

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON FINANCE

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March 26, 2019
Start: 1:20 p.m.
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HELD AT: City Chambers-- City Hall

B E F O R E: Daniel Dromm
Chairperson

COUNCIL MEMBERS: Keith Powers
Helen Rosenthal
Andrew Cohen
Vanessa L. Gibson
Francisco Moya
Barry Grodenchik
Rory I. Lancman
Jimmy Van Bramer
Adrienne E. Adams
Laurie A. Cumbo
Robert E. Cornegy, Jr.
Steven Matteo
Bob Holden
Mark Treyger

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

Chirlane McCray, First Lady of New York

Jumaane Williams, Public Advocate
City of New York

Susan Herman, Senior Advisor to the Mayor
and Director
Thrive NYC

David Greenberg, Associate Director of
Health and Social Services
Office of Management and Budget (OMB)

Scott Bloom, Director of School Mental
Health Services

2 [gavel]

3 CHAIRPERSON DROMM: Okay. Good
4 afternoon and welcome to today's hearing of the
5 Finance Committee. I am Council member Daniel Dromm
6 and I'm Chair of the Committee. Today's hearing will
7 examine the fiscal 2020 preliminary budget of Thrive
8 NYC. I'm joined by my colleagues, Steve Matteo,
9 Vanessa Gibson, Adrienne Adams, Rory Lancman, Diana
10 Ayala, Keith Powers, Helen Rosenthal, Jimmy Van
11 Bramer, and Bob Holden. And others may join us
12 shortly. We are pleased to be joined today by the
13 First Lady of the City of New York, Chirlane McCray,
14 and Senior Advisor to the Mayor, Susan Herman, who is
15 heading up the newly created Office of Thrive. We
16 are also joined by David Greenburg from OMB. In
17 January 2015, First Lady McCray developed a
18 partnership between the Mayor's Fund to Advance New
19 York City, the Department of Health and Mental
20 Hygiene, and the Fund for Public Health to create a
21 road map for a more inclusive mental health system in
22 New York City. That road map was unveiled in
23 November 2015 as Thrive NYC. Funding and programs
24 for Thrive NYC were first reflected in the City's
25 budget in the fiscal 2017 preliminary budget released

2 in January 2016. According to the Office of
3 Management and Budget, Thrive NYC is currently
4 comprised of 55 initiatives spread across 15 city
5 agencies with the majority of the funding being in
6 the Department of Health and Mental Hygiene. The
7 fiscal 2020 preliminary budget for Thrive is 251.8
8 million dollars. Because guys and spread out over so
9 many agencies, tracking thrive within the city's
10 budget has presented itself to be quite challenging.
11 This is largely due to two factors. First, when
12 Thrive NYC was rolled out, from a budgetary
13 standpoint, there was no clear delineation between
14 funding and existing funding. While it seems like
15 the majority of the funding associated with Thrive
16 was already included in the budget, the Council has
17 not been able to independently track this in the
18 city's financial management system. To that end, the
19 Council appreciated the steps that the administration
20 is taking to address this going forward. However,
21 the Council still hopes that the administration will
22 produce a list of budget codes that make up the
23 spending on Thrive so it came to a historical fiscal
24 analysis of spending. Second, there is no uniform
25 naming convention within the budget for thrive. A

2 few programs actually have the word thrive in it, but
3 some are just marked roadmap and yet others are only
4 described by their program name. Therefore, it has
5 been difficult for the Council or the public to
6 complete a crosswalk of all Thrive funding within the
7 budget. Looking back at Thrive NYC's funding for the
8 first three years it existed, 490 million dollars was
9 budgeted, but only 70 percent of that, or 344
10 million, was spent. In fiscal 2019, an additional
11 250.9 million was budgeted. The committee hopes to
12 learn today about the amount of year to date spending
13 for fiscal 2019, the breakdown between personal
14 services and other personal services, as well as the
15 headcount numbers for the initiative supported by the
16 budget. The councils certainly commends the First
17 Lady for attempting to tackle such a widespread, but
18 too often taboo topic. That Thrive NYC is a large
19 component of the city's budget. Therefore, the goal
20 of today's hearing is to subject to the same budget
21 oversight that all agencies and major programs
22 receive and to learn more about the budget
23 fundamentals and building blocks that make up Thrive.
24 On a logistical matter, I want to remind any member
25 of the public who wishes to testify to please fill

2 out a witness slip with the Sergeant-at-arms. The
3 public portion of the hearing is scheduled to begin
4 at approximately 4 PM after the Committee on Mental
5 Health, Disabilities, and Addiction hears testimony
6 from the Department of Health and Mental Hygiene.
7 Also, councilmembers will be limited to two minutes
8 of questions named in this portion of the hearing.
9 If there is any member of the public who wishes to
10 testify, but is unable to do so in person today, they
11 may email their testimony to the Finance Division at
12 financetestimony@council.nyc.gov by close of business
13 on March 29th and the staff will make it a part of
14 the official record. I'd like to thank the staff of
15 the Council's Finance Division for their work and
16 support in preparing for this hearing. Thank you to
17 unit head, Crilian Francisco (sp?), Financial
18 analyst, Lauren Hunt, and Senior counsel Rebecca
19 Chasen. [Background comments] Okay. And Council
20 member Ayala does want to make a statement before we
21 go to the testimony. Council member Ayala?

22 COUNCIL MEMBER AYALA: Thank you, Chair
23 Dromm. I would like to extend a warm welcome to the
24 First Lady of the city of the New York, our Chirlane
25 McCray, and most senior advisor to the mayor, Susan

2 Herman, who now has the office of Thrive NYC. The
3 critical work of ensuring access to quality
4 behavioral health care to the people of New York City
5 is no small task and we applaud the First Lady and
6 the Thrive team for the important work that it has
7 done and will continue to do. To that end, we look
8 forward to learning more about the fiscal components
9 of the Thrive initiative so that we may better
10 understand and support Thrive's mission. Thank you.

11 CHAIRPERSON DROMM: Thank you very
12 much. And the Public Advocate would also like to
13 make a statement.

14 PUBLIC ADVOCATE WILLIAMS: Thank you,
15 Chair Dromm and Chair Ayala. Thank you First Lady
16 and Susan Herman. As many know and I recently made
17 much more public, open dialogue is very important and
18 personal to me, but we need to figure out what the
19 tangible metrics are so that we can recognize the
20 impact. Thrive NYC is an 850 million dollar
21 initiative that was founded with the mission of
22 supporting mental well-being of New Yorkers. That's
23 an admirable, but a very broad mission and I want to
24 thank the First Lady for even trying to tackle this
25 when many people didn't. From what I could see on

2 public statements that were put forth, the goals were
3 to announce as a change the culture, act early,
4 closed treatment gaps, partner with communities, use
5 data better, strengthen the government's ability to
6 lead. Recently, the Comptroller released a letter
7 saying that the city was not tracking outcomes for
8 nearly 75 percent of the programs that are part of
9 Thrive NYC and the programs own staff notes it's too
10 early to say is the pricey plan works. Tangible
11 results are clear and terms of EDP policing
12 instances. There's been a sharp and 911 calls for
13 EDP solutions. As we know, police are not always the
14 best to call. Or, at least, they should be the only
15 ones to respond. If we could intervene prior to or
16 even at that time with medical attention. We need to
17 know that one of the initiatives was crisis
18 intervention training. There's another report that
19 stated, I think, about a third, if that much, police
20 officers had been trained in crisis intervention
21 training. I'm hoping from this hearing we can find
22 out if there's coordination between those and measure
23 them against the stated goals, but then to see what
24 goals we can set moving forward, if they should or
25 need to change. Two quick things. I know that

2 there's been a lot of conversation about mental
3 illness itself and I always want to make sure that I
4 hope we are having a discussion on two separate
5 illness. Mental illness and the acute need to deal
6 with mental illness itself and then mental health for
7 the rest of us. And I think they are two separate
8 combinations that are connected, but often, too many
9 times, mixed together. And I would like to have a
10 better understanding of which or either at Thrive
11 NYC, what's focused on and what the metrics were for
12 both of those because I see them as slightly
13 separate. And lastly, after initial resistance by
14 the Mayor, and with the insistence of this Council,
15 there was an EDP taskforce that was set up to see how
16 EDP calls are treated and people who are emotionally
17 disturbed from beginning to end. And there was
18 supposed to be a report put out by January of this
19 year. We haven't seen the report yet and I'm hoping
20 that I'll also hear testimony if the Thrive NYC is
21 working with that taskforce, as well. Thank you,
22 everyone. I appreciate that.

23 CHAIRPERSON DROMM: Thank you, Mr.
24 Public Advocate Jumaane Williams. We will now hear
25 from the First Lady, Chirlane McCray, Senior Advisor,

2 Susan Herman, and David Greenberg from OMB after they
3 are sworn in by counsel.

4 LEGAL COUNSEL: Do you affirm that your
5 testimony will be truthful to the best of your
6 knowledge, information, and belief?

7 CHAIRPERSON DROMM: Okay. Please
8 begin.

9 FIRST LADY MCCRAY: Good afternoon,
10 Chair Dromm, Public Advocate Williams, and members of
11 the Finance Committee. Thank you for the opportunity
12 to testify today on Thrive NYC's important work to
13 improve the mental health and well-being of our
14 city's people, families, and communities. I am
15 joined at the table today by Susan Herman, Senior
16 Advisor to the Mayor and Director of the office of
17 Thrive NYC. And David Greenberg, Associate Director
18 for Health and Social Services at the Mayor's Office
19 of Management and Budget. As some of you may know,
20 Thrive NYC was officially launched in November 2015
21 as a plan to guide the city towards a more effective
22 and holistic behavioral health system. My own
23 personal experiences called me to this work. I saw
24 the effects of untreated mental illness in
25 unaddressed trauma in my immediate and extended

2 family beginning with my parents when I was just a
3 child. I saw how the stigma surrounding diseases
4 like depression, alcoholism, and bipolar disorder can
5 prevent people from seeking help or even from
6 understanding and talking about what they're going
7 through. So many New Yorkers know what it feels like
8 to struggle with mental illness and substance use
9 disorders. Even more, know what it feels like to
10 worry about a loved one. With one in five New
11 Yorkers suffering from a mental health condition in
12 any given year, the other four and five are family
13 members, friends, coworkers, and neighbors who often
14 don't know what to do or where to turn. We are all
15 affected. In early 2015, City Hall and the
16 Department of Health and Mental Hygiene began working
17 closely together to address this widespread public
18 health challenge. As part of this work, I joined
19 health department officials for an 11 month
20 information gathering tour. Through listening
21 sessions, group meetings, and targeted focus groups,
22 we spoke with health experts and researchers,
23 practicing clinicians, community service providers,
24 faith leaders, educators, family members, and people
25 with lived experience dealing with mental health

2 challenges. We also met with council leaders and
3 members who provided valuable insight and guidance.
4 These conversations help identify critical mental
5 health needs and gaps in the city's behavioral health
6 services. We heard from immigrants and people of
7 color about their struggles to find culturally
8 competent clinicians. We heard from educators who
9 see how trauma prevents children in their classrooms
10 from learning. We heard from faith leaders and
11 social service providers and low income neighborhoods
12 who saw the need in their communities, but lacked the
13 tools and resources to help. We heard about the lack
14 of affordability and accessibility of mental health
15 services and we heard from nearly everyone we talked
16 to about the overwhelming stigma. There are no quick
17 fixes or one-size-fits-all solutions for these
18 tremendous and complex challenges. Thrive NYC is
19 working to remove the barriers to care so many people
20 identified in those early listening sessions. We are
21 working to close the treatment gaps that prevent New
22 Yorkers from getting the care they need when they
23 need it. And we are investing in prevention efforts
24 and upstream solutions. If we wait to act until
25 people are in crisis, we will always have people in

2 crisis. Just over three years since its launch,
3 Thrive NYC has made them on strong progress in its
4 work to overcome stigma, build emotional resilience
5 and wellness, and connect people to care in the
6 places where they live, learn, worship, and work.
7 Today, 15 city agencies share responsibility for the
8 implementation of Thrive's supportive interventions,
9 services, and initiatives. Each one is grounded in
10 research and evidence-based best practices. Thrive
11 also partners with more than 400 leading healthcare
12 organizations, community-based nonprofits, and
13 service providers and experts in research in
14 academia. There is a role for every single person,
15 from elected officials to faith leaders to neighbors
16 and family members. As our partners and many of the
17 New Yorkers they serve will tell you, real change is
18 starting to take hold in our city. The stories I
19 hear as I travel across the five boroughs are
20 different than those I heard four years ago. For
21 example, earlier this month, I met Gary. A senior,
22 husband, father, and long-time resident of what he
23 calls "old school Brooklyn". He shared how a Thrive
24 program connected him to a counselor at his local
25 senior center who helped him navigate the emotional

2 distress of undergoing major cardiac surgery. In
3 Queens, at Voces Latinas, one of our Thrive partners,
4 I met Yuane (sp?), a Mexican immigrant who escaped an
5 abusive husband. She and her children are moving
6 forward beyond the trauma through therapy all because
7 Thrive had a presence in their community. I've
8 spoken with so many people from marginalized
9 communities who didn't know who to connect to mental
10 health services until Thrive met them where they
11 were. Like Picasso, who was afraid of mental health
12 counseling after being forced into gay conversion
13 therapy in childhood. At one of our runaway and
14 homeless youth centers, group therapy and peer
15 counselors help them cope with past trauma and
16 address their anxiety and substance use challenges.
17 Every day, Thrive is changing people's lives for the
18 better. That's why so many leading organizations,
19 including the American Psychiatric Association, the
20 National Association of Area Agencies on Aging, and
21 the International Association of Chiefs of Police
22 have honored Thrive programs. And the International
23 City and Urban Regional Collaborative recognized
24 Thrive as an innovative global model. When I meet
25 with mayors of cities across the country, they are

2 eager to learn more about how to adapt Thrive's
3 approach for their own communities. Thrive New York
4 City is leading the way on mental health. Susan
5 Herman, who is responsible for managing Thrive
6 operations and working with our partners to advance
7 Thrive's vision, will share more about the evolution
8 of this work and the progress Thrive is making in our
9 communities. I am extremely confident in her and her
10 excellent team. I thank you again for this
11 opportunity and for the Council's partnership and
12 leadership in fighting stigma, improving access to
13 mental healthcare, and creating a healthier, more
14 resilient city for all New Yorkers.

