Needs of Frontline Workers Workgroup

Executive Summary

The New York State Office of Mental Health (OMH) has prepared this report for the Governor, Speaker of the Assembly, and Temporary President of the Senate pertaining to the immediate trauma-informed care needs of Frontline Workers (FLW).

Frontline workers are defined broadly here, as those who provide care, services, and supports that are critical to the safety, health, and wellbeing of the public. This array of professionals performs diverse but essential contributions that support industry and community. Through the necessity of their roles and functions they experience heightened risk to their safety, health, and wellbeing.

The OMH convened a diverse workgroup to address the requirements of the legislation. The group met monthly from January 2021 through December 2021, with four subgroups generating recommendations. This report summarizes the workgroup process, findings, and recommendations.

The factors impacting frontline workers are complex and systemic. The pandemic-related mental health impact on FLWs stretches beyond the workers themselves and influences family members, communities, and the public who rely upon the workers' labor. Because of this wide-reaching impact, the workgroup recommends comprehensive, sustained attention and action on the needs of frontline workers. Recommendations focus on ensuring the basic needs of workers are met; providing accurate information, education, and access to existing resources and services; addressing disparities and empowering communities; providing resources to support wellness in the work- place; and the creation of data collection and analysis tools which ultimately promote practical changes in the workplace.

The workgroup and the New York State Trauma Informed Network (NYS TIN) commit to building upon these recommendations and continuing the important work of ensuring the trauma needs of frontline workers are completely and effectively addressed.

Introduction

In accordance with Chapter 33 of the Laws of 2021, the New York State Office of Mental Health (OMH) has prepared this report for the Governor, Speaker of the Assembly, and Temporary President of the Senate in relation to the immediate trauma-informed care needs of frontline workers (FLW) (see Appendix A). This legislation requires the Commissioner of OMH to convene a workgroup on the need for frontline workers' trauma-informed care and to outline through this report, recommendations to support these needs.

OMH in partnership with the Mental Health Association in New York State (MHANYS) and the New York State Trauma Informed Network (NYS TIN) convened the FLW workgroup, which was co-chaired by Donna Bradbury, former Associate Commissioner, OMH, and Glenn Liebman, CEO, MHANYS.

The charge of this workgroup was to meet the requirements outlined in the legislation signed by the Governor on February 16, 2021:

1. Consult with any organization, government entity, agency, or person that the workgroup determines may be able to provide information and expertise on the development and implementation of trauma-informed care for frontline workers

2. Identify evidence-based tools to track the impact of COVID-19-associated collective trauma and the needs of frontline workers.

3. Identify or develop training opportunities on how to support the mental health and wellness of their impacted employees for organizations that employ frontline workers.

4. Identify evidenced-based trauma-informed support resources and learning opportunities for frontline workers.

5. Identify or develop a mechanism to inform and refer impacted frontline workers experiencing symptoms associated with COVID-19 to behavioral health services and supports.

An interim report was submitted on March 1, 2021 (see Appendix B) which outlined initial recommendations reflected in the workgroup's charge.

This final report seeks to extend that initial framework to provide further background, resources, findings, and recommendations to address the areas outlined in the legislation.

