CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE AND DISABILITY SERVICES
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HELD AT: Council Chambers – City Hall

B E F O R E: ANDREW COHEN
Chairperson

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

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

Chirlane McCray
First Lady of New York City

Deputy Mayor Richard Buery
For Strategic Policy Initiatives

Dr. Gary Belkin
Department of Health and Mental Hygiene

Marketta Friedland
Licensed Clinical Social Worker, CASES

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Beth Hofmeister, Staff Attorney
Homeless Rights Project
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[sound check, pause]

CHAIRPERSON COHEN: I'll turn on the mic. [coughs] Good afternoon. I'm Council Member Andrew Cohen, Chair of the Councils Committee on Mental Health, Developmental Disabilities, Alcoholism and Disability Services. Thank you for joining us today for an update on Thrive NYC, the mental health roadmap for all that was released by New York City's First Lady Chirlane McCray and the Department of Health and Mental Hygiene in November of 2015. This committee held our first hearing on Thrive NYC in January of 2016 where Chirlane McCray, the first—became the first—first lady to ever to ever testify before the City Council. It is fitting that we are holding a Thrive NYC update hearing this month as May is Mental Health Awareness Month. At our first hearing we spoke in detail about the many initiative and guiling principles of the roadmap, and I am pleased today to welcome back the First Lady Deputy Mayor—and Deputy Mayor Richard Buery and their colleagues to hear about the implementation of those initiatives and the impact it is having on New Yorkers. Thank you for your dedication to these important issues. I appreciate how hard you have

worked to bring mental wellness to the forefront of the discussion in New York City. Over the past year and a half, the First Lady and I had attended many events together as part of the rollout of Thrive NYC. We hosted a mental health public forum in the Bronx, joined the comment period even before Thrive is released. I with her when she launched NYC Well providing New Yorkers with 24/7 365-day access to confidential counselors from any handheld device. We went to Bellevue Hospital together to address maternal depression and postpartum care. The New York City Council was trained in mental health first aid where we had over 35 member offices and 65 frontline Council staff in attendance including myself who received certification after a two-day course. The city has done a lot with Thrive over this past year, but it has been great to partner with DOHMH and the First Lady. I am eager to hear about how Thrive is being measured, and what has happened since the one-year update was released. Specifically, I am interested to understand who is being reached, the progress that has been made, and which communities the city is still striving to serve. I am also interested to hear from advocates

and mental health professionals to understand their current role in the implementation of Thrive and their hope for the future of the mental health in New York City. I want to acknowledge that we have been joined by Council Member Crowley, Council Member Grodenchik, Council Member Vallone, and Council Member Wills. Lastly, I do want to thank the staff for their work in preparation for today's hearing, Janette Merrill, our Finance Analyst; Nicole Labean (sp?) our Legislative Counsel; Michael Benjamin our Policy Analyst and my Legislative Counsel Kate Diebold, and with that, I will now turn it over to the Administration. Thank you. Oh, we're going to administer—the Counsel is going to administer the oath.

LEGAL COUNSEL: Please raise you right hand. Do you affirm to tell the truth, the whole truth and nothing the truth in your testimony today and to answer Council Member questions honestly?

PANEL MEMBERS: [off mic] I do.

LEGAL COUNSEL: Thank you. [background comments]

FEMALE SPEAKER: We're going to begin by showing you one of our testimonials that's been sharing online and on television.

TESTIMONIAL: [off mic] t

CHIRLANE MCCRAY: Thank you. Good afternoon, Council Member Cohen and members of the Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services. My name Chirlane McCray and I am the First Lady of New York City. I am very grateful to all of you for having us back to report on the first year of Thrive NYC. I am joined today by Deputy Mayor Richard Buery, who is overseeing the implantation of Thrive NYC, and Dr. Gary Belkin of the Department of Health and Mental Hygiene. As many of you know, Thrive NYC is our plant to change the way New Yorkers think about mental health and substance use disorders and the way the city delivers services. Although mental health is crucial to our happiness, our quality of life and our ability to function is a subject most people talk about in whispers, if they talk about it at all, and that is why the very first goal of Thrive NYC is to change the culture. We want to make talking about mental health or substance issues as

easy as talking about cancer or diabetes. We want everyone to understand that mental illness is a disease that it is treatable and sometimes preventable, and thanks to Thrive NY, there are more treatment options available to people than ever before. I have traveled across our great city talking to hundreds of New Yorkers about mental health, and if there's one thing I've learned from all those conversations it's the—it's the importance of creating a mental health system with no wrong door to getting help, a system that meets New Yorkers where they are. We need services to be available where New Yorkers live, learn, worship and work. We know that people are far more likely to ask for help if they are in a place they feel comfortable and if they can talk to people they trust. That is why we are vastly expanding our mental health workforce to include co-workers, peers, staff at these community based organizations and the family members. We're recruiting mental health professionals from all walks of life go into underserved neighborhoods where they—they are needed most, and we're creating career pathways to make sure that our system of care better reflects the many languages and cultures of the

communities that we serve. We want our healthcare professionals to look like the people of New York City and talk like the people of New York City. We need real not token representation. To that end, we launched Today I Thrive, a mayor public awareness campaign that has reached more four million people. The campaign included paid media ads on television, in public city spaces and online, and we didn't stop there. Last October, we launched NYC Well, a revolutionary crisis hotline and centralized service to help New Yorkers connect to mental healthcare providers. You can now talk, chat or text to get help in more than 200 languages. It is free, confidential and available 365 days a year, 24/7. Still, a service is only useful if people know where to find it. So, we launched the Connect Field Thrive Campaign, which reached an estimated 5.1 million via subway ads, and delivered more than 12,000 impressions via ferry ads. I urge you to help us reach even more of our fellow New Yorkers. You know your communities even better than we do. So, if there are special communities that are under-represented or have mental health deserts, please let us know, and please promote NYC Well through your

emails, mailings and gatherings. We want people to get connected. Now, advertisements were only part of our strategy. The people who will benefit from Thrive NYC are often the hardest to reach, which means we need to get into our communities and literally engage people face-to-face. We created an outstanding outreach team that is connecting with people in all five boroughs pounding the pavement, and letting New Yorkers know about the resources available to them. During the first three months of 2017, the team has participated in 300 events, distributed 30,000 pieces of literature about NYC Well, and signed up 500 volunteers from our communities. One of the outreach teams' key objectives is to sign up New Yorkers for mental health first aid. Now, we all know what we do when someone is bleeding, right? We cover the wound with a bandage, a clean bandage, apply pressure, elevate the wound and you get help if the bleeding doesn't stop. Well, everyone should also know that to do if a friend or family members shows signs of mental distress. That is why we made mental health first aid a central part of Thrive NYC. Mental health first aid training educates people about how they can

help family, friends and co-workers who may be suffering from a mental health condition. Our goal is to train a quarter of a million New Yorkers to mental health first aid by December 2020 and we are well on our way to meeting it. As of 2017—as of March 2017, we have successfully trained 15,400 New Yorkers and more than 300 instructors across our city. Not only are we meeting our annual goals, we are surpassing them. Still, we know that for many New Yorkers the first or second person they are likely to turn to when discuss—discussing an offensive issue like mental health is someone in their faith community. So, from the very beginning we have worked hard to make sure the clergy plays a central role in the planning and implementation of Thrive NYC. Last May, we organized a weekend of faith for mental health. Between Friday and Sunday a thousand houses of worship put mental health at the top of their agenda. Over the course of three days, I visited a mosque and a synagogue. I visited a Catholic church, a Baptist church, an interdenominational church and two Seventh Day Adventist churches. I heard Spanish, I heard Hebrew. I heard Arabic, and I heard a whole lot of amens, but

most of all what I heard and saw and felt was a great call for more, more open conversations, more treatments, more resources for prevention and more collaboration. Well, the first one was such a success that we're doing it again. This year's weekend starts on May 19th and the focus will be substance abuse. So, please help us spread the word, and for more information please you can talk to anyone on my team. We are also taking the Weekend of Faith national this year because New York City can't change the culture of our mental health on its own. Last fall New York City hosted the City's Thrive Mental Health Leadership conference. More than 150 people attended from over 60 cities. We had representatives from the World Health Organization, the U.S. Congress, the Substance Abuse and Mental Health Services Administration, the U.S. Conference of Mayors and the American Psychiatric Association. At the conference I announced a new initiative, the City's Thrive Coalition. Our mission is to push for mental health reform at a local and national level. That means providing members with a support network they can call on as they create new resources in their communities. That means sharing best practices

regularly so members can learn from one another, and that means combining our voices to deliver a forceful message to our leaders in Washington. That message is we need your help on mental health reform and funding and we need it now. Today, 153 cities from all 50 states have joined the city's Thrive Coalition and we're already making a difference. A coalition led call to action played a key role in the passage of the 21st Century Cures Act. This transformative piece of legislation includes the Helping Family and Mental Health Crisis Act, which increases treatment for young mental health patients among other provisions. That was an amazing and historic victory. The Coalition also played a pivotal role in in organizing the National Mayor's Healthcare Day of Action for the successful defense of the Affordable Care Act. Of the 90 mayors who participated, 64 were City Thrive Coalition members. We want to keep building on these successes and we need support at every level of government. So, I encourage you to become partners in this movement. We need a healthy infrastructure to support these services. Without one, it is going to much hard to reach people who need help the most. We have so much more to

accomplish through Thrive NYC. We are working hard toward the day when there will no longer be stigma or discrimination attached to issues of mental health. I am, however, proud of all that our team has accomplished so far. I want to thank you for this opportunity to testify. The Deputy Mayor will update you in greater detail, and I am happy to take any questions you may have afterwards. Thank you.

DEPUTY MAYOR BUERY: Thank you so much, First Lady, for everything including your leadership. Good afternoon, Chair Cohen and members of the Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services. Again, my name is Richard Buery. I am New York City's Deputy Mayor for Strategic Policy Initiatives, and as part of this role as the First Lady said, I manage the implementation of Thrive NYC's 54 initiatives under her leadership. I want to thank you for this opportunity to discuss our progress on transforming the city's approach to mental health and wellbeing for all New Yorkers. As the first lady made clear, Thrive NYC is a comprehensive action plan designed to change the way people think about mental health, and the way that city government and its many

partners deliver services. In the year and a half since Thrive NYC was launched, I am proud to share that we have made tremendous progress toward our goal of increasing access to care, where, when and how New Yorkers need it including for our most vulnerable citizens. As of today, 93% of the initiatives under the Thrive NYC umbrella are up and running, serving New Yorkers throughout our city. Practically speaking, that means we are making it possible for New Yorkers to access care in the places where they live, learn, work, play and worship. It means we are delivering services on the ground in every borough and every neighborhood, and it means that no matter how old you are, what language you speak or how much money you make, we are slowly but very surely charging our way towards a future where no person in the city will have to struggle with mental illness along and without help. There are six core principles that organize our work.

1. Some of our initiatives seek to change the culture of mental health care by removing stigma as a barrier for seeking and receiving help.

2. Other initiative seek to close treatment gaps so that care is more available,

including in a way that may be more accessible than traditional mental healthcare settings.

3. We act early tor recognize and treat mental health issues.

4. By partnering with communities, we make sure that people can find mental health help among the people and networks that are closest to them emotionally and geographically including family members, friends and community organizations.

5. We use data better to help us make informed decisions. By learning what is and is not working we can try different strategies as needed, and

6. Thrive NYC strengthens government's ability to lead by prioritizing mental health policy and actively promoting policies at the federal, state and local levels that benefit the mental wellbeing of all New Yorkers.