15 DIRECTOR HERMAN: Good afternoon, Chair
16 Dromm, Public Advocate Williams, and members of the
17 Committee on Finance. My name is Susan Herman and I
18 am the Senior Advisor to the Mayor and Director
19 office of Thrive NYC. First of all, I want to thank
20 the First Lady. New York is fortunate that she has
21 used her platform to shine a light on this issue. I
22 have spent almost my entire career advocating on
23 behalf of people who were typically forgotten:
24 victims of crime. Many of them experience profound
25 mental health challenges. What I know from that work

2 and the work I am now connected to through Thrive is
3 that, if we can build more resilience, mitigate
4 trauma, and address mental health needs, we will have
5 a stronger, safer, and healthier city. The
6 overarching aim of Thrive is to ensure that every New
7 Yorker needs mental health support has access to it
8 where and when they need it. With science-based
9 initiatives, we complement the robust network of
10 services provided by health and hospitals in the
11 Department of Health and Mental Hygiene. We are not
12 a new mental health system. We address needs that
13 have gone unmet by traditional services and we pilot
14 innovative strategies. This includes new services
15 for historically underserved populations. We also
16 expand what mental health support looks like because
17 we know that a wide range of interventions can change
18 the course of people's lives. Thrive is also
19 committed to mental health equity. It is important
20 to recognize that the federal government has
21 designated 21 neighborhoods in our city as mental
22 health care shortage areas. As our programs have
23 launched, we have made sure they include new
24 resources in these neighborhoods. In a short period
25 of time, thrive has grown from a great idea to a

2 robust collection of evidence-based strategies. I
3 will focus today on our budget, operations, and
4 impact. As reflected in the preliminary financial
5 plan, our programmatic budget for FY 20 is 251.8
6 million dollars. A detailed breakdown has been given
7 to you. The majority of Thrive's funding comes from
8 city tax levy, nearly 90 percent with some resources
9 coming from state and federal grants or private fund
10 raising. Now, the budget of the Department of Health
11 and Mental Hygiene reflects over 100 million dollars
12 of Thrive programs. The Department of Homeless
13 Services has over 35 million dollars and the
14 Department of Education has 29 million. The rest of
15 Thrive's programmatic budget is spread over 10 other
16 agencies and offices. One of our guiding principles
17 is changing culture by reducing the stigma associated
18 with mental illness. When people have a physical
19 health problem, they readily seek help, but too often
20 when people have a mental health problem, they feel
21 ashamed. They feel alone. This has to change and
22 one way Thrive is changing culture is through mental
23 health first aid training. In the last three years,
24 we have trained over 52,000 community members and
25 over 48,000 front line city workers. Because of

2 Thrive, that means that over 100,000 New Yorkers are
3 now more comfortable talking about mental health,
4 recognizing signs and symptoms of mental illness, and
5 helping point people in need to relevant services.
6 Thrive is also changing the way city agencies think
7 about mental health. Through Thrive, the city has,
8 for the first time, made mental health across
9 agencies citywide priority. Our goal is to change
10 how agencies think about mental health in the context
11 of all their programs, not just Thrive programs.
12 Thrive is also broadening the range of mental health
13 support available to New Yorkers by creating
14 nontraditional forms of care. For example, we
15 transformed LifeNet, the city's former suicide
16 hotline into NYC Well, which is now the most
17 comprehensive mental health helpline in the county
18 available to anyone with any level of mental health
19 needs. We have made great strides in extending our
20 reach. In its second full year, NYC Well responded
21 to over 250,000 calls, texts, and chats, over 150,000
22 more than LifeNet had in its last year. Another
23 example of innovation is our home visiting program.
24 Before Thrive, healthcare professionals were visiting
25 low income new parents in their homes to offer

2 support during what is a stressful time under any
3 circumstances. Now, because of Thrive, healthcare
4 workers are also vising every new parent living in
5 shelter. The program has served over 3800 families
6 in shelters since 2015. We are also working to
7 expand access to mental health services for groups of
8 New Yorkers who are particularly vulnerable to mental
9 illness and have been historically underserved. For
10 example, crime victims rarely had immediate access to
11 services and what is often a traumatic and isolating
12 time. Before Thrive, victim advocates were available
13 in just three precincts and, now, as shown on the map
14 behind me, this help is available in all 77
15 precincts. Every victim of crime now has access to
16 immediate services right and their neighborhoods
17 through the Crime Victim Assistance Program or CVAP.
18 As of this month, CVAP 110,000 people navigate the
19 emotional, physical, and financial aftermath of
20 crime. In addition, we have added clinicians to each
21 borough's family Justice Center to treat victims of
22 intimate partner and family violence. We have also
23 focused on runaway and homeless youth. Before
24 Thrive, the Department of Youth and Community
25 Development youth shelters and chopped and centers,

2 which predominantly serve LGBTQ young people had few
3 on-site mental health resources. Now, clinicians are
4 on site and all 33 DYCD funded runaway and homeless
5 youth shelters. In the last three years, these
6 clinicians have helped over 10,000 young people.
7 Behind me is a map of the 147 shelters. Those youth,
8 single adults, and families that, because of Thrive,
9 now have on-site clinical services they did not have
10 before. We are also very concerned about New Yorkers
11 with serious mental illness. Their needs are complex
12 and hospitalization often is the answer. In the
13 last three years, Thrive has added resources to
14 complement the many services that the city already
15 provides for these individuals to reach them in more
16 ways and in more places. We have created two new
17 types of mobile teams: co-response teams and
18 intensive mobile treatment teams. And expanded to
19 existing teams: assertive community treatment and
20 forensic assertive community treatment teams which
21 also people with serious needs. These teams work to
22 intervene before and stabilize people after a crisis
23 helping people stay in their communities. They often
24 connect clients to housing and treatment. They also
25 reconnect clients to family members and help with

2 medication if they have stopped taking it. There are
3 currently over 50 mobile teams in the city with a
4 capacity to serve over 3500 people at any given time.
5 As I noted earlier, we are striving for equity with
6 Thrive and have paid particular attention to
7 increasing access and mental health care shortage
8 areas. The map behind me shows all of the new
9 clinical sites we have added 10 neighborhoods across
10 the city. This includes 10 different Thrive
11 programs. Collectively, approximately 75 percent of
12 all new clinical sites in these mental health care
13 shortage areas. For example, before Thrive, a
14 fraction of the city's public schools, just 195, had
15 a clinician on-site. A dedicated clinician on-site.
16 As you can see on the map behind me, through Thrive,
17 another 173 public schools, mostly high need schools,
18 now also have a clinician on-site. Approximately 80
19 percent of these new clinicians are in mental health
20 care shortage areas. Because of Thrive, over 900
21 more schools have off-site clinical care in place
22 and, through Thrive, every pre-case site in the city
23 has access to clinicians. Another example focuses on
24 older adults who often feel isolated and suffer in
25 silence. Before Thrive, the department of the aging

2 did not fund on-site mental health clinicians and any
3 of its senior centers. We now have on-site
4 clinicians offering both screening and treatment in
5 25 DIFTA supported senior centers. Those clinicians
6 have treated over 700 people struggling with
7 depression or anxiety. We will expand this program
8 for up to 25 more centers this year. These are just
9 a few of Thrive's initiatives. Behind me is a map of
10 the full range of new Thrive services, including
11 those serving aging New Yorkers, crime victims, new
12 and expecting mothers, individuals at risk of
13 substance misuse, children and young people, and
14 underserved neighborhoods. Together, these Thrive
15 initiatives have pushed mental health support
16 throughout our city where it has never been before.
17 As we move forward, we are committed to ensuring
18 effectiveness and sustainability and, as with any
19 bold, new initiative, we need to look at the right
20 indicators at the right time to help us refine our
21 work. To give some perspective, Thrive initiatives
22 are two and a half to three years old. Many are
23 doing things that have not been done before. In
24 these early years, much of our attention has been
25 focused on implementation and reach. We are now

2 focusing more on refining our outcome measures to
3 assess impact and we are seeing positive indications.
4 For example, let's look at the co-response teams.
5 Staffed by one clinician and two police officers,
6 they have served over 900 people. 95 percent of
7 their contacts with clients have been successful.
8 What that means is leading to many fewer interactions
9 with police and emergency visits to hospitals. These
10 clients are not only mentally, but also demonstrated
11 escalating levels of violent behavior. In our senior
12 centers, clients were screened for mental health
13 disorders. Those who being in treatment were
14 screened again three months later. 56 percent of
15 clients dealing with depression and 65 percent of
16 seniors suffering from anxiety had improved. For
17 young children exposed to traumatic events identified
18 by ACS, 48 percent of those engaged in treatment
19 through our early childhood clinics have shown
20 behavioral improvements, a good step towards
21 mitigating early childhood trauma. As we build our
22 program can pass any over the next several years, we
23 will continue to partner with researchers to better
24 understand the impact of our work. We are currently
25 evaluating 19 initiatives with more to come and six

2 more initiatives are already reporting outcome
3 measures. Where appropriate, every Thrive program
4 will have refined its outcome measures. As with
5 other public health strategies, measuring the
6 population level impact of Thrive will take time.
7 Thrive alone will not address all the factors that
8 contribute to mental illness such as poverty,
9 violence, homelessness, financial insecurity, racism,
10 and discrimination in all its forms. We also
11 recognize that many other public and private entities
12 are working to improve the mental health of New
13 Yorkers, but with the combined efforts of many, we
14 expect to see improvement in the citywide well-being
15 index. Less hopelessness among young people, less
16 suicidality (sic) in general, and an increase in the
17 number of people, both children and adults, with
18 mental health disorders who are connected to care.
19 We also expect to see a change in our culture. It is
20 critically important that we eliminate all barriers,
21 including stigma, that prevent people from getting
22 the help that they need. We will continue to engage
23 with researchers to help us measure the variety of
24 population level outcomes we can associate with
25 Thrive. Mental health is everyone's responsibility

2 and I look forward to continuing to work with all
3 members of the city Council to advance this important
4 work. Thank you for your time and I am happy to take
5 your questions.

6 CHAIRPERSON DROMM: Thank you very
7 much, First Lady McCray and Director Herman, as well.
8 Let me begin by talking a little bit about Thrive
9 New York City criteria. But, before I meet again,
10 let me say we were also joined by Council member Moya
11 and Council member Grodenchik. And I think I got
12 everybody else. Okay. The city has many mental
13 health initiatives and programs, some of which are
14 branded as Thrive programs and some of which are not.
15 What criteria does the administration use to
16 determine which are thrive programs and which are
17 not?

18 [Background comments]

19 DIRECTOR HERMAN: I'd like to explain that
20 in the beginning, our goal and our goal now is to
21 create a comprehensive approach to mental health care
22 in New York City and that involved filling some
23 strategic gaps in already existing programs and
24 trying out, piloting, new innovative strategies. So
25 when you look at the roadmap which was the initial

2 statement about Thrive, what you see are programs
3 that we thought were particularly important to
4 mention when someone moves thinking about what a
5 comprehensive approach means. So these programs span
6 the lifetime of a person. They approach particularly
7 vulnerable populations and it reflects a cross agency
8 approach.

9 CHAIRPERSON DROMM: But you have
10 labeled some of them Thrive and others not. So what
11 criteria do you use--

12 DIRECTOR HERMAN: Some of the ones that
13 were in the initial roadmap, for instance, supportive
14 housing, is something that we consider very much an
15 important part of a comprehensive approach to mental
16 health care in the city. But it was up. It was
17 running. It was administered and slowly embedded in
18 other agencies. And so, it's not managed by the
19 Thrive office. Others, even though they were
20 launched, perhaps, a couple of months before Thrive
21 was announced are overseen by the Thrive offense.

22 CHAIRPERSON DROMM: So those that were
23 previously up and running are not included in Thrive
24 and then the newer ones are with Thrive?

2 DIRECTOR HERMAN: Some that were launched
3 immediately prior to the Thrive are still in Thrive.
4 Like CIT training, for instance, was pretty close and
5 timing to when the Thrive office first opened or the
6 Thrive initiative first began, so that is included in
7 Thrive. The others that were kind of-- First of
8 all, the entire approach of the Department of Mental
9 Health and Hygiene, they do much more than Thrive
10 does. Every one of their programs is not in Thrive.

11 CHAIRPERSON DROMM: Uh-hm.

12 DIRECTOR HERMAN: It's programs that were
13 filling particular gaps in the traditional system and
14 programs that were particularly innovative. The vast
15 majority of the Thrive programs launched when Thrive
16 launched.

17 CHAIRPERSON DROMM: So, were there ever
18 any Thrive programs that were removed from the
19 program?

20 DIRECTOR HERMAN: So, there are a couple
21 of programs that were time-limited and ended. The
22 peer training met and surpassed its goal at the time
23 and that program was ended and the digital platform
24 program that we had with CUNY ended. Always intended
25 to be time-limited. We got what we wanted out of it.

2 It was to sort of experiment with different ways of
3 reaching students. And that ended. And now you see,
4 reflected in the preliminary budget, that there is
5 some reallocation of funding and I'm going to ask
6 David Greenberg from OMB to talk about that.

7 DAVID GREENBERG: Yes. As Susan mentioned
8 in the preliminary budget, you see some of these
9 adjustments to the Thrive budget where there was a
10 phase out of a couple of programs and the launch of a
11 few new programs and enhancements to some that we
12 were already doing.

13 CHAIRPERSON DROMM: Can you provide us
14 with a list of all the programs and initiatives that
15 have ever been included under the Thrive umbrella?
16 With the dates that they were branded as such?

17 DIRECTOR HERMAN: and you have a detailed
18 budget attached to the testimony or it was included.

19 CHAIRPERSON DROMM: Okay.

20 DIRECTOR HERMAN: And so, even within that
21 budget, you see some that have been-- that are no-
22 cost items. Some that have been zeroed out meaning
23 may have ended.

24 CHAIRPERSON DROMM: And this is it?

25 DIRECTOR HERMAN: Yeah.

1 COMMITTEE ON FINANCE

30

2 CHAIRPERSON DROMM: Okay. All right.

3 Let's talk a little--

4 DIRECTOR HERMAN: [interposing] Those are
5 for budgeted items. There are a few no-cost items
6 that are not there.

7 CHAIRPERSON DROMM: Can you give us a
8 list of those?

9 DIRECTOR HERMAN: The no-cost items?

10 CHAIRPERSON DROMM: Yeah.

11 DIRECTOR HERMAN: Yes. Of course.

12 CHAIRPERSON DROMM: The Council has
13 asked for a list of all the budget codes for Thrive
14 NYC programs. What are the OMB budget codes for
15 Thrive NYC and other-- Thrive mental health, first-
16 aid, Thrive mental health service Corps, and Thrive
17 NYC well call center?

18 DIRECTOR HERMAN: I'm going to ask David
19 Greenberg to take that.

20 CHAIRPERSON DROMM: Okay.

21 DAVID GREENBERG: Yes, Council member.

22 So, on the issue of budget codes, where possible, we
23 did create new budget codes for Thrive. Those are
24 largely in areas that are brand-new programs where
25 the entirety of the program as thrive. And, for

2 those, we are happy to provide you a list of those.
3 The complexity the with budget codes is that a lot of
4 Thrive programs are enhancements to services where we
5 have contracts registered against existing budget
6 codes. For example, in a DIFTA senior center, we are
7 now augmenting those services to provide mental
8 health and we can't really isolate those expenditures
9 from the budget code without possibly creating a
10 disruption of payments to be used not for profits.
11 But, happy to get back to your Council finance staff
12 on the list of budget codes.

13 CHAIRPERSON DROMM: And when can we
14 expect that list?

15 DAVID GREENBERG: We can provide that as
16 soon as we're done with this hearing.

17 CHAIRPERSON DROMM: Okay. Very good.
18 Can there be a clarification inconsistency on program
19 names within the budget to allow for the completion
20 of a crosswalk of all funding dedicated to Thrive
21 NYC?

22 [Background comments]

23 DIRECTOR HERMAN: I'd like to ask David to
24 take that. I think it's important to realize that
25 the management of Thrive programs actually rests with

2 agencies. They own the programs. They run them. We
3 are overseeing them and making sure that they are
4 doing what they said they were going to do. That
5 they are maximizing their insufficiency, and we are
6 working toward sustainability. But I'm going to ask
7 David to talk about--

8 CHAIRPERSON DROMM: [interposing] Just
9 on that note--

10 DIRECTOR HERMAN: the particular point.

11 CHAIRPERSON DROMM: when I was
12 attending an aging committee hearing, the
13 commissioner at that time said she did not know what
14 the infusion of, I think it was, 1.7 million dollars
15 into her budget was going to be used for.

16 DIRECTOR HERMAN: I'm surprised to hear
17 that, but I am happy to say that the money that's
18 going, the new money, that's going to DIFTA is going
19 to be supporting 25 new senior centers. More than
20 the 25 that we have now.

21 CHAIRPERSON DROMM: And that's been
22 clearly told to her?

23 DIRECTOR HERMAN: Yes. She helped
24 announce it.

25 CHAIRPERSON DROMM: Okay. Thank you.

2 DAVID GREENBERG: And I just want to add,
3 to follow up on your question. We are committed to
4 providing the information you need for tracking
5 Thrive and we will talk with her staff afterwards.

6 CHAIRPERSON DROMM: Is there a
7 delineation between new funding and existing funding
8 for Thrive initiatives?

9 SUSAN HERMAN: Again, going to ask
10 David to explain that.

11 DAVID GREENBERG: So, the vast majority of
12 Thrive's 250 million dollar annual program budget is
13 new funding. All but 12.6 million of that is new.
14 So, when we launched Thrive and announced a, the
15 majority of those funds were then added into the
16 budget for those programs.

