, I thought
14 that there was some confusion somebody mentioned that
15 maybe... that Hillary was now going to be the new Dr.
16 Belkin at... [cross-talk]

17 SUSAN HERMAN: Hillary is the new..
18 [cross-talk]

19 CHAIRPERSON AYALA: ...the new office..
20 [cross-talk]

21 SUSAN HERMAN: ...Dr. Belkin at the
22 Department of Health and... [cross-talk]

23 CHAIRPERSON AYALA: At the Department of
24 Health... [cross-talk]

25

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 SUSAN HERMAN: ...Mental Hygiene but she's
3 actually not the new Dr. Belkin she's the Executive...
4 [cross-talk]

5 CHAIRPERSON AYALA: Hillary, Hillary...
6 [cross-talk]

7 SUSAN HERMAN: ...Deputy Commissioner,
8 right, right.

9 CHAIRPERSON AYALA: Okay, thank you guys
10 so much, this was... [cross-talk]

11 SUSAN HERMAN: Thank you... [cross-talk]

12 CHAIRPERSON AYALA: ...very informative,
13 thank you, have a nice day and we will now call our
14 first panel. It was really nice seeing you Dr.
15 Belkin. Patrick Joseph; Maureen Curtis; Jason
16 Lippman; Colleen King; Dawn Yuster. Okay, let's
17 settle down. I know it's been a long day, sorry about
18 that guys. Okay, we're going to start with Patrick
19 Joseph and then we're going to work our way...

20 PATRICK JOSEPH: Great. Thank you. The
21 testimony I'm reading is on behalf of the Manhattan
22 Borough President, Gale Brewer. So, when it says I
23 it, it, it's Gale not, not me. Good afternoon Chair
24 Ayala and members of the Committee on Mental Health,
25 Disabilities and Addiction. I am Patrick not... it says

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 Gale but I'm, I'm Patrick. Thank you for the
3 opportunity to testify about ThriveNYC. I am here
4 today to offer my support of the ThriveNYC action
5 plan to change the way our city thinks about mental
6 health as, as well as offer my input on how the plan
7 can be improved. As many of you know, I am a long-
8 time advocate for improving mental health services in
9 New York City, especially when it comes to schools.
10 Since New York City schools serve more than one
11 million students, at least 180 days per year, school
12 based mental health services should be an essential
13 part of any systemic effort to educate the whole
14 child. One component of ThriveNYC action plan
15 recognizes this logic in creating the school mental
16 health consultant program for schools without on site
17 mental health services. It's my understanding that
18 each of these consultants, some of whom may be social
19 workers, are tasked with facilitating mental health
20 consulting at ten schools. I support the intention of
21 trying to expand access; however, this ratio is
22 tremendously overwhelming, and I believe the city of
23 New York can and should do more to address the mental
24 health needs of students and their families. The
25 primary method for improving services should be

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

increasing the number of licensed social workers in schools. While consultants and coordinators may be helpful in connecting families with resources, there is simply no substitute for professionally delivered... 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 New York City Schools," one of the key findings was that New York City Department of Education social workers have overwhelming caseloads and are stretched far too thin. In fact, we found that there was a ratio of just one social worker to every 800 students in the borough of Manhattan. That ratio was far below the recommended one to 250 ratio suggested by the National Association of Social Workers. For the sake of time I'm going to skip... you sure? Okay. The, the dearth of social workers in schools is a critical issue that needs immediate attention. Recent data on New York City schools

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 suggests a great need for radical improvements in
3 mental health services for students. Last year, the
4 Times reported that one in every ten students in New
5 York City sleeps in temporary housing. Based on the
6 Department of Education's Demographic Snapshot Data,
7 the percentage of students facing economic hardship
8 is over 70 percent. According to the most recent
9 NYCDOE Student Survey results, bullying remains
10 pervasive. Eighty two percent of students who were
11 surveyed in 201e7 reported that students harassed,
12 bullied, or intimidated others in schools, that's 17
13 percent higher than in 2012. In addition, suspensions
14 and removals topped 46,000 during the 2016/17 school
15 year. If the NASW's suggest, suggested ratio is met,
16 New York City schools will make great strides in
17 supporting youth and families. By increasing the
18 ratio of social workers, we can expect suspension
19 rates, arrests, and summonses in schools to decrease.
20 Conversely, we can also expect increased attendance,
21 student morale and academic performance as school
22 climate improves and mental health needs are met.
23 Even though it is a critical need, I understand that
24 meeting the one to 250 service ratio will take time
25 and considerable resources. As a matter of the fiscal

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 year... as a... as part of the fiscal year '20 executive
3 budget, the city should commit to establishing a
4 floor of school based mental health services by
5 funding at least one social worker in every public
6 school to work directly with students. There are also
7 several other steps that ThriveNYC can take in
8 coordination with the New York City Department of
9 Education in order to improve mental health services
10 for students. So, community schools. restructuring
11 the community school funding is critical for
12 improving mental health supports. Whereas the
13 community school model is typically oriented around
14 providing social and emotional supports for students,
15 the independent budget office found that in the
16 2018/2019 school year most community school funding
17 in New York City was actually allocated for academic
18 services, that was 118 million dollars while only
19 18.4 million was allocated for health, mental health,
20 counseling, and dental care. The funding distribution
21 must change. New York City students deserve community
22 schools that prioritize the right supports for their
23 needs. Social work graduate school students. The DOE
24 should rethink how social work graduate school
25 interns can play a role in supporting more students.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