FLW Workgroup Foundations

Definition of Frontline Workers

For the purposes of this workgroup and subsequent reports, members adopted this definition of **Frontline Workers:** *Those who provide care, services, and supports that are critical to the safety, health, and wellbeing of the public. This array of professions performs diverse but essential contributions that support industry and community. Through the necessity of their roles and functions they experience heightened risk to their own safety, health, and wellbeing.*
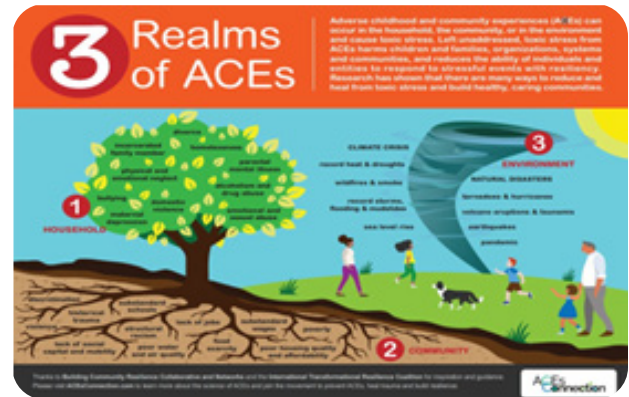
Examples may include but should not be limited to:
Health Care, Congregate and Community- based Care, Mental Health Care, Addiction Services, First Responders, Transportation and Delivery Services, Education, Food Services, Custodial and Maintenance, Funeral Services, Public Service, Utilities, Media and Manufacturing.

It was additionally noted that: These professions see greater representation of individuals in demographic groups that are more vulnerable due to disparities and social inequities. Leadership at all levels within these organizations and sectors are included. Additionally, any staff in any role with their own history of trauma or adversity warrant increased attention.

Fields of Research

To achieve the global charge for the needs of FLW, the workgroup draws from the fields of trauma- informed care, crisis response, health equity and disaster recovery. By integrating these fields with early intervention and practice change, New York State is best positioned to maintain the health and well- being of these essential workers.

The interim report discussed the concerning rise of trauma, chronic stress and adversity since the late 1990's in response to the publication of the landmark Adverse Childhood Experiences study. There is significant literature on the related fields of crisis response, health equity, perception of risk, and disaster recovery. This literature is valuable in informing any projections that are made to potential vulnerabilities while also informing actions that can be implemented to decrease these risks. Core foundations include:

Trauma

The interim report referred to the 3 E's of Trauma: an individual is exposed to Event(s) where they Experience it with profound lack of safety, fear or even terror, and the Effects overwhelm the individual's capacity to cope with symptoms persisting over time (SAMHSA, 2014a). Trauma can negatively affect different aspects of an individual's well-being including their physical, social, emotional or spiritual health (SAMHSA, 2014b). The variety of major traumatic events can include natural traumatic events such as a pandemic, floods, hurricanes, tornados, etc. There are also people-created events such as accidents, technological crises and interpersonal violence (SAMHSA, 2014b) along with systemic and historical toxic stresses. Trauma activates psychic, physiological, and neurological survival mechanisms in response to a person feeling unable to respond to a serious threat (Stephens, 2020).

This activation of the human stress response increases our allostatic load, or "the wear and tear on the body," which accumulates as an individual is exposed to repeated or chronic stress, and increases risk for negative health, mental health, and behavioral outcomes.

The pandemic has increased stress and has affected FLWs, workers in general, the clients they serve and the communities they work and live in.

Surveys conducted found that although a substantial share of all adult workers reported symptoms of anxiety or depressive disorder, essential workers reported these adverse effects more often than non-essential workers, 42 percent vs. 30 percent.

In New York State, FLWs are reporting experiences of increased stress for themselves and in the workplace.

- A NYS Nurse's Association conducted survey found 93 percent of the 1,252 respondents indicated that their mental health had been negatively affected through the pandemic.

- There has been an increase in mental health crises in both the general population and among those who receive treatment for mental health. This increase has caused elevated stress, and the potential for trauma, for a range of frontline workers including those who work in the following areas: EMS, police departments, public and private shelters, providers of homeless street outreach, correctional facilities and health clinics.

- Furthermore, the risk for secondary trauma is increased in some categories of workers. Secondary traumatic stress is the result of being exposed to the traumatic experiences of others and beginning to experience the effects of trauma personally because of this exposure. Anyone may experience secondary traumatic stress, however, in the current context certain categories of professionals may warrant special attention and include, but should not be limited to: health care, mental health care, addiction services, funeral and mortuary services, congregate and community-based care staff, social services, and direct care staff.

