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CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH,
DISABILITIES, AND ADDICTION JOINTLY
WITH COMMITTEE ON HOSPITALS

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CARLINA RIVERA
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UNKNOWN MALE: Sergeant Bradley. Good morning. Good morning, and welcome to today's New York City Council hearing of the Committee of Mental Health Disabilities and Addiction jointly with the Committee on Hospitals. At this time, will all panelists please turn on their videos? To minimize disruption, please place electronic devices on vibrate or silent mode. If you wish to submit testimony, you may do so at testimony at council dot NYC dot gov. To repeat that’s at testimony at council dot NYC dot gov. Thank you for your cooperation and we're ready to begin.

CHAIRPERSON AYALA: Good morning everyone this meeting is to called to order. I'll Council Member Diana Ayala. I want to thank all of you for joining us for our virtual hearing today on this very important issue. Good morning, I’m Council Member Diana Ayala of the Committee on Mental Health Disabilities. And at this time… And I'd like to thank my colleague Council Member Carlina Rivera Chair of the Committee on Hospitals… I would also like to say thank you for everyone who is joining us this morning this morning for this remote hearing. This morning we

are here to discuss a response of New York City hospitals to the mental health needs of frontline healthcare workers during the COVID-19 Pandemic. Arguably, there has never been a time, in my lifetime anyway, when hospital workers have been called upon… extraordinary set of challenges as the ones brought on by the… coronavirus. During the COVID-19 crisis in New York City… frontline healthcare workers have had to rely not only upon their training, their compassion, and their professionalism, but in many cases go well beyond the normal call of duty to ensure that patients under their care were given the best possible protection in sometimes less than optimal conditions. During the… pandemic the… New York City hospitals, many of whom are critically ill, coupled with a general lack of knowledge about how exactly to provide treatment and care for those living with a highly infected and unknown disease proved to be a daunting task that requires relentless around the clock kind of vigilance for many of the hospital workers… Exposure to the highly contagious virus force many workers are self imposed isolation from loved ones and families to avoid transmission. This was in and of itself incredibly stressful, and

the inability to provide… emotionally with loved ones after… in a sudden… crisis is exhausting for all. COVID-19 has present a physical, mental, and emotional health toll on all of our hospital workers who continue to provide a safe place for everyone to do very important, but at times dangerous work. We want to thank all of the frontline health workers for continuing to do everything that… to ensure their patients receive the best health care during this unprecedented crisis. It's wonderful that we clap for them every night… But now we need to make sure that they, they have what they need to say emotionally healthy for the days, the months, and the years to come. This hearing will allow the committee to examine the critical role part mental health services play during this extraordinary time for New York City hospitals and their frontline health care workers. I want to thank the representatives from health and hospital, the administration, and the greater New York Hospital Association who are here today for their commitment to ensuring quality mental health services are available for all New York City hospital employees And I look forward to hearing about what it means… are delivered, when and where they are needed

and the role that the city council can play in supporting these efforts. I also want to thank my colleagues, as well as my committee staff… policy analyst… Crissy… Finance Analyst, Lauren Hart and my new Deputy Chief of Staff… for making this hearing possible. And now…

COUNCIL MEMBER RIVERA: Thank you so much, Chairwoman Ayala. Good morning. My name is Carlina Rivera and I am the chair of the Committee on Hospitals. And of course I just want to thank Councilmember Ayala again for chairing this hearing with me today, I'd also like to thank all of you who have joined us for this remote hearing. As Councilmember Ayala discussed; we are here today to examine the need to ensure access to meaningful mental health care for our hospital frontline workers. This pandemic is unlike anything we have ever seen before and has caused an immeasurable amount of stress on our hospital system and frontline health care workers. There were reports in late March that patients with COVID-19 symptoms were showing up at some hospitals, every three to five minutes. A doctor with Elmhurst Hospital in Queens described conditions to the New York Times, as apocalyptic and

said that patients had died while awaiting treatment. With shortages of personal protective equipment, PPE, throughout the hospital system there were reports of some healthcare workers, having to resort to wearing trash bags or rain ponchos to protect themselves from the virus. The city's paramedics were reportedly stretched so thin trying to respond to the increase in calls during the peak of the crisis that they were totally cardiac arrest sufferers at home if they did not have a pulse. Eventually in mid April the strain on the city's hospitals slowly began to ease as a number of new cases and hospitalizations started to decline. Thankfully the worst case scenarios projected in March did not come to pass. Nevertheless, it is undeniable that we are facing a massive need for mental health services in our hospital workforce. Hospitals need to ensure that they are doing everything they can to preserve and bolster the health of their workforce, including through proactive measures that protect their staff’s, physical and mental well being, like, ensuring and maintaining adequate and safe staffing levels. As we learn from point and testimony during the committee's hearing on the safety of New York

City emergency departments back in February. The needs to facilitate access to mental health services for a hospital workforce has long been evident. Even before the pandemic the phrase moral injury developed to describe the experience of veterans had increasingly come to replace what was commonly known as burnout to describe the struggles physicians face on the job. Moral injury refers to the emotional, physical, and spiritual harm people feel after perpetrating failing to prevent or bearing witness to acts that transgress deeply held moral beliefs and expectations. Before the pandemic four in 10 physicians reported feelings of burnout and the physician suicide rate was more than doubled out of the general population. In addition, the rate of nurse suicide was increasing. The pandemic will lightly exacerbate these pre existing mental health needs in the hospital community. This has been seen in other countries as well as in our own city with the tragic deaths by suicide of emergency medical technician John Mondello [sp?] an emergency physician, Lauren Green [sp?]. I want to emphasize that we are here today to discuss all hospital staff, including both medical and non medical staff. I am

speaking to all of our city's doctors, nurses, allied health professionals, pharmacists, technicians administrators, clerical staff, maintenance workers, and hospital food workers. All of our hospital workers experienced a pandemic up close and were under immense amounts of pressure. The pandemic inside of a wartime like mentality, with staff working with no end in sight, and no true understanding of the enemy, a new virus we are still struggling to learn about. While hospital workers are heroes, they shouldn't be viewed as people who don't need help. The title of hero may negate the fact that they are people, people who can be vulnerable, people who can struggle, and people who need proactive support. Today I want to hear about the city's response to the mental health needs of our hospital workforce, including about what measures hospitals have considered to mitigate the mental and emotional toll on doctors and nurses of complying with state issued triage guidelines during this pandemic. I know that H&H for example has their helping healers here, heal program, which addresses the mental health needs of staff by providing a 24/7 behavioral health helpline staffed by psychiatrists and psychologists,

one on one peer and group support as well as other services which aim to identify and support employees showing symptoms of anxiety, depression, fatigue, and burnout and connect them to services if requested. Additionally, at the end of April the launch of a new program entitled The Hero New York Mental Health Training Initiative for Frontline Workers was announced. The program tailors DOD's combat stress management resilience program designed for military personnel. So the needs of medical personnel through the use of assessments and webinar trainings. It uses a train the trainer approach, and those who receive training will then provide training to mental health specialists, spiritual care, and second victim program leads at their respective health care systems. Today we will discuss these programs as well as other efforts, and I look forward to learning more about their participation rates, programming, and how they meet our workers where they are. Trauma informed practice is an art. Many people may be reluctant to seek mental health services for fear of it impacting their career, and out of reluctance to discuss emotions. It is intimidating to disclose such needs to one's employer. Now that we are past the first

peak of the pandemic and our workers have time to come up for air we have to make sure we are there to support them. I want to learn more about how we ensure that workers are encouraged to seek assistance, even if they may not feel they need it at first and how we are assuring them that services will be private and also, equitable. I want to know that our programming serves each member of the hospital team, and that such programs are made with this diverse population in mind. Today I am asking; how are our hospitals taking responsibility in proactively ensuring that our workforce is healthy. The responsibility, the need to actively reach out, the need to ask for help should not fall on our hospital staff. Thank you all again for being here today, and I look forward to our discussion.

CHAIRPERSON AYALA: …Rivera. We will now hear some remarks from public advocate...

PUBLIC ADVOCATE: Thank you very much Chair Ayala. And I want to also thank you and chair Rivera for this hearing today, as well as members of the Committee on hospitals and committee on mental health disability and addiction for holding this very important oversight hearing on response to these

hospitals to, to the mental health needs of our frontline healthcare workers. To all of our essential workers thank you for keeping our city running during this pandemic. And to those of you who are in the healthcare industry or are associated, and many volunteers who came to New York from all over the country, thank you. As most of us were told to keep socially distant you asked and accepted the call to get up close and personal to the people who were affected so thank you for doing your best to keep us alive during this pandemic. We will continue to feel the impact of coronavirus long after this pandemic is over. This public health crisis had a detrimental effect on the mental health of a significant number of New Yorkers, many of whom are doctors, nurses, EMTs, paramedic, and hospital workers and administration, administrators, many of them, too many, have lost their lives to COVID-19. And those who did not have suffered the trauma of seeing patients and their colleagues, die from the virus, which has severely impacted and can continue to impact your mental health. All of us recognize the difficult job healthcare workers in the city have had to carry out during this pandemic and the trauma they

have experienced because of it. What is even more unfortunate is the fact that this trauma has given a number of these health care workers to take their own lives. My thoughts and prayers and prayers of healing are with this family, with those families and those individuals. During this horrific, horrifying impact the city, the state and the city have taken steps to provide aid to those health care professionals struggling with COVID related trauma. In early May, the State Department of Financial Services began requiring New York regulated health insurance to waive all cost sharing fees, including deductibles, co-pays, and co-insurance for in network mental health services for frontline workers. The agency also issued an emergency regulation prohibiting insurance from imposing out of pocket costs for telehealth and impersonal mental health services rendered by in network providers on an outpatient basis. The state also created, establish a Crisis Text Line to provide 24/7 emotional support for frontal healthcare workers. At the end of April the mayor announced an initiative, initiative with the Department of Defense in the city, where the US military trauma specialist would provide counseling

to our city's frontline workers, intended to help healthcare workers overcome the trauma inflicted by this pandemic. The program was expected to be fully operational as of May. As part of the initiative trauma specialist assessed individual hospitals with tailor programs to fit their needs. They also train small groups at each hospital in combat stress management, who later trained an additional 1,000 public and private hospitals staff. The service will continue to be available after the pandemic ends. While both of these initiatives are good steps taken by the administration at the state government city level, we cannot say for sure they are effective until we know the extent to which they have been implemented. Moreover if it, it is unclear if these services have been extended to non residential healthcare workers and volunteers. Now while there are no city wide COVID-19 statistics of deaths by suicide yet available anecdotal evidence hints at an increase in New Yorkers taking their own lives, especially after the past, over the past three months. Emotional stress, social isolation, lack of access to mental health care at the start of this pandemic and the closure of churches and houses of

worship and community centers are among the troubling factors brought on by this public health crisis that have impacted the mental well being of mental, of many New Yorkers. As if COVID-19 is not horrible enough we also have to worry about racism and how the recent cases of police brutality have affected black and brown New Yorkers, many of whom are healthcare workers themselves, many of them I've seen on the streets, also protesting after their shifts are over. They now have to deal with trauma from the coronavirus in addition to the trauma that comes with seeing a systemic racism continuing to take the lives of members of communities of more color. It is hard to say what the long term impact of COVID-19 on mental health will be. However, the city will, the city has the ability to minimize the harm that it will inflict on New Yorkers. It is important to look at the efforts that we are putting toward treating COVID-19 patients whose physical health is at risk, and put that same energy towards treating the mental health of those of us who have been traumatized by this virus. I look forward to hearing how our hospitals have utilized their resources to ensure that our frontline workers are getting the mental

health treatment they need, and particularly knocking down the stigmas associated of getting the mental health services that we all need. Thank you.