Applied together, these practices revolutionize the landscape for a person struggling with mental illness in the city. In this testimony I will provide an update on our progress in implementing some of these initiatives since its launch in November 2015. As the First Lady

described, our very first task is to empower people to acknowledge they need help, and seek the care they need. And in turn, one of our key tasks is to equip some of the agencies and its partners with the tools they need to respond appropriately to a person in crisis. We've been able to make significant progress toward changing the culture. In addition to Thrive— Today, our Thrive public awareness campaign and the rollout of Mental Health First Aid that the First Lady discussed, we have made it easier for city service providers to interact with constituents in a way that promotes positive mental health. One example is the Crime Victims Assistance Program within the NYPD. We know that being the victim of a crime is often a traumatic experience that leave behind emotional scars and yet local police precincts, our victims first point of contact after experiencing trauma are often not only ill-equipped for responding that to that trauma, but haven't been included as part of the mental health, public health approach until now. Crime victim advocates are mental health specialists tasked specifically with mitigating trauma in the aftermath of crime. They give victims information about the Criminal Justice

process, help victims develop a safety plan that reduce the likelihood of repeat victimization, and provide assistance with accessing needed services as safe and affordable housing, city finance compensation, medical care and public benefits. They also lead victims to other local service providers for additional and more specialized assistance. We have introduced Crime Victims Assistance Program in 26 NYPD—NYPD precincts and they're on target to reach all precincts and housing bureau PSAs by 2018. But even for people who recognize that they need help and are willing to seek it, our mental health system has not had the capacity to provide quality, timely and effective care for all New Yorkers. A critical focus of our work is to close treatment gaps and build that capacity. As the First Lady described, one of the programs that has significantly increased our capacity is New York City's free 24/7 one click, one call point of access to mental health and substance abuse services NYC Well. New Yorkers can connect to NY Well in over 200 languages by calling 1-888-nycwell by texting the word Well to 65173 or by chatting with a counselor or peer specialist by going to nyc.gov/nycwell. NYC Well provides confidential

crisis counseling, referral to behavioral health services, short-term counseling and peer support services. NYC Well could not only help connect callers to behavioral services, these counselors will stay on the line with you while you make an appointment and follow up with you to make sure a successful referral has been made. It is also a fantastic resource for friends and family members who are seeking counsel on how to support a loved one. Om the six months since it was launched, NYC Well has already provided support to over 100,000 people. We have also been able to close treatment gaps by integrating mental health support into traditional healthcare settings. An example of that is our Maternal Depression Collaborative. Through this partnership with NYC Health and Hospitals, the NYC Department of Health and Mental Hygiene, Maimonides Medical Center, and the Great New York Hospital Association. We are screening women for maternal depression before they leave the hospital with their newborns and connecting them to services when necessary. At the first 37 participate—participating hospital sites, we have already achieved prenatal screening rates of 88% and post-natal screening rates

of 89%. We are also integrating mental health support in places where New Yorkers already seek help and other forms of support throughout the city. They include shelters and drop-in centers for runaway and homeless youth. These sites provide essential needs like clothing food and a warm place to sleep for young people who have often had traumatic experiences including many LGBTQ youth. Through Thrive NYC, we provide this vulnerable population with a range of mental health interventions including psychological evaluations, service referrals and individual therapy. Similarly, we have placed social workers in 15 senior centers across the city. There's 10 more on the way. Thrive NYC Program for seniors have addressed challenges such as social isolation, and depression, which plague too many older New Yorkers. Nearly, 4,500 seniors have participated in this program specific—specially designed to promote strong mental health in older adults. Of course, our youngest New Yorkers are a priority as well. Thrive NYC acts early to target interventions for youth in order to prevent the current mental health crisis from plaguing the next generation. Our efforts have both a network of support into the very places

children age 4 to 18 spend most of their time, in the school system. I am proud to say that through the efforts of Thrive NYC, all New York City public schools current offer some form of mental health assistance. We know that development of strong social-emotional skills at an early age is important for children to better cope with challenges and have more opportunities to realize their potential. We are training all early education teachers in Early Learn and Pre-K for all systems in social-emotional learning, and have already impacted nearly 10,000 of our youngest children. Thrive NYC has established 54 school-based mental health clinics throughout the city. We have also trained 6,722 elementary, middle and high school personnel a 464 schools to recognize early signs and symptoms of psychological distress in students including depression, anxiety and suicidal thoughts, and connect those students to help. In addition to that, the school with our dedicated mental health services, we have hired a cadre of close to 100 mental health consultants—I'm sorry—close to 100 mental health consultants serving nearly 900 schools. These specialists help school principals troubleshoot the need of specific students

and work with school leadership to understand the school's mental health needs, and connect schools to behavioral health resources that exist in their communities. The final principle I'll discuss is the way Thrive NYC partners with communities to better deliver and connect New Yorkers to mental health support. We understand that the closest networks of support for many people in the city are on the ground in the very neighborhoods we spend most of our time. The connections to Care Program integrates mental health services into the work of community-based organizations that are already providing a wide range of other support services such as childcare of workforce development training to people in the community. These are local organizations that residents already trust. Often these are the places New Yorkers go when they are struggling with mental health. Now, we're giving these organizations the skills and resources they need to provide support to those in need. By pairing community-based organizations with a mental health provider, we can train staff members in addressing the mental health needs of the people they serve, and ensure reliable referral when their clients need formal care.

Connections to care have already provided services to nearly 2,500 people. In addition, our Mental Health Service Corps had added more than 100 licensed masters and doctoral level commissions to primary care settings in high need communities throughout the city. Having these services as part of a primary care or pediatric practice reduces the stigma associated with receiving care. It also improves coordination between medical and mental health care, which is often the challenge. These are just some of examples of the progress we've made in the last 15 months to enrich the lives of New Yorkers by advancing mental health and wellbeing.

When First Lady Chirlane McCray leading the prioritization of mental health reform across city government, I am confident about the sweeping change that Thrive NYC will create. Through our efforts, we are including all New York City agencies in this crusade including those that don't normally think of themselves as public health agencies, but in reality work on the frontlines of mental health day in and day out. With all parties at the table, Thrive NYC is a true roadmap for creating the culture where getting help for mental illness is a

straightforward as getting help for common physical ailments. So, again, I want to thank Councilman Cohen, who has been a great partner to our administration and its endeavor as well as all the members of this committee and the entire Council. We cannot thank you enough. I look forward to continuing to work collaborative with you as we put this roadmap into action, and thank you for the opportunity to testify and answer your questions.

CHAIRPERSON COHEN: [pause] Thank you very much for your testimony. We do have a lot of questions. I guess maybe just sort of an—or I also want to acknowledge we've been joined by Council Member Johnson before I forget. I know that the committee is going to reconvene for a budget hearing I think next week. Next week so—but could you just sort of talk a little bit probably about the amounts of resources have been invested in Thrive?

CHIRLANE MCCRAY: [off mic] Overall—[on mic] Overall it's $850 million over the next four years. Do you want a more detailed breakdown?

CHAIRPERSON COHEN: That would be—yes I—if you could tell us what we've spent so far and--

CHIRLANE MCCRAY: Sure—sure, you want to speak to that?

DEPUTY MAYOR BUERY: Sure. So, in Fiscal Year 16 we spent approximately %65 million on Thrive Initiatives. There is $192 million budgeted in Fiscal 17. It goes to $217 million Fiscal 18 and $235 million in Fiscal 19, and that spending encompasses all those 54 initiative across multiple city agencies.

CHAIRPERSON COHEN: And not all of the initiatives are online yet, right?

CHIRLANE MCCRAY: That's correct.

DEPUTY MAYOR BUERY: 50 of the 54 are online.

CHAIRPERSON COHEN: When do we anticipate Thrive being fully implemented?

DEPUTY MAYOR BUERY: Well, I—I would say that by this coming fiscal year, all of the initiatives will have started. As you can imagine the nature of these initiatives is that many of them are multi-year ramp-ups so the Service Corps is an example that I discussed. That initiative it will be three years before we have a full cohort of service members in the field, but even then it would be hard

to say that's fully ramped up because part of the process of this work is learning from our—learning from our work and continuing to change tactics, change approaches, add efforts, remove efforts as we learn what work and what doesn't. So, to me it's a mistake to say that there is every a point where Thrive NYC is done. It's really an iterative process, but by the next fiscal year we'll be able to say confidently that all of our initiatives have gotten off the ground.

CHAIRPERSON COHEN: We're all just getting started. In terms of—well [coughs] in—in terms of measuring, there was testimony about the number of people that we've reached out to. I think the conversation with some of my colleagues has been in terms of quality control do we –do we do follow-up like we know that some still had an interaction with NYC Well or one of the others. Do we know how effective those—those contacts have been? Are we measuring that? How are we measuring that?

CHIRLANE MCCRAY: Yeah, as—as-as far as NYC Well is concerned, absolutely. We want all of our large scale initiatives to have our measurement and quality as well as qualitative measurements.

That's the only way we can continue to improve on the service. Dr. Belkin, do you want to expand on our measuring in terms of NYC Well and the others?

DR. BELKIN: Sure. So NYC Well in specific we look at data daily around calls, dropped calls, waiting times. Just sorts of immediate quality things to tell us whether the mechanism is working and serving and responding to people. But to look at what the quality is and what the impact is, we've actually looked at NYC Well, but actually across all of our initiatives, and inventoried which have evaluations already funded with them. What outcomes are they looking at? What state are those in. What questions do we think have been unanswered? So we did this very large inventory process, and we're developing now evaluation plans for—for each initiative and for instance so for New York City Well, for example, we'd like to look at the impact of having contact with us. There were several intentions of NYC Well to connect people to care. So, if we're making a connection during the call does it stick? Do people retain in care? What other obstacles do they face? If people call on a crisis, what—what is the result weeks down the road of that

contact with us? So, there are lots of things that we want to look at with NYC Well, but across all our—across all our initiatives to make sure that—that they're worth the investment and—and that we're getting the kinds of outcomes and population impact that was intended.

MICHAEL BYRNE: If I could add one other point, one of the initiatives in Thrive NYC is the creation of the Mental Health Innovation Lab within the—within Dr. Belkin's division at the Health Department, which is designed exactly to do that was to be the central clearing house to drive best practices, to share best practices across agencies, and to conduct and manage evaluations of those high impact programs. We're really trying to understand what the impact of those programs are, and Dr. Belkin has established what I think is a really historic partnership with the CUNY School of Public Health to drive that research moving forward. And so, evaluation innovation is really at the heart of everything we do. Part of what we're trying to understand and when we decided where to invest the city's money it was really an eye of understanding where there is an opportunity to learn because as

much as we know about mental health I mean one of the things that's become clear to me is that there is much that we don't know, and even when we do know things, there is often a gap between what's happening in the field and what we know about best practice. The other thing I would say is that some of our initiatives also involve the implementation of existing evidence-based practices that we know have strong results. So, for example, out of the great work that ACS is doing in foster care around Cognitive Behavioral Therapy Plus is about implementing well known evidence based interactions that were designed for the mental health and wellbeing of our young people. So, it's very much at the heart of everything that we do.

CHAIRPERSON COHEN: But, just to follow up there like for instance in your testimony you said that NYC Well has already had, you know, provided support to 100,000 people. If we—if we polled those 100,000 people, how many of those 100,000 people would say that it was helpful, that the experience was helpful? I mean, I—I—ideally it would be 100,000 out of 100,000, but I suspect that's not the case just because that's—that's what happens. So, how—in

terms of quality control do you think that those—those 100,000 contacts are people reporting that they're good? Are you serving them? What's happening with that?