How Humans Perceive Risk

Perceptions of risk was described in the interim report as a factor that can increase the likelihood of an individual exposed to an event will experience it as a threat to their personal safety. This is more likely if the context of the threat meets certain criteria including being unknown to the individual, unknown to science, higher risk of exposure, higher risk of lethality, and fewer opportunities to control.

This framework provides substantiation to what is felt anecdotally, the pandemic of the novel Coronavirus is a high-risk context. While we are increasing knowledge and understanding through research, the virus was new to medicine and science, so was vastly unknown to the average New Yorker. Furthermore, factors that could have decreased the perception of risk towards the Corona- virus did not apply due to the novel nature of the virus.

These factors include the voluntary nature of the risk (i.e., one is only at risk if they voluntarily engage with it), having knowledge about the risk, being able to see the risk (such as a physical threat like a fire or flood) and having trust in the people who are attempting to contain the risk (i.e doctors and researchers sharing information) (Cori et al., 2020). ***Many FLWs suffered from information overload and found it***

difficult to evaluate the accuracy of the information they re-ceived. This experience directly impacted their sense of having knowledge about the risk and of having trust in the people who are attempting to contain the risk.

These set of conditions create a baseline level of stress and vulnerability due to transmission risk and unpredictable lethal-ity for all. Some of the research on the impact of the current pandemic focused on healthcare, however, aspects of lessons learned may be extrapolated to other essential professions. Healthcare professionals have been found to be especially vulnerable to the negative mental health effects if they have dependent children, are in social isolation in order to quarantine, or if they have family members who contracted the Coronavirus (Kisely et al., 2020). When asked, healthcare work-ers have reported that the threat of the corona- virus is a source of stress (Gazquez et al., 2021). In addition to this, more specifically, healthcare workers have reported that they experienced feelings of distress due to their fear of spreading the Coronavirus to their family and friends (Shecter et al., 2020; Lai et al., 2020). Across these categories of concern, risk of exposure, lethality and levels of control vary vastly between demographic groups, professional roles, and systemic disparity.

Disparities

COVID-19 highlighted and exacerbated disparities across different groups. Furthermore, factors such as race and ethnicity, socio-economic status, age, marginalization, and intersectionality in-crease the rates of prevalence and lethality of COVID-19 infection. More specifically, there is higher risk for COVID-19 infection, hospitalization, longer lengths of hospital stay or death, among people from the following groups:

- *Low Socio-Economic Status (SES)*

- *Black racial background*

- *Latinx ethnic background*

- *Immigrant backgrounds*

- *Native American communities*

(Canova et. al. 2020; Hooper et al., 2020; "Immigrant and COVID-19", 2020; Qeadan et al., 2021; Atlantic; Schwirtz et al., 2020).

These demographic and social inequities impact aspects of response and recovery. To be effective in supporting true health and recovery, New York State must continue to address needs that stem from systemic forces contributing to these inequities. Concurrently, state and policy leaders should be respon-sive to the demographics of the FLW workforce that are largely representative of Black, Indigenous, and People of Color (BIPOC) populations and those with lower socio-economic means.

Disaster Recovery Literature

While the risk for significant negative outcomes exists, recovery and restoration of wellness is possible.

Literature demonstrates that certain supportive intervention strategies are effective in managing response and recovery following other population-based disasters, including prior pandemics.

- Community cohesion is the single greatest asset in disaster recovery. Community cohesion has been found to activate community resilience which can aide recovery (Ludin et al., 2019).

- 80% of individuals will return to baseline following single experience of a large-scale trauma or disaster with natural coping strategies and support. Early, low-level interventions focused on normalization and improving coping increase and extend this likelihood. Normalization can be established through psychoeducation, teaching individuals what normal and expected reactions look like in response to disasters (Sattler et al., 2020). Improved coping strategies can reduce the effect of negative mental health outcomes that may come to light during a pandemic (Steele et al., 2019).