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 those graduate students... graduate school interns who need the clinical practice would also be engaged for future careers in school based or youth based mental health services. Response to crisis reform. Stop the practice, we, we must stop the practice of relying on school safety agents to respond to in school mental health crisis. According to the NYPD's 2018 SSA report for school data, 32 percent 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. School based mental health prevention and intervention program for high needs schools or the SMHPIP. The DOE should increase, or we should increase the NYCDEO Office of School Health funding for the SMHPIP so that high needs schools can afford the services of full-time social workers provided by

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

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quality service providers. SMHPIP currently has

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maximum reimbursement of 90 dollars per student with

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a cap rate of 157,751 per school per year. So, for a

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school with 500 students the... students this means the

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maximum reimbursement would be 45,000 dollars which

7

is less than the average salary of social workers in

8

New York City and of course the short fall was

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greater for schools with fewer students. So, if

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ThriveNYC is able to successfully implement these

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recommendations I'm confident that more than one

12

million students attending public schools will have

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greatly improved socio, emotional supports and better

14

access to the resources they need to live and thrive

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in New York City. Thank you to Chair Ayala for

16

convening us here to discuss this most important

17

issue. Thank you to the First Lady Chirlane McCray

18

for her leadership in this work and I hope that we

19

can all continue to work together to further the goal

20

of providing appropriate, culturally responsive

21

social and emotional support for every child in New

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York City. Thank you.

23

CHAIRPERSON AYALA: Thank you. I just

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want to remind everybody that we do have the written

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testimony so if we could maybe summarize it a little

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

bit because some of them are a little bit longer than three minutes that would be great, thank you. okay, so we're going to go this way and then we're going to come back to you because you got in last, alright? I think we were... we were going to go Patrick and then this way so... yeah, go ahead.

JASON LIPPMAN: Good after... good

afternoon Chairperson Ayala and distinguished members of the Committee. Thank you for the opportunity to testify at today's hearing. My name is Jason Lippman and I am the Executive Vice president of the Coalition for Behavioral Health. The coalition is a true partner with the city as we continue to work with ThriveNYC to enhance partnerships with community providers and address gaps in the behavioral health service system. Our members participate in Thrive programs, including the Mental Health Service Corp, New York City Well and other programs. Additionally, the coalition offers our own mental first aid trainings through our robust training department. Moving forward community-based providers should be fully engaged by Thrive as much as possible to better inform policy decisions and ensure access to services and outcomes data and benchmarks for ThriveNYC

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

programs need to be more fully established or made more readily available to better assess for program planning that supports a healthy life cycle for children to aging adults. Regarding children's behavioral health services, in January of this year, New York State began to implement a broad reform of the children's behavioral health system to improve access for children and their families and to streamline the evaluation and diagnosis process. It provides enhanced start up rates for the providers in transition which will cover the cost of services however, it does not offset expenses incurred by providers for delays in the transition or the required health information technology needs that is required which can get fairly expensive. This is an area where the city and the coalition can work together to support the children's behavioral health providers in the city that are in the midst of this overhaul. For old, older adults who are living longer and with less family care giver support available too many behavioral health services for older adults are tied to place and time. There is a great need for more in-home services to reach people where they are and access to services outside of standard office

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

hours. In addition, adequate responsiveness to crisis episodes is also important. Furthermore, funding models need to be adapted. For example, dually eligible adults that's adults that are eligible for both Medicaid and Medicare are excluded from many programs and services just because there's not a funding mechanism established to pay for it. This is another area that needs focus. With regards to the behavioral health workforce, behavioral health providers continue to face significant workforce recruitment and retention challenges including high turnover rates. In a study that was conducted by the coalition and a group of statewide behavioral health associations, 42 percent... there's a 42 percent turnover in New York City and a 20 percent vacancy rate that is... that is pretty significant numbers. There... they also face challenges regarding licenses and... of practice issues as well as only being able to offer non-competitive wages. Without an adequate work... and adequately funded workforce waiting lists and burn out will persist impacting access to services. We look forward to continuing our partnership with the City Council and ThriveNYC.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 Thank you for your time and interest and I'm happy to
3 answer any questions that you may have.

4 CHAIRPERSON AYALA: Thank you.

5 DAWN YUSTER: Good afternoon. My name is
6 Dawn Yuster, I am Advocates for Children of New
7 York's Director of School Justice Project which
8 focuses on helping students excluded from school due
9 to unaddressed emotional behavioral and mental health
10 needs. AFC values the significant investment that
11 this city has made through Thrive New York City in
12 building awareness around mental health issues.
13 However, there continues to be a gap in access to
14 direct mental health services and behavior supports
15 for the students who need help the most, students
16 with significant mental health needs. Week after
17 week, AFC and others advocates get calls from parents
18 of students with significant mental health issues who
19 are not getting the targeted interventions and
20 services they need in school and instead are removed
21 from class, suspended, handcuffed, arrested and
22 unnecessarily transported by EMS to a hospital. This
23 breaks my heart as a lawyer and an advocate and also
24 as an individual with significant psychiatric
25 conditions myself. I know firsthand the trauma from

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

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... and the data illustrates that this is still happening. For example, according to New York Student Safety Act data in the 2017 to 18 school year, NYPD interventions involving students in emotional distress sent to the hospital for psychiatric evaluation increased by more than 31 percent from the prior year and the NYPD continued to handcuff children in emotional distress including some as young as six years old. Also, students with disabilities comprised about 20, 20 percent of the student population, but nearly half of the students removed from class were suspended multiple times were students with disabilities. At the launch of Thrive New York City three years ago, a Thrive New York City white paper described a key problem throughout the