DEPUTY MAYOR BUERY: Yeah, I'll start and then maybe Dr. Belkin can finish. So, I think what Dr. Belkin said it's two different maybe three different ways of thinking about it. One is that there are quality control measures that we look at on a daily basis to understand is there a best practices related to—or are we having best practices related to the experience of people who call us. So, for example, what is the average speed of answer? How many people abandon their calls? So, we look at data like that, which doesn't tell us the impact over the long term, but there are things that suggests a quality customer service experience. We also as Dr. Belkin said, we conduct surveys for qualitative data bout how people who call NYC while they're experiencing the service. The early--

CHAIRPERSON COHEN: [interposing] I guess that's my—the heart of it. Are you willing to share any results of the services? [laughs]

DEPUTY MAYOR BUERY: We will yeah, it's a little—it's a little early. But absolutely. The goal of all of this is to be extremely transparent about the impact of services because our goal is not just to do things, but to do things that work. So it's early to relate some of that information. As you know, many of the initiatives have only just launched, but we look forward to sharing data as we develop it.

CHIRLANE MCCRAY: Now remember, NYC Well was just launched four months ago and we haven't—we don't even six months of data yet. So we—we need a little time to be able to drill down and get the kind of qualitative and we're really interested in that quality information that—that would be useful to you.

CHAIRPERSON COHEN: I appreciate that. I actually have several more questions, but Council Member Wills I think is under some time constraints. So, if you'd like to ask your question, would you please.

COUNCIL MEMBER WILLS: Thank you, Mr. Chair. I was really critical of this whole rollout in the beginning, but life changes and when you really have to deal with somebody who has to deal

with a mental type illness, you begin to appreciate a lot of things. So, I really want to just say thank you for what you're doing. It's impacting a lot of people. You, First Lady, Deputy Commissioner and Dr. Belkin, I would like to invite you into my district as soon as possible. You were in that with all of our people Erica Ford from Life Camp and Ife Charles from the Bronx SOS and Andre Mitchum from Man Up, and Sandy Lifatt (sic) and Mel Shuler. I think that—I think that they can be strong pints of confidence for our communities, and to get rid of lot of the sigma that is—go with mental health, and if you would agree to come out, I'm sure they would want to show you how they could be helpful even though we know if there's budget restraints would be a powerful thing. But I do want to say thank you very much publicly for this work. Thank you.

CHIRLANE MCCRAY: Than you, and we are—we'd be very happy to go to your district and—and meet with all of those folks with who are doing fantastic work. I have already met with Erica Ford, and we are talking about ways that we can partner together and look forward to working together.

CHAIRPERSON COHEN: [off mic] Council Member—[on mic] Council Member Johnson.

COUNCIL MEMBER JOHNSON: Thank you, Mr. Chair. I—I just wanted to—I have one questions, but before I ask that question I really just wanted to thank you. I mean it's very exciting to see all that's been done, and I don't want it to sound trite or corny, but it really is so important to take the stigma out of mental health issues. You know, I think sometimes these things are not easy to talk about generally and people actually want to look away or pretend like it's not happening. You know, when we talk about homelessness in New York City, most New Yorkers typically only see the folks that are chronically street homeless who are dealing with mental health and substance abuse problems. They 're not seeing people in shelters or cluster sites. They're seeing the—the chronically street homeless and it's folks that are really suffering in a very, very significant way, and First Lady, you came to Fountain House in my district when this first launched, and you came to the Hudson Guild and did an event there, and you've been to the LGBT Center. And, everything I have heard, and those are three

very sort of distinct populations that use those different facilities has—it's just been enormously positive feedback on this type of work that's getting done, and I talk about it all the time because I think it's important to destigmatize these things. But, you know, I—July 13th, God willing will be eight years sober for me from drugs and alcohol [applause] and—and it's the—it's the single most important things I've ever done in my life. There is no way that I would be here today, and I'm not exaggerating, I would—I might not be alive if I didn't get sober. And it was hard because it was hard to first admit that I had a problem, and then second to be able to actually talk about that, and share about that and get the help that I needed. And so, this investment that you have spearheaded ,and that the Deputy Mayor and Dr. Belkin I think have done an extraordinary job in implementing it's incalculable the number of lives we're saving, the amount of suffering that we are relieving. The amount of help we're getting to families and the young people, and we see what the numbers are on suicide in New York City, and how horrible those numbers are. And I just am, you know, it's actually overwhelming. I feel overwhelmed

emotionally by how important this is. You know, when—when Al Gore became Vice President, Tipper Gore made he big thing on mental health in the early 1990s and for you to take this on as your cause and to-and to fight for and work on behalf of our most vulnerable citizens in New York communities that have been neglected for far too long, I think is really important isn't the right word. It's really about compassion, and it's really about looking at issues that have been neglected for a really long time, and so this investment in money is—I don't see this in a minimizing way. We should have been doing this years ago. So to do this now, this is—we're making up for a lot of lost time, and so I am just extraordinarily grateful that not just that you've been doing this throughout all five boroughs, but that you've come to my district on many occasions, and you've worked with the local mental health providers in my district large and small, veterans at Fountain House, Public Housing residents at the Hudson Guild and LGBT folks at the Gay and Lesbian Center. And everyone has had such great feedback about the programmatic work and the outreach that's been done. So, I wanted to say thank you. Thank you very much.

CHIRLANE MCCRAY: Thank you.

COUNCIL MEMBER JOHNSON: And the question that I have on this is related to the –the numbers on the mental health clinics and schools.

CHIRLANE MCCRAY: Uh-huh.

COUNCIL MEMBER JOHNSON: Deputy Mayor Buery, you—you talked about the fact that we're up to 54 new school based mental health clinics, which is like incredible. What is the goal? Is the goal—is there a goal, a metric that we've set on the number of mental health clinics that we want to open in schools across New York City? Is it to try to have a mental health clinic in every school across the city. Sorry, the First Lady, yes.

CHIRLANE MCCRAY: Yes, I can't say that we—we have a goal to make sure that every school gets the kind of mental health support that it needs. That's why right now they all have something, but they don't all necessarily have everything they need. When we launched Thrive, if I had had my druthers, we would have had—we would have a clinic in every school. But, you know, we didn't have the data to really make an informed decision. Our schools are not all the same. Some are like my son's high

school, 5,000 students. Some are 500 students. There are schools where they speak 40 or 50 languages and schools that have a totally different population. And so, we know that we have to evaluate and assess each of our communities, all 1,700 of them and figure out what makes sense for them, and that is our—that was our—that is our goal. That's why we've hired these mental health consultants to gather data while they're also providing services, but to really assess what is needed going forward. Do you want to answer that?

DR. BELKIN: No, and I think that—that exactly covered it. There's not a numeric target in mind, and as the First Lady said, not only is every school different, but the resources available to that school might be different.

COUNCIL MEMBER JOHNSON: [interposing] It's not a one-size-fits-all solution because every school has different needs.

DR. BELKIN: And a school might have—and a school might have different resources. A school might a clinic across the street versus one two miles away. And so of the jobs of the mental health consultant, and this is a great insight of the First

Lady when we were developing the strategy is that to have these consultants who might have a portfolio of eight or nine schools who among other things are working with those schools to really plan and say what do you need? For some schools it might be a full fledged school based mental health clinic. For another school it might be a social worker on staff. For another school it just might be a stronger linkage with the neighborhood organization or at the same time being available to troubleshoot. You know, that principal has one family that's been called in a challenge. They can call that-that consultant and say well what can I do? What tactics do you have for it? So, really trying to provide a more fluid resource to schools while we figure out a little longer term what every building at every school community actually needs.

COUNCIL MEMBER JOHNSON: Well, I just want to thank you again. I have to leave. I apologize for having to leave the hearing, but I also want to commend the Chair of this committee who I know has been a great partner with the Administration on this this, and has held multiple hearings, has gone out to different sites and work with providers,

and I'm really glad that the initiative that you started, First Lady, has been something that the Council has been able to be a good partner on in supporting this effort. And anything that I can do to support the Chair and to support you, I stand ready willing and able to do that in the future. So, thank you very much.

CHIRLANE MCCRAY: Thank you.

CHAIRPERSON COHEN: Thank you, Council Member Johnson. Council Member Grodenchik.

COUNCIL MEMBER GRODENCHIK: Good afternoon. Thank you, Mr. Chair. I really don't have too many questions, but I do want to thank you. All of you have been to my district, and while my colleague, Mr. Johnson leaves, his district is not so far away. Mine is a long way away. It's even further than Rory Lancman's district who is staying over there now. So, I want to thank the First Lady and Deputy Mayor Buery and Dr. Belkin, who have all been—and I'm here, of course, today to hear your testimony and as the Chair said we look forward to getting more results. You know this is an issue that affects every single family in the city of New York, and if it's not affecting you now, unfortunately at

some point in your life it probably will. Whether it's sibling or dear friend or, you know, a mother or father or child. So, I want to thank you for your efforts. I think this is long overdue. We have not invested as a city as a nation the necessary resources into trying to solve our mental issues, and bringing people and getting people simply to understand that this is an illness first and foremost, that people don't choose to be mentally ill. It happens to them. So, I want to thank you for that, and—and since you're all here, I would like to extend another invitation for all three of you to come out, and we can update the community. I know the First Lady was at Zucker Hillside to cut the ribbon on the Perinatal Unit. I understand it's doing extremely well. We also have Samuel Field Y, which has been an outstanding place for people, especially seniors to get mental health, and I wan to thank the Deputy Mayo and Dr. Belkin for coming out there and talking to mostly South Asian and East Asian mental health providers. And, I also would ask, if I could get one or two of you to tour the Lifeline School, which is part of the city of New York and not part. It's a branch of PS-23. I have

three of them in my district. I have the PS-23 on Creedmoor Campus and I have one—also on the Creedmoor Campus was a separate and also one at LIJ, but I'd love to get you out there, and maybe we could do another forum, and update those communities on what we are doing now. So, that's my request, and my office will follow up with the Deputy Mayor Office. Thank you, Mr. Chair and thank you. Is that—that was a pretty easy question. I just need a yes. That's what I need.

DEPUTY MAYOR BUERY: Yes. [laughter]

COUNCIL MEMBER GRODENCHIK: Okay, thank you.

CHAIRPERSON COHEN: That's always a good answer. Thank you, Council Member, but I'm going to just try to move through some of these questions. Again, I—I know that we're going to have a budget hearing. Can you tell us the—the number of contracts associated with that?

DEPUTY MAYOR BUERY: Oh, goodness, I could not tell you a lot [laughter]. I cannot give the number of that. We can bring to—to you.

CHAIRPERSON COHEN: Well, we convene with the budget hearing--

DEPUTY MAYOR BUERY: [interposing] Yeah, we can get it to you.

CHAIRPERSON COHEN: --I—I would be interested in that.

DEPUTY MAYOR BUERY: Just so you know, as you can imagine, across those 54 initiatives most throughout the Health Department, but others ae at different city agencies, the Department of Education, Veteran Services, the department— So, they range across multiple agencies, but we can certainly get that information to you.

CHAIRPERSON COHEN: I would be interested in that, and--and I guess like—I guess some—some initiatives might have single service provider and some might have multiple service providers. I'd—I'd be interested in know who they are.

DEPUTY MAYOR BUERY: That's exactly right.

CHIRLANE MCCRAY: That's right, yes.

CHAIRPERSON COHEN: So that's something we could talk about.

DEPUTY MAYOR BUERY: Like school based health clinics for example dozens of providers. Others are—are single providers.