Continued action in areas that promote community cohesion and natural coping, increases collective resilience in New York State, while lowering the risk for long-term traumatic effects for many. In fact, social capital or social network and social structure could be the foundation needed for resilience following a large-scale disaster (Dynes, 2005). Further- more, disaster workers who were residents of neighborhoods that showed more community cohesion were less likely to have Post Traumatic Stress Disorder (PTSD) symptoms (Ursano et al., 2014). This framework provides flexibility in equitably addressing the range of experiences within the event of the pandemic. These may range from those for whom personal or professional impact is minimal to those with direct impact and who experienced subsequent events that extend their risk of trauma (grief, loss of income, loss of security, etc.). This disaster is unlike other in that it is ongoing and New Yorkers are still in the midst of its range of effects.

Importance of Meeting Basic Needs

From a trauma-informed lens, wellness, healing, and recovery cannot begin while individuals or populations are in a survival state. Given the nature of crises such as the pandemic, and the unique array of professions within the FLW groups, many frontline workers have significant needs around physiological and psychological safety that when addressed, support and improve their resilience to the potential traumatic impact of COVID-19. The bottom of Maslow's Hierarchy of Needs Pyramid is the primary target for this area of focus.

- Before FLWs' psychological and mental health needs can be met, their basic needs, including both physical and emotional safety, must be covered. Needs that existed for FLWs prior to COVID-19 were spotlighted and/or exacerbated by the pandemic.

- The pandemic exacerbated staffing shortages which existed in many direct care fields. It cannot be overstated how critical staffing shortages are. Current staffing numbers are creating unsustainable workloads, excessive overtime hours, and potential safety issues for FLWs and those they serve.

- Related to staffing shortages is the issue of adequate compensation and benefits. The pandemic exposed and highlighted inequities in pay and benefits for frontline workers. FLWs should be paid more and increases in compensation should not be conditioned upon exposure to additional unprotected danger.

- Frontline workers experienced a lack of resources including a lack of access to adequate supplies of personal protective equipment and variability in the safety of their work settings. If they do not have consistent access to the tools needed to safely and efficaciously fulfill one's professional role, staff will be more susceptible to experiencing trauma.

- Many FLWs face increased risk of stress in the workplace. During the pandemic this risk increased, with hostility in a variety of workplace settings. Increased threat causes elevated stress, and the risk of traumatic impact, among workers who must navigate hostile environments.

- Further, staffing shortages in direct care settings exposed FLWs to a higher risk of burnout and moral injury. It is critical to note that this is a systemic issue that must be addressed through systemic solutions and cannot be solved solely by strategies which are focused on individual workers.
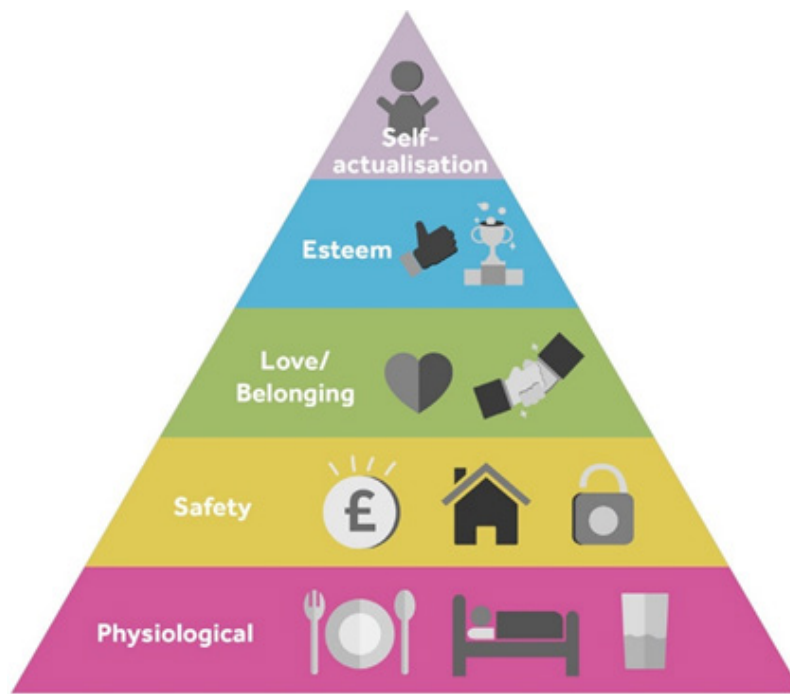
FLW Workgroup Findings and Recommendations