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 city; "people are not connected to the right care
3 when they need it." Three years later, this problem
4 remains for students with significant mental health
5 challenges. For the vast majority of students with
6 considerable mental health needs who do not attend
7 community schools with mental health programs or
8 schools with mental health clinics, Thrive New York
9 City is failing them. Instead of using Thrive New
10 York City funding for clinically trained mental
11 health professionals to work directly with students
12 in schools to prevent and address emotional crisis,
13 funding is going to the school mental health
14 consultant program and the 100 schools project which
15 focus on assessing school needs instead of assessing
16 student needs and training school staff to increase
17 student referrals to mental health supports outside
18 of school instead of providing direct mental health
19 services to students who need them in school. Despite
20 their... despite their qualification as licensed
21 clinical social workers, school mental health
22 consultants do not provide assessments and evidence-
23 based treatments to students in school. We urge
24 administration and request the City Council's support
25 in pressing the administration to provide funding to

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 implement recommendations in the Mayor's leadership
3 team on school climate and discipline to expand
4 mental health supports for students by first
5 investing in a mental health continuum to provide
6 direct services to students with significant mental
7 health needs in high needs schools so they can remain
8 in school supported in learning. We recommend that
9 the fiscal year 2020 budget include and baseline at
10 least 15 million per year to launch and sustain a
11 mental health continuum involving school partnerships
12 with hospital based mental health clinics, call in
13 centers and school response teams to help 100 high
14 needs schools with students in crisis. We also
15 recommend that the fiscal year 2020 budget include at
16 least 20 million to add 150 full time social workers
17 for high needs schools as well as supervising social
18 workers to move the city to phase in a plan that will
19 provide at least one full time social worker for
20 every 250 students. Unlike decades ago when I was a
21 child, there are now evidence based mental health
22 treatments that can help students directly in school.
23 Now is the time for the city to make a real
24 difference by investing the resources to deliver
25 these critical services to the students most in need.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 Thank you so much for the opportunity to testify, I'd
3 be happy to answer any questions.

4 CHAIRPERSON AYALA: Thank you.

5 COLLEEN KING: Hello, my name is Colleen
6 King and I'm a Senior Staff Attorney in the Mental
7 Health Team at Brooklyn Defender Services. I'd like
8 to thank the Committee and Chair Ayala for this
9 opportunity to testify today regarding ThriveNYC. As
10 a Senior Staff Attorney in the Mental Health Team, I
11 represent indigent Brooklyn residents with serious
12 mental illness in Brooklyn mental court, competency
13 proceedings, hearings and regular court appearances.
14 It is our team's mission to ensure that these clients
15 receive quality legal representation and also the
16 best care and treatment possible for their mental
17 health. We applaud the mission and intention of
18 ThriveNYC, we recognize there's a continued need for
19 additional services for New Yorkers living with
20 serious mental illness, who are living in poverty and
21 involved in the criminal legal system. For too long
22 the city has relied on policing and jails to address
23 the needs of mental illness and substance abuse.
24 Individuals experiencing a mental health crisis are
25 more likely to be engaged by police than mental

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

1

ADDICTIONS

2 health professionals. Jails and prisons have become
3 the largest provider of mental health care, New York
4 City is no exception, jails are not a therapeutic
5 environment for providing mental health care for New
6 Yorkers. In my limited time I'd like to offer the
7 following recommendations to strengthen ThriveNYC to
8 meet the needs of court involved New Yorkers living
9 with mental illness. First of all we have found
10 little change in our client's ability to access
11 mental and behavioral services since the rollout of
12 ThriveNYC. We ask the Council to continue to fund
13 more ACT teams, we have found that since.. in the past
14 three years there has been a longer waiting list for
15 ACT teams and for FACT teams, the forensic ACT teams.
16 We've also found that there's been high turnover on
17 some of the ACT teams that we directly have clients
18 participating in. The residential programs are
19 improving but there are still sub-populations that
20 cannot access them, these include persons with arson
21 and persons with recent suicide attempts. We
22 absolutely need more crisis beds, the crisis bed
23 center that is frequently used is actually a detox
24 center and they don't hold beds for individuals who
25 need an alternative to incarceration. The majority of

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

the beds are for individuals who are homeless not those who are incarcerated. 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 meeting... mediating a concern with a family member. We are aware of the respite centers and I have actually had success with several clients being afforded respite, however, you must have an address to return to, so the respite centers are also limiting. We recommend funding to increase the number of mobile crisis units citywide. Families of person's living with mental illness often feel they have nowhere to turn when their loved ones are in the midst of a mental health crisis. The mobile crisis also takes up to 48 hours to access the individuals and most families can't wait that long, the person is in immediate crisis. Finally, we also desperately need more housing for persons with serious mental illness who don't have substance abuse. The HRA 2010E does not work for forensic populations and they have basically been shut out of accessing OMH housing when they are incarcerated. We recommend setting up residents specifically for

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 forensically mentally ill clients. We thank the
3 Council for the continued attention to the challenges
4 New Yorkers with mental illness face. We believe an
5 expansion of ThriveNYC that targets the needs of
6 those with serious mental illness could help avoid
7 many unnecessary arrests. Thank you.

8 CHAIRPERSON AYALA: Thank you.

9 MAUREEN CURTIS: Thank you. Thank you for
10 the opportunity to testify, testify before you today.
11 my name is Maureen Curtis and I'm the Vice President
12 of the Criminal Justice Program for Safe Horizon.
13 Safe Horizon is the nation's leading victim services
14 agency and New York City's largest provider of
15 services for victims of crime and abuse. Our mission
16 is to provide support, prevent violence and promote
17 justice for victims of crime and abuse, their
18 families and communities. We believe that it is
19 essential for New York City to have a strong network
20 of mental health services. Crime victims often have a
21 variety of mental health needs in the aftermath of a
22 crime and access to trauma informed services can help
23 a victim recover. We applaud the De Blasio
24 administration for recognizing the need to strengthen
25 the city's network of mental health services and for