17 DIRECTOR HERMAN: Can I also clarify
18 something? It's very-- I'm sure that the DIFTA
19 Commissioner understands that the money is going to
20 25 new senior centers. It's very possible that she
21 misunderstood the question because she doesn't yet
22 know which senior centers are going to be selected.
23 So she may have been responding in that way to say I
24 am not sure where that money is going to go. And

2 that is true. She will have to go through a careful
3 process.

4 CHAIRPERSON DROMM: From my notes here,
5 said that she did not have a plan about how the money
6 would be spent including which senior centers would
7 receive the money or whether it would go to the
8 existing centers or fund services at new centers or
9 how it would alter the distribution of services by
10 borough.

11 DIRECTOR HERMAN: Well, that is true. She
12 doesn't yet know which senior centers will either
13 stand up news services, which ones will augment
14 existing services, or where they will be. That is
15 true. She has to go through a careful selection
16 process.

17 CHAIRPERSON DROMM: When can we expect
18 that?

19 DIRECTOR HERMAN: There's lots of criteria
20 that has to be established. Or that--

21 CHAIRPERSON DROMM: [interposing]
22 When--

23 DIRECTOR HERMAN: is established.

24 CHAIRPERSON DROMM: When can we expect
25 that?

2 DIRECTOR HERMAN: sure shall do this as
3 soon as she can and money will flow in the next
4 fiscal year.

5 CHAIRPERSON DROMM: How much of the
6 251.8 million fiscal 2020 budget represents new
7 funding and how much was funding that existed before
8 thrive, but has since been rebranded as thrive?
9 Similarly, can you provide a breakdown from the last
10 three years about what funding was new and what
11 funding was existing when Thrive began?

12 DIRECTOR HERMAN: We have charted all that
13 out and I'm going to David, again, to take that.

14 DAVID GREENBERG: So, yes, Council member.
15 Of the 250 point nine, 237 is new funding.

16 CHAIRPERSON DROMM: And can we get a
17 breakdown on that?

18 DIRECTOR HERMAN: Uh-hm.

19 DAVID GREENBERG: Yes.

20 CHAIRPERSON DROMM: Of the 250.9
21 million budgeted undated for fiscal 19, there's 251
22 million budgeted and add for fiscal 2020, how much is
23 city funds and how much is from other sources? I
24 think in your testimony, Director Herman, you
25 mentioned 90 percent of city funds?

2 DIRECTOR HERMAN: Uh-hm.

3 CHAIRPERSON DROMM: Where does the
4 other funding come from?

5 DIRECTOR HERMAN: I'd like to ask David to
6 spell that out.

7 DAVID GREENBERG: So, 26.3 million of the
8 250 is non-city funds amounts a combination of
9 federal and state grants and some private
10 fundraising.

11 CHAIRPERSON DROMM: Okay. What is the
12 headcount associated with Thrive and how many
13 budgeted positions does Thrive support in fiscal 19
14 and 20?

15 DIRECTOR HERMAN: David?

16 DAVID GREENBERG: Yes. So the city funded
17 headcount for Thrive programs is 580. And just for--

18 CHAIRPERSON DROMM: [interposing] And
19 how many--

20 DAVID GREENBERG: And transfer contacts,
21 of the entire Thrive budget, about 20 percent of it
22 is PS.

23 CHAIRPERSON DROMM: How many CBO staff
24 does Thrive support?

2 DAVID GREENBERG: So, that level of detail
3 is not really something that we monitor. When it
4 comes to our contracted vendors, we are looking at
5 performance and the amount of money that's being
6 spent, but not the day-to-day of their staffing
7 patterns.

8 CHAIRPERSON DROMM: Okay. Let me just
9 talk a little bit about the office of thrive, which
10 was created earlier this year and, according to the
11 press release, and its role will be to oversee the
12 continued integration of thrives programs throughout
13 city agencies. Can you describe a little more
14 broadly what the role of the office will be?

15 DIRECTOR HERMAN: Well, the role of the
16 office is to take us into the next chapter of thrive,
17 which is to focus primarily on sustainability,
18 maximizing efficiency, and really making sure that
19 every agency in New York City is promoting mental
20 health to the extent that they can. So we are
21 working across agencies regularly. We are engaging
22 them. They are managing their programs. We are
23 making sure that they are at full capacity.

2 CHAIRPERSON DROMM: And who is
3 responsible for making program decisions, policy
4 decisions, and budgeting decisions?

5 FIRST LADY MCCRAY: Susan. Susan
6 Herman is responsible for day-to-day management of
7 Thrive.

8 CHAIRPERSON DROMM: For all of that.
9 And I would imagine she is ultimately accountable for
10 Thrive?

11 FIRST LADY MCCRAY: That's right.

12 CHAIRPERSON DROMM: Who is the single
13 point of contact for overseeing Thrive budget?

14 DIRECTOR HERMAN: The oversight of the
15 budget is really an OMB responsibility. We are
16 watching them. We are working with agencies on
17 whether they are implementing the programs the way
18 they said that they wanted in the way that they
19 should be. The management of the budget is really an
20 OMB responsibility.

21 DAVID GREENBERG: And I just want to add
22 that the day-to-day management-- Because of thrives
23 250 million dollar budget is embedded within city
24 agency use, that function really lives within those
25 agencies.

2 CHAIRPERSON DROMM: And let me go back
3 to DIFTA again. Did DIFTA ask for the funding or
4 intense online that Thrive decide that they should
5 receive it?

6 DIRECTOR HERMAN: That was a conversation
7 back and forth. It was a program that was clearly
8 successful. Clearly doing well. They were happy to
9 expand it and we were happy to give them that
10 opportunity.

11 CHAIRPERSON DROMM: Okay. What about
12 with schools? Last Friday, the schools Chancellor
13 tweeted that, for the first time, mental health
14 services are available to every single New York City
15 school connecting families and staff to hugely
16 important resources that support social and emotional
17 needs of students. Can you explain what this means
18 and by what measure are mental health services
19 available in every school?

20 FIRST LADY MCCRAY: Well, for the first
21 time, we have some kind of mental health support and
22 all 1800 of our schools. Now the support is not the
23 same in every school, as you know. Our schools have
24 vastly different needs. Some of our schools are very
25 small. Some are very large. When we started out,

2 you know, it was my hope that we could do more right
3 away, but we didn't have the data. We didn't have
4 the information that we needed to just pour money
5 into it, so right now we have-- some of our schools
6 have health clinics. They have clinics within them.
7 Some have clinics that work within the neighborhood
8 all of our pre-K teachers have been trained in social
9 and emotional learning. We can get to the exact
10 breakout of, you know, where the services are, but
11 there is something everywhere. There is something
12 that we would-- You know, we certainly would like to
13 do more with.

14 CHAIRPERSON DROMM: Something that I've
15 been working on ever since I was the Chair of the
16 Education Committee is trying to get more guidance
17 counselors into our public school system. So there
18 are over 200 schools without a full-time guidance
19 counselor and over 700 schools without a full-time
20 social worker. From a mental health perspective, is
21 this good policy and what is Thrive doing to increase
22 the number of guidance counselors and social workers
23 in schools?

24 FIRST LADY MCCRAY: We're looking at a
25 very carefully. We know that the need is there and

2 it's urgent. We know that-- Well, act early is one
3 of our principles. So we are-- I would say that it
4 is something that we are looking at. I'm not ready
5 to talk about it right now, but we will have more to
6 say soon. Susan, do you want to--

7 DIRECTOR HERMAN: Yeah. What--

8 FIRST LADY MCCRAY: that?

9 DIRECTOR HERMAN: What I can say is just
10 to repeat a little bit of what I said in my
11 testimony. Sorry. We know that there is an urgent
12 need in schools. And the statement that the
13 Chancellor made is really worth underscoring. We are
14 seeing students talking about attempting suicide. We
15 are seeing students talking about feeling helpless.
16 We have poured clinicians into our schools so that we
17 now have many, many more on site clinicians and, in
18 addition, every other school in the city now has
19 access to mental health clinicians. Actual dedicated
20 clinicians. And every pre-K site has actual
21 clinicians that they can connect to them. So
22 hundreds more have on site and every other school in
23 the city has clinicians they can connect to. That is
24 a major achievement.

2 CHAIRPERSON DROMM: However, in the
3 preliminary budget, and the Mayor did not provide
4 funding for bridging the gap for social workers for
5 those who have high populations of homeless students.
6 How do we explain that?

7 DIRECTOR HERMAN: I think we are really
8 talking about different things. We aren't talking
9 about clinicians who are offering mental health
10 support to students--

11 CHAIRPERSON DROMM: Well, the social
12 workers are offering--

13 DIRECTOR HERMAN: Social workers are
14 indeed--

15 CHAIRPERSON DROMM: help to--

16 DIRECTOR HERMAN: important and I
17 wouldn't--

18 CHAIRPERSON DROMM: homeless students--

19 DIRECTOR HERMAN: deny that there's--

20 CHAIRPERSON DROMM: as well.

21 DIRECTOR HERMAN: a need for that. What
22 I'm focusing on today is what Thrive has supported
23 and that's critical mental health support to all of
24 our schools.

2 CHAIRPERSON DROMM: And what does that
3 mental health support look like in the schools? What
4 does the clinician do?

5 DIRECTOR HERMAN: The clinician not only
6 offers direct support to students, meaning counseling
7 and support, but also trains other staff in the
8 school how to recognize signs and symptoms of mental
9 health conditions, how to respond more appropriately,
10 and how to refer people to support treatment when
11 necessary.

12 CHAIRPERSON DROMM: Are they working--

13 DIRECTOR HERMAN: This is--

14 CHAIRPERSON DROMM: with the homeless
15 students?

16 DIRECTOR HERMAN: They're working with
17 everybody that's in school. Of course.

18 CHAIRPERSON DROMM: Okay.

19 DIRECTOR HERMAN: Of course.

20 CHAIRPERSON DROMM: Well, it's just
21 disappointing to see that money taken out of the
22 budget when it also provides additional mental health
23 services.

24 DIRECTOR HERMAN: So we are working with
25 all students in every single school. Clinical care

2 is available to anybody whether they are in school,
3 whether they are-- whether they get it on site or
4 whether they get it off site. It's available to
5 everyone. We are also doing a tremendous amount of
6 work in our shelters, both for all of our shelters
7 that-- All of the mental health-- Sorry. Every
8 child that in shelter has mental health support with
9 Lincoln Jews in that shelter. So there are separate
10 mental health linkages provided to children who are
11 in shelters. But we have also placed clinicians in
12 our family shelters and in our adult singles shelters
13 and in our runaway and youth shelters. They have
14 clinicians there.

15 CHAIRPERSON DROMM: All right. Well,
16 I'm still going to be looking very closely to see if
17 that is put into the executive budget as we move
18 forward. That bridging the gap program is very
19 important. It's very important to mental health
20 services and no school and they are not just
21 supplemental, but they are very necessary, as well.

22 DIRECTOR HERMAN: We agree with you.

23 CHAIRPERSON DROMM: Okay. Thank you.
24 Thank you. In fiscal 2016, 17, and 18, actual
25 spending for was dramatically less than budgeted

2 funding. Were these budget surpluses included as
3 part of the city wind savings plan in the past three
4 years?

5 DIRECTOR HERMAN: I'm going to ask David
6 Greenberg to--

7 CHAIRPERSON DROMM: Uh-hm.

8 DIRECTOR HERMAN: respond to that.

9 DAVID GREENBERG: So, if your question is
10 about previous spending against budget in Thrive, I
11 just want to point out that, during those years, it
12 was a ramp up period where expenditures gradually
13 grow over time. At the end of the year when we
14 reconcile-- At the agencies that were-- Remember,
15 these funds live within an agency. You know,
16 whenever there's surpluses and there's deficits and
17 it nets out at the end. So those just ended up in
18 the clothes have some kind of surplus to the agency.

19 CHAIRPERSON DROMM: Would be surpluses
20 include part of the citywide plan, savings plan, or
21 would they be moving forward?

22 DAVID GREENBERG: So, moving forward, we
23 anticipate now that the Thrive programs are all up
24 and running, that they should be running at budget.
25 So going forward, we don't anticipate, but again, we

2 are constantly assessing the needs of Thrive along
3 with other city programs and the resources that are
4 necessary to perform. And so, I think what you just
5 saw in the preliminary budget was an example of that
6 kind of exercise. That may continue going forward as
7 we continue this process.

8 CHAIRPERSON DROMM: And is Thrive going
9 to be affected by the 750 million dollar peg?

10 DIRECTOR HERMAN: David?

11 DAVID GREENBERG: So, right now, agencies
12 are working on our peg programs and drive is not
13 exempt. So if there is opportunity for an agency to
14 do a program, including a Thrive or a non-Thrive
15 program, in a more cost-effective way, then that is
16 something that we are willing to look at and we are
17 going through the process right now.

18 CHAIRPERSON DROMM: Okay. In the New
19 York Times in an article on Thrive this weekend, the
20 reporter reference to a spreadsheet of nearly 500
21 data points that are tracked by City Hall noting that
22 almost none of them relate to patient outcome. Can
23 that spreadsheet be provided to the Council, as well,
24 including the data that has been tracked?

2 FIRST LADY MCCRAY: We're committed to
3 giving you all the information that you need. And
4 happy to do that afterwards.

5 CHAIRPERSON DROMM: Okay. Thank you.
6 I just want to talk, before it turn it over to my
7 colleagues for questions, about the seriously
8 mentally no. How much of Thrive's budget is spent on
9 people with serious mental illness and do you believe
10 it is a sufficient amount?

11 FIRST LADY MCCRAY: All of Thrive is
12 really focused on the seriously mentally ill. It is
13 one of the reasons why Thrive was launched. As you
14 know, mental illness is a disease or they are
15 diseases and can worsen over time if they are not
16 treated. Thrive is dedicated to the prevention, when
17 possible, at early intervention, at treating people
18 in crisis, and making sure the people are stabilized
19 is paid to reach a crisis. People did not end up in
20 crisis overnight. It's a process into often people
21 and not got in those kind of services that they need.
22 So Thrive has expanded and improved services for
23 people with serious mental illness. We have more
24 than 50 mobile teams that can provide preventative or
25 ongoing treatment and communities for the people who

2 have these serious needs. Our teams have a capacity
3 to treat 3000 people. Thrive has expanded the
4 existing teams and added two new models to make sure
5 that people are getting the most effective treatment
6 available. Susan, would you like to add to that?

7 DIRECTOR HERMAN: Just to say that our
8 work is very important and that we realize that
9 Thrive is not a new mental health system. We are
10 complementing the work, the good work, that is being
11 done by health and hospitals and the Department of
12 Mental Health and Hygiene. We are filling strategic
13 gaps and piloting innovative programs for the
14 seriously mentally ill to be able to work with people
15 so they can stay in community by connecting them to
16 services, by helping them connect or reconnect to the
17 treatment. We are helping people before crisis
18 and after crisis.

19 CHAIRPERSON DROMM: One of my concerns
20 and one of the concerns of the Council is the number
21 of mentally help people that are on Riker's Island.
22 About 43 percent of those people. And many of them
23 seriously mentally ill. At the Department of
24 Corrections preliminary budget hearing, the

2 commissioner stated that Thrive does not work in the
3 facilities. Had he respond to that?

4 DIRECTOR HERMAN: So, you know, in the
5 early years what Thrive focused on was implementation
6 and reach. Reaching people all over the city in
7 places where they hadn't been reached and populations
8 that hadn't been reached. For many reasons, Thrive
9 didn't focus on branding Thrive. We got programs up
10 and running and they were called NYC well. They were
11 called the crime victim assistance program. They
12 were called CIT. They were called mental health
13 first aid. They weren't called Thrive mental health
14 first aid or Thrive this or Thrive crime victim
15 assistance program. I'm sure most of you know about
16 the CVAP program. You may not know that it is
17 Thrive. The focus was on reach, reach, reach. We
18 are on Riker's Island. We have trained over 700
19 uniformed corrections officers in CIT training. We
20 provide an art therapy program for the young adults
21 there. We have moved to that work to horizons. We
22 are there and I am sure the corrections Commissioner
23 knows that her officers are CIT trained. She may not
24 necessarily associated with Thrive.