CHAIRPERSON COHEN: Okay. In terms of how did you go about identifying treatment gaps in—in the development of Thrive? And then, I noticed in you—in—in—I don't know if it was the First Lady's or the Deputy Mayor's testimony about screening for postpartum depression. I always tell people how moved I was the day that we announced that initiative, and—and although the numbers seemed—I think it was 88% and 89%. How—how do we get to 100%? What are the barriers? What—what—why are we—what is preventing people from getting screened as identifying that as the treatment gap that we're talking about now.

CHIRLANE MCCRAY: Okay, that's—that's two questions.

CHAIRPERSON COHEN: That's it exactly.

CHIRLANE MCCRAY: I will speak to the second one first. What will take to get us to 100% of screening all women? Well, it's—it's really a change in process for the physicians involved. We want pediatricians and primary care doctors, perhaps nurse practitioners, physician assistants to actually ask women--when we want them to screen women ask them these questions that will indicate whether they

suffer maternal depression or not. That is something actually has proven a little tougher to—to institute than one might think because, you know, people get into a certain way of providing service and then they have to break away from it, a process or a procedure that they've been doing for years and years, often decades. It requires a little bit more time. It doesn't really cos any money, but it really does require time, which is very precious for our doctors, and Dr. Belkin, do you want to add more to the detail?

DR. BELKIN: Yes, so we as you recall we had quite process preparing what became those 54 initiatives, and we started with some building blocks the six key principles that Deputy Mayor Buery mentioned one of which was closing gaps. And, we went about that in a very deliberate way of looking at a lot of data we have in the Health Department, but also talking. Out in the community we had over—we started with over 200 organizations and dozens of focus and feedback groups. We pulled together a national advisory group, scientific advisory group because we rally wanted to capture the full scope of this issue, which has not been done before. There

have been one-offs, there have been some very publicly position efforts like Tipper Gore, but they're often just parts of the elephant. And really wanted to find out what's the full burden of these issue on population because they arrange and then all of us contribute to the most disability in the city. So, we looked at where are we losing real opportunities to reach the most seriously ill, those people who often in the public's mind who are homeless who get involved in Criminal Justice System. But also some more silent epidemics. Depression is the leading cause of disability in the city. Maternal depression affects multiple generations in terms of poor health and poor mental health. So, we want to get that whole spectrum and—and there has never been a single strategy that has really said we're not going to settle for less than the whole spectrum. So, we made investments across the board based on those identified gaps. It's our first edit. I think it's really important what-what was said around the schools conversation. A lot of Thrive is a lot of really robust, ambitious high reach programs, but together Thrive is an entirely new platform to reach into places we just haven't been

able to reach into, schools, prisons. You see here rows of other agency staff and our memory fails. It shows we're now across the city. It was a city government owned issue, and that sets us up now to act in ways that we need to mover forward an agenda, not just settle for the first set of efforts for it.

CHAIRPERSON COHEN: I just want to follow up on—on the postpartum. I—I believe you that—that-that the practitioners who have been doing things a certain way trying to get things to adjust to. Do people—but I would imagine also people for whatever reason decline screening, too. I—I wonder if we know how often that happens or--?

DR. BELKIN: And I'm sorry. You had mentioned specifically asking about—about the—the - the perinatal depression after. So, I'll get to your—your question, but a little context will be helpful. So, what we did was we pulled together with the Greater New York Hospital Association. It is now about 30 hospitals, and that's a large oil tanker to steer, 30 hospital systems, to take on this issue—to—to agree upon a standard practice and a shared set of aims. So, that took—took a little bit, and now we have these hospitals reporting in monthly on these

screening rates and referral to care rates, and so far about 37 specific clinic sites of these 30 hospital systems are starting to report in, and we hope to really spread this throughout their systems. And that's the rates of—of screening that Deputy Buery mentioned 88% and 89%. And we're learning, to repeat a theme, we're learning about how to improve our ability to do these things through these—through this work as well. And we've built them especially to maternal depression effort, and that learning collaborative. Coaching to these sites, seminars on how to look at their own data better, to understand bottlenecks, to understand why people need not be, you know, responding to survey, et cetera. Because a lot of the answers to your questions are again going to be specific to site, to population to ethnic group, to neighborhood. And so, we really want to go about it in a very deliberate way, but the people who ae implementing this are also generating the ideas to solve those—those bottlenecks and then share it with the larger—the larger groups. So, we think we're going to have a lot to contribute not just to meet our goals, but to inform how other people can address

what's been –what's been a challenge of—of reaching this population uniformly and early.

CHIRLANE MCCRAY: It's important to realize that this—this is a voluntary effort. They are not mandated to do this in any way. They are taking their own time to-to get coached, to—to work with others. This is, you know, it's something that they are doing since they can become better doctors, serve their population better maybe help get better outcomes from whatever their client for. This is, you know, we can't make them do this. So, we are very appreciative of this partners, and we are working very closely together with them to make it better, but they are not mandated to work with us.

DEPUTY MAYOR BUERY: But part of the good news is that the 30-hospital system that Dr. Belkin described together comprise about 80% of lives (sic) for us in New York City. So, although it takes awhile to get and you say to get that tanker steered, once you get it steered, you're really talking about the vast majority of mothers and newborns in the city. So, it's—it's also possible that some of the—some of this is a reporting issue, too, because also it's new to collect the data. Again, it's all

voluntary. So, it's possible that there are more things happening that we just don't get any reliable data about yet. So, that will also give us more information over time. One other thing I would mention just because it's a really exciting program that is part of Thrive. We've also expanded our Newborn Home Visiting Program in family shelters. So as part of that program, we some of our most—some of our most vulnerable moms, moms who are experiencing trauma because of their life and living situations also being screened. I believe we've screened over a thousand mothers in family shelters through that program alone. So, there's a lot of really interesting things happening. Things happen not just through the hospital system, but through our family shelter system as well.

CHAIRPERSON COHEN: Yeah, I—I don't want the line of questioning and you sort of interpreted it as critical. I mean I think that—I mean the numbers, you know, 88 and 89% are, you know, that's—that's incredible and that's a substantial amount. I just am, you know, constantly, you know, that sometimes, you know, the under—underserved of the people, the hardest to reach population is always

that last smile or often that smile. It's the type of smile. So, I'm just curious if there have been specific issues that have come up—come up in that—in that context. And in terms of stigma, one of the things that, you know, we've worked very closely together. I mean just, you know, making the appearances, trying to reach out to communities, but stigma does—doesn't impact all communities the same way. I think it, you know, I grew up in a Jewish household where, you know, I had all—not maybe all, but most of my family had had contact with therapy at various and there was not—not a lot stigma associated with it in my family, but I know that is not the same for all New Yorkers, and—and, you know, I think people don't know this but in the Eleventh Council District there's a very small but cohesive Korean community, which they're tough-- They were tough in my own office and I really look for them as they go to the senior center I—I visit regularly, but it's a hard community for me to connect with particularly since I don't speak Korean, you, and—and a lot of them only speak Korean. But I wonder in terms from the contracting perspective of service providers

trying to reach out to these different communities and—and how we're doing on that front.

CHIRLANE MCCRAY: I think we're doing—doing pretty well. We've got certainly a lot more to do, but what we're trying to do within communities like that frankly is to actually enlist people, enlist people to train us first—mental health first aid trainers. So that they can—they can give courses, they can speak in their own language, you know, reflecting their own culture and bring their own flavor to what we're doing because, you right, people respond best to people who understand their customs, their traditions, their—their culture. We—we need that. That's where we need to have that reflected in our workforce. That's what we're doing. We are—we've got a Mental Health Service Corps where we're doing the same thing, it's recruiting people targeting those hard to reach communities, training trainers in mental health first aid, making sure that NYC Well reflects as much as possible the New York City population. And in of our—every one of our initiatives that is a fundamental component of—of a professional force that we're trying to develop.

CHAIRPERSON COHEN: Are we contracting, though, with specific service providers sort of to—to reach out to—to those specific communities or identified communities?

DEPUTY MAYOR BUERY: Yeah, we're—I mean we try to, and again one of the six core principles is partnering with communities, which is fundamentally about relying on the expertise of existing neighborhood and communities and ensuring that we ae providing culturally relevant practice, and, you know, I think that's one phrase that I think I hear you say more others—than any other, the importance of having culturally relevant services and practice. So, we try to very—very much so. And so, for example, connections to care in an organization like that that is all about building the capacity of local neighborhood institutions, and that is the center of our work. And so, all those institutions are community centered, community based organizations, and in all of our work we aspire to do that. I—I think in all of our work we can do better. I would also so that, and part of the challenge for us is making sure that-- I mean I think in same with our biggest around the workforce is making sure that

we have a workforce that looks like and understands the culture of and speaks the language of our most vulnerable populations. And over the long term, it there is a big part of our efforts around workforce development. As we do that work, a lot of our work is again about empowering the institutionally distant communities now so that the lack of access to professionals in many communities are professionals who share the cultural experience of communities does not stand in the way of people getting help. Because we know that people will, we know they'll go to their imam or they'll go to their local community based organization, they'll go their kids' after school program with their struggles. So, we want to make sure that those institutions that are already trusted by folks get their support through the big focus or ours. I'm sure we can always do better, but it's a big focus of ours.

CHAIRPERSON COHEN: I was very impressed with the testimony about NYC Well and the languages that it's available. Is—is it—are phones calls answered I 200 languages or between texting and chatting and phone calls we have 200?

DEPUTY MAYOR BUERY: 2 but—oh, go ahead.

CHIRLANE MCCRAY: No, phone calls are not answered in 200 languages, but we do have that capacity for the 200. We have counselors who speak Spanish, Cantonese, Mandarin, and English. [laughs] But translation in the 200 languages.

CHAIRPERSON COHEN: Tran—translation is available in 200 languages.

CHIRLANE MCCRAY: That's right.

CHAIRPERSON COHEN: I think that's incredible.

CHIRLANE MCCRAY: That's right.

CHAIRPERSON COHEN: I really think that is incredible. But, so again I think that there are—when we reconvene on budget there are a few points I'd like—I'd like to follow up on, and I think that would be helpful. I—I really want to—I mean my colleague Corey Johnson mentioned it, but your commitment really has been inspirational. It's been my pleasure to partner with you and I—I always tell people that timing is everything that I—I don't always know if the Mental Health Committee is considered like top shelf committee at the City Council but I think I—I lucked really in getting it at his particular time because I have such a

tremendous partner on the other of the building and your commitment has really made this work very satisfying, and I feel like we're accomplish a lot. So, I want to say thank you again for your testimony and we're going to call the next panel.

DEPUTY MAYOR BUERY: Thank you so much. [pause]

LEGAL COUNSEL: The next panel will be Stephanie Cabral (sp?) , Marketta Friedland, and Cara Berkowtiz (sp?). [pause, background comments]

COUNCIL MEMBER GRODENCHIK: Well, good afternoon. The Chair has gone across the street to take a vote. He'll be back shortly, but I'll be very happy along with the Committee staff and everyone else who is here to list to you testimony. So, we have Stephanie Gabriel, Marketta Friedland or Marvetta.

MARKETTA FRIEDLAND: [off mic] Marketta.

COUNCIL MEMBER GRODENCHIK: Either my eyes are going or your handwriting is not good. One or the other. [laughter] And Cara Berkowitz. That's easy. So whoever would like to start, please begin. I want a clock of three minutes.