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 creating the citywide Thrive New York City plan, NYC
3 plan. Safe Horizon has been fortunate to participate
4 in several Thrive New York City initiatives and our
5 testimony today will focus on how this initiative has
6 bolstered our response to victims of violence and
7 abuse and I'm going to talk about the CVAP program
8 that Susan Herman mentioned. CVAP is the cornerstone
9 of the NYPD's efforts to improve interactions with
10 victims of crime. It started under ThriveNYC and it's
11 a groundbreaking initiative developed by NYPD and
12 staffed by Safe Horizon. It was modeled after our
13 domestic violence police program commonly known as
14 DVPP; a 30-year partnership with the NYPD that placed
15 advocates specializing in helping domestic violence
16 victims alongside police officers. I actually started
17 my career in the 52 precinct in the Bronx back in the
18 1980's just to give you a little fun fact. CVAP has
19 expanded DVPP services by placing two victim
20 advocates in each of the NYPD police precincts, one
21 who specializes in domestic violence and one who
22 works with all other victims of crime. It's been
23 rolled out over three years and as of summer of 2018,
24 we're now in all 77 police precincts and all of the
25 housing precincts, the police service areas. We know

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 that crime can have... can leave victims confused,
3 angry and feeling isolated, they often are unaware of
4 the services and resources available. CVAP advocates
5 provide crisis intervention, immediate safety
6 planning, referrals to community-based service
7 programs and advocacy to support victim's
8 interactions with the police and other components of
9 the criminal justice system. The sooner the victim's
10 needs and concerns are addressed the sooner victims
11 can feel safe, recover from their trauma, regain a
12 sense of control and ultimately if they choose to
13 participate in the criminal justice system. Every
14 morning the advocate we have... we're... we staff in the
15 precinct from eight in the morning, eight to four and
16 then the second advocate is 12 to eight, when they
17 come in, they review all the police reports... the, the
18 domestic violence advocate reviews all the domestic
19 incident reports, the DIRs and the other advocate
20 reviews all crime victim reports and they do outreach
21 and the beautiful thing about this is we have the
22 ability of reaching more victims of crime this way
23 because they're not seeking services, we're reaching
24 out to them, we're saying we're here to help, we know
25 that you were a victim of crime and a report was

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

filed and some of the things that we provide is safety planning, safety assessment, we'll explore all their options with them, our staff are trained in doing client centered work, we advocate for them within the police department, within the criminal justice system, housing, public benefits, anything their need may be, you know either directly or indirectly connected to that victimization we're going to help them with. Just to give you a couple of numbers, since 2016 when we rolled this out, we've reviewed almost 200,000 police reports, we've provided almost 100,000 services for.. I'm sorry, contacts with victims of crime, we've provided safety assessments and safety planning with all of the clients and advocacy almost 20e,000 pieces of advocacy and advocacy is where we've actually written a letter, picked up the phone or in person spoke with an agency to help them access services. We're proud to be part of this effort with the NYPD to implement this program and we feel that its an essential part of the city's response to crime victims. Thank you very much for your time and I'm here to answer any questions that you might have.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 CHAIRPERSON AYALA: I actually... do you
3 have any questions Bob, okay, so Bob has some
4 questions, I don't... I don't have any questions right
5 now, I'm, I'm processing a lot of what I've heard, a
6 lot of it is actually, you know familiar... some of it
7 is familiar, a lot of it is new. I want to thank you
8 however for coming and staying and testifying because
9 your testimony it, it does influence, right, the way
10 that we approach government legislation, budgetary
11 priorities and so some of these, these, these asks
12 and some of these recommendations I think are part...
13 are some of the things that we're working on with
14 some of you separately so I want to thank you for the
15 collaboration and for the input, right, because you
16 have the institutional memory that... and, and history
17 that we don't have or at least I don't have as a... as
18 a new member of this, this body but I take this work
19 very seriously and I wanted to thank you for staying
20 and for testifying, I will allow Council Member
21 Holden to... [cross-talk]

22 COUNCIL MEMBER HOLDEN: Yes, I too want
23 to thank you all for testifying. Just, just quickly,
24 have you seen an improvement in, in the mental health
25 services since the roll out of ThriveNYC, I know... I

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 mean would you say... ask all of you yes or no have...

3 has there been a... an improvement, have they moved the
4 needle like Susan said, I mean you can just... whoever
5 wants to volunteer?

6 DAWN YUSTER: No, that's an easy no...

7 [cross-talk]

8 COUNCIL MEMBER HOLDEN: Okay... [cross-
9 talk]

10 DAWN YUSTER: Yeah...

11 COUNCIL MEMBER HOLDEN: Yeah, anybody
12 else?

13 MAUREEN CURTIS: I mean I think that you
14 know what we've seen is... I mean having a program such
15 as CVAP in every single police precinct to help
16 mitigate the trauma that the person has experienced I
17 really think is a groundbreaking program and, and
18 can... and can be preventative in helping that person
19 to manage, you know the victimization that they've
20 just experienced.

21 COUNCIL MEMBER HOLDEN: So, more money is
22 good to put toward mental health obviously but are we
23 putting it in the proper areas and, and I think
24 that's the question that I... that I think we have to
25 look at and... or you know more money is needed

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 obviously and it's not going to happen overnight but
3 you know are we moving the needle that's, that's the
4 question, anybody else? Have you seen from year to
5 year an improvement?

6 JASON LIPPMAN: I just want to add a
7 comment on that, it's important for Thrive to work
8 with the existing community based system that's
9 there, it, it was there before Thrive, the community
10 based system is on the ground in the neighborhoods
11 and actually provides the services and it, it would
12 be good to coordinate more instead of having parallel
13 tracks.