25 CHAIRPERSON DROMM: Okay.

2 FIRST LADY MCCRAY: Those officers have
3 also embraced mental health first aid training and
4 want to do more. But, again, they probably don't
5 think of it as a Thrive program.

6 CHAIRPERSON DROMM: And even with my
7 question about the commissioner for aging--

8 DIRECTOR HERMAN: Uh-hm.

9 CHAIRPERSON DROMM: If they are not
10 aware that it is a Thrive program, you have to
11 understand how confusing it is to us and to the
12 public, as well. So I would just suggest that you
13 make sure that those commissioners are aware, when
14 they come in for the executive budget hearing, what
15 is Thrive and what isn't Thrive because we are going
16 to follow up at that time about the program, as well.
17 Yes?

18 FIRST LADY MCCRAY: That is a very
19 important part of our mission going forward.

20 CHAIRPERSON DROMM: Okay.

21 FIRST LADY MCCRAY: Now that most of
22 our programs are being implemented.

23 CHAIRPERSON DROMM: Okay. All ready.
24 Thank you. I just want to announce that we have been
25 joined by councilmembers Cohen, Torres, Cumbo, and

2 Treyger. And we're now going to have questions from
3 Chair Ayala followed by Public Advocate Williams.
4 Thank you.

5 CHAIRPERSON AYALA: I'll try to keep it
6 quick because I know that we have a lot of members
7 here that have questions, but my question is really
8 regarding the closing the treatment gap and, you
9 know, I've in many hearings share, you know,
10 circumstances that were very personal to me and
11 having to take someone to the emergency psych unit
12 for what I thought was an inpatient-- a person who
13 needed inpatient treatment and realized immediately
14 after getting there that there's like an entire
15 process that was very foreign to me and that I'm sure
16 is very foreign to more New Yorkers. And that is
17 that if you take a person who has been presenting
18 symptoms of psychosis or maybe have the propensity to
19 become violent, at the moment that they see that
20 doctor, if they are calm and relaxed, they could've
21 just been having, you know, a mental breakdown an
22 hour before, but at the moment that they are making
23 contact with that doctor, that doctor makes an
24 immediate assessment as to whether or not that
25 person, at that moment, is a threat to themselves or

2 to anyone else in the public. And, most often, even
3 against some doctor's orders, these individuals are
4 released, you know, onto the street. And so I
5 wonder-- I don't think that that is a thrive-- I
6 wouldn't blame this on, you know, a deficiency in the
7 Thrive model, but I wonder as we're bringing more and
8 more awareness to, you know, mental illness, what is
9 the-- How can Thrive work to close that treatment
10 gap? How are we better advocating? Be it with the
11 state, be it with, you know, whatever entity would be
12 responsible for this. Right? To ensure that that
13 patients are not being released solely on not first
14 three minutes of interaction. There is no
15 communication with family members. There is no
16 input. My guy, as a person who was witnessing the
17 breakdown could not share because this individual has
18 rights. So I wonder what, if anything-- What
19 conversations have you been having?

20 FIRST LADY MCCRAY: I share your
21 frustration and it's very painful to not be able to
22 communicate with the doctors and no way to help your
23 loved one or your family member. We have to do more.
24 I think that this is a good topic for us to take up
25 and see what we can do to make sure that there is

2 more communication and more coordination between
3 systems of care.

4 DIRECTOR HERMAN: Yeah. I--

5 FIRST LADY MCCRAY: Susan, would you
6 like to add?

7 CHAIRPERSON AYALA: I just wanted to
8 share that. The presenting physician at Metropolitan
9 Hospital, who is great, said to me, you know, often
10 times we would advise against a person's discharge
11 and if we have to hold them, they have a court house.
12 Right? Which many of us-- I had no idea there was a
13 courthouse in the hospital. Right? And they are
14 given a manual which they, the patient, can read to
15 better educate themselves on how to get themselves
16 released from the psych unit. And then they will go
17 before the judge and they would present their case
18 and, again, often times, against doctor's orders,
19 these individuals are released on the street. And I
20 wonder is that contributing to what we are seeing and
21 are we measuring that? Is anybody really paying
22 close attention to that?

23 DIRECTOR HERMAN: It's a very serious
24 problem to think about who is getting-- And it's the
25 right question to ask our people getting the right

2 responses? Is everybody getting what they need?
3 It's also a state law that, whatever that criteria
4 is, dangerous to themselves or others, this is a
5 state law. It's a serious and big decision to commit
6 someone involuntarily. That's why there is all that
7 process. But we are looking to make sure-- To be as
8 comprehensive as possible, we are looking to make
9 sure that we can communicate and reach people,
10 sometimes right after that and sometimes right before
11 that. That's the work of these mobile teams that we
12 are talking about. That's what we are so excited
13 about that Thrive has added new teams, new capacity
14 they see people right away and also to-- We've added
15 two teams that preexisted. We have more options now
16 than an emergency room then we have ever had before.
17 We are trying to add more and more every day. These
18 mobile teams are keeping people in communities. The
19 diversions and is that you will see by the end of
20 this year give police and others another tool,
21 another option. That's what we're trying to do. To
22 have people treated where they need it when they need
23 it, rather than always thinking the emergency room is
24 the answer. Because sometimes you can--

25 CHAIRPERSON AYALA: Uh-hm.

2 DIRECTOR HERMAN: look back and say, had
3 you intervened earlier, you might not have needed to
4 get to that point.

5 CHAIRPERSON AYALA: I don't want to let
6 the state off the hook here, however, because I think
7 that, you know, there has to be--

8 DIRECTOR HERMAN: I don't either.

9 CHAIRPERSON AYALA: conversation and,
10 you know, they continued to close more and more
11 psychiatric beds, you know, there has to be a
12 conversation because there has to be some collateral
13 consequence to the city and if we are not measuring,
14 yellow, or following these individuals as we are
15 integrating them into, you know, society.

16 DIRECTOR HERMAN: Agreed.

17 CHAIRPERSON AYALA: Thank you. Thank
18 you, Susan.

19 CHAIRPERSON DROMM: Mr. Public
20 Advocate?

21 PUBLIC ADVOCATE WILLIAMS: Thank you.
22 Thanks again. I just want to get a couple things
23 clear. So, First Lady, just for clarity, you kind of
24 provide the vision of Thrive NYC and, Susan, you run
25 the day-to-day operations? Is that correct?

2 DIRECTOR HERMAN: That's correct.

3 FIRST LADY MCCRAY: That's correct.

4 Thrive NYC was my idea. I am the founder. I provide
5 strategic support. I hold convening's on behavioral
6 health and I amplify messages to the public. Susan
7 Herman does the day-to-day management and makes the
8 decisions.

9 PUBLIC ADVOCATE WILLIAMS: That makes
10 sense. Thank you. From the budget I see here, for
11 the past three years, there is 595 million dollars
12 spent so far, if I'm not correct. And is-- If I'm
13 correct. How much of that--- Again, you're saying
14 90 percent of that was new money that was put in, not
15 old money repurposed. Is that correct?

16 DAVID GREENBERG: That's correct. I just
17 want to clarify we are projecting about 565 between
18 FY 16 to 19. But, yes. The majority of the money
19 that is in Thrive budget, of the 250, all but 12.6 of
20 it is new.

21 PUBLIC ADVOCATE WILLIAMS: All right.

22 And if I can understand, based on what I saw and what
23 I heard so far, I kind of broke it down to two areas.
24 One is, I guess, some kind of coordination of
25 existing programs and the rest is an infusion of new

2 programs and the terms that were used: science-based
3 initiatives and evidence-based strategies. Is that
4 correct?

5 FIRST LADY MCCRAY: That's correct.

6 PUBLIC ADVOCATE WILLIAMS: How much money
7 you spent in each?

8 DIRECTOR HERMAN: I'd like to just step
9 back a little bit and say that much of what Thrive
10 does falls into several of those categories. So, we
11 have, I would say, money that we have put into
12 existing services to fill gaps in the traditional
13 system and then particular strategies that we are
14 piloting that are brand-new. But the vast majority
15 of what Thrive is doing, the vast majority of where
16 the money has been spent, are on new programs. They
17 are not supplanting budget items that were there
18 before.

19 PUBLIC ADVOCATE WILLIAMS: So, most of it
20 is on new programs. Less on the court nation and
21 less on the gaps, but new initiatives--

22 DIRECTOR HERMAN: [interposing] Well, the
23 gaps are also new programs. We are filling gaps with
24 new programs. In other words, right now you have a
25 single point of access to the full--

2 PUBLIC ADVOCATE WILLIAMS: [interposing]

3 So--

4 DIRECTOR HERMAN: range of programs.

5 PUBLIC ADVOCATE WILLIAMS: So, but it's
6 still two categories. It's one coordination and one
7 infusion of new programs, whether they are gaps of
8 new programs or new programs.

9 FIRST LADY MCCRAY: I'm not sure if the
10 language is adequate to explain what--

11 PUBLIC ADVOCATE WILLIAMS: Okay.

12 FIRST LADY MCCRAY: we're doing. We
13 have an enhanced programs. For example, our family
14 Justice centers. Before, they had no counseling
15 services for the survivors. So we have put an
16 infusion of money to make sure that they have
17 counseling and a psychiatrist and all of that, so
18 that is additional money.

19 PUBLIC ADVOCATE WILLIAMS: So, I--

20 FIRST LADY MCCRAY: But it's not a new
21 program, really.

22 PUBLIC ADVOCATE WILLIAMS: So, I would
23 say new program / filling gaps of existing programs.

24 FIRST LADY MCCRAY: Uh-hm.

25

2 PUBLIC ADVOCATE WILLIAMS: So, those
3 astute-- In my thing are two areas. One is
4 coordination of existing programs, I think. You can
5 tell me if I'm wrong. And then--

6 FIRST LADY MCCRAY: Well--

7 PUBLIC ADVOCATE WILLIAMS: infusion of
8 new programs / gaps of old programs.

9 FIRST LADY MCCRAY: I wouldn't say
10 coordination. I think that, to me, coordination of
11 NYC Well which provides essential point of access
12 where anyone can call, text, online and find any
13 service that is available in the city to address
14 their need. That is coordination. Coordination is
15 also the collaborative work between agencies.

16 PUBLIC ADVOCATE WILLIAMS: I don't-- I
17 don't--

18 FIRST LADY MCCRAY: But in and of
19 itself, it's not a program.

20 PUBLIC ADVOCATE WILLIAMS: I don't
21 disagree with that. I assumed it cost money to do
22 those. I was just trying to figure out how much
23 money and each one of those buckets is being spent.

24

25

2 DIRECTOR HERMAN: Well, we can break
3 down what each of the initiatives costs for you, if
4 you'd like and that's in the budge that's--

5 PUBLIC ADVOCATE WILLIAMS: Okay.

6 DIRECTOR HERMAN: in front of you. Each
7 one of the initiatives has a price tag.

8 PUBLIC ADVOCATE WILLIAMS: Okay.

9 DIRECTOR HERMAN: And we can put them in
10 those categories, if you would like. We can work on
11 that.

12 PUBLIC ADVOCATE WILLIAMS: With the EDP
13 task force that the mayor originally didn't want to
14 do in the city Council published, where are we with
15 that? Thrive coordinating with the task force? It
16 was supposed to have a report out. Ms. Herman,
17 you're a member of the taskforce, as well as I
18 believe some of us are. I'm not sure. They met a
19 couple times. Are you coordinating with the
20 taskforce? Do we know when it's coming out?

21 DIRECTOR HERMAN: So, I'm one of the co-
22 Chairs with Dr. Belken who is here and it was a very
23 lengthy and serious process with many council members
24 participating. Over 75 people from New York City
25 participated in the taskforce. There were

2 committees, subcommittees. The recommendations are
3 now under review and Thrive will be coordinating with
4 them.

5 PUBLIC ADVOCATE WILLIAMS: All right.
6 Well, it's late, so hopefully it will come out soon.
7 I think it encompasses a lot of what you're saying
8 here trying to get in front of the issue before--

9 DIRECTOR HERMAN: Yeah. It was--

10 PUBLIC ADVOCATE WILLIAMS: police or--

11 DIRECTOR HERMAN: ultimately called the
12 Crisis Prevention and response taskforce to do
13 exactly what you're talking about. To--

14 PUBLIC ADVOCATE WILLIAMS: Okay.

15 DIRECTOR HERMAN: To try and avert crisis
16 as much as possible, to handle a crisis appropriately
17 and stabilize people afterwards as well as possible.

18 PUBLIC ADVOCATE WILLIAMS: So I'll just
19 end with this. One, again, my hope is, you know, in
20 the additional questions, I do want to get a better
21 understanding of what was being used just for acute
22 mental health illness and what was being used for
23 just mental health for the rest of us. I think
24 that's an important discussion. And also, from what
25 I'm hearing, I think it's a great program, but I do

2 feel some of the metrics and concerns of being
3 backended. I think we started spending money before
4 we had a discussion about how we gauge this. And I
5 don't know if that's a necessarily a horrible thing,
6 if things are getting done. But I think there
7 should've been more discussion about how we were
8 going to gauge this moving forward and, hopefully,
9 from this point on, we will do a better job of that
10 because this an incredible amount of money being
11 spent and I think the public has a right to ask these
12 specific questions, but I do think it is a worthwhile
13 initiative and I'm thankful that the First Lady has
14 taken it upon herself to do this. I think there's a
15 lot of questions that I still think needs to be
16 answered, but my time is up. Thank you.

17 FIRST LADY MCCRAY: Thank you. You
18 know, the need is without question and we've really
19 appreciated working with all the council members and
20 the elected officials to get this up and running. It
21 is not true that we didn't have metrics in mind
22 before we launched thrive. It was part of our
23 initial conversations. Remember, we took 11 months
24 just having conversations with people before the
25 launch of Thrive. We went to every borough. We

2 talked to clinicians, parents, people with loads of
3 experience. We have convened with local and national
4 experts on this, so it's been a very thoughtful roll
5 out, but it's kind of a work in process that we can't
6 do every-- We haven't been able to do everything at
7 once. Susan--

8 PUBLIC ADVOCATE WILLIAMS: I think-- I
9 think--

10 FIRST LADY MCCRAY: Did you want to
11 clarify?

12 PUBLIC ADVOCATE WILLIAMS: I would just
13 say that all of that is probably true and thoughtful
14 that probably helped put out the program, but I don't
15 know if it helped shaped how we are going to decide
16 whether the program was successful and I think we are
17 doing some of that now.

18 FIRST LADY MCCRAY: Yeah. I think
19 that, you know, we will be working together to
20 determine, you know, where our greatest successes are
21 and how we want to shape Thrive going forward. No
22 one's ever done this before and moves the wind
23 approach, so we all have to be part of making this
24 what we needed to be for the people that we serve and
25 we value your contributions.