CHAIRPERSON AYALA: I would like to acknowledge my colleague, Council Member Cabrera, Ampry-Samuel, Reynoso, Borelli, Moya, Levine, and Van Bramer. Forget anyone? And I will now turn it over to our committee counsel to go over some procedural items.

COMMITTEE COUNSEL: Thank you. Chairs Ayala and Rivera. I am Zam Manual Haluu [sp?] counsel to the hospitals committee of the New York City Council. Before we begin testimony, I want to remind everyone that you will be on mute, until you are called on to testify. After you are called on, you will be unmuted by the host. I will be calling on panelists to testify. Please listen for your name to be called, I will be periodically announcing who the next panelists will be. We will be limiting Councilmember questions to five minutes. This includes both questions and answers. Please note that we will not be allowing a second round of questions. Thank you. For public testimony after the first panelist, individuals will be called up in a panel of

three. Council members who have questions for particular panelists should use the raise hand function in Zoom. You will be called on after everyone on that panel has completed their testimony. For panelists once your name is called a member of our staff will unmute you and the sergeant at arms will give you the go ahead to begin after setting the timer. All public testimony will be limited to three minutes. Please wait for the sergeant to announce that you may begin before delivering your testimony. I will now call on the following members of the administration to testify. From Health and Hospitals Dr. Eric Way, Dr. Charles Barron, Dr. Rebecca Linn-Walton, Jeremy Siegel, and from the Department of Health and Mental Hygiene Dr. Myla Harrison. I will first read the oath. And after I will call on each panelist here from the administration individually to respond. Do you affirm to tell the truth, the whole truth, and nothing but the truth before this committee, and to respond honestly to council member questions? Dr. Way?

DR. WAY: I do.

COMMITTEE COUNSEL: Dr. Baron.

UNKNOWN: We should order like to keep…stuff, bags, or like masks…

COMMITTEE COUNSEL: …to Dr. Lynn Walton?

DR. WALTON: I do.

COMMITTEE COUNSEL: Mr. Siegel. Just as a reminder, there is a delay when you are unmuted.

JEREMY SIEGEL: I do.

COMMITTEE COUNSEL: Thank you. Dr Harrison.

DR. HARRISON: I do.

COMMITTEE COUNSEL: And Dr. Barron.

DR. BARRON: I do.

COMMITTEE COUNSEL: Thank you. Dr. Way, you may begin when ready. Thank you. Thank you Doctor.

DR. WAY: …on mute. I'll start over. So good morning, chairpersons Rivera, chairperson Ayala, members of the Committee on hospitals, as well as the committee on mental health disabilities and addiction. My name is Eric Way. I'm the Senior Vice President chief quality officer for New York City Health and Hospitals. I'm joined today by Dr. Charles Barron, our Deputy Chief Medical Officer who leads the Office for Behavioral Health. Thank you so much

for the opportunity to testify before you today on New York City Health and Hospitals response to the mental health needs of frontline health care workers during the COVID-19 pandemic. So this is a topic that's very near and dear to my heart. I'm an emergency medicine physician working shifts at Kings County in the mercy department during the peak of the surge things that I've never imagined seeing before. I will never be the same. After this first peak of COVID-19. And I know no, none of the health care workers, and those who are supporting the health care workers will ever be the, the same after what we went through in March, April, and early May. I think New York City Health and Hospitals was well positioned to support frontline staff, going into this pandemic. We had two very established and very strong teams. Helping healers heal, H3 Team as well as our behavioral health services. So our Behavioral Health Services provides over 60% of the volume of behavioral health in New York City. It’s led by Dr. Charles Barron and a very strong team centrally, as well as our psychiatry chairs and directors at the facilities. Our Helping Healers Heal team was the first thing that Dr. Mitchell Katz, and I decided

that I should work on upon arriving in January of 2018. We had created a similar program, the H3 program, LAC USC in Los Angeles and spread throughout the second largest safety net system in the country which is Department of Health Services of the county of Los Angeles. And so the Helping Healers Heal program is basically built upon the premise that health care workers have empathy and healing powers. That's what drives us to go into healthcare in the first place is to help others. And we give it freely all day long to patients and their families. However, when it comes to giving that same empathy and that healing power towards each other, the culture of the house of medicine was actually the opposite of that. And it is very hard to make it through medical school and residency and to work in a career of medicine. Same with nursing. And so it almost felt like a rite of passage and there was a saying in nursing that nurses eat their young. And we all had attendings who said that they work more hours in a day than there are in a day. And so we just need to toughen up and get stronger. And so it was very much a culture of don't show weakness, don't show how things that should affect the human being affect you. And so, the

Helping Healers Heal program is built based upon peer support, and it is, right, let's take that culture and flip it around, where if something happens, that we know is traumatizing, a child is in a car accident and doesn't make it through the trauma resuscitation we know that is going to affect every parent or every person who… right, children hold a dear part of our hearts. And so being able to reach out and say that must have been really tough, right, let me share with you when I lost the child in the trauma. You know, how did I feel, how did I get through it, don't suffer alone. And so that's tier one; can we change the frontline culture to one of instead of gossiping about a tough case that somebody else had we all go to them and provide support, right. Tier two is trained peer support champions. And so the goal here is to have a directory of every discipline, every shift, every unit across every facility in New York City Health and Hospitals that we could call upon to activate sort of like a rapid response team, a rapid response team is if somebody's blood pressure drops, if their heart rate gets too high, if their breathing becomes difficult, we activate specialists to go to the bedside and try to solve the problem or solve the

issues. So this would be an emotional, psychological rapid response where we can activate H3 peer support champions to meet with somebody one on one, or meet with the entire group and do a group debrief. And so, going into this pandemic we had over 1,000 trained peer support champions, as well as our behavioral health services. And what we knew is immediately that this following the news of what was happening in China, in other countries such as Italy, we knew that this was going to be something that our staff have never experienced before. And our top priority here on New York City Health and Hospitals is to support our staff, our most precious resource. Staff that are supported that are well, that are healthy, are going to be able to provide higher quality and safer patient care and take care, do the most good for, for New York City. And so we had the two teams team up and form a steering committee around COVID-19 emotional, psychological support. And out of that steering committee, we created a behavioral health hotline that's available to staff to call, they can remain anonymous. We created an intranet page around all of our COVID resources but it also has, emotional, psychological support resources. We did

refreshers for our Helping Healers Heal peer support champions and got the H3 intranet page ready to be able to take and counter requests. But we know that in the peak of this, that people did not have the opportunity to, do not always have the opportunity to leave their clinical areas, there is just too much, too many patients, too much, you know, demands clinically. And so what we decided to do is start wellness rounds. So let's have our H3 leads and our behavioral health leads go to where the staff are go to the emergency departments, go to the ICUs, go to the medical surgical wards, where we're cohorting COVID patients, and look for signs of anxiety and burnout and second victimization and moral injury compassion fatigue and reach out to them immediately, provide them with resources, make it easier for them to, to seek help. Right. We also created respite wellness rooms, across the system. At the peak we had 31 Prosser acute and post acute. We currently have 27. And these respite wellness rooms are stocked with water, with snacks. Our H3 and behavioral health leads are there in case they want to speak to somebody on the spot. But they're meant to be areas, away from the chaos of the ICUs, the bells the

whistles, the alarms, to be able to get away and destress. And so at the peak we had 240 staff visit the first Elmhurst wellness respite room in one day. So far we've had 50 to, over 52,000 visits to our wellness respite areas. And the one that that I was most impressed with was that Metropolitan hospital wasn't even one room. It was an entire Ward, they had a meditation room, a quiet room, they had an art room. They had a community, you know, communal dining area that was socially distance where donated food was brought to, as well as bedrooms for staff to take naps or spend the night if they needed to. Through generous donations we've been able to raise over $27 million in a disaster relief fund to send comforts to the frontline staff. We knew with social distancing, with working additional hours, working full PPE all the time that there was additional burden on our frontline staff. And so, things are so, as simple as getting groceries or feeding their families will become more difficult, if, if they wanted to stay isolated from their children or from their elderly parents that would become more difficult. And so, through this philanthropy, philanthropic effort we've been able to send meals, you know, to all of our

staff. We've been able to provide groceries to take home after shift, we've been able to provide wellness packs. We've been able to provide transportation, as well as other comforts to reduce the burden on our frontline staff. Additionally, we, we know that the topics in a pandemic or to knowledge and skills are slightly different. And so we've been able to do a lunchtime webinar series over 34 trainings and this is open to all frontline staff as well as managers, teaching them things about around empathy, having difficult conversations, stress management that we've received a lot of positive feedback, especially from managers who feel more empowered, as well as for prepared to have supporting conversations with their staff. And it's something that we're very excited about. It’s a seven agency collaboration. We're very grateful to the mayor, the first lady of New York City, as well as the US Department of Defense. So not only did our military partners come in and provide much needed clinical care to COVID-19 patients at the peak of the surge, they actually were the ones who reached out to us and said, this is the closest that we've seen to a combat situation in a civilian hospital or a civilian setting. Can we share some of