14 COUNCIL MEMBER HOLDEN: Okay, good, thank
15 you. Anyone else?

16 COLLEEN KING: I don't believe we would
17 be able to quantify whether or not it was a Thrive
18 initiative but... that our client services received, I
19 can say that we have had some clients that have been
20 part of NYC Safe which was referred to by the other
21 individuals who testified but we wouldn't be able to
22 say exactly these... [cross-talk]

23 COUNCIL MEMBER HOLDEN: Okay... [cross-
24 talk]

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 COLLEEN KING: These services were due to
3 Thrive.

4 COUNCIL MEMBER HOLDEN: Yeah but you...
5 because you guys are on the front lines and that's,
6 that's why I respect your opinions and that's why we
7 have to get more people to weigh in on this but thank
8 you so much for your testimony. Thanks again.

9 CHAIRPERSON AYALA: Thank you so much and
10 now we'll hear... is this the final panel, oh man... the
11 next panel Dr. Hazel Guzman; Yu-Kang Chen; Joo Han;
12 Rama Issa; and Samuel Molik. Samuel Molik with the
13 New York City Veterans Alliance; Rama Issa with the
14 Arab American Association of New York; Joo Han with
15 the Asian American Federation; Yu-Kang Chen with the
16 Hamilton Madison House and Dr. Hazel Guzman with
17 Northside Center. And this will be the final panel.
18 And you can start either side and just state your
19 name and the organization first.

20 YU-KANG CHEN: Hi, good afternoon, my
21 name is Yu-Kang Chen, I am a Clinical Psychologist at
22 Hamilton Madison House. We are a nonprofit settlement
23 house located in the Lower East Side. We are also the
24 largest outpatient behavioral health provider for
25 Asian Americans on the East coast. Currently we

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

operate five mental health clinics; a PROSE program, a supportive housing program for individuals with severe mental health issues in two locations, 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 populations in the New York metropolitan area. We at Hamilton Madison House have worked tirelessly, tirelessly to increase the capacity to this underserved population through active education, prevention projects and providing culturally specific services. Currently in our mental health program 20 percent of our client population have severe symptoms with high risk factors many with passive suicide ideations and often requires 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. Research shows that the majority of the... of Asian Americans do not seek behavioral health services until they are in a crisis or referred by a medical provider this is due to several different factors such as lack of knowledge about

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

mental health services, a cultural lack of recognition of mental health problems, feelings of stigma and fear related to mental illness. In New York City, there are a 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 order to address these challenges and increase mental health services for the Asian community, providers like Hamilton Madison House and the Asian American Federation which is going to provide their testimony later, makes the following recommendation to the city, state, and funders; providing funding support to invest in Asian serving organization 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, net for the Asian

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 American community. We strongly urge NYC's Committee
3 on Mental Health, Disabilities and Addictions to
4 address these issues and allocate the appropriate
5 funding to organizations that provide services to a
6 growing, yet under served population. Thank you.

7 SAMUEL MOLIK: Good afternoon and thank
8 you to the Committee, Chair Ayala for the opportunity
9 to testify today and also nice to see you again. My...
10 [cross-talk]

11 CHAIRPERSON AYALA: It's been a really
12 long time, we saw each other yesterday, which... we
13 were with each other for hours.

14 SAMUEL MOLIK: My... as you are well aware
15 my name is Samuel Molik, I'm the Director of Policy
16 and Legislative Advocacy for the New York City
17 Veterans Alliance. We're a member driven, grass roots
18 policy advocacy and community building organization
19 that advances veterans and their families as civic
20 leaders. So, I'd like to start today by applauding
21 the ambitious approaches of ThriveNYC in addressing
22 mental health in our city. The inclusion of veterans
23 and their family members as key underserved
24 population requiring programmatic focus to close...
25 specifically to close gaps in care. ThriveNYC is a

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

needed initiative and we are optimistic about it's potential for tremendous positive impact on the veteran's community as well as New York City as a whole. Mental health must be an ongoing topic of education and conversation in all of our communities and it is one... it is on all of us, excuse me, to make routine mental health care just as high a health priority as exercise and good nutrition and to build strong bonds of support and compassion within our communities. Mental health care is a top concern of our membership, especially related to the worst possible outcome for those who have been failed by a culture of stigma and barriers to mental health which is veteran suicide. Last year the United States Department of Veterans Affairs issued its latest statistics of... on known veteran suicide, revealing that 20 veterans a day across the country are committing... are dying by suicide, a rate more than twice that 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. In New York, rates of suicide are overall lower than the rest of the

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 country, yet the statistics remain alarming, veterans
3 in our state are still dying by suicide at nearly
4 twice the rate of our civilian counterparts. Veteran
5 suicide is a national crisis, and also a local one.
6 We urge this Committee to ensure that ThriveNYC
7 continues to improve and refine targeted programs and
8 outcomes to keep our city's veterans alive and
9 thriving. Back in 2015, we were proud to work with
10 Commissioner Sutton and her team on our community's
11 recommendations to integrate the city's 3-1-1 service
12 with the VA's Veterans Crisis Line to provide veteran
13 specific support to any New Yorker expressing
14 concerns about a veteran in danger of self-harm. As
15 this is a critical tool in the prevention of veteran
16 suicide, we urge ThriveNYC and this Committee to
17 ensure that reporting out of metrics is made publicly
18 available for how many people are accessing veteran
19 crisis line through NY... through 3-1-1. We have hosted
20 a day long mental health... mental health first aid
21 training provided by ThriveNYC, certifying 20, 20
22 veterans, family members and people who work with
23 veterans on this training. We appreciate that veteran
24 specific content is included in this off the shelf
25 curriculum and that veterans are employed as trainers