MARKETTA FRIEDLAND: So good morning. Thank you all for taking the time to hear about my experience with Thrive NYC. I'm Marketta Friedland a Licensed Clinical Social Worker and a CSAC(sic). I gained my masters social worker from the Hunter College—from Hunter College School of Social Work in 20- 2010 and have worked as a social worker and psychotherapist as well as a substance counselor in a variety of social service agencies prior to coming to the Center for Alternative Sentencing and Employment Services cases. I've worked for two years as a senior clinician at Cases Nathanial Clinic an Article 31 clinic located in Central Harlem with a unique focus on individuals with behavioral health needs and Criminal Justice involvement. I'm currently with the Center for Employment Opportunities, CEO, through the Thrive New York City Initiative and the Connections to Care Grant provide to CEO. We bring onset expertise and experience in the areas of mental health and substance abuse assessment and treatment. CASES strives to include public safety for innovative services that reduce crime and incarceration, and promote behavioral health, promote recovery and rehabilitation, and create opportunities for success

in the community. CASES still is evidence based, family focused and trauma informed services to each individual client's unique needs and strengths. CASES currently houses around 20 alternative to incarceration reentry and behavior health programs and serves over 4,800 people annually across those programs in all five brought. CASES is also a member of the New York City Alternate to Incarceration Reentry Coalition. The Coalition's mission is to reduce crime, strengthen families and bring hope and opportunity to New York City's most underserved communities by providing a full spectrum of services for individuals involved in the Criminal Justice System. The Coalition provides holistic services including substance abuse services, legal services, housing services, mental health services and more all across the five boroughs for tens of thousands of individuals each year. As an organization and a member of the ATI Coalition, CASES appreciates the continued support provided by this committee. CASES' work highlights the importance of Thrive NYC fostering the discussion of mental health, as a public health concern, has the potential to dramatically reduce the number of individuals with

serious mental illnesses who are punished through the Criminal Justice System rather than cared for through the mental health system. Thrive New York City's 54 targeted interventions are beginning to create a safer and healthier New York City. CASES clients and staff have already benefitted from opportunities through Connections to Care partnerships that connect community based organizations and access additional mental health professionals through the support provided by the New York Mental Health Service Corps. Specifically, the CASES and Center for Employment Opportunity partnership forged through the Thrive NYC initiative and the Connections to Care grant has allowed CASES to share key information and knowledge in the areas of mental health and substance abuse assessment and treatment with CEO staff. CASES has developed an office targeted trainings in areas including psycho education, substance abuse, mental illness, treatment options and community resources. As result of this information [bell] sharing and sharing and training CEO has developed motivational methods of working with clients. Clients are now reporting feeling safer and more willing to ask for help as they continue to define and work towards

their goals. Through onset client engagement and community referrals including to CASES Nathaniel Clinic we're beginning to see improvement both in client staff interaction and in clients' abilities to overcome barriers and challenges while facing various psycho—psycho-social stresses in their lives and in their community. Through our connections to care partnership with CEO, CASES promotes the Thrive NYC goals or raising awareness of mental illness, reducing stigma around mental illness, and highlighting the importance of understanding and incorporating cultural competency in clinical work with clients. CASES also fosters an ongoing discussion with CEO about the impact that Criminal Justice involvement can have on an individual's ability to obtain and to retain employment. Moving forward, CASES plans to focus on developing and implementing training around engagement and mental health services particularly for youth. These discussions are made possible by the ongoing trainings developed by CASES specifically connections to care. The New York Mental Health Service Corps Initiatives focus on filling the gaps in mental health and substance abuse services through New York

City by placing mental health clinicians, social workers, psychologists and psychiatrists in high need and underserved communities. These initiatives have benefitted CASES' clients and staff directly. Clinical psychologist Dr. Johanna Erualah (sp?)has been placed in our clinic through the MHSC she provides direct services including psychotherapy, cognitive behavioral therapy and harm reduction to uninsured individuals. She also provides specialized assessments using evidence based tools such as the DLA-20 Violence and Recidivism Risk Assessment and Care Coordination. Here presence expands the number of client's cases Nathaniel Clinic is able to serve. She brings a robust knowledge of clinical methods that have benefitted not only CASES' clients, but also CASES' staff. In closing, CASES would like to congratulate the Mayor and the First Lady on the Thrive NYC Initiative. We see that this initiative is already having enduring impacts on the individuals receiving mental health services and on those providing those mental health services. CASES believes the continuation of Thrive NYC will lead to additional benefits for our clients. Thrive NYC supports our efforts to identify vulnerable

individuals who require care earlier and more comprehensively and creates additional opportunities to connect these individuals to appropriate services prior to or upon interaction with the Criminal Justice System. Thrive NYC's goal to destigmatize mental illness and reframe it as a public health issue, and develop systems to support this goal as a long-range endeavor. We Thrive NYC move and exciting and effectively. Thank you.

COUNCIL MEMBER GRODENCHIK: Thank you very much, Ms. Cabral.

STEPHANIE CABRAL: There we go. Okay. Good afternoon, everyone. Thank you for convening this hearing for the opportunity to share my testimony about the Connections to Care Program. I'm Stephanie Cabral the Manager of Participant Wellness and Special Projects at the Center for Employment Opportunities. We're also know as CEO. I have worked there for 3—3-1/2 years. I have received my Bachelor's in Psychology from SUNY Polytechnic Institute. Prior to joining the CEO team, I have worked in several social service agencies that focus on environmental and youth services. I currently work with the staff including Markella Freeman at

the—at the Center for Alternative Sentencing and Employment Services, CASES through the Thrive NYC Initiative and Connections to Care Grant to corner the interaction between CASES staff and CEO staff as part of our program. CEO is a national non-profit dedicated to providing immediate, effective and comprehensive employment services to men and women with recent criminal convictions. We help participants regain skills and confidence needed for successful transitions to stable, productive lives providing an array of services centered around our transitional work. Crew Works, CEOs transitional work, social enterprise utilizes work based learning strategies including compensation, rewarding skill development and tasks that building workplace knowledge to help each participant learn positive behaviors in constructive pro-social environments. We then provide additional support services such as job coaching, job placement and job retention to ensure each individual not only finds a job, but stays attached to the workforce. CEO is also a member of the Alternative to Incarceration Coalition. This Coalition's mission is to reduce crime, strengthen families and bring hope and opportunity to

New York City's most unserved—under—excuse me—underserved communities by providing them with a full system—a full spectrum of services for individuals involved in the Criminal Justice System. The coalition provides holistic services including substance abuse services, legal services, employment services, mental health services and more. As one of New York City's leading employment providers, CEO's committed to providing individuals under community supervision with workforce opportunities as they return home into their communities. To successfully connect somebody to the workforce, it depends not only on job placement, but many other factors including housing, physical health and mental health. Through Connections to Care, CASES is building the knowledge and capacity of our frontline staff so they can address the mental health needs of CEO participants. With resources made possible through C2C funding, CASES staff share key information and knowledge in areas of mental health and substance abuse assessment and treatment with CEO frontline staff. CASES offers targeted trainings in areas including in psycho education, substance abuse, mental illness, treatment options and community

resource. As a result of the information sharing and training. CEO has developed a more supportive and motivational method to working with clients. Through our Connections to Care partnership with CASES, CEO helps to promote the Thrive NYC goals of raising awareness of mental—mental illness and reducing stigma around mental illness. CASES also fosters an ongoing discussion with our staff about the impact of mental health challenges that it can have on an individual's ability to obtain and retain employment. We work with two target populations. The first, out of school out of work young adults 18 to 25, and two, low-income working age adults ages 26 and older. All CEO participants are recently released from incarceration and unemployed from their time of enrollment earning no income. Almost half of them—excuse me. Almost half of them with mental health or some type of substance use conditions will not have received any treatment while in prison. The C to C program is critical because for many of our CEO's clients it is the first time they are meeting with a mental health clinician who can help—begin helping them with their needs. Since C to C, we have served more than 1,300 participants and more than 300 of

them have screened positive through some indication of medium to high depression symptoms and this is just the first year alone. The structure of CEO's program has allowed us to integrate CASES' expertise into our ongoing case work with participants. CASES embodies—embeds a lesson—a licensed social worker at CEO headquarters that oversees the self-administration of the mental health screenings during the first step of CEO's program, life skills education. From both initial screenings the social worker will follow up with the individual—individual participant for one-on-one private assessment of mental health needs using an as-needed mental—mental—excuse me—trauma screening instruments, psycho education and care planning. CEO staff are also trained in mental health first aid, cognitive behavioral therapy planning and motivational interviewing to complement the mental health work that is provided by the social worker. CEO clients report feeling safer and more willing to ask for help as they continue to define and work towards their goal. Through onsite client engagement and community referrals, we are beginning to see improvement in both client/staff interaction and in clients' ability

to overcome barriers and challenges while facing various psychosocial stress—stressors in their lives and in their communities. CEO supports the Thrive NYC Initiative, can attest that the—it has positively—it is positively—excuse me—positively affecting individuals seen by our own partnership with CASES. We believe that the continuation of Thrive NYC will lead to additional to our clients and all residents of NYC. I would also like to acknowledge Thrive NYC's goal to destigmatize mental illness, and reframe them as a public health issue. CEO is proud to support these efforts and sees many similarities in our own efforts to eliminate stigma and stereotypes associated with criminal records. Both are unfounded and hinder our success as a community. Thank you for this opportunity and thank you for your time.

COUNCIL MEMBER GRODENCHIK: Thank you, Cabral. Ms. Berkowitz.

Hi. Good morning. Good afternoon, I should say.

COUNCIL MEMBER GRODENCHIK: Good afternoon. It's almost evening but okay.

CARA BERKOWITZ: [laughs] Good afternoon, Council Member Grodenchik, and members—well, you are the only one here so I want everyone to know that they're here--

COUNCIL MEMBER GRODENCHIK: [interposing] I'm pinch hitting for everyone.

CARA BERKOWITZ--they're here in spirit. My name is Cara Berkowitz, and I'm the Senior Director of Government Relations at the Jewish Board. As the largest provider of community based mental health services in New York City, the Jewish Board continues to be grateful that the de Blasio Administration has devoted significant resources over the last few years to help New Yorkers with mental health needs. We are proud to promote the good work of Thrive NYC and are honored that the—that First Lady McCray has visited our new Children's Clinic in Brownsville, and our Moore—Morris L. Black Clinic on Staten Island to discuss our work together. Thrive NYC has made mental health—mental healthcare more accessible to the public by offering an access—an impressive array of services including public education, prevention, treatment and attention to social determinants. It is also important to note

that this program recognizes the pernicious influence of racism and poverty on mental health, and has shown leadership on engaging faith leaders to consider new approaches to mental health needs amongst their parishioners. Thrive NYC also has helped foster collaboration across the health human serve—human services and education sectors and with the Criminal Justice System. Although Thrive NYC recognizes the challenges of providing mental health and addiction services, it does not adequately address the tremendous struggle undertaken everyday by community agencies, and does not address the complex needs of individuals and families with mental health challenges, often with minimal resources. Partly due to complicated Medicaid managed care reimbursement systems and the historical stigma faced by people with mental illness and substance abuse challenges our workforce struggles to provide optimal access and continuity. It is important that New York City continue to be vigilant in assuring that the Medicaid managed—managed care health plans work as partners with providers and plan members to fully realize the vision of our responsive person centered system including attention to social determinants of health

and wellbeing. This includes adherence to the letter and spirit of providing parity between health and mental health services including the no fail first requirements, prompt payment of claims and a commitment to collaboration and communication. Thrive also does an excellent job acknowledging that New York City needs the cooperation and participation of multiple city agencies to reach its goals. It is my hope that this collaboration of city agencies will allow for the de Blasio Administration to collectively amend the various rules and policies so that all participating agencies can aid in realizing the vision of Thrive NYC. For example, every effort should be made to assure that Medicaid eligibility is continuous and not cut off due to cumbersome and administrative procedures. Further, New York City should urge the state to review out—review outdate state agency rules and regulations that can impede the success of Thrive NYC. Some examples of state related hurdles includes onerous paperwork requirements, obstacles to access and to multiple services on the same day [bell] and barriers to meet—meeting clients in the community. Lastly, I'd like to thank Council Member Cohen who has rejoined us for

his leadership the City Council to support the provision of mental health services to the poor and the vulnerable and also to Council Member Grodenchik for your work. [laughs]

COUNCIL MEMBER GRODENCHIK: I want to thank you all for being here today. It seems obvious to me from your testimony that the initiative Thrive New York is working, and obviously we're here to try to make it as good as it possibly can be. So, I want to thank you for your testimony. I know that the chair shares with me, and with that, I'm going to reluctantly give him back the gavel. I don't get to hold it too often, but I want to thank him as well for his leadership. He's been inspiring to me on many different occasions for how much he puts into dealing with the health issues—mental health issues of 8-1/2 New Yorkers. So, with that, we're going to call up the next panel. I'm going to yield to Chairman Cohen and I think you all for being here today.