the lessons learned that the Department of Defense has, has gained through being at war for the past 18 years. And so, what started as a conversation between the Department of Defense in New York City Health and Hospitals quickly grew to include FDNY Greater New York Hospital Association, New York City Department of Health and Mental Hygiene, Veteran Affairs, as well as the Uniformed Services University of Health Sciences. And these seven agencies came together, met daily for an entire month to take two needs assessment tools that the Department of Defense utilizes, one for the entire unit, which is a macro assessment, as well as one that is used for individual soldier which is a micro needs assessment, adapting that to civilian health care around COVID-19, as well as taking their curriculum on combat stress management and resilience and adapting that into a train the trainer that would be applicable to civilian health care as well as first responders. And so Greater New York Hospital Association is hosting a train the trainer series in our first two lunchtime hour long webinars we had 704 people across New York City and Greater New York healthcare facilities log in. On a second one we have 589. There are three more

modules to go and what the idea is, is to take behavioral health leads, as well as staff support leads to go and get this master training and bring it back to their respective facilities and train up their existing programs. So for New York City Health and Hospitals we want our 1,000 plus H3 peer support champions to undergo this combat stress management resilience training as well as our behavioral health service providers. That way, when they are supporting staff today, tomorrow, as well as well into the future what we've learned from our Department of Defense partners will make that support that much stronger. So I think, in summary, we know that this is a great risk to our healthcare frontline heroes. This is something that is a top priority for New York City Health and Hospitals. My worst fear, my nightmare is that we have a mental health crisis on top of the public health crisis that COVID-19 presented, a pact that I ask everybody, everyone who undergoes H3 training with me and my team is that we make the pact that we've all seen the negative effects of second victimization people dropping out of the field, depression, suicide, let's not lose one more colleague, friend, healthcare worker to the

effects of second victimization. That remains my commitment, as well as the commitment of Charles Barron and our entire system is to support our staff so that we do not relive the tragic. The tragedies that we've seen in New York City, so far with, with suicide. And I thank you for the opportunity to testify before you today and we look forward to your questions.

CHAIRPERSON AYALA: Are we ready for the next person?

COMMITTEE COUNSEL: I believe now we're ready for any questions you may have Chair Ayala.

CHAIRPERSON AYALA: [inaudible]…system that we're all operating on the very stressful... Thank you, Dr. Way that was very, very informative. And I, I just, you know I want to say that, you know, I, you know, thank you. Thank you. I cannot even begin to imagine what having to live through this pandemic from within the confines of a public hospital or any hospital must have been like. My mother actually had a heart attack right in the beginning, right before the… the hospitals were starting to kind of institute a policy… I just, you

know applaud all the efforts of our health care workers and you know whether you're working in the emergency room, the… room, whether you were you know changing blouses or calling family members and you know, cleaning up and sterilizing. I cannot imagine you not being impacted in some way. And that's kind of what prompted you know our interest in having this discussion because we wanted to better understand from your perspective of what life was like, leading up to the pandemic. And being in, in the midst of all of that in the height of it. And it was found that, you know, as a result, a lot of, a lot has come you know a lot of services have become available. But I have a couple of questions regarding… a lot of questions that my colleagues will, you know will have regarding some of the programs. So I don't want to get too specifically into those but one or two. I don't know how to work this thing… computers is like… But regarding the steering committee; can you, can you explain a little bit about, about when the steering committee worked… Was that something that was established amidst other COVID policies? Was that something that you… have to you know discuss in private?

DR. WAY: Yeah, so I'm happy to start and I'll turn it over to Jeremy Siegel [sp?], who has been chairing this committee, and leading the meetings. So, I don't want it to seem like we weren't collaborating very closely between behavioral health services and H3 before this because we were. We had an H3 Central steering committee in each facility the 18 teams had their own steering committee, and about 20 to 30% depending on which team are actually behavioral health providers psychiatrists, psychologists, social workers, and so we were already collaborating very closely. This steering committee was formed early on in, you know, when we had our first case in New York City. And this new steering committee with dedicated just to COVID-19 we knew this was going to present a unique and different challenge to us. And so Jeremy do you want to add to that?

JEREMY SIEGEL: Yes, absolutely. Thank you. Good morning everyone. It's a pleasure and privilege to be here. My name is Jeremy Siegel the Chief Wellness Officer for NYC Health and Hospitals. Pronouns he/him/his. So, as Eric had just mentioned

the H3 steering committee was initially launched at the central level to support all the C suites across all of our service lines to establish facility or site specific or borough based steering committees. Right before the main surge of COVID-19, we really expanded the steering committee across the system to include patient safety, pastoral care, patient experience, IT, workforce development, emergency management in addition to all the other stakeholders that were previous, previously on the steering committee including the Office of Behavioral Health, Office of Patient Centered Care which is nursing, as well as medical and professional affairs. So we really wanted to make sure that the steering committee was representative of our diverse workforce. H3 is supported for the people, by the people, so we wanted to make sure that not only were clinical disciplines department services representative but also ancillary non clinical, as well as to make sure that we had a diverse makeup of the steering committee to represent all the perspectives and voices across our system.

CHAIRPERSON AYALA: I wanted to also acknowledge that Council Member Maisel has joined us as well. So what… were the wellness… created as a result of feedback from the steering committee?

DR. WAY: Yes. So I think, right, our initial, our initial thoughts were let's leverage what exists. So, allowing managers, supervisors, allowing frontline staff, colleagues to initiate H3 encounters through our intranet website as well as asking or emailing directly to our H3, emails, we also, you know, immediately started working on these West, respite wellness rooms. But feedback from you know myself working shifts as well as others on the steering committee is that you know, it often is those most impacted, who have the least opportunity to leave their clinical areas, right, if the emergency department is seeing a new patient every three to five minutes, they're not going to be able to leave their clinical area to go there, similarly with the ICUs. And so, what we want to do is meet the staff where they, they work. So instead of having only H3 and behavioral health providers in the respite wellness rooms or, you know, getting to be activated through an H3 intranet site, we said, let's

do proactive rounds let's go to where the staff are and proactively look for all those concerning signs for second victimization. And so that was how it, how it was born out. I don't know if Rebecca, would you like to add to my answer there?

DR. LINN-WALTON: I think it’s been a, it’s been a very close collaboration through both offices to ensure that we’re really creating a no wrong door approach which is how we treat patients in the system where anywhere you come into the system whether it’s the emergency room or outpatient clinics, there's no wrong way to access behavioral health and we really done our best to create that for our staff as well so you can walk down the hall, see a flyer. You can be engaged during a wellness round. You can be engaged through accessing the intranet which we're all used to checking on a daily basis with any news and updates and there's tons of resources that are really easily accessible. You don't have to hunt around to get to them. And then there's also knowledge through email and word of mouth so that people can access the behavioral health hotline, should they not want to be talking in person

or going to the respite room or can't or wanted to talk when they're done with their with their service, or they can access the EAP that we all have access to as city employees, if they want to go fully outside of the system so we're really trying to make sure everyone can access in a way that feels comfortable to them when they're ready.

CHAIR: Understood. Was the same, was the same level, I mean how did, I mean how did… I mean obviously it's easier to identify… that maybe you know overwhelmed. How, how is that service… to healthcare workers who were then you know diagnosed positive for COVID and… I know some of them were… because they weren't able to… at home. Does that, does that service, does that level of service go with them? Was that part of the steering committee's recommendation?

DR. WAY: Yeah, so let me know if I'm interpreting the question is, if somebody tests positive, an employee tests positive and they need to leave the clinical area, either to isolate at home or in a hotel, they can't isolate safely at home, are they still, are these services still available to them. Yes, so we made these services available to our

hotels. We've actually done H3 debriefs at the hotels for staff. You know both internal to Health and Hospitals as well as external. We brought in, you know, outside staffing to help support the surge. And this is available to volunteers, this is available to affiliate staff. It's not just H&H employees who want to, know when to fall through the price, everyone who touches facilities and our patients and even those outside of our system, we care about them as human beings as health care workers, we don't want anyone to fall through the cracks. And so the hotline, H3 debriefs, all the resources we listed on the intranet, if staff did not feel comfortable interacting with their own system because of the stigma around you know seeking mental health services there are national anonymous hotlines, that are listed as resources. And this is a lot of the work that Helping Healers Heal has been doing for the last two and a half years, is to make a robust list of what we call tier three resources, not everyone who loses a patient needs to speak to a psychiatrist, but let's not make somebody who needs to speak to a psychiatrist, wait a month, because they have to find the primary care physicians make a referral and get

approval through their health insurance. Let's link them to resources within 24 hours. So that's the tier three resources. So not everyone is going to have a preference to speak to somebody within their own hospital or even within their own system and so do we have outside resources do we have you know anonymous resources. And so those are all available to anyone, whether they're in quarantine or not.

CHAIRPERSON AYALA: Can you remind me again who was responsible for… [inaudible 48:16] mental health professionals or peers?

DR. WAY: So it was a combination of our Helping Healers Heal peer support champions as well as behavioral health providers. So basically the… leads.

CHAIRPERSON AYALA: Okay. Okay. I have one last question and then I want to pass it over to my colleague. …know that there were lessons learned through this process that that would better… Health and Hospitals… mental health providers throughout the city to deal with a pandemic like this. I mean, I don't, I don’t imagine you know… a service, I know we have you know, our climate… you know whether there are… you know things happen. You walk away or are

you… still in the midst of… with a sense that you, you know there were lessons learned, that, you know that we can apply, you know it could lead to in the future.

DR. WAY: Yeah, yeah. I think, right, we would be incredibly irresponsible to say that there weren't lessons learned throughout the surge right. This is a once in a century event, a viral pandemic. And just like if we were able to take the same test over we might have do, we might, you know, do many things or answer many things differently. It does not mean that what everyone did throughout the entire surge was do everything in their powers to save as much, as many lives as possible. And so I think, right, we are very much still in the pandemic. It is actually, I found after kind of the bell curve of that first peak passed each clinical area so it passed the emergency department first as social distancing measures were working. That was the first opportunity that many of the staff who work in the emergency department had to really catch their breath, and then process, all the trauma that they had been through, right, while you were, right. I

felt like we were drinking out of a firehose. It was a drink. Right, 18 hour days, right, just go, go, go do everything you can, adrenaline. There's no time to process. It was really when I showed up to a shift and I was like, where did all the patients go. And then I realized right, everyone around me was starting to process is starting to work through the grief. They had seen so much critical illness and had seen so much death that everyone was in a different stage of the grieving process for their patients, moral injury, all those things were flooding in. So we rapidly said, while the volume is down, right, because, as the COVID volume decreased the community was still not coming back to the emergency department right away, for fear of being exposed to the virus, who said, let's do group debriefs outside 8, 10, 12 staff members multi-discipline. Let's go out into the ambulance ramp, folding chairs six feet apart, and process together, and set an internal goal for every staff member regardless of discipline to be part of a group debrief. And so multiple, multiple goals here. So, one you can't explain to anyone, what it was like in the emergency department. The people who really truly know how you're feeling and what you went

through are those who had that shared lived experience, those who were shoulder to shoulder with you, you know, in the peak of the surge. And so, processing together. It's very therapeutic with peers and a lot of staff have actually told me they feel more supported at work than they do at home because their friends and family just can't understand, right, what they went through. And so, the group debrief allows individuals identify maybe I need more services more supports, right, hearing what other people are going through, and also gives their colleagues opportunities to say hey, Dr. Way is struggling a bit, right, can we have Helping Healers Heal come back and meet with him one on one, can we all like make a commitment to reach out to him so that he's not sitting at home, you know, trying to cope with this alone. And so the, the more opportunities to not let somebody fall through the cracks.