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

for the program. Yet we received feedback from participants that the curriculum remained at a loss for specific places to refer veterans and their caregivers for preventative 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... that included certifying more than 40 event attendees on Narcan kits that were available... that were able to take home with them because of ThriveNYC's investment to make this free and available to save lives. If any other veteran's organization wishes to host this kind of training, we would be glad to share with... what we did so that it can be replicated. Keep in mind that veterans are also twice as likely as civilian

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

counterparts to pass away due to an overdose, to die due to an overdose. We further recommend more robust direct outreach by ThriveNYC to veterans and community organizations as they know this is available. We also recommend that this is a possible addition to the 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 in suicide prevention through arts based cultural initiatives. The NYC veteran's 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, 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 does not hire or employ veteran artists is a missed opportunity to engage with the already robust community efforts at work. We

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

recommend that going forward ThriveNYC seek to engage with and support existing arts and cultural programs and organizations already at work within the New York City veteran's community to maximize connectedness, resources and overall positive impact. 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 make... now make up a consistent, welcoming and helpful presence at numerous outreach events, including our own, held in veteran 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 veteran... of veteran 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

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 outreach, differentiating referrals from brochures
3 distributed and initial touch contacts and so on.
4 Also, back in 2015e, we applauded the inclusion of a
5 one million dollar veteran mental health holistic
6 treatment fund in the ThriveNYC roadmap, and we
7 understand that philanthropic funds have been raised
8 toward making alternative treatment modalities
9 available to veterans and their families. Yet it
10 remains unclear where these funds are being used
11 under this city program. We urge ThriveNYC and this
12 Committee to make information about this fund
13 transparent and accessible to the veteran's
14 community, which includes a number of veterans led,
15 led organizations offering modalities that would
16 welcome the opportunity to place a bid in any public
17 RFP. We hope that the future... that future NYC
18 reporting includes the progress, broken out by
19 population subset, towards securing 15,000 supportive
20 housing units for veterans and families and other
21 vulnerable New Yorkers as promised in the original
22 roadmap. Stable housing is a key component addressing
23 mental health needs and information on the progress
24 towards these ambitious and critical initiatives for
25 veterans and families should be made public as well.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 And I also want to bring attention to the testimony
3 that I gave yesterday as this relates to veteran
4 homelessness and mental health, veterans who have
5 experienced homelessness or an eviction are eight
6 times more likely to die by suicide than veterans who
7 have not, housing should be a top priority especially
8 considering it was a part of the original roadmap.

9 Thank you for the opportunity to testify today.

10 Pending your questions, this concludes my testimony.

11 CHAIRPERSON AYALA: Thank you.

12 RAMA ISSA: Hi, thank you for having us
13 today. My name is Rama Issa and I am the Executive
14 Director of the Arab American Association of New York
15 and we are a grass roots service and advocacy
16 organization located in the heart of the Arab and
17 Muslim communities in Bay Ridge, Brooklyn. We are one
18 of the lucky organizations to have been awarded
19 connections to care, it's an initiative tied to
20 ThriveNYC and through our connections to care aka C2C
21 contract we have been able to hire our first ever
22 social worker. For the past three years we have
23 provided free counseling to those struggling with
24 depression, anxiety and trauma. C2C has enhanced the
25 way we deliver services, our entire staff from the

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

front desk to immigration navigators to ESL teachers to myself are all trained to screen clients for mental health related issues. The program has really shifted the mindset of the staff and the community about seeking support specifically related to mental health. It also helped cultivate a sense of acceptance about creating the concept of staff shifting which means that non clinical staff can also support someone who's experiencing either a mental health crisis or a mental health related issue. C2C has been very beneficial to our organization but we have had our shared challenges especially around data collection. As a small grass roots organization, we have struggled with the administrative burden of the program. It is an all-encompassing program that requires a lot from an already stretched thin administrative staff. We have also struggled in the early implementation phases because one size doesn't fit all. Every community is different and each of our needs are specific to the history and the makeup of our communities. For the Arab community specifically, we know that most folks we serve struggle with some sort of trauma whether it's generational, historical, collective, political trauma or trauma associated

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 with war or migration or trauma tied to living under
3 an Islamic phobic federal administration. This
4 compounded trauma is the reason why many of our
5 community's struggle with mental health related
6 issues. For us it has been challenging to screen all
7 members who enter our association because we run the
8 risk of opening the floodgates without having all the
9 necessary tools and resources to serve the community
10 adequately. We don't want to re-traumatize folks when
11 we know that resources to support them like Arabic
12 speaking social workers, culturally sensitive and
13 low-cost therapy are in short supply. Our community
14 has unique challenges when facing mental health
15 issues, stigma to access resources is huge within the
16 larger Asian community. There's a dire need for
17 Arabic speaking social workers. It took us over five
18 months to hire our new social worker, who have also
19 had to translate all screening tools and training and
20 our staff speaks over five different Arabic dialects
21 for example. The reality is that we need more, there
22 needs to be more investment in the Asian and API
23 communities especially around mental health, and we
24 urge the city to consider investing more in our
25 communities who many times are overlooked. Thank you.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 CHAIRPERSON AYALA: Thank you.