LEGAL COUNSEL: Beverly Johnson, Lisa Ferth (sp?) and DJ Jaffe. [background comments, pause]

CHAIRPERSON COHEN: Well, I apologize for sneaking out. I had to vote across the street, and whenever you're ready.

SERGEANT-AT-ARMS: [off mic] Quiet, please.

CHAIRPERSON COHEN: Please.

LISA FURST: Good afternoon, Councilman Cohen and members of the committee. Thank you for the opportunity to testify at this important hearing focused on the Thrive NYC Initiative. My name is Lisa Furst (sp?) and I am Assistant Vice President of the Center for Policy, Advocacy and Education of the Mental Health Association of New York City. For more than 50 years MHA NYC has provided direct services, public education and advocacy to address the needs of New Yorkers living with behavioral health needs in New York City and beyond. Thrive NYC as you know is a groundbreaking multi-year effort to support the mental health of New York City residents across all ages and severity of conditions from prevention to early intervention to strategies to serve those with more serious mental health challenges. The comprehensive set of initiatives is one of the most ambitious packages of mental service in the nation

leading the way for—for municipalities across the country. MHANYC is honored to be partnering with the Administration to administer NYC Well, the city's front door to behavior health services that uses stat of the art telephone text and web based technologies to respond to the mental health needs of tens of thousands of New Yorkers 24 hours a day, 7 days a week. NYC Well offers a variety of services and accepts calls, texts and chats from individuals in four core languages including English, Spanish, Mandarin and Cantonese, and maintains a live translation service that enables the program to speak with individuals in more than 200 additional languages. NYC Well offers crisis counseling and suicide prevention services, is the single point of access for mobile crisis referrals in New York City, provides information and referral for behavioral health services including warm handoff services to connect individuals directly to service providers in the community. Follow-up services for all who contact the program, short-term counseling, and a peer support service option for those who wish to connect with a peer specialist. NYC Well had a soft launch in July 2016 followed by a hard launch

accompanied by a robust public awareness campaign in October of 2016. Since its launch, NYC Well has reflect the impact of its goals as New Yorkers have increasingly reached out to learn about the service, seek connection to resources and support and received life saving interventions in moments of crisis. NYC Well offers considerably expanded service over its predecessor program Life Net including follow-up offered on every call regardless of the risk level of callers or text chat visitors to ensure that everyone reaching out for help gets connected to care. Follow-up is offered at varying intervals depending on the needs of the person making contact with the program. Thirty minutes after inbound contact to ongoing follow-up offered a month later depending on need. With the exception of high risk scenarios where NYC Well attempts to ensure that connection to emergency service was made follow-up calls are conducted at a time and through the mode, call, or text that the caller or chat text visitor identifies as convenient. Low-risk follow up typically happens 48 hours after the initial contact, and high risk follow-up contacts range from 48-hour response following a mobile crisis visit to 24-hour response

following completion of a safety plan or referral to a crisis respite center and 30 minutes to One-hour response following referral to emergency services. A follow up with callers frequently involve repeat contacts to ensure connection with care and to problem solve through treatment interfering with personal and systemic barriers. Individuals contact NYC Well from across the five boroughs and in the third quarter of this fiscal year meaning January through March 2017, the majority of contacts in order of prevalence were from Manhattan followed by Brooklyn, Queens the Bronx and Staten Island respectively. Of those who contact the program, 85% opt to speak to with crisis counselors while 15% opt to speak with peer specialists—specialists. Excuse me. Additionally, 75% contact the program by phone while 25% of those who contact the program do so via text and chat. The NYC Well program strives to provide New Yorkers with fast, reliable access to a peer specialist or crisis counselor, and in the last quarter the program answered 89% of all contacts within 30 seconds, with an average answer speed of 27 seconds for the quarter. In the last quarter of this fiscal year, again January through March 2017, the

program had 59,187 contacts by phone, text—text or chat with a range of 600 to 900 contacts per day. [bell] The total number of contacts include those that are with peer specialists in the program of which there were 11,414. The majority of contacts are support contacts followed by information and referral contacts, crisis contacts and the remaining contacts include those which were abandoned by the individual incomplete or non-mental health related concerns. The top 5% of concerns from individuals include mood concerns, anxiety concerns, stressful life events, interpersonal concerns, as well as other concerns. Approximately 22% of contacts relate to concerns that are not listed in these top five. Of those contacts that indicate substance—substance use, excuse me, the top five substances reported to be used include alcohol, marijuana, crack or cocaine and nicotine. The majority of contacts are in English and Spanish with Mandarin Cantonese and other languages representing smaller proportions of contacts managed by the program. The gender breakdown of contacts includes 56% female and 39% male with approximately 4% of individuals choosing not to disclose their gender. The majority of

contacts are from adults age 20 to 69, and collectively that group presented 8—represented 84% of contacts to the program. However, individuals from across the life cycle do make contact with the program including pre-teens and teens who represented 9% of the contacts in the past quarter to older adults who represented 7% of contacts in the last quarter. Noteworthy is that NYC Well is an important resource for individuals in the community who haven't been connected to treatment in the past. NYC Well crisis counselors spoke with 6,863 contacts who reported no prior history of treatment, which was 27% of the individuals who responded to questions about their treatment history in the past quarter. NYC Well crisis counselors made 13,923 referrals this quarter alone to programs and to crisis and support services. In addition, NYC Well spoke to 12,322 individuals who reported a history of outpatient treatment indicating that they wanted a different service or something additional to what they were already receiving and saw NYC Well as a resource to help them find that additional service. It is MHA NYC's goal to ensure that all New Yorkers needing access to behavior health services receive assistance at the time they

need they need it, in the language that they speak and in the modality in which they most wish to communicate. We are proud to be part of the Thrive NYC initiative and look forward to continuing to partner with city leadership to increase access to and the quality of behavioral healthcare throughout New York City. Thank you for the opportunity to share an update on NYC Well, a life saving resource for New Yorkers in emotional distress.

Can you hear me?

CHAIRPERSON COHEN: We can.

DJ JAFFE: I'm DJ Jaffe, Executive Director of Mental Illness Policy Org, and I hate to rain on the parade. I'm going to give a view that's much different than the one you've heard about, and the main reason for that is I am not a mental health advocate like everybody else in the room is. I am an advocate for the most seriously mentally ill, and I practically cried as I sat there listening to the government's testimony because the term mental illness was used once as if it's pejorative not to be used in polite company. Schizophrenia was never mentioned once. So, Thrive New York City is a great mental health initiative. It totally ignores the

most the seriously ill. The public awareness campaign, which they touted asked people who have anxiety, depression or need someone to talk to. It doesn't ask people who have schizophrenia, bipolar or psychotic delusional or eating out of dumpsters to call. New York City doesn't want them to call. They make a lot out of mental health first aid. Mental health first aid has zero evidence it helps persons with mental illness. There's very solid evidence that those who give the training like it, and those who receive the training like it. But there's no evidence that people with mental illness are helped. In fact, it's based on the premise that what we need is better training to identify the asymptomatic. I get calls everyday from families of the seriously mentally ill who are begging and pleading for treatment and cannot get it. Identifying the asymptomatic has never been a problem. The initiative to—we have to act early based on the premise that half of all mental illness begins below age 14. That statistic is true. Half of those are minor mental illnesses like ADHD, minor depression, anxiety or alleged trauma. Serious mental illness, Schizophrenia, Bipolar Disorder begins in the late

teens, early 20s. It is not predictable. A lot of the effort is going to "prevention." No one know how to prevent Schizophrenia. No one know how to prevent bipolar disorder, and there will be the Nobel Prize to anyone who figures that out. We can help people who have the illness from going on and having it become more symptomatic, but we can't prevent the illness. New York City Well is a program again they're doing a lot of statistics on process. How many people called? How many referred. No information on the diagnosis of those served or whether they, in fact, got treatment. [bell] Suicide. You've heard a lot of information about trying to reduce suicide in the schools. Let me say suicide amongst school age children are the least likely of any other population to commit suicide. There we nationwide about 7,000 suicides under 24, 55,000 over—excuse me—37,000 over 24, and yet we're putting our effort at students. The most likely groups to commit suicide are the elderly over 55, prisoners, those who have had a previous attempt or those who are first degree relatives of previous attempters. No effort going to them. We're focusing on the sympathetic youthful population where it's very rare.

They say they want to use data better. Let me point out they claim to have reached over 100,000 people. That's an interesting number because of the 239,000 New Yorkers with serious mental illness, 40% of those or an amount equal to they reached out to, 95,000 received zero treatment. This is where we should be focusing on the most seriously mentally ill. When you see somebody walking down the street screaming they're the messiah, it's not because they didn't see the PSA. It's not even because they didn't—they think they're the messiah. They know they're the messiah, and unless you treat them, you're not going to be able to help them. He wants to use data beta—better. The number of incarcerated in Rikers has gone down dramatically and the Mayor—and I'm a Democrat by the way. The Mayor deserves credit for that, but the percentage of those in jail who are incarcerated has gone up 30%, emotionally disturbed calls to police. Emotionally disturbed calls to police are up 10,000 from 143,000 in 2014 257,000 in 2016. Kendra's Law. Today, the—yesterday the Senate made it permanent New York City won't go on record as wanting it made permanent, and here's what they object to. One of the provisions requires them to do

outreach where the mentally ill are rather than where they're not. It requires them to evaluate anyone who is being discharged from a hospital after an involuntary commitment. So these are people who are already known to be dangerous. It says you should evaluate these people for Kendra's Law or other services. It says if somebody received mental health services in Rikers, let's evaluate that person when we discharge them. New York City objects to that. Instead, they're identifying—they're teaching New Yorkers to identify the asymptomatic. [pause] Assisted outpatient treatment Kendra's Law has reduced homelessness, arrest, incarceration in they 70% range. They have somebody they said at Thrive Cities wants to promote legislation. Why are they not promoting Kendra's Law? Kendra's Law is a terrible failure. I wish you would focus it on the seriously mentally ill. You accomplish two things: One is you're helping that individual, and I have a seriously mentally ill relative, and secondly, you're helping the communities by reducing homelessness, arrest, incarceration. It's a terribly misguided plan. It's had no effect on real metrics and the

city won't measure the real metrics. They're measuring process, not progress. Thank you.