CHAIRPERSON AYALA: Thank you so much. And I'd like… thank you to all of you for all of your work. And I want to turn it over to Chair Rivera.

COUNCIL MEMBER RIVERA: Thank you so much. Thank you Chair Ayala. And thank you for mentioning

some of the, I guess the feelings of fears of all of the hospital workers, you know I've read a lot of articles and about programs across the country and even globally on what hospital systems are trying to do for their workers and I think you know the answer. Well, some of the feelings of the hospital workers feel are reports of being afraid to stop right because if you do, and you look around, it'll be overwhelming or if you stop you'll crash or, as you mentioned, there's passion fatigue, there are so many things that the workers are dealing with. And I know that you are trying your best to meet those needs. So I wanted to ask a little bit about the program itself and to get some numbers. And so we can figure out again. We want to be supportive of the work that you're doing and we want to figure out how we can help you resource wise. So, who exactly participates in the program? You mentioned medical and non medical staff, welcome to take part in the programming. And you mentioned some of the focus of the programming. Are there any lessons learned since you first launched the program, and when exactly did you first launch the program? So I know I gave you a few questions. When did you first launch the program?

What are some of the numbers of people who participate? And if you can go into a little bit about some of the program focus in terms of how many, not just how many people have participated but how are you informing the workers on what's available?

DR. WAY: Okay, so I'll try to remember all those questions. Number, number one, when did the programs start. So behavioral health services has been here since the beginning of New York City Health and Hospitals. I'm not sure maybe Charles could answer when the Office of behavioral health was formed as its own service line in central office. The Helping Healers Heal program. I was here maybe two weeks before I introduced the topic in a system wide webinar. This was in February of 2018. And I challenged, each of the CEOs across our system to identify one to two H3 leads to create an internal steering committee. We launched our first team in July of 2018 that was Jacoby, and over the next 12 months, basically launched 17 more teams and so this is every acute hospital, every post acute facility, community care, and Gotham, our inventory clinic network, all have their own teams. And so it was a similarly a train the trainer, where Jeremy myself

and Jeanette Baxter our corporate risk manager would provide the first training to the first 30 to 50 peer support champions. And part of that training was to hand off to the locals H3 steering committee leads, who then would train up to get to the 250 to 300 or so peer support champions that we felt like would cover every unit every discipline every shift. And so, they have continued providing trainings on their local schedules for who is involved so when we asked for the first 30 to 50 peer support champions we said make sure you remember all the non clinical disciplines as well. So we had Environmental Services staff, we had hospital police, we had administrators, we had radiology techs, as well as doctors and nurses, and those that you classically think about as clinical folks. And so I think that is one of the beautiful things that we've seen with H3 both in Los Angeles, as well as in New York City, is that people tend to look out for their own clan, or their own discipline, their own unit. But what we have seen here is you'll have a pediatrics intern pointing out that they saw the hospital police officer with their eyes wide open, and jaw dropped, watching that pediatric trauma happen. Right, noticing that your

DBS worker is the one west of the blood after a gunshot wound. And so looking out for each other, regardless of title, discipline, as human beings. And so that's been a much welcomed in success I think of this program. We have trained over 1,000 peer support champions who had provided over 700 one on one and group debriefs that were locked. And so we know this happens in real time. I can't show up to emergency medicine shift without a few people, three to five people say, you know, sometime during the shift do you have time to talk about a case that I'm struggling with, right, and so not all of those get, ended up getting tracked. But that's a change in culture. So those were some of the numbers and the 1,000 include all disciplines across the system. So Charles do you want to talk about the behavioral health, Office of Behavioral Health, when it was a formed as its own service line and some numbers there?

COUNCIL MEMBER RIVERA: can I just ask you one more follow up question is how many people have participated in the Helping Healers Heal program since the beginning of pandemic?

DR. WAY: Since the beginning of the pandemic? So our tracking actually fell off a bit during the pandemic. And that's because everybody was just doing whatever they could to meet the need and meet the demand. And so, I don't blame our H3 peers for champions for not wanting to go back to the intranet to fill out the post encounter form when they were providing so much support in the wellness respite rooms as well as the longest rounds. We know these are, you know we've been able to track visits to the wellness respite areas 52,400 on the last count. We've done over 5,700 wellness rounds. But it, you know, it's, it's hard to track a number of one on one and group debriefs when people are too busy to, to enter it into the system. But we know many, many were happening, we know right daily in the emergency departments, multiple group debriefs are, are happening. So Charles do you want to talk about Office of Behavioral Health.

DR. BARRON: Sorry. Are you, can you hear me now?

DR. WAY: Yeah, we can hear you.

DR. BARRON: So, thank you for allowing us to talk about this experience. And it has been one like none other we've experienced. The Office of Behavioral Health as a service line was formed about five to six years ago, during that time as those chairs understand that often times our patients in the behavioral health services may present challenges in management. We began to develop sort of the the beginnings of what became H3 at our facilities that the staff sort of on their own, wanted to support people who might have experienced trauma in that, both psychological trauma or physical trauma. So we began to form in each of the facilities a core group who would provide, voluntarily provide support to anyone who had been through a bad experience. We also built on the experience we had with 9/11 and Superstorm Sandy in the sense of providing support not only to within the Department of Behavioral Health but also within the hospitals that they served in. So this sort of became a rudimentary thing when, when Dr Way and Dr. Katz [sp?] really wanted to be a much more formal program for the entire facility. Our staff are certainly very happy and very eager to participate in. And I think that's what helped us.

And in such a way says we like to look out after our own, so we're really in the business of supporting. Thank you.

COUNCIL MEMBER RIVERA: How do the programs handle moral injury from stressful medical decisions brought on by maybe the lack of equipment or the staffing?

DR. BARRON: I'm… do a little more of that I mean whatever the, the issue was whether it was such a thing as the, the shortage of equipment that brought about stress or a moral dilemma or whether it was from seeing so much sickness and illness and death etcetera. I think that the staff has been, you know, through an enormous amount of like preparing and training through the steering committee through Mr. Siegel through Dr. Linn-Walton, and the chance to really prepare them for any option of trauma that they were experiencing and still provide that support. It may be then that we would ask them if they wanted to go forward to, maybe a specialist that specialized in that kind of trauma. And so it was on site, and yet also, we extended other health for them.

COUNCIL MEMBER RIVERA: Are there any lessons learned from the implementation of triage guidelines?

DR. BARRON: Yeah, Eric… ask you to comment?

DR. WAY: Yeah, I'm happy to take that. So the moral injury question as well as the triage guidelines. I think it was just the mere fact that we were discussing these things in the United States of America, US doctors, nurses, health care workers are not trained to deal with these kinds of situations we've always been able to do everything for everyone who wants it. And so I think just the, the mere fact that we're even talking about the potential of getting there where we would have to triage ventilators or oxygen or anything, anything else was extremely traumatizing to myself, to other emergency physicians, to ICU providers, to you know internal medicine doctors on the medical surgical wards. I, similar to everyone else who has spoken so far, extremely thankful that the social distancing measures the stay at home, the mask, the six feet, prevented worst case scenario. We never got to where we had to triage ventilators or we had to triage who

we do CPR on. But I think, right. The mere fact that that was in the back of everyone's mind, everybody was talking about do we need to, you know, implement these types of triage protocols, protocols and policies that was traumatizing in itself. And I think through any of our support services if this is something that is bothering or traumatizing the staff member, this is what we talk about. And so through first peer support, and then speaking to your colleagues about I felt that way too you know is often enough, right, but if that's not enough then we will kick it up to a tier three mental health specialist to provide some more professional kind of counseling services but I think it's, one of many topics that was a common theme.

COUNCIL MEMBER RIVERA: If there's a second wave, how could we lessen the emotional strain on medical and non medical staff, and can you go into a little bit more on, on how non medical staff are informed about the programming? Only because in one of your remarks I know you've mentioned across disciplines, which, that's an inherently medical response so I just want to make sure that we're covering non medical workers as well.

DR. WAY: Yeah, yeah. So, we are holding H3 debriefs with our central office staff. So, many are administrators, many are not clinical by background. We're working closely with our senior leadership. Senior Vice President for facilities development… teaming up with us on how do we do, H3 support for the trades, right. And our senior vice president for pharmacy and supply chain, how do we do H3 debriefs for the supply chain leads right and for other kind of support services, EBS is under them as well. And so we are providing support there. We utilize our internal intranet. There's newsletters that come out on a weekly basis with resources. It is very prominent on the homepage. Anytime you open Internet Explorer or chrome using an H&H computer it's right there, right COVID-19 resources, Helping Healers Heal resources. And then we incorporate it into our leadership huddles, our patient safety huddles happen daily right any sort of events that are brought up from overnight or from the prior day is almost like a standing right do we need to activate H3 for, for that event, who was affected. And so that's how, how we reach out. On the question of a second wave. I think some of the lessons

learned. I think, potentially, rotating staff off of the front lines. And so, the military does this, you know, soldiers can only be on the frontlines of a battle for so long before, right, their emotional, psychological toll. And so, if there is a way for us to rotate people out, even if they're, you know, still providing services but not necessarily the ones intubating patients or receiving you know from EMS. So some sort of rotation out off the front lines, and more of you know the west, the respite wellness rooms. More meeting people where they are. And some of these, right, repurposing meetings, staff meetings, morning reports, grand rounds, educational meetings to do these debriefs, so that you can process it together with your colleagues.