2 PUBLIC ADVOCATE WILLIAMS: To the extent
3 that I can be helpful, I would love to move forward
4 with you.

5 FIRST LADY MCCRAY: Thank you.

6 CHAIRPERSON DROMM: Okay. Thank you.

7 Council member Van Bramer followed by Council member
8 Rosenthal.

9 COUNCIL MEMBER VAN BRAMER: Thank you very
10 much. So I think very few, if any, people would say
11 that we are spending too much on mental health. That
12 includes myself, someone who experienced significant
13 depression as a gay teen. Closeted gay teen in high
14 school. I think where there are legitimate questions
15 and concerns is about management, outcomes, and
16 supervisions. So, from what I gather-- and I think
17 you said this, director Herman, that the management
18 of Thrive, essentially, rests with the agency's where
19 this finding has been allocated to. And, generally
20 speaking, commissioners report to deputy mayors and,
21 of course, all of you who work for the city of New
22 York report to the Mayor. But in the case of this
23 funding, you are, roughly, the quarterback of this
24 team to use an overused analogy. But I guess my
25 question is one of the things that I think happens

2 with direct reports and supervision mayors, and if an
3 agency is overseeing the program and it's not going
4 well, there is a deputy mayor, then, who is able to
5 say, that is a significant problem. I'm not happy
6 with that. That needs to be corrected. Do you have
7 that authority, though, as the director and overseer
8 of Thrive NYC because you are not the direct report
9 of commissioners. Right? So DOHMH and these 15
10 agencies that you have out here, so if they are
11 experiencing a problem that you identify, do you have
12 the ability, then, and are they reporting to you on
13 the Thrive-specific programs that are existing and
14 being funded in their agencies?

15 [Background comments]

16 DIRECTOR HERMAN: I think it's very
17 important to note that the office of Thrive NYC, when
18 it was established, was created to report to the
19 First Deputy Mayor. So, part of my oversight role
20 requires me to report regularly to the First Deputy
21 Mayor what's happening in each of these agencies.

22 COUNCIL MEMBER VAN BRAMER: So I
23 understand-- So you report to the first Deputy
24 Mayor?

25 DIRECTOR HERMAN: I do. I do.

2 COUNCIL MEMBER VAN BRAMER: But there is
3 several hundred million dollars disbursed throughout
4 all these agencies and you are watching the programs
5 that are Thrive specific within those agencies, I
6 trust, right? And I think this is sort of one of the
7 fundamental questions if we are making sure that we
8 are getting the return on the tax dollar investment
9 here, then there's got to be accountability. Right?
10 And is that accountability coming from yourself as
11 the Director who is sort of working in collaboration
12 with the commissioners? What if you see something
13 that isn't working and you are talking with the
14 commission are about that? Obviously, you are
15 reporting to the First Deputy Mayor. They, too,
16 reporting, I assume, to--

17 DIRECTOR HERMAN: A deputy--

18 COUNCIL MEMBER VAN BRAMER: a Deputy
19 Mayor. Maybe it's the same one. Maybe it's not,
20 right? Depending on which agency. The, where is the
21 accountability bear with respect to you and your
22 relationship with the commissioners, the deputy
23 mayors? How is that? Because I understand that the
24 management of Thrive rests with the agencies and
25 their commissioners who are overseeing these

2 programs, some are very large. You're the
3 quarterback of the team, roughly. And then where is
4 the accountability with respect to you, the
5 commissioner, and the deputy mayors? How does that
6 work out particularly something isn't-- If something
7 is working great, then we all happy to celebrate
8 that, but if it is not, how do you intervene directly
9 with the commissioner vis-à-vis a deputy mayor
10 because they are not reporting to you. They're
11 reporting to a deputy mayor.

12 FIRST LADY MCCRAY: Susan Herman is
13 responsible for the day-to-day management of Thrive,
14 all of the programs, and I think it's important to
15 note that she was the first ever Deputy Commissioner
16 for collaborative policing which worked with agencies
17 all across seated government and it is a mission that
18 is very similar to thrive. We need agency ownership.
19 We need agencies to be ensemble. To be effective and
20 sustainable. That being said, First Deputy Mayor
21 Fuleihan oversees many agencies that are responsible
22 for Thrive programs. So, he is-- It is a
23 collaborative effort by nature that is necessary in
24 order to reach as many people as we are reaching.
25 First Deputy Mayor Fuleihan is also responsible for

2 making sure that there is overall effectiveness and
3 sustainability of all city government and works very
4 closely with the deputy mayors. So there is a lot of
5 communication going on. A lot of communication, of
6 course, accountability lives with Susan Herman.

7 COUNCIL MEMBER VAN BRAMER: And I have
8 great respect for director Herman and she is
9 displaying a great deal of competence and strength
10 here at this hearing but I also need to ask the
11 questions and I know my time is up. So I just want
12 to leave you with a couple of questions that have
13 come to us. At the Queens Borough delegation
14 hearing, there were a couple of Asian American and
15 CBO's who talked about not having been worked with or
16 outreached to and I want--

17 DIRECTOR HERMAN: [interposing] I'm sorry.
18 Did you say Haitian or Asian?

19 COUNCIL MEMBER VAN BRAMER: Asian
20 American.

21 DIRECTOR HERMAN: Asian American.

22 COUNCIL MEMBER VAN BRAMER: Community-
23 based innovations. I know the Asian American
24 Federation is--

25 DIRECTOR HERMAN: Uh-hm.

2 COUNCIL MEMBER VAN BRAMER: is one group
3 that has spoken about this issue and, maybe, you can
4 address that issue of that particular organization or
5 community feeling overlooked in the process and then,
6 maybe, the turnover of your mental health service
7 cords, as well. And I will end it there for this
8 round.

9 FIRST LADY MCCRAY: Well, I'd like to
10 say that we work with all of our community partners
11 and we have more than 400 community-based
12 organizations that we are working with Ted to
13 outreach and training and events and that includes
14 the Punjabi, Sikh, the Bengali, Chinese, Korean, and
15 broader Asian American communities. We are always
16 thinking about how we can enhance these programs. We
17 cannot be successful unless every news involved.
18 That's why we have a brothers sisters Thrive program.
19 It is why we have a Latin X program. That is why we
20 are working with our immigrants. Serving high need
21 populations, as you can see from our map, is a
22 priority for us. Our outreach works with other city
23 teams, as well as elected officials and we welcome
24 anyone who wants to be part of this and we encourage
25 everyone to be part of this because, as I said in my

2 testimony, that we all have to be part of the
3 solution of making sure that people are educated
4 about mental health. That they actually have an
5 understanding of these diseases and know how to
6 access services. Susan, would you like to add?

7 DIRECTOR HERMAN: Sure. I would just add
8 that we have several long-term partnerships with
9 several Asian organizations where we have sponsored
10 events. We taught mental health first-aid classes
11 and different languages, including we regularly teach
12 mental health first aid in Mandarin. It can be
13 taught in curry and upon request and we are working
14 with many organizations. I am going-- I have
15 reached out to the Asian federation. I will be
16 meeting with them, but we have an ongoing
17 relationship with several Asian organizations and
18 include them in welcome more.

19 CHAIRPERSON DROMM: Okay. Thank you.
20 I'm going to remind my colleagues, also, to please
21 stick to the two minute time limit. We have another
22 meeting immediately following this. We are actually
23 behind schedule here. So I'd like to now turn the
24 mic over to Council member Rosenthal followed by
25 Council member Powers.

2 COUNCIL MEMBER ROSENTHAL: Thank you so
3 much. I want to start by thanking you from shifting
4 the city's outlook on mental health from side load
5 agencies to a comprehensive vision about mental
6 health. You are uncovering all these things. All
7 these gaps and trying to fill those. Spot on.
8 Kudos. Thank you for thinking about it that way. I
9 really appreciate it. I am concerned about a couple
10 things. One is I hope we can use this as an
11 opportunity to shine a spotlight on the deficiencies
12 of the procurement process. So to the extent the
13 city is not providing this service directly, but
14 contracting out, you will see that the procurement
15 process itself is hideous. That, number one, we
16 don't pay our service providers enough money and so,
17 they are being asked to do all the beautiful things
18 that you are articulating with three quarters of the
19 finances they need. And, number two, they are not
20 actually paid until six months, a year, a year and a
21 half after services have begun. And, although, we
22 are implementing passport to address that, we just
23 had a hearing on it. We uncovered, unveiled lots of
24 problems. So, number one, that. Number two, I would
25 encourage you, OMB, to not subject Thrive to the

2 hiring freeze. We've heard about on these great
3 things. It will only cripple the program. I don't
4 know how you can report on successes and still be
5 subject to a hiring freeze. And, lastly, I am
6 concerned that some of these great ideas have been
7 great ideas for really long time and, on the Council,
8 we have seen that they have not been funded and,
9 therefore, have created city Council initiatives to
10 fill the gap. Here's an example from something that
11 Director Herman mentioned. On-site clinicians in
12 schools. It's great for doing that. A, don't do any
13 off-site stuff. You can't claim victory if you are
14 referring stuff out. You can't claim that you have
15 somebody on site who is noticing behavior in the
16 classroom or a culture of the school. That can only
17 be done on site and I would argue that is true for
18 our schools and for homeless shelters or even
19 supportive service shelters. We are always finding
20 deficiencies in those contracts by contracting out
21 off-site provision of whether it be a social worker,
22 clinical mental health provider, a guidance
23 counselor. I don't care what it is. But that is a
24 gnawing deficiency in all of these services,

2 specifically at PS 191 when we rezoned in order to
3 integrate the schools.

4 CHAIRPERSON DROMM: Council member, can
5 you get--

6 COUNCIL MEMBER ROSENTHAL: The large--

7 CHAIRPERSON DROMM: to the question?

8 COUNCIL MEMBER ROSENTHAL: Yes. The
9 largest problem was getting a guidance counselor in
10 my school. We don't need a clinical mental health
11 provider. We need on-site counseling. I've been
12 funding for the past five years a program called
13 Counseling in the School. I funded them to the
14 extent with my discretionary funds so that they have
15 an on-site counselor and that, indeed, has what is
16 allowed the school to improve functioning as we
17 desegregate our schools. Those are my general
18 thoughts.

19 FIRST LADY MCCRAY: Thank you very
20 much. I acknowledge that this is of critical
21 importance and look forward to working with you on
22 this going forward.

23 CHAIRPERSON DROMM: Thank you. Council
24 member Powers followed by Holden.

25 [inaudible 01:23:17]

2 COUNCIL MEMBER ROSENTHAL: No other
3 answers?

4 COUNCIL MEMBER POWERS: Thank-- I'm
5 on the two minute drill, so I'm going to go fast. I
6 just ask for quick answers back. There's an office
7 of the Thrive, I think, too, that I didn't see
8 reflected in the 250 million dollar budget. We did a
9 budget mod in December to approve 13 new jobs. Can
10 you tell us the budget of the office of the Thrive?
11 Office of thrive?

12 DIRECTOR HERMAN: I'm going to ask David
13 to give you exact figures. David Greenberg.

14 COUNCIL MEMBER POWERS: Sure.

15 DAVID GREENBERG: Yes, Council member.
16 The office of Thrive budget is 2 million.

17 COUNCIL MEMBER POWERS: 2 million. So
18 that is on top of the-- That's a small piece on top
19 of what's here today?

20 DAVID GREENBERG: Yes. The budget you
21 have is the program budget. The office of Thrive is
22 administrative and outside of that.

23 COUNCIL MEMBER POWERS: Okay. Thank
24 you. And to the Council-- Following up the Council
25 member Rosenthal's question, but subject to a hiring

2 phrase like the other agencies have been this fiscal
3 year?

4 DAVID GREENBERG: So, all agencies are
5 subject to the hiring freeze and it's a regular part
6 of our conversations with the agencies as we go
7 through that process.

8 COUNCIL MEMBER POWERS: Great. Thank
9 you. And every agency is asked to do a peg this year
10 to achieve savings. Can you tell us-- You answered
11 this, but I just wanted to get clarity on it. Where
12 does Thrive and the programs here fit into-- Or the
13 office of Thrive fit into the peg?

14 DAVID GREENBERG: So, as I said earlier,
15 the Thrive programs are not exempt from the peg and
16 so, right now, agencies are working through what
17 their proposals are to achieve those savings and so,
18 they can propose some efficiencies--

19 COUNCIL MEMBER POWERS: [interposing]
20 So the agencies have to do it and the program--

21 DAVID GREENBERG: Yes.

22 COUNCIL MEMBER POWERS: Okay. Got it.
23 I noticed you are over budget and every year. So you
24 have 78 million-- you have 78, but you spend 43.
25 188 budgeted and 125. 224 and 174. Now 250, 251,

2 251. That's anticipated spending. Can you talk to
3 us about why you are asking for 250 when it seems
4 like every other year you are coming under budget?
5 Which I'm not faulting you. We ask agencies to save
6 money where they can, but can you give us where 250
7 when you're-- you seem to be under every year?

8 DIRECTOR HERMAN: So, the budget that you
9 have in front of you reflects a ramping up period.
10 Many of the programs that you see particularly under
11 spending in their budget were programs that
12 encountered unexpected difficulties, either with the
13 procurement process or with siding issues or
14 something programmatic. But, at this point, we feel
15 that most of the programs are operating at full scale
16 and we are very close to spending the budgeted amount
17 for this year and we will be going forward.

18 COUNCIL MEMBER POWERS: Okay. I
19 appreciate that answer. Thank you. And just the
20 last question because I know we are on time, but I
21 wanted to make sure just-- I wanted to just talk
22 about metrics for success here. There is been some
23 discussion around measuring 400 something
24 measurements. I think it's totally fine to measure a
25 lot of different things just to figure out how your

2 performing and how-- just with large-scale programs
3 you would need a lot of measurance. I wondering
4 though, the Mayor's management report has, I think
5 it's like probably 10 or 12 different metrics that
6 you have as performance indicators, but can you just
7 tell us, the Council-- I mean, you have mentioned
8 the ramping up. Your budget is now, I think, three
9 or four times where it was when it started. It's a
10 real investment in mental health services. I think
11 the city should be making an investment in here. But
12 I wanted to understand if you can tell us what you
13 feel like our your performance indicators that will
14 measure success I've we get into the fourth or fifth
15 or sixth fiscal year where we are funding Thrive?

16 FIRST LADY MCCRAY: It's important to
17 us to make sure that we're measuring everything and
18 then, of course, measuring the right things. But
19 we're talking about people here, not numbers. It's
20 is a challenge to measure the relief of anguish and
21 suffering on a spreadsheet. As we have ramped up, we
22 have more indications of how to note the
23 effectiveness of different programs, but what we do
24 now is that we are achieving a much needed cultural
25 and structural change. We are changing the

2 conversation around mental health and mental health
3 is now integrated in everything that we do across the
4 city. We are working towards more standardized
5 measures. Again, we have lots of metrics, but I
6 understand what you are looking for and that is
7 something that takes time to provide.

8 COUNCIL MEMBER POWERS: Thank you and
9 thank you--

10 FIRST LADY MCCRAY: I will turn--

11 COUNCIL MEMBER POWERS: Oh. Sorry.

12 FIRST LADY MCCRAY: to Susan to--

13 Yeah.

14 DIRECTOR HERMAN: I would like to just
15 elaborate a little bit about what the First Lady
16 said. Measurement is absolutely important and it's
17 very important to measure the right things at the
18 right times. I want to make it really clear that
19 these initiatives were initiatives that were based on
20 evidence informed or evidence-based practices. So at
21 the outset, we had a sense of if we implement this
22 initiative, this is what is likely to happen. So we
23 started out knowing where we wanted to go with
24 programs. The exercise that we are engaged in math
25 now, we have refined implementation measures. We

2 have refined reach measures which were really
3 important to us at the beginning. How many people
4 are we reaching? And now we are refining outcome
5 measures. I don't think it's fair to say we have no
6 outcome measures. We have some that have already
7 been tracked as part of the work that agencies are
8 doing. We have an external of valuations that are
9 underway. We have significant number of internal
10 evaluations. More to come. But these outcome
11 measures just need to be refined and then they will
12 be part of what agencies are tracking.

13 COUNCIL MEMBER POWERS: And--

14 DIRECTOR HERMAN: And every initiative,
15 where it is appropriate, and that's almost all of
16 them-- not all, but almost all of them-- will have
17 one or two or the appropriate number of outcome
18 measures.