3 HAZEL GUZMAN: Hello, I'm Dr. Hazel
4 Guzman, I'm the Assistant Clinic Director for
5 Northside Center for Child Development. We'd like to
6 thank the Committee for allowing us the opportunity
7 to testify regarding the Thrive New York City
8 initiative. Northside greatly appreciates our
9 continued partnership with Thrive New York City,
10 which allows us to continue to pursue our 70 plus
11 year mission of helping children rise up and thrive
12 by providing much needed early childhood mental
13 health services to 100 plus children annually through
14 this partnership. Pioneering psychologists' doctors
15 Kenneth B. and Mamie Clark founded Northside Center
16 in 1946, offering Harlem youth much needed social
17 work and psychological services. The Clarks'
18 groundbreaking research, including the black and
19 white doll study, showed how racial inequality
20 negatively affected the self-esteem of young children
21 and was critical to the 1954 Brown versus Board of
22 Education Supreme Court decision legally ending
23 segregation in public schools. many of our services
24 are still being provided in the same building in
25 which this agency was founded in 1946 and we're

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 excited to continue to provide these services in our
3 new location in mid to late 2020, just a few blocks
4 away from our current site. While we have grown and
5 innovated over the years, our mission has remained
6 constant; Northside Center provides children and
7 families the support they need to overcome adversity
8 and thrive. Our high-quality outcome driven
9 behavioral, mental health, and education services
10 propel struggling children forward, away from the ill
11 effects of poverty and racism toward a future limited
12 only by the scope of their dreams. We offer a
13 continuum of mental health and educational services
14 for youth ages zero to 18. Our initiatives include
15 behavioral health clinics, home based crisis
16 intervention, preventative services, clinics in
17 schools, creative arts trauma therapy, a therapeutic
18 early childhood center, pre-school and school age
19 special education programs, early intervention, head
20 start, early head start centers, one on one remedial
21 education, homework help, and after school summer day
22 camp programs. In 2016, we were happy to join the
23 Thrive New York City network as the sole early
24 childhood treatment center serving Manhattan. As a
25 recipient of the Thrive New York City ECTC grant,

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

Northside was able to expand mental health services to include young children age zero to five 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

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
ADDICTIONS

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2 have progressively increased. Similarly, many of our
3 mental health consultation sites we work with have
4 asked us to remain beyond the period covered by our
5 partnership agreement and at times, return following
6 our beginning work with a new cohort of sites. The
7 Thrive New York City ECTC grant has been instrumental
8 in allowing us to train the workforce to be better
9 able to serve young children, training which does not
10 typically occur during schooling. Additionally, the
11 network provides the ongoing training and support
12 that is vital to this work. For... furthermore, without
13 Thrive New York City funding, mental health
14 consultation services at early learn sites would not
15 be sustainable as this is not currently a
16 reimbursable service. We continue to be very excited
17 about being a part of the Thrive New York City
18 network and to be able to provide our clients with
19 much needed early childhood mental health services.
20 The ongoing support of the Department of Health and
21 Mental Hygiene, Thrive New York City, and partners
22 like the Coalition for Behavioral Health have
23 positioned us to best serve our youngest clients and
24 their families. Thank you.

25 CHAIRPERSON AYALA: Thank you.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 JO PARK: Hello, thank you Chair Ayala
3 and the Committee for convening this hearing today.
4 my name is Jo Park and I'm the Clinic Director at
5 Korean Community Services of Metropolitan New York
6 Mental Health Clinic. We're the first New York State
7 licensed outpatient mental health clinic operated by
8 a Korean nonprofit organization. Our licensed
9 professionals have been providing culturally and
10 linguistically competent mental health services in
11 Korean and English since November of 2015. According
12 to the Asian American Federation's 2017 report... oh,
13 okay. Okay, sorry. Hi, I'm back. Should I start over
14 again or should I just continue... okay. According to
15 the Asian American Federation's 2017 report,
16 Overcoming Challenges to Mental Health Services for
17 Asian New Yorkers, Asian Americans are the least
18 likely of groups to report, seek, and receive medical
19 help for depressive symptoms due to a lack of
20 knowledge, cultural stigma, insurance limits, and a
21 dearth of linguistically and culturally competent
22 service providers. Moreover, the United States
23 national mortality records show that suicide rates
24 among Korean Americans nearly doubled from 2003 to
25 2012, surpassing those of all other Asian subgroups.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 In its initial stages, the resources and services
3 that Thrive New York City offered were not culturally
4 relevant to our mental health clinic. We have an art
5 therapist and outreach coordinator who took the
6 mental health first aid training and then she had to
7 translate the entire program into Korean and also
8 cater it to serve the community. we are also the only
9 organization as of now that provides the mental
10 health first aid training in Korean usually it's done
11 by two different instructors throughout the course of
12 the day but she's not able to do it all day and we're
13 open on Saturdays so what happens is she does half
14 day, goes back to the clinic and then does it another
15 week as well so it's exhausting and I need her at the
16 clinic to actually provide services. Also the clinic
17 was not able to benefit from the New York City mental
18 health corps because initially they didn't have a
19 Korean speaking clinician and then the solution that
20 was offered was to get a translator which of course
21 is not appropriate in a mental health setting and so
22 we also didn't have the resources to hire a
23 translator for that. Also, at the time I know it's
24 changed now, we weren't able to bill for services
25 for... from some... from the mental health service corps.

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 So, we're asking the City Council and Thrive New York
3 to invest at the community level, to the community-
4 based organizations who are already doing the work
5 and have the expertise and cultural knowledge to
6 provide the necessary mental health services for our
7 respective communities. One of the biggest challenges
8 we're experiencing is recruiting and retaining talent
9 with the cultural and linguistic skills. We're a
10 small community-based organization, there's no way we
11 can compete with the private hospitals and larger
12 organizations and certainly not Thrive New York. We
13 are already struggling to recruit talent from a
14 limited pool and now we're running the risk of losing
15 our clinicians to the city and so we feel like we're
16 in competition. So, we look forward to working with
17 the Committee on Mental Health, Disabilities and
18 Addiction to address these needs and thank you.