COUNCIL MEMBER RIVERA: So aside, you know, I want to ask a little bit about that. I wanted what hospitals need to do to improve mental health beyond just providing some of these services. How is H&H providing time off and working to improve amount of PPE, and beds, and medical supplies, and how is H&H working to maintain proper staffing ratios?

DR. WAY: Yeah so you know those are, are all priorities for us and we're very proud of our

supply chain team. This was not a New York City, this was not a New York City Health and Hospitals crisis with the shortage of PPE, this was a global one. We saw hospitals in Italy struggling to get PPE and China and Hong Kong, all over the world. And our supply chain team worked 18 hour days, tracking down every lead to get us hospital grade N95s and other PPE so that they weren't wearing, right. KN95s and trash bags as PPE. So, right, did we, we have severe anxiety about running out? Absolutely, the rest of the world did. Every healthcare system and hospital give away never close to running out, which we're very proud of. And we continue to fight for it. It's not like just because the surge moved past New York City, suddenly all the supply chain lines opened up. And so we're continuing to claw and fight to gain as much PPE as possible to stockpile in preparation for future surges there for staffing. We were excited to partner with nice and sign a new contract with say minimum nurse staffing ratios as part of it, and the… our Chief Nursing executive is working very closely with all the CNOs of our facilities to get us there to meet those staffing models. But it is something right we absolutely refuse to run the healthcare

system that we would not be proud to bring our children, I bring my own children to New York City Health and Hospitals. My wife and I actually delivered our third child at Bellevue Hospital, three weeks before I had to go into isolation and hiding because of working ED shifts and going into these hot zones and so very proud that I work for a health system that I bring my own family to. And so that's, that's what we're staffing to and that's what we hold ourselves to.

COUNCIL MEMBER RIVERA: I was also born in Bellevue so I think it's a great place. Okay. So I just want to, you know, because I have spoken to advocates and of course labor, and I know that the agreement that you have with NYSA doesn't really reflect the situation that occurred during COVID and I realized it was an unprecedented time. And you said there were shortages all over the world and I have looked at strategies and things and Singapore and Wuhan and in cities in Italy and Canada and Illinois and Hawaii and Iowa, and in California just to see if we can learn from other places. So, you know, because of the stress that happened during COVID. You know, I just want to ask a couple questions. One was there

was a Wall Street Journal investigation that highlighted this kind of situation in these conditions as an issue. So how many traveling nurses and medical staff were brought on at H&H at the height of the pandemic?

DR. WAY: I don't have that exact number in front of me because we, we did bring… So one was the military we had Navy, Army, Air Force medical personnel in our facilities, and we also had FEMA, as well as direct vendor staff come in. I'm gonna have to get back to you on the exact numbers because I don't want to give incorrect data on it. But we certainly did bring a whole lot of nursing position staffing and that allowed us to, right, triple our critical care capacity, the system as well as staff up for our hotel program as well as the Billie Jean King field hospital. And so, I will have to get back to you on the exact numbers. I know we were very aggressive.

COUNCIL MEMBER RIVERA: I know, I know, and I've taken a lot of time to ask questions. That's why I want to wrap up and give my colleagues a minute. The reason why I ask is because it got to a

point where the conditions were really, really dire, and many of the hospital staff actually spoke out via social media via the press. And I know that there were some issues pertaining to speaking with the press and some of the whistleblower policies and I hope that you know as Dr. Katz mentioned that you do support people speaking out and making sure that some of those conditions were brought to light. But if you're making a commitment to rotate medical staff more quickly off frontlines in a future wave how many traveling or temp staff will you need to have ready to bring on to do that effectively. Do you have an idea in terms of preparation?

DR. WAY: Yeah, I mean I can't give you an exact number for it, but what we did, which I think was critical is that we know that not every borough, not every community was equally hit. This proportionately hit the poorest and most vulnerable in our minority communities and populations and so Elmhurst and Queens hospitals are an example of this. And it wasn't like FDNY could just bring patients… or flushing, which they were in the same borough and they were equally hit as hard. And so, not allowing one hospital one facility one staff to drown under

the weight or the COVID surge meant that we had to shift resources towards those hospitals, whether that be personnel, whether that be ventilators, anything else that they needed, as well as level loading patients across the system. Manhattan we know was less affected given, you know, more kind of influence and more ability to isolate and socially distance. And so rather than having our Manhattan hospital sitting by idly, helping to carry some of the weight was very important to save lives. I think right from, from the wall street journal article. I think, you know, we'll never dispute people's lived experience and their perspectives we respect our coworkers too much for that. We are never going to state that they can't speak out to the press, and that's why you might see more of them speaking out to the press because we are, we do not retaliate against them. And, you know, I think, all those things are lessons learned, for us, we do feel proud about you know everything that we did to save lives, and we did it right under the gun extreme pressure and. Right, our frontline staff. I don't think Heroes is strong enough word. I'm so proud to be a healthcare worker, and to be in New York City, through this. And so I

think lessons learned all around and, you know, we're very proud of, of our staff in our system.

COUNCIL MEMBER RIVERA: And thank you, we're very, very proud of you, as well. So, we have a tremendous debt, but if you can get us the numbers afterwards and, and I thank you were covering all of that because we want to make sure that people feel confident in getting help. And that there's no fear of retaliation that they get the all the services that they need. And I just want to, you know, I think, Dr. Wendy Dean who I believe is here to testify today I think she said it very concisely that there is no doubt this pandemic will mark many Americans with psychological scars but how big how complex and how much they will interfere with the function of healthcare workers will depend on how organizations, respond to this newly erupting phase of the crisis. So we are happy to be partners with you, and making sure that people get the services and help that they need in the language that they are most comfortable, regardless of their position. Thank you very much and thank you, Chairwoman for the time.

CHAIRPERSON AYALA: Did anyone else sign up for questions? Is that Mark Levine over there trying to get in? Council Member Levine.

COUNCIL MEMBER LEVINE: Well thank you so much chairs Ayala and Rivera for this excellent hearing and great to see our friends from H&H. I'm wondering about the health insurance that employees have you know insurance companies have been notoriously bad at covering behavioral health or mental health services. We all believe they should be covered to the full extent that any health problem is. They're not often. Could you talk to us about the copays required for mental health services under the insurance plan that your staff have, how broad the network of coverage is, and just how well served their insurance, how well served they are by their insurance coverage when it comes to mental health needs.

DR. WAY: Sure, thank you so much for for that question. I'll start and I'll ask Charles to add to it. So, New York City Health and Hospitals staff are eligible to all the city plans are built available to all New York City workers.

COUNCIL MEMBER LEVINE: So does that include, sorry Doctor Way, does that include part timers as well. Part time staff.

DR. WAY: That, I'm not sure what percentage of time, or FTE you would need to be to be eligible for it so I'll have to get back to you on that. But certainly our full time staff are eligible to, there are three free plans with Blue Cross, GHI, CBP plan, The HIP, HMO plan as well as Metro plus, but there is a long list, there's Aetna Cigna Empire, other GHI, other HIP, MetroPlus gold, which I have Vytra, some of the insurance plans that are available. We do have a lot of our providers our physicians are paid by affiliates. So NYU for Bellevue, Mount Sinai for Elmhurst… for many of our, our sites and so their kind of menu of health plans varies depending on what's available to Mount Sinai staff, what’s available to NYU staff and… has its own list. Each of these do have a coverage for, for behavioral health. I don't know the details of what a copay for any of these, right, 10 plus plans are. But, Charles Do you have anything to add to that. Charles I think you're on mute.

DR. BARRON: Thanks… technologically challenged. So, I don't also know the copays for these but that they're relatively minimal. One of the things that Behavioral Health and Health and Hospitals as a system has been in support of is, is parody for behavioral health, mental health, substance abuse services, along with the physical illness benefits. There have been recent legislation that has been passed that helps, helps that, but we still actually joined with many of the advocacy groups to really tried to make sure that all of our employees or anyone is able to have the equal care for behavioral health services that you might get for physical care services and we will continue to advocate for them until we're successful.

COUNCIL MEMBER LEVINE: Okay, please, please do this very important. Just one more question. Patients also have mental health needs. What they went through with COVID in March and April, in many cases, patients can finding the syllabus without the comfort of family members, probably meant that staff, often had to play the role of therapists or provide mental health services when patients themselves were facing challenges. And I'm wondering,

to the extent that we have enough in house mental health staff to carry that burden, so that frontline medical staff are not put into the position of having to be therapists to patients in need, which also would be a burden on the frontline medical staff.

COUNCIL MEMBER LEVINE: Certainly, we are very aware of the, the challenges faced. People with existing mental illnesses or substance use services, and those that were going to develop mental health or mental health issues. During this very challenging time of isolation assets for families so we were very prepared it will be geared up and prepared more, and are expecting you know post COVID continued mental health needs for our communities, our staff are well trained in crisis management. We have given them additional training in crisis management and trauma care. We provided services via telehealth, especially telephonic for a patient to make sure that they continue to have contact with support, and the outside and follow up, it's just, we still see patients in the house that were crisis. But the majority of our services were telehealth televisual and telephonic and we actually found that the percentage of people who participated you know kept

their appointments via telephone was significantly increased, if it was a vital way of making sure that people stayed in contact, were stable and very much alerted us to any kind of acute needs that they had in which we dispense our mobile crisis units or other community based units to go and try to have more close contact with them face to face with PPE. We also participated in most of the hospitals in on the medical services for the acutely ill and the ICU… etcetera. Working with families who felt isolated from the patient in the house and that and the patients in the house being isolated from not having visitors from their family. We use technology for that we use iPads and other devices to have video visits with their families, and make sure that they can stay in touch and be supported by their families as well. Any… team wants to add into that.

DR. WAY: Yeah, I think the, the fact that COVID-19… no visitations or to protect both visitors, patients, and staff was probably one of the most heartbreaking parts of this pandemic. And we just want families in the community to know that our empathetic healthcare workers did step up and they became the family members, nobody died alone. And

not, you know connecting family through the video visits. It was our nurses. It was our volunteers. It's our respiratory therapists in our physicians who were there holding hands there at the last moments. So, certainly one of the most heartbreaking parts of this.

COUNCIL MEMBER LEVINE: Yes, no doubt, and heartbreaking for patients and families, but the theme of this hearing today is the impact on staff and we know that also was heartbreaking for staff to go through those difficult months. And, and we also know that this is going to be a long term fight that in some ways the hardest struggle is post trauma when the adrenaline stops, and that's what often PTSD sets in. And, and so we encourage you to keep up the work on this. As long as it takes and that may be years to come. To care for the staff. We've been through so much already. Anyway, I want to thank you for that, those responses and I'll pass it back to our chairs Thanks to both of you as well.