19 COUNCIL MEMBER POWERS: I just wanted
20 to be-- For the record, I said nothing about there
21 being no performance measures. I think there are. I
22 was asking from the administration--

23 DIRECTOR HERMAN: Outcome.

24 COUNCIL MEMBER POWERS: for Thrive--

25 DIRECTOR HERMAN: Yeah.

1 COMMITTEE ON FINANCE

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2 COUNCIL MEMBER POWERS: which ones
3 you've prioritized as determining success and it-- I
4 read--

5 DIRECTOR HERMAN: I think--

6 COUNCIL MEMBER POWERS: the Mayor's
7 management report and your numbers, I think there's--
8 denote you see numbers of access going up. I think
9 access is really important.

10 DIRECTOR HERMAN: Yep.

11 COUNCIL MEMBER POWERS: I think that,
12 as we get to, you know, the next year and the year
13 after, I think what the Council would be interested
14 in is-- in addition to just the access part of it,
15 saying that there is also results. And I totally
16 agree with you. Tracking this on a spreadsheet is
17 not an easy measurement to do, but I think also
18 knowing, in addition to access, outcomes that are
19 based on wellness would also be--

20 DIRECTOR HERMAN: Absolutely. Absolutely.
21 And some of the measures-- Let's make a distinction
22 between outcomes of initiatives and population level
23 outcomes. Some of the population level outcomes will
24 take a while, just as any public health initiative
25 does. If you look at the city's trans-fat ban and

2 restaurants, if you look at those smoking bans, if
3 you look at population level outcomes, sometimes it
4 takes a long time. But we well know what the
5 outcomes of these initiatives are and we will be
6 looking at population level impact.

7 COUNCIL MEMBER POWERS: Great. Thank
8 you. Thanks for the answers.

9 CHAIRPERSON DROMM: Thank you. We've
10 been joined by council members Cornegy, Deutsch, and
11 Barren. And now we will have questions from Council
12 member Holden, followed by Council member Adams.

13 COUNCIL MEMBER HOLDEN: Thank you both
14 for your testimony and, First Lady, this is a great
15 idea. I think Thrive NYC, we would love to see it
16 succeed. At least when Susan Herman was at our last
17 mental health hearing, she said we are seeing the
18 benefits and the subway. And it's coincidentally
19 about week we were getting tons of complaints of
20 people being accosted, attacked, harassed by homeless
21 individuals in our subways. And there were a bunch
22 of high-- big many stories about this. The eight-
23 year-old getting punched in the head by homeless
24 individual. I'm interested in these mobile teams.

2 That you have 15 mobile teams. Are they operating
3 mostly in the subways or everywhere?

4 FIRST LADY MCCRAY: I just want to take
5 a step back and say that I understand your concern
6 and the pain that you must feel, that many of us
7 feel, when we are dealing with someone who is
8 suffering. Not all the people who are on the street
9 or in the subways who appear homeless are necessarily
10 mentally ill. That's important for everybody to
11 understand. Just because they are experiencing
12 homelessness does not mean that they are mentally
13 ill. DOH has long provided services for those with
14 serious mental illness and Thrive's goal is to
15 complement those services, not compete with them. We
16 are enhancing services that already exist and
17 everything that we do in Thrive is working to either
18 prevent or to intervene or to provide support to
19 people who are in crisis or after crisis. Susan,
20 would you care to add to that?

21 DIRECTOR HERMAN: I think the situation in
22 the subways that you are describing is troubling for
23 everybody. This is a--

24

25

2 COUNCIL MEMBER HOLDEN: [interposing]

3 Yeah. Because people feel trapped. People feel
4 trapped in the subway. So--

5 DIRECTOR HERMAN: This is a concern to
6 everybody--

7 COUNCIL MEMBER HOLDEN: [interposing]

8 But I how do you-- I just want to ask before--
9 because I'm running out of time. How do you measure
10 success in the subways? I mean, because people-- I
11 think most New Yorkers, 90 percent might say we're
12 not seeing the difference in the subways. And so I
13 think public safety has to be a priority, especially
14 in the mental health area. Public safety number one.
15 Because especially when those doors close on the
16 subways, we're trapped by an individual that can
17 explode at any time. So it's just a matter of time
18 before you're in the wrong place at the wrong time.
19 And I mentioned this, but we need a really big
20 initiative on that area of public safety.

21 FIRST LADY MCCRAY: I understand your
22 concern and share your concern, however, it is
23 important to remember also that the people who are
24 mentally ill are more likely to be victims of crime
25 and violent than perpetrators. More likely than the

2 average person, actually. And so, when there is an
3 incident, it does have an outsized impact because, of
4 course, it's all on the covers of our newspapers.
5 This is something that we would enjoy exploring with
6 you going forward because it is important, but we all
7 have to be part of the solution. Susan, would you
8 like to add to that?

9 DIRECTOR HERMAN: I just want to-- And
10 when we met and we talked about this, I think it was
11 important to talk through that, when you do see
12 somebody that you're concerned about, you can call
13 311. You can use the app. And there are mobile
14 teams from DHS that will come and will work with that
15 person to try and get them the help that they need.
16 That's important to all New Yorkers to know that help
17 is available. Everybody gets resources. They get
18 information. They're offered assistance. And, of
19 course, we want to have safe subways and New Yorkers
20 can do something, though. They can use that app.

21 COUNCIL MEMBER HOLDEN: Right. But
22 just how do measure success on the subways? That's
23 what my question was. How do you do that? If you
24 take the person off the subways, off the streets, get
25 them the help, if they just refuse to go how many of

2 those do we have? I mean, there's a number of
3 questions that we have, especially in the subways and
4 that's why I wanted to address that.

5 FIRST LADY MCCRAY: We do not have a
6 subway-focused program right now, but we are happy to
7 explore that with you.

8 CHAIRPERSON DROMM: Okay. Thank you.
9 Council member Adams followed by Council member
10 Gibson.

11 COUNCIL MEMBER ADAMS: Thank you, Mr.
12 Chair. Welcome, First Lady. So glad to see you
13 again. Thank you very much, Director, also for all
14 of your work and thank you for your outreach in
15 Queens, as we've seen each other a few times out
16 there doing what Thrive NYC does. You've also
17 changed the face of mental illness and I thank you
18 for outing that issue of mental illness and this
19 condition that so many face and so many have to wake
20 up and deal with on a daily basis and lived with and
21 loved ones have to live with also. I think that so
22 many people feel freer to speak about it. Freer to
23 look for help, which is even more important, but I
24 wanted to talk a little bit about it and I'm not
25 going to take up a lot of time. Just, basically, one

2 question. This is such a comprehensive vision and in
3 working collaboratively with so many different
4 agencies, how do you really drill down and get that
5 data that is necessary, I think, that all of us are
6 really looking for in a multimillion dollar effort
7 like this. How do you drill down and collaborate?
8 Who collects data for Thrive? How is it collected
9 and where exactly is it stored? Is it public
10 knowledge? I don't know if it's on a public site
11 anywhere. Who handles all of that?

12 FIRST LADY MCCRAY: Thrive was intended
13 to be aggressive, innovative, science-based, and in
14 response to a very complex problem, but we have data.
15 I can tell you that, to just give you a few examples,
16 that 80 percent of the people who take mental health
17 first aid are-- they report that they are using
18 their new skills to help others. 33 percent of them
19 say they use their skills every month. 99 percent of
20 the Department of Education's Pre-K teachers and
21 staff say that social-emotional learning has improved
22 their teaching. They are all-in. They love this
23 program and we have fewer criminal justice
24 interactions and hospital visits. There are more
25 services-- only one person was arrested out of 1000

2 people who were helped by our co-response teams. 95
3 percent of those people were connected to services.
4 They received counseling. They were given referrals
5 to programs or transported. I mean, this is our
6 data. We know that people are being helped and they
7 are being helped where they are. Susan, would you
8 like to add to that?

9 COUNCIL MEMBER ADAMS: Could I just ask,
10 Susan, before you go on, how is that data collected
11 and is it--

12 FIRST LADY MCCRAY: Yes.

13 COUNCIL MEMBER ADAMS: published
14 somewhere?

15 FIRST LADY MCCRAY: Susan will address
16 that.

17 COUNCIL MEMBER ADAMS: Okay.

18 DIRECTOR HERMAN: So, as you've heard, we
19 have over 400 ways of measuring what's happening with
20 Thrive. All of those metrics are being refined. I
21 just got to Thrive a little over a month ago. I'm
22 looking at these metrics and trying to make sure that
23 they are still the right measures for each of these
24 initiatives and then these metrics will go up. They
25 will become public.

2 COUNCIL MEMBER ADAMS: Any specific
3 timeframe? Can we drill down a little bit closer to
4 when that would be so that other people can take a
5 look at that and I would feed him on to say to--

6 DIRECTOR HERMAN: Wha--

7 COUNCIL MEMBER ADAMS: my constituents,
8 here it is.

9 DIRECTOR HERMAN: We're happy to give you
10 these. These have already been given out to the
11 press, but before they are put online, they will be
12 refined. They will be tweaked to make sure that they
13 are current, that it's appropriate. They will be up
14 within a couple of months.

15 COUNCIL MEMBER ADAMS: Okay. That's I was
16 looking for. A couple months. Thank you very much.

17 CHAIRPERSON DROMM: Okay. Thank you.
18 Council member Gibson followed by Council member
19 Torres.

20 COUNCIL MEMBER GIBSON: Thank you,
21 Chair Dromm and good afternoon, First Lady, and good
22 afternoon, Director Susan Herman, and OMB. I
23 appreciate you being here and a lot of my colleagues
24 have really echoed the same sentiments that I feel
25 and I really thank you for this really ambitious plan

2 and really this blueprint really addressed mental
3 health across New York City, 15 different agencies,
4 about 55 different programs. I think many New
5 Yorkers, as well as the Council, I am grateful to
6 have today's hearing because, both for today's
7 hearing, a lot of the information that we are hearing
8 about today has not necessarily been shared with the
9 Council. So when you talk about performance
10 measurements and indicators and I recognize were
11 talking about people and emotional distress and
12 certainly in need, but certainly 250 million dollars
13 that we are spending, we want to make sure that the
14 public understands what we are spending money on the
15 kinds, many times, they may not understand how they
16 can get help through a lot of the different elements
17 you described. So my office, we have hosted mental
18 aid first aid trainings. I have had about four
19 focused on the CBO's and youth, LGBT youth, to make
20 sure that our constituents are equipped. I have seen
21 announcements with the different terminals, NYPD and
22 others. Sororities and different things. But, after
23 that, I wanted to ask specifically about the media
24 and the messaging. So are we really projecting the
25 success? Are we sharing this information with the

2 public? What does that look like? And then,
3 certainly, I wanted to understand further the
4 community partners that we're working with, I
5 understand and agree that we have to approach this
6 from a holistic perspective and go into neighborhoods
7 that have not really been serviced, but do it in a
8 different way. Not the traditional way. Going to
9 the local supermarket, the bodegas, the clergy, the
10 church is, those small businesses. So what does that
11 community partnership look like? And then, lastly,
12 the over side of the city agencies. Every agency has
13 a component and I wanted to make sure that our
14 administration is following up with all the agencies
15 to make sure that these programs are being
16 implemented as we continue to move forward.

17 FIRST LADY MCCRAY: Is that a question?

18 COUNCIL MEMBER GIBSON: Want me to
19 repeat?

20 [Background comments]

21 DIRECTOR SUSAN: Could you just--

22 FIRST LADY MCCRAY: [interposing] What
23 is the specific question?

24 DIRECTOR HERMAN: question there?

2 COUNCIL MEMBER GIBSON: The first
3 question is messaging. So as we make announced all
4 of our new efforts, are we focused on measuring the
5 success, but talking about how we are saving
6 individuals from overdoses? How we're helping those
7 with maternal health services? What is the messaging
8 that we're doing around Thrive NYC?

9 FIRST LADY MCCRAY: Well, we certainly
10 can do better and more and we intend to do that going
11 forward. But, certainly, all of our-- Any time we
12 launch a new program that is provided to the public,
13 we try and amplified through social media and other
14 means. But we can always to and it is our intention
15 going forward. Susan, would you like to add?

16 DIRECTOR HERMAN: I think if you are
17 asking also what is it that we are looking at, what
18 are we trying to get across, we have-- We believe
19 that we have to be more comprehensive about our
20 approach to mental health. That this is a shared
21 responsibility. This is something that all city
22 agencies share. This is something that we share with
23 community-based organizations. We share this
24 responsibility with elected officials. So, in the
25 beginning, we looked at reach. We looked at how many

2 people we were serving. We trained over 100,000 New
3 Yorkers and mental health first aid. That is
4 significant when you look at the size of New York
5 City. 100,000 more New Yorkers feel more comfortable
6 not only talking about mental health, but pointing
7 people in need to the right place. We have answered
8 over 500,000 calls, texts, and chat through NYC well.
9 That is a lot of people that we are reaching. We
10 have mental health service Corps members, over 250 of
11 them in these mental health care shortage areas
12 throughout New York City. We are reaching people.
13 We are serving people in our senior centers. We are
14 serving students in our schools. We are reaching
15 people in places and in ways that they never have
16 been reached before. That message needs to be
17 amplified and we will be doing that. And I hope-- I
18 would like your help and assistance in doing that.
19 Happy to come to your district. Happy to provide
20 more opportunities to amplify that message. We have
21 reached people. We are touching people's lives and
22 that is important.

23 COUNCIL MEMBER GIBSON: Thank you.

24 Thank you, Chair.

25

1 COMMITTEE ON FINANCE

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2 CHAIRPERSON DROMM: Thank you. And
3 Council member Torres?

4 COUNCIL MEMBER TORRES: Thank you,
5 Chair. Good afternoon. Now, as a city, as is
6 staying, as a country, it seems to me there is no set
7 of people whom we're failing. Councilman Torres.
8 Right here.

9 DIRECTOR HERMAN: Huh.

10 COUNCIL MEMBER TORRES: [inaudible
11 01:43:38] It seems to me there is no set of people
12 whom we are failing more than the seriously mentally
13 ill who are often left to die on our streets or
14 languish in our jails and in our hospitals. And when
15 the Chairperson asked how much of the Thrive NYC
16 budget is going towards the seriously mentally ill, I
17 believe the first ladies at all of it. And I want
18 you to understand. I don't take even mild mental
19 illness lightly. Right? I've suffered from
20 depression my whole life. I've take an
21 antidepressant every day.

22 FIRST LADY MCCRAY: Uh-hm.

23 COUNCIL MEMBER TORRES: It enables me
24 to function and succeed as a person and as a
25 professional. But how the city services me--

2 FIRST LADY MCCRAY: Uh-hm.

3 COUNCIL MEMBER TORRES: is quite
4 different from how the city should service someone
5 who is seriously mentally ill.

6 FIRST LADY MCCRAY: Uh-hm.

7 COUNCIL MEMBER TORRES: Right? Which
8 is right at the intersection of chronic homelessness
9 and chronic over-incarceration and chronic opioid
10 addiction and so I want to ask that question again.
11 Like how much of the budget of Thrive NYC is
12 specifically tailored toward the most seriously
13 mentally ill people in our society?

14 FIRST LADY MCCRAY: The reason I say
15 that all of Thrive's budget is tailored to that is
16 because it's very difficult to say, oh, this is the
17 percentage of our population that is seriously
18 mentally ill. How are you defining that? If you
19 didn't take your depressant every day and you were a
20 victim of violence or something, you could be in that
21 category tomorrow very easily or certainly within
22 months. It is important for us to prevent these
23 diseases from progressing to crisis. That's the
24 bottom line. We do not want to see people in crisis.
25 We want to make sure that they're getting the

2 treatment, the services, the support that they need
3 so that the disease does not worsen. And that is why
4 I say all of our programs are focused on SMI because
5 they do. Our point is to make sure everyone has a
6 place to reach. Everyone was the opportunity to make
7 appointments. Talk with someone where they live,
8 where they learn, where they worship. And it's about
9 education, too. We want to make sure that family
10 members know the signs, the symptoms of mental
11 illness so that they are able to get their loved
12 ones, their family members to serve as early on so
13 that it does not become a crisis situation. Crisis
14 situations don't happen overnight. It takes time.
15 And when mental illness is untreated, we end up with
16 these tragedies-- tragedies and anguish and pain
17 that none of us want anyone to experience. Susan,
18 would you like to elaborate?