CHAIRPERSON COHEN: Thank you for your testimony. I just—I do have a few questions and then I'm going to switch back for a second. But are you Thrive? Are you the sole provider of Thrive? I mean not Thrive, of NYC Well?

LISA FURST: Yes, MHA runs NYC well.

CHAIRPERSON COHEN: So, you have the—you have the contract?

LISA FURST: Correct

CHAIRPERSON COHEN: [coughs] I'm a little—in terms of language. It said 98% English. I don't know what—yeah, there are many New Yorkers who, you know, while English might not be their first language, can communicate in English, but it—it doesn't feel representative of New York City. Do you think that that's an indicator that maybe we're not doing as good a job reaching out across to as many communities as we could be?

LISA FURST: I think there's always room for more outreach and diverse outreach and diverse languages. I think you're right, though, also that there are a lot of folks in New York City who are

fully or partially bilingual. When folks call or text or chat, they have an option to choose the language or ask for translation service. So, it's something that we're opting to give folks contacting the program. I think there can be more done always in terms of language outreach like in different languages. Some of that may also reflect the populations of the different boroughs and who's call in the most for Braille as well.

CHAIRPERSON COHEN: Did—did—was your testimony about—did you testify as to where people are calling from borough by borough?

LISA FURST: Yes, they're—I broke it down in the last quarter and again there's variation over time. The data that I quoted is from measurements from the—we do quarterly reporting, and it's for the third quarter of this fiscal year primarily. Manhattan was the borough that had the most contacts or most—the majority of contacts from across the city came from Manhattan and it's followed by the other boroughs and that's in the testimony.

CHAIRPERSON COHEN: And that and that—where in your—I'm sorry—where in your testimony is that?

LISA FURST: Bear with me just a moment please.

CHAIRPERSON COHEN: It's okay. Oh, I—I see it here. Oh, you're in five boroughs.

LISA FURST: The second page.

CHAIRPERSON COHEN: The majority of contacts were from Manhattan followed by--

LISA FURST: [interposing] Followed by Brooklyn, Queens, the Bronx and Staten Island respectively. Now, that will change over time. That's a snapshot within the last three months.

CHAIRPERSON COHEN: When you—when you—when you say the majority was it the vast majority? I'm trying to--

LISA FURST: What I can do is report back to you with the exact percentages in the last quarter by borough.

CHAIRPERSON COHEN: I think that would be—that would be helpful if you could do that.

LISA FURST: Absolutely.

CHAIRPERSON COHEN: And to—to your point, sir, I'm—I'm not—it's not my job to defend the—the Administration. Although I think that the Thrive, you know, we could walk and chew gum at the same time. I

don't think that these programs are mutually exclusive. I know that I and, you know, when I went to go visit Rikers about a year and a half ago, and there's no doubt about it, getting people with serious mental illness off Rikers Island presents a significant challenge more so than just reducing the population. So, as you—and—and maybe this is just true in life in general that the low-hanging fruit is getting out of Rikers—the people who are easy to get out of Rikers are getting out of Rikers. They people, you know—and so the people who are remaining are the toughest people to get out. So, and I think that that is, you know, unfortunate and it's a challenge and it's one that we shouldn't shirk away from or walk away from, and trying to make sure that services are available on Rikers Island and even among that population of seriously mental ill in Rikers there's a subset that is, you know, that I've heard stats of around 400 people who are persistently, you know, repeat and get back in Rikers over and over and over again, and that population is particularly hard to serve.

DJ JAFFE: And we have—and we their names and if we focused on them, we could serve them. The

readmission rate coming out of Bellevue or—excuse me—across citywide hospitals is like 30% within 30 days of the seriously mentally ill. Yeah, you can walk and chew gum, but I wish you would allocate another $800 million to solve the problem of the seriously mentally ill rather than $800 million to not solve their problem, and I don't mean to be disrespectful, but this program is a failure by any meaningful metric. If you want to improve mental wellness keep doing what you're doing. But the population of New York is concerned about the homeless, the incarcerated, the violence, the subway pushing, and this just ignores all of that, and doesn't even measure that. And so, it's a success based on process measures. How many called? How many were referred? We've—we've called the help line. You basically you go through a half hour triage, and then you're called and told okay, call your local—call a local service provider.

CHAIRPERSON COHEN: I don't in any way thing that you've been disrespectful. I appreciate you taking the time to testify. I can't say that I agree with your testimony, and that I do think that there is a lot of value in trying to make mental

health more accessible to a broad base of New Yorkers and—and their different silos of different communities that need service. I don't—I don't disagree with that, but I do see the value in it so—But I do appreciate you both taking the time to testify today. Thank you.

LEGAL COUNSEL: And our last panel Lee Beth Hofmeister, Dionna King, and Christy Parker. [background comments, pause] I just want to acknowledge that we've been joined by Council Member Borelli and please. [laughs]

DIONNA KING: We're starting? Alright. Good afternoon/evening.

SERGEANT-AT-ARMS: [off mic] Turn your mic on.

DIONNA KING: I got it, everyone. Thank you for holding this hearing, and thank you for inviting the Drug Policy Alliance. My name is Dionna King. I am the Policy Coordinator with the New York Office of the Drug Policy Alliance. The Drug Policy Alliance's Mission is to advance policies and attitudes that best reduce the harm of drug use and drug prohibition, and to promote the sovereignty of individuals over their minds and bodies. Our staff

know that addressing problematic drug use will require comprehensive approaches and evidence base solutions that could help save lives, reduce criminalization and address racial disparities. I thank you for invited—for inviting me DPA to deliver testimony on New York City's comprehensive plan to provide services and reduce the stigma surrounding mental health and substance misuse. A year into the implementation of Thrive NYC Plan, essential resources were distributed to combat the abuse and overdose related deaths. Simultaneously necessary public education on the health benefits of harm reduction crises to address substance use is occurring throughout the city. While these steps are encouraging, there are residents of New York City who remain inadequately served namely the incarcerated, those who are homeless and residents in communities of color. New York City is in the midst of an affordable housing crisis, which has led to a significant increase in the homeless population. Due to lack of affordable supportive housing, the shelter system has had to respond to an influx of people seeking shelter. A number of them are people with mental health needs, and people who use drugs. New

York City has prioritized Naloxone training for shelter employees so they are able to respond to emergencies. While many have applied this training to revive a person experiencing an overdose, shelter residents have been discouraged from administering Naloxone to other residents, and in some cases this has resulted in death that could have been prevented. Further, homeless people who are not in the shelters are dying in the streets from overdose. There were 61 homeless deaths due to overdose in Fiscal Year 2016 making it the leading cause of death among people who are homeless. This is an increase of 16 deaths attributed to overdose from Fiscal Years 2016 to 2015. While it's important to train shelter staff, Naloxone must also be made available to—made available to unsheltered people through peer-to—peer community outreach. Naloxone distribution can help address or opioid related deaths within the homeless population, but what is most important for individuals with mental health and/or substance misuse issues is access to stable, affordable housing. According to a study conducted by the National Center on Addiction and Substance Abuses, supportive housing was successful in reducing the use

of and costs associated with crisis care services including shelter, detox centers, jail and medical care. The city is continuing to respond to increasing homeless population by building new emergency shelters, but shelters are not long-term solutions nor are they conducive to meeting the needs of people with co-occurring disorders. In year 2 of Thrive NYC securing barrier free permanent supportive housing for people experiencing problematic drug use who have mental health needs or who experience both must be central components of this public health plan. Through the Thrive NYC Plan an additional 81 primary care prescribers have been successfully trained in prescribing [bell] Methadone and Buprenorphine. While this is commendable, additional public education with benefits of Bup must conducted in New York City's communities of color. New York City has attempted promote increased access to Buprenorphine by encouraging physicians to become certified. Despite these efforts, the patients are significantly more likely to live in high income predominantly white areas in New York City. Methadome—while Methadone patients are significantly more likely to live in low-income predominantly Black

and Latino areas. While Methadone maintenance is a viable treatment option, patients administered Buprenorphine experience improved attention, health and social outcomes. As Thrive NYC enters its second year and more doctors become trained in their administration of Buprenorphine, New York City must aspire to ask the equitable distribution of prescribers who serve Medicare recipients and patients in low-income communities. Further, outreach in mass public education on the potential benefits of Buprenorphine must commit to communities of color to reduce the ratios of disparities in prescribing. Finally, Thrive NYC must adopt measures to address the population that is chronically underserved in matters concerning overdose prevention. Fore more than 30 years, opioid dependent teens in Rikers Island correction facility had been offered medication as the treatment through the Key Extended Entry Program or KEEP. Thankfully, depopulating and closing Rikers Island involves city mandate, but the KEEP program should be maintained and expanded in all New York City jails. Several New York City jails have adopted in-prison or reentry harm reduction measures to mitigate the risk of

overdose. However, there's still treatment gaps. In 2015, Queensborough Correctional facility executed a Naloxone pilot program for reentrants. This common sense measure should not only be adopted as a policy but also expanded into all New York City jails. Dr. Farah Parvez and Dr. Ross MacDonald, the Director of New York City's Correctional Health Programs every person who enters their city's jails with an opioid addiction represents an opportunity for treatment, and the possibility of saving a life. At the DEP we hope that in year 2 of Thrive NYC more resources will be invested in further community based—in furthering community based treatment and harm reduction efforts. With that effective and innovative ideas such as safe consumption sites and harm reduction in housing will be erased. The opioid crisis will be—will wane in time as the crisis have in the past, but if we don't build the infrastructure needed we're going to still experience this—the deaths related to the drug misuse. Thank you.

CHRISTY PARKER: Hi, good afternoon. Thank you, Chair member Cohen for convening today's hearing on Mental Health, Developmental Disability, Alcohol and Substance Use and Disability Services and

particularly related to Thrive. I like to say the full name because I think we need to think—we need to say that name more often because it's a holistic view of how we serve New Yorkers with these services. So, we really also want to thank this Council besides having a hearing on Thrive, we also want to thank the Council for their nearly $13 million in Council Initiatives that have gone to help community based providers with creating innovation—innovative programs and also serving New Yorkers in their own communities in ways that government funding or private funding hasn't been able to step in and help. So we're grateful for the opportunity to offer facts on Thrive NYC and the over 54 initiatives for this first comprehensive compendium of municipal funded programs that really sets the tone for what this country could be doing. So, we're really proud of the work that the First Lady and Deputy Mayor Buery and this Council, and the city is really doing around this issue. So we want—the other piece we want to laud is Dr. Belkin for his work around using strong—grounding the work in this—this book and this framework for what we're doing with this vision in using a data drive approach to—to drive by

identification of what the needs in communities where we're working, and then creating a development of appropriate services to create strong and healthy individuals and communities. However, I would be remiss if I didn't look for areas where they can be improvement, and I would get in trouble from—I think you used the term your top shelf committee. I think I have a top shelf coalition, and I'm grateful to be testifying with some of our—our members over here and HA was on it, and I'm happy to be on this panel and the Jewish Board as well.