CHAIRPERSON AYALA: Thank you, just want to, want… testify. And that concludes that, this part of the, of the hearing. I'm now going to pass it over

to our… call the public, the testimony unless there's another member that forgot to raise their hand? None.

UNKNOWN: Thank you, Chair Ayala.

COMMITTEE COUNSEL: We have concluded administration testimony and will now turn to public testimony. Once more, I'd like to remind everyone that after the first panelist individuals will be called up in a panel of three or four. Council members who have questions for a particular panelist should use the raise hand function in zoom. You will be called on after everyone on that panel has completed their testimony. For panelists once your name is called a member of our staff will unmute you and the sergeant at arms will give you the go ahead to begin after setting the time. All testimony will be limited to three minutes. Please wait for the sergeant to announce that you may begin before delivering your testimony. The first panelist will be Jenna Mandel Ricci from the Greater New York Hospital Association. Time begins now Jenna.

JENNA MANDEL-RICCI: Thank you. And thank you to all of my Health and Hospitals colleagues that just presented. Chair Rivera, Chair Ayala and members of the Committee on Hospitals, and the committee on

mental health disabilities and addiction. My name is Jenna Mandel-Ricci. I'm a vice president of regulatory and professional affairs at the Greater New York Hospital Association. GNYHA proudly represents all hospitals in New York City, both not for profit and public, as well as hospitals throughout New York State, New Jersey, Connecticut, and Rhode Island. During normal times I lead GNYHA's efforts related to emergency preparedness and employee well being. However, for the past several months I've served as the incident commander for our COVID-19 response. Thank you for the opportunity to testify today. Today I will discuss the constellation of employee health and wellness resources and structures that hospitals generally use to support their workforce, how hospitals quickly pivoted and amplified these resources to meet the acute needs of the workforce during the COVID-19 patient surge, and current GNYHA initiatives to support ongoing workforce. Hospitals have long prioritized the safety, health and well being of their workers hospitals throughout our membership have established employee wellness programs that seek to address areas such as nutrition, physical activity, stress

management, and chronic disease prevention and management GNYHA helps members develop and continuously improve employee health and well being programs. Since 2015 our wellness workgroup has brought together GNYHA members to share best practices and discuss emerging issues. Last year, GNYHA also formed a clinician wellbeing advisory group. This group of healthcare leaders focuses exclusively on the issues faced by frontline providers in March as COVID-19 advanced across the globe and the patient, first patients began arriving in New York City hospitals, our members quickly pivoted and amplified their existing health and well being structures to meet the physical and emotional needs of their staff, hospitals and health systems prioritize meeting the basic needs of employees to reduce stress and allow them to focus on patient and self care. For example, Mount Sinai health system created a webpage for staff that outline resources for employees seeking help with food, transportation childcare and other basic needs. To reduce confusion and fear and to help ensure accurate messaging, hospitals and health systems prioritize frequent communication to employees. For example, the monitor

health system, President and CEO lead daily monitor New York together phone calls for all health systems staff. And while hospitals and health systems prioritize the mental health of all staff during the COVID-19 crisis, they paid special attention to frontline health care workers, treating severely ill COVID-19 patients. For example, New York Presbyterian at Columbia prepared a guidance document on how to conduct small group debriefing sessions focused on coping strategies. As the patient surge decreased hospitals began focusing on the intermediate mental health impacts on their workforce with an emphasis on normalizing feelings of anxiety…

COMMITTEE COUNSEL: Time.

JENNA MANDEL-RICCI: Thank you. …providing staff members with strategies and opportunities for self care and access to counseling services. GNYHA is actively supporting number hospitals through a number of initiatives some of what you've already heard about today, including Hero New York and I can mention others during questions if you'd like. New York City's frontline health care workers accomplished the extraordinary during the COVID-19 patient surge. As they process the grief and anxiety

of that experience they also face an uncertain world of living and working in an ongoing pandemic and social upheaval GNYHA and our members intend to support them so that they can thrive during these difficult times. Thank you for the opportunity to testify on this critically important issue, and I'm happy to answer any questions you may have. Thank you.

COMMITTEE COUNSEL: Thank you. I would like to remind council members who have questions for particular panelists to use the raise hand function and zoo. You will be called on after the panel has completed its testimony in the order in which you raise your hand. Are there any council member questions? Chair Rivera. Please go ahead.

COUNCIL MEMBER RIVERA: Hi yes thank you so much for being here. I just wanted to ask about some of the, particularly about the Hero Program. I wanted to ask how many hospitals have taken part in the train the trainers program. I'm assuming all of them have some version of the program if not that exactly. And who participates? How are you making it available in some of the voluntary hospitals? And if you could just give us a little bit more, some more

details on how you're promoting the program and how you're making sure that every level of position, feels comfortable in accessing services.

JENNA MANDEL-RICCI: Can you hear me now? I was having a little trouble getting unmuted. Thank you for the question Chair Rivera. So, we have made the Hero New York program available to our entire membership. I see your dog in the background. He's a very cute dog. To our entire membership that includes New York City and beyond. I can't give you exact numbers of how many of our member hospitals are currently participating, but I can certainly get that information and share it with you. We have made this. We have promoted the program in a number of ways. I mentioned in my testimony that we have a wellness workgroup and a clinician wellbeing advisory group. During meetings with those groups we have heavily talked about and promoted the Hero New York program as well we have sort of regular communications that we push out to our membership. So we have special bulletins that went out about it and you heard Dr Way report earlier that we had over 700 participants on the first training on June 3rd and we had nearly 600 of the second one on June 10th, and we are recording

all of the information so that if there are any members who sort of didn't get word until it was already beginning that they can go back and touch themselves up. And we do plan as part of the last of the series of five, and following that to check in with all of our members around implementation.

COUNCIL MEMBER RIVERA: But how is the, the cross sharing in terms of resources with the public hospital versus the others kind of in the, in the membership of the Greater New York Hospital Association. Our, I know that Dr. Way specifically spoke to some of his experiences in H&H, but I think what we saw kind of during the beginning of the pandemic was this real need for there to be one system and eventually there was announcement made to the public. But we, we were trying to get more information on, on how you were really all supporting each other. So the little, it was a little bit difficult for us so I'd like to hear about how that's happening now in terms of how you're taking care of workers equitably, regardless of which hospital they work in in New York City.

JENNA MANDEL-RICCI: Sure. So GNYHA is a membership organization so all of the hospitals

within New York City are our members. So that includes Health and Hospitals plus all the volunteers and we have many members outside of New York City. And we make all of our resources and all of our programming available to everyone. So there's really no distinction in our minds between a public hospital and a voluntary hospital, and I work day to day on emergency preparedness and emergency response, and we have excellent relationships with all of our hospitals and they have excellent relationships with each other. So among for example in the emergency management community, there's already an incredible level of trust and collaboration as one example, since before 2000 in preparation for Y2K, you can think that that far, we have been holding a monthly emergency preparedness coordinating council, that brings together emergency managers from hospitals across the region, along with agency partners. So month in and month out year over year, we work on emerging issues and problems together. So there's a really solid level of collaboration that then extends into emergency response.

COUNCIL MEMBER RIVERA: Is the council different from the clinician will being advisory group that was formed last year?

JENNA MANDEL-RICCI: Yes, so I work in two principal areas. I work on emergency preparedness and then employee wellness, kind of an odd pairing but they do come together at certain times like now. So the emergency preparedness Coordinating Council is a separate council that we have been running again for 20 years that specifically deals with emergency preparedness, while the clinician well being Advisory Council was something that formed out of a lot of work that we've been doing over the last couple of years related to clinician burnout and resilience, and a lot of the issues that you heard Dr Way talk about so eloquently a few minutes ago. So this was foundational work that was already happening, that was looking to address issues like second victimhood and just the ongoing stresses of working in healthcare, so that was a group that had already formed. And then we've really activated it and utilized it during the current COVID crisis.

COUNCIL MEMBER RIVERA: And, and just my last question. I know we're, we're speaking on the front line of staff but I wanted to just go back to my mention on equity. Because mental health services in the United States tend to be based in westernized ideals. So how does the hero and why program ensure it meets the needs of marginalized communities, specifically the communities of color that were so disproportionately affected. and how do people know that the programming will meet their unique use of that workforce. And just my last question I know where we're speaking on the, the frontline staff but I wanted to just go back to my mentioned on equity, because mental health services in the United States tend to be based in westernized ideals. So how does the hero NY program ensure it meets the needs of marginalized communities, specifically the communities of color that were so disproportionately affected. And how do people know that the programming will meet their needs.

JENNA MANDEL-RICCI: So it's important to understand that hero New York is really about providing additional training to behavioral health and human resources and other providers that will

then be providing those services to staff, so this is really a train the trainer model, and it's about increasing the capacity and skill levels of folks that then provide services. So what I imagine will happen is that as individuals, go through this training, they will then take this information back and think about how best to apply it to their own workforce and unique use of that workforce.

COUNCIL MEMBER RIVERA: I'm gonna actually just defer to. Alright, so let me just ask you real quick about the safe staffing, that I asked H&H, do you think that the overwhelming situation that doctors and nurses face during COVID which have already been a problem in EDs across the department. Change Greater New York's position on the need for safe staffing.

JENNA MANDEL-RICCI: To be totally honest that's really not an area of expertise of mine so I don't feel comfortable answering that question, but I certainly can go back to my colleagues and get back to you.

COUNCIL MEMBER RIVERA: Is that because you said your title was incident commander.

JENNA MANDEL-RICCI: During the COVID-19 crisis I've been the incident commander but day to day the two areas that I worked on are emergency preparedness and then employee wellness.

COUNCIL MEMBER RIVERA: Alright and you don't feel comfortable answering about these…

JENNA MANDEL-RICCI: Yeah.

COUNCIL MEMBER RIVERA: Okay, I'm gonna turn to my colleagues and see questions. Thank you so much.

JENNA MANDEL-RICCI: Thank you.

CHAIRPERSON AYALA: So Council Member Rivera did a really wonderful job of asking all the questions that I wanted to ask so I'm not going to, I don't, I don't want to, I have two, two follow-ups though. One, is language… of… services are being rendered. Can you guys hear me well? Because somebody's saying that it sounds really… Can you hear me? Yeah? So really the question is about language and what, what language are these programs being provided in?