19 DIRECTOR HERMAN: I understand that it's
20 very tempting to say there are so many people that
21 are seriously mentally ill and that's the only place
22 we should be focusing. It's very--

23 COUNCIL MEMBER TORRES: That's not my
24 position. I just want to be clear.

25 DIRECTOR HERMAN: I don't think it was.

2 COUNCIL MEMBER TORRES: Yeah. No.

3 DIRECTOR HERMAN: I don't think it was.

4 COUNCIL MEMBER TORRES: That's not--

5 DIRECTOR HERMAN: I just want to be clear
6 that-- and really amplify what the First Lady said.
7 We are, and Thrive, is working with people to build
8 resilience, working with people pre-crisis, working
9 with people during, and we can talk about that, as
10 well as helping to stabilize people afterwards. I
11 think it's important to say how pioneering and
12 groundbreaking this program is. We haven't looked at
13 this issue in a comprehensive way before as a city.
14 There is hardly any other city that's taken-- There
15 isn't any other city that has taken such a
16 comprehensive approach because we are trying to
17 prevent and mitigate mental illness before it reaches
18 that point. Some can be prevented. Some can be
19 mitigated. In terms of what are we doing to the
20 programs that are specifically working with seriously
21 mentally ill, we would go-- we would look at not
22 only NYC well, which is still serving as the suicide
23 hotline, but we would also look at many of the other
24 investments in the health department and are focusing

2 on the mobile teams the talked about. And I would
3 like to ask David to amplify that.

4 DAVID GREENBERG: Yes. Council member, I
5 think what you are asking is, within the Thrive
6 budget, what is really geared towards people who are
7 in crisis and are more likely to be experiencing that
8 issue. And it's over 30 million dollars and that
9 goes towards the programs that Susan was highlighting
10 around mobile teams and call response teams. But,
11 outside of Thrive, there are also many other programs
12 that are happening that are specifically targeted to
13 the population including supports the house three New
14 York, New York 15 program, what's happening in
15 correctional health services. So, and within the
16 Health Department, 300 million dollars of their
17 annual budget is actually for those types of programs
18 for the SMI.

19 DIRECTOR HERMAN: I want to add that we're
20 also--

21 COUNCIL MEMBER TORRES: Sure.

22 DIRECTOR HERMAN: treating-- We're also
23 making sure that there are opportunities for people
24 with co-occurring disease to get the treatment that
25 they need. So if someone has an addiction, but they

2 also suffer from anxiety and depression, that they
3 are able to get those treatments-- get that
4 treatment at the same time as opposed to having to go
5 one place for the addiction and another place for the
6 anxiety or depression.

7 COUNCIL MEMBER TORRES: Squeeze in two
8 quick questions. I know the diversion centers are
9 full within Thrive NYC. One of them is going to be
10 in my district. I am supportive, even though it's
11 opposed by the local community board because I want
12 to be part of the solution.

13 DIRECTOR HERMAN: Uh-hm.

14 COUNCIL MEMBER TORRES: Two questions:
15 What kind of offenders are going to be referred to
16 the diversion center and, second, if it's only low-
17 level offenders, do we have a strategy-- You know,
18 the numbers in Riker's Island have fallen
19 dramatically, but the proportion of seriously
20 mentally ill, as defined by the city, has arisen and
21 so, do we have a mental health strategy for providing
22 a supportive alternative for those seriously mentally
23 ill who happen to have committed serious offenses?
24 And those are my questions. So--

2 DIRECTOR HERMAN: So the diversion centers
3 will be in the two five and in your district in the
4 four seven precinct and the idea right now, the way
5 that we are structured, we believe it is presented in
6 an alternative that has never existed before in New
7 York and that is to give officers an opportunity to
8 offer help and service to people who voluntarily want
9 to comment and seek care and support. The idea, the
10 concept from the very beginning, was that this would
11 be for low level offenses. We would look to see
12 whether they can serve people in that precinct,
13 whether they can expand beyond that precinct, or
14 whether it really is filled just with the population.
15 That idea always was to get them up and running,
16 serve that population, people who have either
17 committed low level offenses or the officer is aware
18 of that person, sees some problematic behavioral
19 problem, and offers assistance. The idea always was
20 to see how they are doing after a few months. In
21 several months, see that population nor the criteria
22 could change.

23 COUNCIL MEMBER TORRES: I'll end here.
24 I just want to-- you know, just how we have
25 supportive housing as an alternative to traditional

2 housing, I would love for the administration to
3 imagine what a supportive alternative to traditional
4 incarceration could look like.

5 DIRECTOR HERMAN: Uh-hm.

6 COUNCIL MEMBER TORRES: Because, in my
7 opinion, environment like Riker's are criminogenic
8 (sic) and conducive to more mental illness. Not
9 less. That's the extent of my questioning. Thank
10 you, Mr. Chair.

11 CHAIRPERSON DROMM: Thank you very
12 much. And before we go to Majority Leader Cumbo, I
13 just want to ask you, in 2009, there were 97,000
14 calls to 911 about emotionally disturbed persons and,
15 in 2018, there were 180,000. How do you respond to
16 those numbers and, an indicator of the failure or
17 success of the program?

18 FIRST LADY MCCRAY: On things we know
19 that it could be recognition that services are
20 available and people are calling more because they
21 have a better understanding of the mental health
22 services that are available in our city. Susan?

23 DIRECTOR HERMAN: I think it's actually
24 interesting. There is a lot of conversation about
25 how the numbers are going up for EDP calls and for

2 homeless. And if you actually sort of chart it over
3 the last few years, both of those numbers have kind
4 of flattened out. They are very minor increases over
5 the last year. So they went up and they are almost
6 flattening out at this point. It's hard to know why
7 there are more calls for emotionally disturbed
8 people. There are also more calls to 911. There
9 could be many reasons for back, but our goal at this
10 point is to train officers to respond to these calls
11 as well as possible. What we are doing through
12 Thrive, through the CIT training, through the co-
13 response teams, through the diversion centers.

14 CHAIRPERSON DROMM: Okay. Thank you.
15 Majority Leader Cumbo?

16 MAJORITY LEADER CUMBO: Thank you.
17 Thank you, Chair, and thank you, First Lady, for
18 being here today. I just wanted to talk about when I
19 first heard about Thrive NYC I was very excited and,
20 with the creation of the mayor's office to and gun
21 violence, wondering how-- with a working with many
22 of our care violence providers, there seems to be a
23 disconnect with some of our care violence models are
24 working in our district, but also working with Thrive
25 NYC. And so, wanting to know, is there a plan to

2 incorporate, in the cure violence model, a way for
3 those providers to be able to access mental health
4 services for the individuals in our community that
5 they are serving? And then, the other one that I
6 wanted to focus on was in issues in terms of the
7 NYPD, we saw with the tragic killing of Deborah
8 Danner in the Bronx, as well as Sahib Vassal (sp?) in
9 my district in Crown Heights, individuals that were
10 known to be impacted by mental health challenges,
11 knowing that those cases and others exist like that,
12 how is Thrive NYC working to make sure the
13 circumstances and situations like that do not have
14 been particularly with people that we know suffer
15 from mental health challenges?

16 FIRST LADY MCCRAY: Well, yes to your
17 first question and Susan will elaborate. To your
18 second question, I mean, those are really painful
19 tragedies that we wish could have been prevented had
20 and we are working on that in a variety of ways. By
21 working with the NYPD to make sure that they have the
22 tools, the resources, that all of them will be
23 trained in crisis intervention training by, I
24 believe, it's 2021.

25 MAJORITY LEADER CUMBO: Uh-hm.

2 FIRST LADY MCCRAY: That is very
3 important to us. The other thing that is important
4 to us is to make sure that families know that there
5 are resources available to them for their loved ones.
6 Families have the opportunity to be the first first
7 responders by tapping into the city's services that
8 are available so that, you know, we-- they don't
9 have their loved ones in crisis. That is very
10 important to us and that is why we are working with
11 the faith communities. But why we are working with
12 brothers sisters Thrive and so many other
13 organizations to make sure the people know there is
14 somewhere in the turn. There is something that you
15 can do. And Susan will talk a little bit more about
16 what they are doing through the NYPD and also with
17 the NCOs. We want to get involved in helping on a
18 neighborhood level because, often, you know, the
19 people in the community now. Right? They know the
20 people. They know what's going on. And this should
21 be-- it shouldn't be on any one person to have to
22 make sure that someone who is sick, somebody who is
23 not well--

24 MAJORITY LEADER CUMBO: Right.

2 FIRST LADY MCCRAY: gets the care that
3 they need.

4 MAJORITY LEADER CUMBO: I think
5 because one of the challenges that we have in the
6 City Council is, currently, when situations like this
7 happen, when an issue of gun violence happens,
8 unfortunately, we in the Council are expected to be
9 the mental health provider.

10 FIRST LADY MCCRAY: Right.

11 MAJORITY LEADER CUMBO: And so,
12 incident after incident that happens I feel like
13 there is a disconnect between families scanning the
14 service and getting the support that they need and
15 often turning to us and to our office is in that way.
16 And I, if you could, because I'm having a little bit
17 of difficulty understanding what's actually happening
18 and what's going to happen in the future, so if you
19 could talk about the cure violence model. I have,
20 for example, G Mac and Crown Heights SOS in my
21 district. How are you effectively working with those
22 organizations? Because if I were to think of where
23 Thrive NYC would be most needed, it would be with
24 those individuals and organizations that are working
25 directly on the front lines with our community.

2 DIRECTOR HERMAN: We are open to-- We
3 have about 400 community part right now. Whether any
4 of them are part of the crisis management system, I'm
5 not sure.

6 MAJORITY LEADER CUMBO: Uh-hm.

7 DIRECTOR HERMAN: But what I will say to
8 you that I'd very much want to work with people who
9 are engaged in cure violence because they are working
10 with people on the ground. They need to know about
11 mental health first aid. They need to know about NYC
12 well. And they need to know that help is available,
13 basically. They need to know where they can refer
14 people. So--

15 MAJORITY LEADER CUMBO: Got it.

16 DIRECTOR HERMAN: the Health Department,
17 as you know, managers the cure violence program. So
18 they are integrating this work into that work. If it
19 needs to be bumped up a little bit, we will do that
20 and, if you have suggestions of how to do that, I
21 would be happy to talk with you about that.

22 MAJORITY LEADER CUMBO: Would love
23 them. Just want to squeeze in one little more about
24 the gang violence database. So when I think of the
25 gang violence database, the unfortunately exists, one

2 of the things, through hearings, that we've talked
3 about, are these-- the young people in particular
4 that are the absolute most vulnerable in our
5 communities and are the most susceptible as a result
6 of that of committing violence within our
7 communities. Has there been a thought in terms of
8 how the database could be utilized as a tool to
9 provide mental health services for children and
10 teenagers and young adults most in need?

11 DIRECTOR HERMAN: That's a very
12 interesting idea to look at who is most vulnerable to
13 violence. We certainly know that people who are
14 victims of violence are more likely to be susceptible
15 to mental health challenges. That's been proven. We
16 also know that people who suffer from mental illness
17 are more likely to be victims of crime than the
18 general population. So, we will be working closely
19 with the police department. We will be working
20 closely with our CVAP advocates to make sure--

21 MAJORITY LEADER CUMBO: Uh-hm.

22 DIRECTOR HERMAN: to make sure that they
23 know that mental health care is available, not just
24 victim advocacy.

2 MAJORITY LEADER CUMBO: think that's
3 critical and I just want to say that I think that
4 ultimately the reason why this hearing is even taking
5 place is that we have exacerbated the circumstances
6 of working in silos. So I feel that, because you are
7 doing this work, we are doing this work, and the
8 architecture of this building says that we are on
9 different sides, that we don't actually come together
10 and have a thorough understanding of what's happening
11 on each side.

12 DIRECTOR HERMAN: Yeah.

13 MAJORITY LEADER CUMBO: So, I hope
14 that-- because this is very unprecedented to even
15 have a hearing such as this. I hope that, through
16 this experience, we're able to figure out ways to
17 break down the architectural design of this building
18 and educate one another about what we are doing,
19 what's working, what the program is, all our offices
20 can interact with it, how we can connect our
21 constituents to services. I feel that part of that
22 challenge is that and I hope that, through this
23 experience, that we are able to break those barriers
24 down and really come together to effectively--
25 There's like a wealth of experience on this Council

2 body that is not being tapped into. So I hope that
3 we can, through this process, move forward in that
4 way and think of collective ways to

5 DIRECTOR HERMAN: Yeah.

6 FIRST LADY MCCRAY: Yeah. [inaudible
7 2:00:32]

8 MAJORITY LEADER CUMBO: So thank you.

9 FIRST LADY MCCRAY: Yeah. That is
10 absolutely our approach in terms of Thrive. It's a
11 collaborative process and a collaborative approach to
12 mental health and we look forward to working with
13 you. I mean, what's come evident-- What's been made
14 evidently clear during this hearing is that everyone
15 wants more. We are just beginning in this process.

16 CHAIRPERSON DROMM: Okay. Thank you.

17 We have questions from three more Council members.

18 Council member Treyger, followed by Deutsch, and then
19 Barren.

20 COUNCIL MEMBER TREYGER: Thank you,

21 Chair Dromm. Welcome, First Lady, Director Herman,

22 OMB. Let me just share with you the most up-to-date

23 information I have as chair of the Education

24 Committee. There are 1.1 million students in New

25 York City schools, yet our schools have 1,335 social

2 workers, 2,958 guidance counselors, 560 school
3 psychologists. We have more NYPD school agents,
4 5500, than guidance counselors, socials workers, and
5 school psychologists combined. Let me be very clear.
6 We are failing to meet the social and emotional needs
7 of our students and I appreciate your words, First
8 Lady, earlier about how you value social workers and
9 guidance counselors, but why then wanted the
10 administration impose a freeze on hiring them in our
11 schools?

12 FIRST LADY MCCRAY: There is no freeze
13 on hiring them to my knowledge and I have asked
14 directly about this questions.

15 COUNCIL MEMBER TREYGER: That is news
16 to us because the chancellor testified here recently
17 that there is a freeze.

18 DIRECTOR HERMAN: I'd like to ask David to
19 address that.

20 DAVID GREENBERG: So the partial hiring
21 freeze isn't a closed process. It involves
22 discussions with all our agencies and we're focused
23 on our key priorities. We really believe we can be
24 fiscally responsible and, at the same time,

2 accommodate the needs and priorities that our
3 agencies are trying to deliver on.

4 COUNCIL MEMBER TREYGER: Respectfully--

5 DAVID GREENBERG: [interposing] [inaudible
6 02:02:27]

7 COUNCIL MEMBER TREYGER: the Council
8 put in over 4 million dollars in the last budget to
9 hire more counselors and social workers and we had to
10 battle the administration to get them hired. And
11 they only hired them, most of them, in January when
12 half the school year went by. Now, I have a list of
13 questions and, in the interest of time, if I could
14 ask, respectfully, if folks can just kind of take
15 some notes because I'm on the clock. Throughout this
16 year and into next year, new children and family
17 treatment support services will be available under
18 New York State children's Medicaid. These therapy,
19 rehabilitation, and family peer support services will
20 be available to children and youth covered by
21 Medicaid in their communities. For those in
22 geographically isolated and under resourced
23 communities like Coney Island, this program has the
24 potential to significantly increase access to mental
25 health care and reduce barriers to persistence. How

2 will Thrive NYC work with eligible providers,
3 schools, and communities to encourage and facilitate
4 initial evaluations and care coordination for
5 eligible children and families? What are the DOE
6 focused initiatives of Thrive NYC? Is there a direct
7 service component to any of these programs? We have
8 heard from NYPD school safety that there has been an
9 increase in 911 calls for mental health and
10 behavioral crisis in schools, so can you please
11 describe the work and outcomes of the improved school
12 climate initiative led by the DOE? How many
13 educators and school-based staff have taken each of
14 the programs under mental health training for school
15 staff [inaudible 02:04:05] at risk, making educators
16 partners, and youth suicide prevention and youth
17 mental health first name? How many of the 130
18 community schools have developed school-based mental
19 health clinics since the beginning of Thrive NYC?
20 For the cohort of 44 schools in the school mental
21 health prevention and intervention program, can you
22 please describe the contracted services with mental
23 health providers available in those schools and how
24 school mental health managers facilitate those
25 connections? Are you meeting your targets for

2 teachers assistance, teachers, parents, and social
3 workers who have attended social emotional learning
4 PD? Are there metrics on utilization of social
5 emotional learning, interactive tools, and guidance
6 in pre-K for all sites which are not receiving more
7 intensive supports? How many school mental health
8 consultants are there? There are 900 schools, I
9 think we've heard, be served by a mental health
10 consultant. What is the average number of schools in
11 their portfolio? How frequently our consultants
12 expected to visit the schools and their portfolio?
13 And can you please expound on the deliverables of
14 each of these domains and their service delivery?
15 What is their training? Are they licensed clinical
16 social workers and is their data-- And the last
17 question. Is there data on how many successful
18 connections to care were facilitated by these
19 consultants and persistence and treatment?