As noted in the Foundations section, the issues affecting FLWs are multi-layered and systemic. The pandemic-related mental health impact on FLWs trickles down to their families, communities, and the public who rely on their labor and care. This workgroup worked diligently to meet the requirements of the legislation bringing their diverse experience, knowledge and expertise to the process. This section outlines the workgroup's responses to the requirements outlined in the legislation.

Consult with any organization, government entity, agency, or person that the workgroup determines may be able to provide information and expertise on the development and implementation of trauma-informed care for frontline workers.

This objective was met through convening of and attention to the representation of the workgroup and use of an inclusive process for developing the recommendations.

FLW Workgroup Membership

This objective drove the design and structure of the Needs of Frontline Workers (FLW) Workgroup which was convened in January 2021. The FLW Workgroup was formed and co-chaired by Donna Bradbury, former Associate Commissioner of the Office of Mental Health, and Glenn Liebman, CEO of the Mental Health Association of New York State. Facilitation support was provided by Amy Scheel-Jones, Senior Consultant at Coordinated Care Services, Inc.

The Office of Mental Health first engaged with an existing body of stakeholders dedicated to trauma- responsive practice in New York, the NYS Trauma Informed Network (NYS TIN). This is a growing resource connecting experts in the field of trauma responsive practice change across geographic regions and sector lines. Since its inception in 2018, the NYS TIN has supported the goal of increasing trauma-informed practices across the state through the development of partnerships and improving access to resources and training.

Additional invitations were made to identified stakeholders and expanded through related networks across the project period. In addition to participants from state offices and local government units, the workgroup's initial 37 members represented diverse fields in health, education, clinical care, human services, and more. All have proven commitment to implementing trauma- responsive practices and many identify as having lived experience with trauma or adversity. A full list of members and their professional affiliation can be found in **Appendix C**.

This workgroup was charged with *"crafting recommendations for the purpose of informing New York State's policy makers about the impact of collective trauma on frontline workers, such that the state will be able to respond in a timely, efficient, and thorough manner and assure effective support is readily accessible for these workers during the current and future emergencies."* To do so effectively, it was recognized that further input from members of the frontline workforce was essential. To that end, additional invitations were extended to include members of unions and associations/organizations that represent those professions included within the FLW Workgroup's shared definition of frontline workers.

A subgroup, Frontline Workers Voices, was convened to focus on identifying and highlighting the basic needs of New York State FLWs that, in many cases, were not being met in the current labor environment. Further input was sought through a meeting with and solicitation of feedback from the Health & Safety Chairs of AFL-CIO affiliates. It is important to note that given the timing and nature of this endeavor, participants in these groups did not represent all New York State FLWs. Therefore, a key recommendation is to continue to solicit feedback from across the state to include the unique needs that come with the many private, public, for profit and not for profit sector roles FLWs hold.

FLW Workgroup Process

Data informing this report was gained through qualitive processes that allowed participants to contribute individual and collective content. Many members informed their contributions by soliciting greater voice from additional staff, engaging professional memberships, and/or through professional networks. This feedback solidified the identification of impacted sectors, emerging needs, effective strategies and initial recommendations to support healing and promote recovery. In the interim report, these data were

compiled, distilled to priority focus areas identified in the Substance Abuse Mental Health Services As-
sociation (SAMHSA) Principles of Trauma-Informed Care.