CHAIRPERSON COHEN: [interposing] Good because I think top shelf is sort of a related—a reference to alcohol. Maybe I shouldn't use it. [laughter]

CHRISTY PARKER: Yeah, I know. Well, it's exclusive at least of this—the high reaching coalition and committee. So, congratulations to both of us, and we are lucky to be able to have the opportunity while the city is going through this to really take part in creating something that's going to go beyond just the way the budget cycle works, but really pushing forward because we're going to affect the lives of people that we touch. One thing I

wanted to say before I jump in, too, is that Korean Community Services of Metro New York could be an option for you, and they're one of our members. They created the first Article 31 clinic in 2015 serving and funded and resourced all by a community—Korean community service agencies. So, I'm happy to put you in touch with their people to try and maybe help in your community. So, back to our—our suggestions. So, I'm going to really focus on a few areas, and we'll have written testimony that goes into more detail. The Mental Health Service Corps is a key piece—driver to what the First Lady and Dr. Belkin are trying to achieve in the city, which is a long-term commitment of having a skilled workforce. However, we totally support that, and we think the idea of committed targeted resources to help build staff in under-served and high needs areas is a fantastic goal. We really support that. However, we're concerned that we're not taking—we're not taking full advantage of the existing dedicated members of the behavioral health professions serving our communities. And we recommend investing in our existing workforce that have been doing this day in and day out, and our hardworking loyal and dedicated staff that are

working all over New York City to ensure the continuity of programs. So, to that end, we would love to see some parity to help us with recruitment and retention around what the Service Corps folks are getting and, you now, we have promoted the Service Corps as an option for—as a real bonus for our members, but we also think that we need to worry about the existing experienced staff that are keeping these programs going and so there are some problems obviously with low and non-competitive wages, and we're receiving competition from our staff going to work for managed care corporations, the city, and hospitals, and we're concerned about what does that mean for the—the communities that we're in particularly around the cultural competency piece. So we would—we have recommendations for the city through Thrive and through the budget investing contracted, existing contracted providers to ensure that there could be an outcome that we drive down the—the time that we have vacancies in positions because we can't fill it because nobody wants a low-wage job. We drive that down and that we no longer have vacancies from, you know, less—for more than three months, and that we try and drive down our—our

turnover rate from about 50% and try to drive it down to something lower than that and show the respect for the workers are doing—have been doing this and committed their lives. So, we're looking for loan forgiveness, things like free licensing and tutorials and support, and through Thrive there was a workforce summit and we continue to be part of that, but I—I think it's important to think about the people, the thousands of workers doing this everyday who are seasoned professionals. As far as NYC Well, it's another area. We're very proud of our partners at MHA NYC and also Beacon who does some work through that. We think they bring a very comprehensive and innovative approach to this. We particularly like and embrace their and the city's approach to using technology for setting the standard of accessing or receiving care in the future, and the idea that there's no wrong door for people. And we know how important it is for prevention and we know if we can get young people before they become adults with substance use disorders it would help how important—how important it is to reach them. So, we think that's the way to go. We think the work that they're doing it's—it's new, but they've been very

transparent. I happen, for transparency purpose I'm on the board of that I think they're doing a great job. They've been honest about the—the struggles in the way that they're going, but we really support their work. What I do want to say is that we must be mindful as the city broadly embraces solutions that the infrastructure organizations reflect what the community based organizations are struggling with, and so that their contracts have not kept up with costs of these kinds of intervention like technology, tech savvy staff and things like that. So our proposal is--

CHAIRPERSON COHEN: [interposing] Getting paid.

CHRISTY PARKER: Getting paid on time would be great. Having a line that's in the tech budget, you know, beyond electronic health records, things where we can have a chief technology officer or something like that or somebody who is a user experienced or consumer experienced person. So, we need to make sure that our contract overhead reflects the costs and supports and innovate and embrace the changing delivery systems. This means that we now need to attract, as I mentioned, different kinds of

staff like user experienced folks, people who are tech savvy, people who are comfortable using Tablets in the field. And, I wanted to talk a little bit about the Newborn Home Visiting Program, which is near and dear to my heart from my past working on homeless services. I previously worked on a program trying to bring behavioral health services in the family shelter system. As you well know, we don't have a strong network of behavioral health services in the family shelter system. So, I think what—what they're doing in the Thrive by doing this assessment for maternal depression is fantastic, but it's not enough to screen them for depression. It's important to remember that the length of stay in shelter is over two years. So, we need to be looking at those. As those kids become toddlers, we need to be aware of those supports and resources they need for adverse childhood experiences, but we also need to be treating those families holistically with substance use—disorder programs for family shelters as well, and look at our teen program. And the focus that we recommend obviously they—they talked about cognitive behavioral therapy. We're proposing trauma informed care. I think from top to bottom we need to have a

shelter staff that is supportive of supportive with trauma informed care lines. That goes from security and maintenance all the way up to case managers. And also taking care that that is an important workforce that has secondary trauma themselves and we need to make sure that they—we're supporting them because again it's a—it's a heroic workforce that often doesn't get the support with the financial resources that they need. We have a proposal that we—I pretty much talk to everybody I could in the state and the city, and I probably talked to you a few times about the work that we do through our pros program, which is—it's a—a well regarded program where we try and post providers on these types of programs and services evidenced based focus. So, we would propose trying to help, sit down with the city, sit down with the state to come up with some sort of training academy where we offer those kinds of services to shelter staff because it's—we can't wait. It's been—I've been talking about this for ten years. We're now seeing that the length of stay hasn't gone down. We are putting those families and our staff at risk. So I think we can be doing better there. On the Community Services Board, I don't know if they

mentioned that piece of it. I have to say I'm a proud member of the Community Services Board and I want to complement—complement them on going above and beyond when they reinstituted the—this board by creating two subcommittees, which is the Criminal Justice and the GBTQ committee, which I am the chair of, and we will be reporting more as we go forward. But I'm really impressed with the community stakeholders they convened for our subcommittee, and you'll be hearing more from that group because they're looking at short and long-term goals. So, that is a fantastic group, and an example of what—how you do—the right way to convene stakeholders. And the final is—comment is we really would like to talk about how we're engaging the community resources and maximizing the existing resources. This goes to the idea that we have thousands of programs all over the city that touch people who are in need of substantive mental health services. We need to strive to do—to better utilize the existing programs that don't fall under Thrive, which means again going back to entering the workforce, and their contracts reflect the real work that they're doing. And make sure that through Thrive and other programs that their cross-

they're not working at cross purposes, but they're actually referring to each other, and we have been working with our partners at city and state government to ensure that that happens. Particularly there have been some concerns about how referrals are happening, and we will continue to work on that. You know, a number of our organizations have commented that they've been contacted but not yet contracted to provide Thrive services. We need to do better about doing that because it shows the commitment to the people that we're serving. School based clinics are fantastic. We think we need to do more of that. There is some concern about how that funding looks like as we roll it out, and we'll continue to work with our partners on the city related to that. And then finally I want to commend the Council, and I think I've done this before. Last year you did a bold step of training your colleagues on mental health first aid, and I want to thank you for that, and I hope that you will in the coming year for those who weren't able to go through mental health first aid go through it again. We're offering it again next month. We're a proud provider of that, but I do want to say that that's the kind of city leadership

we want that when our elected officials say that this is important for them to take a day or two out of their time to talk about issues related to mental health and substance use, and how they can be an active participant. Not as a regulator, but as somebody that intervenes, someone that's a loving and care—caring person. That's the kind of election—elected official that we really like, and we're very proud of our Council for doing that, and we hope that you'll create a tradition for each year, each new class of people who haven't done it, and I challenge you to do that. So thank you for your good work.

BETH HOFMEISTER: And to round out the day, my name is Beth Hofmeister. I'm a staff attorney at the Homeless Rights Project at the Legal Aid Society, which as you all know is—well, the oldest and largest law firm, non-profit law firm in the country actually. And I want to thank you so much to the Chair for staying the whole day, and for the various council members who came and listed to the—to the important testimony. I'm actually talking about a very small piece of the Thrive Initiative, which is related to runaway and homeless youth services. Obviously the Legal Aid Society touches on

probably virtually any kind of New Yorker who also interacts with the Thrive Initiative. The reason that I am focused on this one today is that we did do with New York a number of years ago in part because of the lack of mental health services that were provide to runaway and homeless youth, and those are youth who right now are categorized as being under the age of 21, and are primarily served by DYCD, the Department of Youth and Community Development. So, the work that has been done by Thrive by bringing in mental health, you know, city funded mental health services to all of the different levels of service provision in the Runaway and Homeless Youth system has truly been life changing in a very short period of time that it has existed and even with the small amount of money that has gone towards—gone towards that. And so I'm—I'm here to really reassure reinforce the fact tat access to mental health services for our clients, and particularly mental health evaluations truly is what gives them access to long-term housing opportunities, educational opportunities. Often it can help provide disability that enables them to go on and hold down a job full time. All of these things contribute to their

ability to bringing success as citizens and fellow New Yorkers as—as we go through, you know, our—our days and their days. We—we know that this population is at high risk. There are varying reports that—that in five zone numbers it shows about 40% of the—of Runaway and Homeless Youth are in LBGTQ or TGNC. We know that those clients experience pre-homelessness and kind of current homelessness and the post-homeless trauma. A lot of the reasons why the youth become homeless and they're very active often getting kicked out of their families or communities is very difficult, and this is in addition to all of the other things that have been testified about today in terms of substance use, exposure to victimization and criminal activity. Certainly some at-risk practices and things like that that contribute to the need for mental health services. So, not only is it important that you have access to this because they need the actual treatment, but again, I want to just kind of reinforce that access to quality medical and mental health treatment for this population also does provide quite literally the door through which they can walk through to gain access to supportive housing. Often the ability to go to higher—go onto

higher education and things like that. So, it is incredibly important. Like everyone else, I think three is probably more that could be done with the very amount of money that's been provided, which is everyone is so grateful to have, has provided truly life changing difference in the system. We wish there was more available [bell] for the youth as they go forward, and I hope that Runaway and Homeless Youth, which is a small part of a very large homeless population that I work with my colleagues everyday will not be forgotten as these initiatives continue to grow and move forward and as the City goes on to continue to address the problem that I think all of us can see even though it's the small things here and there that have been started can grow into much bigger initiatives that will truly continue to make an impact for all New Yorkers. So, we are—we are very supportive, and I will be—have—submitting joint testimony with the Coalition for the Homeless, which should come in the next couple of days. So thank you so much for your time.

CHAIRPERSON COHEN: Thank you. I just have one or two quick questions. You know, I'm curious about Ms. King's testimony about the people

in shelter being the—the shelter residents being discouraged on administering the Naloxone. I mean in that environment I mean in theory there's people there who's—I—I guess you're reporting, though, at least anecdotally that you think that that's a real gap in—in getting people Naloxone.

DIONNA KING: Yeah, I mean we—we are encouraged by the fact that so many shelter employees have been trained on Naloxone and its administration. It's something that we appreciate and some areas it's should be expanded, but the first responders should be the person that is available, and we—if a shelter resident is with the same overdose and the Naloxone training they have it on hand, and they're not being able to use that Naloxone, then we're not addressing the overdose. So, I don't understand what would be—what do we lose in not allowing the person who has the—who has experience, who has the training to—to administer the—the Naloxone. So, we—in my-in my experience what we've heard is that people who enter shelters with the Naloxone kit have it taken from them. Yeah, and when like one of our members very recently told us that they witnessed the overdose, and weren't able to administer the Naloxone and there

was no one on hand to do it at the shelter whoever was working at the employee—at the shelter wasn't train. They had to call upon emergency responders, and you know that is a very delicate time where somebody could die, and that's what happened to this particular person.

CHAIRPERSON COHEN: Well, I'm going to follow up on that with the Admin and Chris, you know, just maybe we should sit down before the Exec Budget and maybe have what she's talking about some of things going forward because we are reconvening again in a week on Executive Budget. I just wanted to make that point to everybody, and so I do really want to thank everybody for taking their time today to testify and staying until the—the bitter end, and thank you very much and this concludes this hearing of the Mental Health Committee. Thank you.

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 5, 2017