20 CHAIRPERSON DROMM: So that's--

21 FIRST LADY MCCRAY: Yes.

22 CHAIRPERSON DROMM: A lot of questions.

23 FIRST LADY MCCRAY: Thank you.

24 COUNCIL MEMBER TREYGER: Only in two
25 minutes time, that was a teacher trick.

2 FIRST LADY MCCRAY: Thank you so much,
3 Council member. We--

4 COUNCIL MEMBER TREYGER: Yes.

5 FIRST LADY MCCRAY: Give us a list, all
6 right? And we are committed to making sure that you
7 have all of that information.

8 COUNCIL MEMBER TREYGER: I will be
9 happy to provide you that list, but I would just
10 quickly follow up on one key item. I hear about
11 school mental health consultants. Are they licensed
12 clinical social workers that provide direct services
13 to--

14 FIRST LADY MCCRAY: Yes.

15 COUNCIL MEMBER TREYGER: our students?

16 FIRST LADY MCCRAY: Yes. But they
17 work-- I would say and, please contact me. We will
18 bring somebody up, but they work with the principals.
19 They work with the teachers primarily to make sure
20 that the students and the schools, as a whole, are
21 getting the services that they need.

22 COUNCIL MEMBER TREYGER: Certain--

23 [inaudible 02:06:11]

24 FIRST LADY MCCRAY: They were initially
25 conceived as being able to evaluate the schools to

2 see what's available, to make assessments as to what
3 more, you know, the more we should be doing in those
4 school communities. When we launched Thrive, we
5 didn't have any data. Or we didn't have much data to
6 work with. And so, these consultants were brought in
7 as health educators, as people who can evaluate and
8 assess these communities to figure out what next
9 steps should be taken.

10 COUNCIL MEMBER TREYGER: So,
11 respectfully, First Lady, I am being told on the
12 ground that when school leaders contact Thrive, that
13 the people they speak to in the borough support
14 offices are not licensed clinical social workers.
15 They cannot provide direct services. They can
16 provide staff trainings and workshops and meetings,
17 but schools need direct services. And so, I am
18 confused when I hear that there are clinicians
19 available to children when we are hearing the exact
20 opposite from the school community.

21 FIRST LADY MCCRAY: These-- I'll let
22 you go. These are not clinicians. We're going to
23 bring up our--

24 DIRECTOR HERMAN: Scott?

25 FIRST LADY MCCRAY: Scott from--

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2 DIRECTOR HERMAN: When would you like to--

3 FIRST LADY MCCRAY: the office of
4 School Mental Health.

5 DIRECTOR HERMAN: Yep.

6 CHAIRPERSON DROMM: Just before you
7 start, we have to swear you in.

8 SCOTT BLOOM: Okay.

9 LEGAL COUNSEL: Do you affirm that your
10 testimony will be truthful to the best of your
11 knowledge, information, and believe?

12 SCOTT BLOOM: I do.

13 LEGAL COUNSEL: Thank you.

14 CHAIRPERSON DROMM: And state name for
15 the record.

16 SCOTT BLOOM: Sure. Scott Bloom,
17 Director of School Mental Health Services. So these
18 consultants were brought in, as folks have just
19 talked about, to connect the schools to mental health
20 agencies in the community, to also fraying trainings
21 to the school staff, time not times of gaps in
22 services they have.

23 COUNCIL MEMBER TREYGER: But are they
24 licensed clinical social workers?

25 SCOTT BLOOM: Not all of them.

2 COUNCIL MEMBER TREYGER: They're not.

3 SCOTT BLOOM: They're social workers
4 mental health counselors.

5 COUNCIL MEMBER TREYGER: So, they could
6 not provide direct services to our children?

7 SCOTT BLOOM: At this point, no. But
8 they do lots of consultations. They do trainings for
9 all the teachers on site and they bring that
10 information back, as we said. So sometimes we do
11 then bring clinics in depending on the situation.

12 COUNCIL MEMBER TREYGER: And what is
13 their average salary of these consultants?

14 SCOTT BLOOM: I got back to you on
15 that.

16 COUNCIL MEMBER TREYGER: Right. I'm
17 just repeating to you as the chair of Education
18 Committee, what I'm hearing from students and
19 educators on the ground. That there is a crisis in
20 terms of our social emotional climates and our
21 schools and they are requesting urgently direct
22 services in their schools. I think they've gone to
23 many workshops and PDs and they have seen many power
24 points. They need a licensed person and their school
25 to help our children.

2 SCOTT BLOOM: Right. Well, we bring
3 lots of linkages and referrals to the agencies in the
4 community to the students and that is something that
5 I'm sure we'll bring back and talk with the DOE.

6 COUNCIL MEMBER TREYGER: I'd be happy
7 to follow up. Thank you. Thank you.

8 CHAIRPERSON DROMM: Okay. Council
9 member Deutsch.

10 COUNCIL MEMBER DEUTSCH: Thank you,
11 Chair. Welcome. Good afternoon. It's been a long
12 day so far. I was going to say good morning. But
13 anyway, so first, though, Susan, I want to thank you
14 for reaching out to me in my district office and for
15 going out to different events and spreading the word
16 of what Thrive does and giving out the information of
17 the services NYC Well provides. So, you know, no one
18 here is denying the work that Thrive does. How they
19 help people. How they reach out to people. The
20 question, the whole question, is that with the budget
21 that Thrive receives and all the not-for-profit and
22 city agencies that receive the funding, that over the
23 last three years, my opinion, my personal opinion, is
24 that every single of the 8.6 million New Yorkers, no
25 matter what language they speak, he or she speaks,

2 said have already known what services-- what service
3 or how to reach out to New York City Well and what
4 Thrive is. Like I mentioned in previous hearings
5 that, in my district, when I walk into a packed room,
6 only a few people raise their hands about knowing,
7 having the knowledge of Thrive NYC. But,
8 nevertheless, now I see, Susan, that you're still--
9 you just came in a month ago and you are doing--
10 you're being proactive, not reactive. So that's
11 going to say. So, my question here is that to you
12 know how many sexual offenders reside in New York
13 City? In all categories of level one, two, and
14 three?

15 DIRECTOR HERMAN: I would be asking the
16 police department that question. I don't know that
17 question.

18 COUNCIL MEMBER DEUTSCH: Does Thrive
19 assist with mental health for sexual offenders?

20 DIRECTOR HERMAN: Sexual offenders can
21 access drive clinicians just as anybody else can.

22 COUNCIL MEMBER DEUTSCH: So, does
23 Thrive work with our district attorneys and court
24 systems for people that need mandated treatment and
25 for those that don't have the mandate of taking

2 treatment, but cannot afford therapy because they are
3 very costly? Does thrive do that work by providing
4 those services? Because usually when you have a
5 sexual predator, unless they are mandated, they won't
6 to pick up the phone to say, listen, I need some
7 mental health services. So, what kind of work does
8 Thrive do with sexual offenders overall?

9 FIRST LADY MCCRAY: Thrive does not
10 work specifically with that population, that anyone
11 who calls NYC Well can make a connection to a
12 therapist, psychiatrist, or a social worker. It is
13 available to anyone who lives in New York City that
14 service is available. But we don't ask, you know,
15 are you a sexual offender for making those
16 connections.

17 COUNCIL MEMBER DEUTSCH: So, by working
18 with the court's sermon by working with the district
19 attorneys, then you could have that knowledge of
20 knowing if someone is a sexual offender. I mean, I
21 just came out speaking and bring out how I felt about
22 banning repeat offenders from entering the subway
23 where the mayor agreed with what I was doing by
24 bringing this out to light. So, if they
25 administration and the Gov. and my colleagues-- Some

2 of my colleagues in the state agree on this, why
3 isn't it that Thrive does work with those that have
4 these types of mental illness and who are sexual
5 offenders? So why isn't thrive working with a
6 population?

7 DIRECTOR HERMAN: So, we are, as the First
8 Lady said, we're serving all New Yorkers. We have
9 identified several particular populations that are at
10 particular risk of mental illness and, if you have a
11 particular program in mind, we would be happy to talk
12 to you about it.

13 COUNCIL MEMBER DEUTSCH: Is being a
14 sexual offender a mental illness?

15 DIRECTOR HERMAN: I would really defer to
16 experts to talk about that.

17 COUNCIL MEMBER DEUTSCH: Do we have any
18 experts here?

19 DIRECTOR HERMAN: You know, I'm sure many
20 people have mental illness who are sexual offenders.
21 I'm not sure that all do.

22 COUNCIL MEMBER DEUTSCH: So, in other
23 words, so if someone that is a sexual offender and
24 calls 888-NYC-well, what would then happen?

2 DIRECTOR HERMAN: If they're asking for
3 assistance, and they are asking for clinical
4 assistance, they are asking for a group, we are-- We
5 refer people to--

6 COUNCIL MEMBER DEUTSCH: Someone called
7 up. I am a sexual offender. I need services.

8 DIRECTOR HERMAN: I think they would refer
9 them to whatever is available in New York City.

10 COUNCIL MEMBER DEUTSCH: So what
11 services does--

12 DIRECTOR HERMAN: I can't tell you off the
13 top of my head, that we can look into what's
14 available for--

15 COUNCIL MEMBER DEUTSCH: Does Thrive--

16 DIRECTOR HERMAN: people.

17 COUNCIL MEMBER DEUTSCH: have the
18 services? I'm looking at the list here of funded
19 services. Does any-- I didn't say anything--

20 DIRECTOR HERMAN: Well, you're looking at
21 the list of particular Thrive initiatives, but I want
22 to-- I'm glad you asked that question because I want
23 to make it really clear that NYC Well refers to under
24 ends and hundreds of programs that aren't necessarily
25 funded by thrive. We take advantage of every

2 resource in New York City. So, those are just Thrive
3 funded programs. That doesn't mean--

4 COUNCIL MEMBER DEUTSCH: So I just
5 wanted--

6 DIRECTOR HERMAN: that if someone--

7 COUNCIL MEMBER DEUTSCH: Thank you.

8 DIRECTOR HERMAN: called NYC Well, they
9 wouldn't get access to more.

10 COUNCIL MEMBER DEUTSCH: So, I just
11 want to end off because my time is up. I just want
12 to end off by saying that, you know, I think that we
13 need to come up with some type of plan to provide
14 mental health treatment for sexual offenders here in
15 New York City and I think that needs to be part of
16 the conversations because I don't think that putting
17 someone in jail for long-term use helpful. We need
18 to make sure that working together as a city and the
19 stay and making sure that there are free services and
20 resources available for those that are sexual
21 offenders and to keep them away and to keep them off
22 the streets with-- by having about mental health
23 resources just-- this will keep them away from their
24 prey obviously. Hopefully. So thank you very much.

25 DIRECTOR HERMAN: Thank you.

2 CHAIRPERSON DROMM: Thank you. And
3 last, but certainly not least, Council member Barren.

4 COUNCIL MEMBER BARREN: thinking.

5 Perfect timing. Is a gang and sagging from 250 back
6 to here. I want to thank the Chair for this hearing
7 and thank the First Lady and the panelists for being
8 here. I wanted to particularly ask a question about
9 CUNY because, as you know, I am the chair on the
10 Committee of Higher ED. And you had an initiative in
11 FY, I believe, 17 and 18 which you called they CUNY
12 mental health digital platform and my understanding
13 is that it was an 18 month initiative that was held
14 at seven CUNY campuses and it provided CUNY students
15 an opportunity to be able to find services,
16 information, and resources. It had an online health
17 and well-being support network that they offered and
18 CUNY students were trained to be a mental health
19 ambassadors on their campuses. And I don't see that
20 there is an allocation for that initiative. I know
21 it says it was 18 months, so I wanted to ask was it
22 successful? Do you plan to have it revitalized? Are
23 you going to do it again? And if it was not
24 successful, what do you think where the issues or the
25 areas or it could have been improved?

2 FIRST LADY MCCRAY: You take it.

3 DIRECTOR HERMAN: Thank you for that
4 question. That program was actually conceived at the
5 outset to be a time-limited program to test different
6 ways of reaching students, whether it be online,
7 whether it be through an app, or whether it be
8 through peers and we tested it out, what was
9 effective, were effective means of reaching students.
10 It appeared that the most effective way was student
11 to student and our hope is that CUNY is incorporating
12 that awareness into their work. It was a pilot
13 program. We are talking to CUNY about the next step.
14 Our hope is that their counseling centers incorporate
15 this information into their work.

16 COUNCIL MEMBER BARREN: I think that
17 that's an important issue because, you know, as we're
18 looking at changes that the education secretary is
19 proposing to Title 9, that we need to be very well
20 aware of the fact that there may be persons who were
21 involved in those kind of interactions that would
22 certainly benefit--

23 DIRECTOR HERMAN: Uh-hm.

24 COUNCIL MEMBER BARREN: from having
25 those kind of resources readily at their fingertips.

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2 DIRECTOR HERMAN: Yeah.

3 COUNCIL MEMBER BARREN: And CUNY
4 serves 500,000 people, so we really want to make sure
5 that students who are dealing with the stress of
6 going to school, paying tuition, and paying all of
7 those associated costs with tuition.

8 DIRECTOR HERMAN: Yeah.

9 COUNCIL MEMBER BARREN: Childcare,
10 transportation, food, housing, all of that. That
11 they certainly have access to those kinds of
12 services.

13 DIRECTOR HERMAN: Couldn't agree with you
14 more. Our hope is that, and we will continue to be
15 in contact with CUNY, that they incorporate the
16 information that came out of that into their work.

17 COUNCIL MEMBER BARREN: Thank you.
18 Thank you, Mr. Chair.

19 CHAIRPERSON DROMM: Okay. Thank you
20 very much. This concludes the Finance Committee's
21 hearing on Thrive's fiscal 2020 preliminary budget.
22 The hearing will continue shortly next door when the
23 Committee on Mental Health, Disabilities, and
24 Addictions will hear from the Department of Health
25 and Mental Hygiene. As a reminder, any member of

2 the public who wishes to testify may do so at the
3 conclusion of the hearing next door. If someone is
4 unable to testify and would like to submit testimony
5 for the record, please email your testimony to the
6 Finance Division by the close of business on Friday,
7 May 29th. Excuse me. March 29th. And the staff
8 will make it part of the official record. As a
9 reminder to my Finance Committee colleagues, tomorrow
10 will be the last day of the fiscal 2020 preliminary
11 budget hearings and the Finance Committee will hear
12 from the Department of Finance, the Department of
13 Design and Construction, and the Office of Management
14 and Budget. The hearing will begin at 10 a.m. in
15 Chambers. Thank you and thank you to our First Lady.
16 Thank you, Director Herman, and to our gentleman from
17 OMB. Thank you very much.

18 [Background comments]

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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 May 2, 2019