JENNA MANDEL-RICCI: So Chair Ayala I can't speak to specific programs, the Hero New York program, which is again a train the trainer program,

is being conducted in English but, again, the idea here is that we are investing and increasing the skills and capacity of behavioral health professionals, of folks that work in HR or work on employee wellness and then they're going to take this back to their institution and implement these skills and programs and layer them into what they already offer. I am quite certain that our hospitals provide services to their workforce in the languages that those individuals are comfortable in, and again there's really you heard Dr. Lynn Walton from H&H talk about the, the No Wrong Door Policy I think it's fair to say that most of our hospitals in our membership offer many, many, many different kinds of mental health resources, because you never know how someone wants to access those resources. Do they want to use an app? Do they want to talk to a counselor on site? Do they want to go through their health insurance? Do they want to call a help line? So it's really about providing them with the information so that they can access services in a way that they're most comfortable with in the language that they prefer.

CHAIRPERSON AYALA: Absolutely. [inaudible 1:43:20]

JENNA MANDEL-RICCI: So we don't do direct service, we provide services to our hospital members, but I am certain that that all of our hospitals that are located in New York City, within their resources that they make available to staff include NYC Well.

CHAIRPERSON AYALA: Okay. And that, that's, my final question is. So is, is, the people within the hospital are… these programs. How do we ensure that they themselves receive the…

JENNA MANDEL-RICCI: I think that's a great question, and in all of the work that we do with our member hospitals, we really emphasize, as you've heard of my H&H colleagues talked about, the need for everyone within the health system have the opportunity for services and I do know, I'm not a behavioral health specialist, but I do know that within the behavioral health world there's a real emphasis on the individuals who provide the care also having access to the care that they need, because they take on a very large burden, helping others and they too can become second victims. So I believe that that is something that in any behavioral health

program that supervision and that provision of care for the healers is also part of it if that's helpful. Thank you.

CHAIRPERSON AYALA: Thank you so much.

COMMITTEE COUNSEL: Thank you. Again a reminder if you have any questions, please raise your hand in zoom. Okay. I'd like to thank first panelist that and move on to the next panel. The second panel in order of the speaking will be Dr. Wendy Dean, Dr. James Cho, and Judith Cutchin. I will now call on Dr. Wendy Dean. Time begins now.

DR. DEAN: Thank you council members. I'm Wendy Dean from the Moral Injury of Healthcare. And I would like to thank the chairs and members of the New York City Council, committees on mental health disabilities and addiction and hospitals for the opportunity to submit this testimony about New York City hospital's response to the mental health needs of frontline health care workers during the coronavirus pandemic. We are a nonprofit dedicated to addressing clinician distress. And I commend the council for attending to the psychological recovery of frontline staff in the wake of the initial COVID surge, and for bolstering psychological readiness for

a second, potential second wave of the virus. As Councilman Rivera mentioned in her opening comments distress whether moral injury or burnout was rampant among clinicians, before the surge happened. Suicide rates among healthcare professionals was unacceptably high COVID-19 magnified many of the pre existing challenges, and it added new ones. As described earlier the conditions in New York hospitals during the peak of the initial surge were like nothing most of us have seen in our lifetimes in western healthcare. And it has left many deeply concerned about the long term psychological well being of New York City hospital staff. As with any crisis when the pressure to act subsides when there's time to breathe so many clinician friends say the pressure to feel intensifies. Each will process his or her intense emotions and experiences in unique ways on a unique timeline. That grief does not resolve in our bidding. Organization, organizations may fight, face some challenges in providing support for psychological recovery of their frontline workers, as Dr. Way described, many clinicians are reluctant to seek help for mental health concerns, and there's a habit among those who work within healthcare to minimize their

own needs, in the face of greater perceived suffering by patients and families. It's a part of a culture steeped in self sacrifice and deeply uncomfortable with personal vulnerability. In part that vulnerability is bred by the district, the brittle distrust, the brittleness of trust between workers and organizations prior to COVID. Nevertheless, it's critical that healthcare systems in New York, make a concerted effort to acknowledge the losses grief and trauma their workers experience, experienced. Health hospital staff is the most valuable asset, and the most expensive, expensive resource for a health organization and taking good care of them is in their best interest. So I would have five recommendations. The first is to ease up, and to staff at maximal optimal levels including 110 percent of the suggested for ER staffing, which is often not met because of financial concerns. Check in and mean it, show up in person. Leadership needs to show up in person being genuinely interested in what workers need, and making those resources simple to get provide support. Peer support can be exceptionally helpful for some, but other options which do not burden the frontline workers with providing their own healing should be

equally available. And it may be possible for healthcare organizations across the city to come together and collaborate, collaboratively provide an option that is outside of each of their Institute's [cross-talk] I would also, I'm sorry it was that time? The third is to beware of appropriating the hero. Healthcare organizations and other agencies may want to reconsider referring to frontline workers as heroes. Instead, give them the equipment they need to do their jobs and stay safe. Prepare for a long tail of need. Psychological recovery may take two years or longer, and responses must be long term, flexible, and convenient. The fifth is to learn lessons. Triage isn't practiced, rationing isn't discussed, and that must change. Many frontline workers have had experience they're unprepared for, which will have prolonged impact. It's the respectable response, it's the respectful, responsible, and compassionate thing to do to support their psychological recovery and to ensure psychological readiness for a potential second wave of coronavirus. I applaud you for having the courage to confront these complex challenges, and your, I would say that the leadership of the New York

City committees can forge a path for others to follow. Thank you for the opportunity.

COMMITTEE COUNSEL: Thank you, Dr. James Cho. Time begins. Dr. James Cho. Please proceed.

COUNCIL MEMBER RIVERA: We just can't hear you Dr. Cho. I'm sorry, you're not on mute. But we can't hear you.

DR. CHO: Can you hear me now?

COMMITTEE COUNSEL: Hear you now. Time begins.

DR. CHO: Okay. Hello and thank you, Chair Ayala, Chair Rivera and the city council members present today. My name is James Cho, and I'm a primary care physician and hospitalist of Internal Medicine at Bellevue Hospital. So I'm here today to represent just the individual healthcare worker, rather than representing our hospital, and thank you for the opportunity to testify today. I speak from the perspective of someone that's worked in the adult primary care clinic and the hospital, worked at Bellevue for over a decade, but also staffing the hospital in March and April as our city braced for the worst of this COVID surge, and I shared in the care of the sickest patients in the hospital, and our

fate, and our city faced looming shortages of ventilators, supplies, hospital beds, while we saw colleagues going out each week with illness. While we saw the mortality rates rapidly rise to levels beyond anything we could have imagined. And I also speak with the perspective of a primary care physician who is now engaged in evolving pivot to telehealth and telemedicine as we try to re engage our community in primary care community which at Bellevue includes the most vulnerable populations of our city, many of whom are constituents of your districts, as well as the city residents that have been most affected by this pandemic. And I won't share with you today some of the worst patient stories that will probably stay with me for the remainder of my career, but instead I wanted to share some of the feelings I had during the past few months as I worked in the hospital. I remember vividly, the feeling of helplessness, as I saw my elderly patients slip into depression and delirium while struggling to breathe in the hospital bed, away from loved ones. I remember resentment I felt as we made daily compromises to the fundamental aspects of being a healthcare worker, the ability to comfort in times of distress, which no longer

included the ability to sit at a patient's bedside, or to offer a comfort of touch as our patient suffered in isolation from their family. Instead, too often we spoke over by phone, over the sound of hissing oxygen and face each other through glass windows or a rapidly fogging face shield and mask. I also remember a feeling of horror, as I imagined the patient’s experience of dying in the hospital, surrounded by blue gown, never even having seen our faces behind the mask. Now, as I return to primary care, I, at times also feel and ineffective as I speak with some of my patients who have been enrolled in a contact tracing program that doesn't offer information or transparency to the providers of the city. At times, they feel helpless as they struggle through basic patient care tasks without an established workspace, without appropriate conferencing tools, or even access to a fax machine which is an outdated tool, but that stubbornly cling to the rope, to revel in, relevant, relevancy in the world of healthcare. I share with you some of these feelings to illustrate what I believe is among the biggest challenges for frontline workers, it's facing the loss of our professional identities as providing

comfort to our patients. We have support systems, as described by Dr. Way, and the Health and Hospitals team for promoting…

COUNCIL MEMBER RIVERA: Is it okay if he finishes his thoughts.

DR. CHO: Yeah, we have these support systems to help through the coping, but I think we need to reframe some of the experiences that healthcare workers are having about the loss of our professional role. We need support systems for regular and real time communication with our leadership to express our experiences and navigate operational challenges. And we really need to reinforce just our, the support of our workspaces the basic essentials of space, access to water, snacks, food, just like very basic and essential needs that we have on a daily basis as we continue in our roles as healthcare providers. Thank you for the opportunity to participate in the hearing and offer my testimony for consideration.

COMMITTEE COUNSEL: Thank you We will now hear from…

JUDITH CUTCHIN: Good afternoon. My name is Judith Cutchin. I'm from the New York State Nurses

Association, I am the president of the New York City Health and Hospital Executive Council, and Mayoral agency representing over 9,000 public sector nurses. I sit on the Board of Directors. I am also a registered nurse in Health and Hospitals for 30, 30 years. I currently work at Woodhull, I'm also an H3 peer supporter and Woodhull hospital. I would like to thank hospital committee Chair Rivera, Chair Ayala and committee members for their work on this critical issue. New York City hospitals response to mental health needs the frontline health care workers during the COVID-19 pandemic and during COVID pandemic the shortages took a toll on mental health of our frontline workers. Many workers weren't in this. I was losing patients and the situation is out of control. All the struggles with taking time to care for themselves when they themselves received their own diagnosis. It was a burden of possibly exposing their own family members as well. The instant lifestyle change isolation from family and friends, financial hardship also took an emotional toll on our frontline workers. I would like to thank Health and Hospitals for implementing the H3 Helping Healers Heal program that's offering the frontline workers

the right care, to be able to have opportunity to talk, which was therapeutic for each and every person. But if the wellness rounds are amazing at each facility also identifying symptoms of anxiety and depression, expanding these types of programs to all frontline workers is critical at this time. The New York State Nurses Association is the organization of registered frontline workers, our nurse, our nurse members also have access to 24 hour behavioral health helpline through our union assistant program. We also, we also offer member to member support. During the COVID-19 are NYSA created our own virtual wellness round. This also helps us to identify anxiety and depression. These were done in weekly town hall meetings where the members discuss issues and share. We also have follow up meetings, in case we need to revisit issues. We also recommend the opportunity for our members to have spiritual healing. So this will also help with the spiritual well being. Each of our sessions are over 100 members, which is great. We expanded our newsletters, our Facebook, our Twitter account just to allow the members to expand on the COVID-19 stories, but we would like to see that for all New York City

hospitals to have such programs to address mental health needs of all healthcare workers and their families during the trying time that we are in this pandemic. I would, again, like to thank you again for your time and your commitment on this very important issue, and I'm happy to partner with any organization in this matter. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. Again a reminder, if any council members have any questions please use the raise hand function in zoom. Chair Rivera, Chair Ayala.