19 JOO HAN: Good afternoon Chair Ayala and
20 the Committee on Mental Health, Disabilities and
21 Addiction and thank you for convening this hearing
22 today. I'm Joo Han, Deputy Director of the Asian
23 American Federation. Our mission is to raise the
24 influence and wellbeing of the pan Asian American
25 community through research, policy advocacy, public

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 awareness and organizational development. We
3 represent about... over 60 Asian non-profit groups that
4 support our community through their various works in
5 health and human services, education, economic
6 development, civic participation and social justice
7 and three of them testified today with us. We're here
8 today to highlight the mental needs... mental health
9 needs of Asian New Yorkers, who are the fastest
10 growing racial and ethnic group in New York City. We
11 make up... we... it's made up of 18 ethnic groups and 36
12 Asian languages from the Pan Asian community which
13 doesn't include all the various Chinese and Arabic
14 dialects. The Asian population in the city grew by 50
15 percent from 2000 to 2016 and we now comprise of over
16 15 percent of the city's population, we're at 1.3
17 million. Along with that growth we've had a 44
18 percent increase in the number of Asians living in
19 poverty which means that 25 percent of Asian New
20 Yorkers live in poverty and this is significant
21 because poverty in the community brings a whole host
22 of challenges that impact mental health. Our 2017
23 report on Overcoming Challenges to Mental Health
24 Services for Asian New Yorkers highlights the fact
25 that Asians are the only racial group for which

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
ADDICTIONS

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2 suicide is consistently one of the top ten leading
3 causes of death in New York City from 1997 to 2015 is
4 the... which is when the latest data was available. As
5 the committee considers the three-year progress of
6 ThriveNYC we recommend that you take into account the
7 systemic gaps in mental health services for Asian New
8 Yorkers that still exist. While resources like mental
9 health first aid is an important first step in
10 identifying mental health needs among Asian New
11 Yorkers, there's just not enough in language,
12 culturally competent mental health services to which
13 them... to which to refer them to due to... due to a
14 historic lack of investment in Asian serving, Asian
15 led community based organizations. From fiscal year
16 2002 to 2014, the Asian community received a mere
17 zero-point two percent of total contract dollars from
18 DOHMH. This rate of investment has not significantly
19 changed since the launch of ThriveNYC. For example,
20 one key component of ThriveNYC is connections to
21 care, which aims to spend 30 million dollars over
22 five years to integrate evidence based mental health
23 support into social service programs for low income
24 New Yorkers. Of the 15 community groups that got
25 selected, only one serves the Asian community, which

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

is the Arab American Association of New York despite the high rates of poverty in our community. Furthermore, the mental health corps which is another initiative by Thrive has limited Asian language capacity on staff. New York City Well, another initiative mentioned by the Thrive team is something that does not work for the community, there is a deep cultural stigma, so people are not be calling a number to access mental health services. In addition, there's 70 percent limited English proficiency rate in the Asian community so there's, there's no way that they will be able to access services even if it was available. Interpreters as a third party really would stymie people from wanting to access those services. Our greatest challenge in working with the city, with Thrive has been to create investment in culturally competent models for mental health service delivery that comes from and has been developed by Asian led organizations, it takes into consideration the deep cultural stigma surrounding mental health in our communities and have implemented integrated approaches to effectively address our particular mental health needs which is different from community to community such as trauma in the Arab community as

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
1 ADDICTIONS

2 well as the Southeast Asian community. This bottom up
3 approach we feel is the only way that we can
4 effectively tackle mental health needs in the
5 community and not the one size fits all approach that
6 we've encountered time and again with New York...
7 Thrive New York... New York City and it's really
8 stymied our common aim to increase mental health
9 services for underserved communities. So, we ask that
10 the City Council to... make an initial investment of at
11 least one million dollars in pan Asian nonprofit
12 organizations to develop community-based capacity and
13 mental health services. We have come up with
14 recommendations based on a report with research... a
15 year long research effort that included 25 Asian led
16 Asian serving organizations so this bottom up
17 approach that we are recommending is really coming
18 from the organizations themselves that serve the
19 fastest growing population in New York City. So,
20 these... the investment would support these following
21 services; to develop a training program for Asian led
22 organizations using models of non-clinical service
23 delivery that utilizes existing services and programs
24 such as parenting skills, leadership development for
25 youth and wellness programs for seniors. To create a

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND
ADDICTIONS

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2 network of non-clinical mental health service
3 providers serving the Asian communities to share
4 resources and knowledges about best practices and
5 resources that are available. To provide culturally
6 competent training to mainstream mental health
7 service providers so that they take into account the
8 various challenges that impact the community and to
9 develop a shared database of mental health service
10 providers which does not exist in New York City. We
11 plan to launch a program in partnership with our
12 member groups to enhance mental health services in
13 the Asian community and we look forward to working
14 with the city to address the mental health service
15 needs of New York... Asian New Yorkers. Thank you for
16 your time.

17 CHAIRPERSON AYALA: Thank you so much,
18 Alicka did you have some... did you have questions, no.
19 Thank you guys so much for your testimony today. I
20 think... we, we don't... we're kind of wrapping up
21 because we have an event next door that are about to
22 throw us out but I will be calling on, on, on several
23 of you to better help inform some of the work that we
24 are doing specifically around the Asian Americans
25 social work needs because it's something that I've

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND

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ADDICTIONS

been hearing, you know for well over a year and it's something that I have been speaking to the administration about. I was excited to hear that they are also, you know having conversation... internal conversations but I would like to know what those internal conversations are because I don't have the specifics so I, I hope that in the next few weeks we'll have some more clarity and some more information for you as well as the, the veterans association. Thank you so much for coming to testify yesterday and today, you really shed a, a light on, on, on what's happening and not happening. So, thank you guys and this meeting is adjourned, thank you.

JO PARK: Thank you.

HAZEL GUZMAN: Thank you. (30704)

[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

April 6, 2019