CHAIRPERSON AYALA: Yes, I have a question. I have two questions. One for Judith, regarding the, just the level of, of delivery of service. I'm just wondering you know what your perspective was on, you know how… you, that you were you know in the midst of the, of the pandemic. I mean it sounds like, like the members, those members are already afforded a multitude of opportunities to connect to mental health services but isn't finding that that is adequate. Finding that there were you know holes within that system that didn't work for you.

JUDITH CUTCHIN: So, I believe these programs were effective and allowing you know coupling with H&H and the New York State Nurses Association program, I believe it was effective. I did get feedback from members that it was very helpful, that they were able to vent, they were able to get a lot of things off their mind that they generally wouldn't talk regularly. A lot of our healthcare workers you know as healthcare workers we tend to hold things in and not communicate. It shows what mental health has to be recognized and I think these programs would, would serve the purpose.

CHAIRPERSON AYALA: [inaudible 1:59:47] my follow up question this is to Doctor… So regarding, I wanted to… your perspective on the helping the hearos heal program and wondering if that was a tool that you found to be useful.

DR. CHO: To be honest I have not engaged or participated in that program. I, I'm familiar with the program, that's it. It had launched, because they were eliciting participants to complete the training to be facilitators, but I've never, I never had the clinical time to join the session, and I think we as providers, largely to utilize our own group and

resources within our group. And I don't have experience with helping heroes heal program.

CHAIRPERSON AYALA: Did you find it difficult to participate because of the overwhelming demand in the midst of the pandemic or, you know, we're not… you know what… easier for frontline workers who… services during the off time?

DR. CHO: I think, as in terms of a physician I think my perspective is more that it's somewhat of a one size fits all approach, and I don't, I just, it wasn't apparent to me specifically what service I was seeking through Helping Healers Heal or what activity. And we, we actually, my group had a big focus on wellness to begin with, so that was largely what we relied on through the crisis.

CHAIRPERSON AYALA: [inaudible 2:01:46]

COUNCIL MEMBER RIVERA: Okay. You're, okay I'm gonna… Thanks everyone. I just, yeah I wanted to just follow up in terms of generally how can we improve access to meaningful mental health programming and, for example, Dr. Dean you mentioned that peer support works sometimes right and that there's also a need to collaborate. I was trying to ask greater New York Hospital Association, you know

to shed some light on how they're collaborating. I don't I don't really feel like the question was answered, but I'm just curious from you all who are doing this from an advocates perspective. And what you're seeing and hearing from your colleagues, what we can do to just do more to help frontline hospital workers.

JUDITH CUTCHIN: So from my, from my perspective, from what I've heard, because I'm an outsider I think people feel more comfortable talking to me. And what I've heard is that a lot of people feel uncomfortable, distrustful like their jobs might be at risk or like their confidential information could get out. Whether that's a reasonable concern or not, isn't ours to say. If they don't feel comfortable using the service because it's sponsored or part of their organization they don't have access to care. And so finding a way for people to get care outside of their own system may be very helpful.

COUNCIL MEMBER RIVERA: I guess my question is whether right frontline workers have sufficient provider choice, with respect to mental health services and their health plan networks. So I'm not really sure you know kind of what the, the

diversity is in terms of offering but I'm very, very interested in in working with you in figuring out how we can use what is available and, and essentially incorporate some outside resources in case someone does feel uncomfortable, addressing some of their issues internally, in terms of peer to peer. So I just wanted to thank you all and I hope that as we reopen which is going to be the subject of my next hearing that perhaps we can all kind of come together in a sort of roundtable and take some of your recommendations to heart. Thank you.

DR. CHO: Can I make one comment to that last statement? The, to some extent, seeking individual providers or an individual health, mental health providers does fill a certain role for certain individual, but a lot of us if you initiate contact with a behavioral health provider, just even the lack of that shared experience through what we've been through, and trying to explain that experience is, is a hurdle. And I'm not sure, I know that peer support group and kind of just space to discuss with some of our colleagues is one aspect of healing, I don't know, I'm sure some people do need some individual behavioral health therapy, but it's not a simple

thing of like each person just needs to be matched with a behavioral health provider, because of some of the nuances to the trauma that we've experienced. And I will also say that as providers, we are always seeing needs in our patients and responding to that. And so when some of our operational needs are not met in our day to day, professional role sometimes we, we just lack that time to reflect on our personal needs still, even though some of the worst of COVID is behind us.

CHAIRPERSON AYALA: Thank you. Thank you so much for being here… and for all your work. Thank you.

COMMITTEE COUNSEL: Thank you for the next and final panel I will now call on Carla Lopez. Ms. Lopez. Time begins now.

KARLA LOPEZ: Good afternoon, thank you to Chairs Ayala and Rivera for holding this important hearing on the mental health needs of front care healthcare workers. My name is Karla Lopez and I'm a supervising attorney for community health access to addiction and mental healthcare projects, known as CHAMP, as a community service Society of New York. New York City's health care workers have spent the

last three months laboring at the epicenter of the COVID-19 global pandemic; a traumatic and exhausting experience that inevitably will have consequences for their mental and physical health. Insurance should not be a barrier to seeking care and receiving mental health care and yet it too often is. CHAMP can help. In 2018, the New York State Legislature established an independent statewide ombudsman program known as CHAMP. The CHAMP program is designed to help consumers and providers with health insurance coverage for substance use disorder and mental health services, and is overseen by the State Office of Addiction Supports and Services and Office of Mental Health. I'm testifying today on behalf of the Community Service Society and not on behalf of oasis [sp?], OMH, or other partners. For more than a decade both New York state and federal lawmakers have recognized that discrimination by health insurers has made accessing mental health and substance use disorder care far more difficult than accessing other types of health care. Between 2006 and 2019, New York state and federal government passed a number of laws requiring most health insurers to cover mental health and substance use disorder care at parity with other

types of medical care in order to address these disparities. If the data show that successfully using insurance coverage to access substance use disorder and mental healthcare remains unduly challenging. CHAMP's mission is to address these disparities, so that New Yorkers can get the insurance coverage for the substance use disorder and mental health care that they need and have the right to receive CHAMP helps clients regardless of their insurance type or status. The most common reason the clients seek CHAMP services is for help accessing care. These cases include issues like finding an in network mental health provider, seeking reimbursement for services received from an out of network mental health provider, getting insurance coverage for mental health medications, and appealing denials of mental health services. Since the COVID-19 pandemic hit New York CHAMP has seen a 58% increase in the proportion of cases where clients need help, accessing mental health or substance use disorder care. Other issues that CHAMP clients commonly need help with include eligibility for insurance coverage, affording the cost of mental health care and understanding how to use their health insurance. CHAMP also files

complaints with plans and regulators about systemic issues such as violations of federal and state parity laws and reports these issues to Oasis and OMH. CHAMP stands ready to help our healthcare workers and all New Yorkers get insurance coverage for mental health and substance use disorder services CHAMP's free helpline is open Monday through Friday 9:00 a.m. to 4:00 p.m. and can be reached at 1(888)614-5400. Thank you for your time.

CHAIRPERSON AYALA: I caught up. Thank you so much for the testimony. I have just one question. How are healthcare workers able to access information about these services? How do you, how do you make them aware of…

KARLA LOPEZ: We contract with, subcontract with three specialist organizations, and five CBOs throughout the state. And all of those organizations are contracted to conduct outreach and education to get the word out about CHAMP. We're also going to be launching a social media campaign in the next couple of days to continue to get the word out, and we'd be happy to do any specific outreach that, that any of you think would be helpful as well.

CHAIRPERSON AYALA: …the number of people that were reaching out during the pandemic?

KARLA LOPEZ: Did you ask whether we saw an increase?

CHAIRPERSON AYALA: Yes.

KARLA LOPEZ: We found increase in the number of people reaching out through our live answer helpline and then a decrease in the people who were going in person for help to the community based organizations that we subcontract with.

CHAIRPERSON AYALA: [inaudible 2:10:25]

KARLA LOPEZ: The numbers were not as significant as the change in what people were seeking help with, which as I mentioned was a 58% increase in the number of people who needed help accessing care, as opposed to other things like the cost of care eligibility for insurance so we really saw a change in the type of calls that we were getting.

CHAIRPERSON AYALA: Thank you.

COUNCIL MEMBER RIVERA: I just, I also wanted to ask how are you working with the Greater New York Hospital Association in H&H specifically? Because the service that you provide in trying to navigate health insurance is so, so critical. Because

even for someone who is well versed it can be very intimidating. And there's a language barrier, there's so many things. So, so critical because even for someone who is well versed it can be very intimidating. And there's the language barriers are so many things. So, are you working closely to, to, to help some. How is the collaboration?

KARLA LOPEZ: We haven't, within CHAMP we haven't specifically collaborated with the Greater New York Health Association and Health and Hospitals Association, although the community Secret Society of New York more broadly does connect with both of those organizations. We run several health insurance ombudsman programs, most of which have the same helpline numbers so that there's no wrong door whether somebody is calling for assistance with mental health and substance use which comes over to CHAMP or with the general health insurance issue, which goes to a different ombudsman program. We funnel them through the same helpline number to make sure that we'll get the services that they need.

COUNCIL MEMBER RIVERA: Thank you. Thank you so much for, you know, trying to address those disparities and helping people…

KARLA LOPEZ: Thank you.

COUNCIL MEMBER RIVERA: …that they meet.

COMMITTEE COUNSEL: Thank you. If we have inadvertently missed anyone that would like to testify please use the Zoom raise hand function and we will call you in the order your hand is raised now. With that, Chair Ayala we have concluded public testimony for this hearing.

CHAIRPERSON AYALA: Thank you. I want to thank Chair Rivera for joining us today, thank all the panelists. When you… also recognize that we were also joined by Councilmember Eugene. And unless Councilmember Rivera has anything that she would like to add… this convenes the… Thank you.

[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 June 29, 2020