> **The impacts of the COVID-19 pandemic will continue to be felt for years to come at individual, organization, community, and state levels and will be demonstrated across multiple domains such as physical health, mental/emotional health, fiscal indicators and more.**

It is recognized that the true level of impact will be best understood over time and through assessment of diverse measures. To honor the charge set to them, members of this subcommittee convened monthly to gain greater understanding of those needs that were emerging related to the frontline worker experience, to collect resources, and to explore the landscape of assets and gaps in meaningful responses and interventions. By compiling and assessing what is known now through a trauma-informed lens, the workgroup was able to make meaningful recommendations to promote ongoing recovery efforts beyond the scope of this effort.

It should be noted that, early in the process, workgroup members identified the need to address the current needs of FLWs in addition to the charge to identify tools, resources and strategies that will address the long-term traumatic impact of COVID-19 on FLWs. A representative from Project Hope joined the workgroup to provide regular updates on Project Hope resources and to share promotional materials and resources which workgroup members disseminated to their networks. NY Project Hope was a FEMA-funded program that provided free, confidential emotional and public education for NY residents in response to COVID-19. Participation of Project Hope staff in the process also provided them an opportunity to hear the arising concerns and needs of the frontline workforce thereby informing and enhancing their ability to respond to those needs.

NY Project Hope
Coping with COVID

Following an assessment period, areas of focus groups took on the specific charges tied to the objectives of the legislation. These groups were created through volunteers in the Needs of Frontline Workgroup at large as well as through related networking. Three areas of focus were initiated at this time with the fourth being organized and initiated in fall of 2021. These groups worked independently to research, prioritize and craft recommendations reflecting the highest intention of their specific objective. In the October, November, and December 2021 meetings, these recommendations were shared with the larger group for adoption and inclusion in this report. Members were invited to send a delegate or submit any feedback on recommendations via email if they were not able to attend.

The responses to each requirement that are outlined in this report build on the extensive reports submitted by each workgroup. Order and arrangement within each section are not reflective of priority.

> Identify evidence-based tools to track the impact of COVID-19-associated collective trauma and the needs of frontline workers.

This section speaks to how data and evidence can be used to address the needs of the increasingly diverse FLW workforce. While the considerations and recommendations outlined in this report focus exclusively on collective trauma related to COVID-19, it is important to recognize that the impact of COVID-19 does not exist in isolation of other significant events and that social determinants of health should be considered in data collection strategies. Additionally, incorporating a racial equity lens is critical and tools, measures, and data collection strategies should be based on principles of racial equity and trauma-informed care. Leveraging collaborative partnerships with communities of color to identify measures and tools that are meaningful to their communities and empowering them to use data at the local level to build their own capacity is necessary to support the needs of frontline workers and advance equity.

Tools to measure the impact of COVID-19: Scope of available tools and potential gaps

Readily available tools to measure the mental/behavioral health impact of disasters traditionally focus on screening for and diagnosing of disorders most commonly associated with such events in the affected population, such as PTSD, depression, anxiety, and substance misuse. Some of the tools have been adapted to measure the mental health impact of a special event (i.e. 9/11, Super Storm Sandy, COVID-19).

When it comes to measuring potential traumatic impact on front line workers, professional groups that have been traditionally included are first responders such as Emergency Medical Services, Law Enforcement, and Fire Service. As noted in the section prior, the experiences of physical healthcare professionals have also been more extensively studied. The pandemic, due to its prolonged disruptive impact on society, required other groups to provide services deemed essential as reflected in the Needs of Frontline Workers adopted definition.

However, validated tools that can help quantify and qualify the impact of the pandemic on these newly recognized groups of frontline workers, and on their families and communities, as well as identify their specific support needs and ask for their input, are lacking. Similarly, tools that measure other elements contributing to the mental health and overall wellbeing of these groups, such as resilience, social determinant of health are also lacking.

Nor are tools widely utilized that evaluate the baseline risks and dangers in workplaces or that show which workplaces are consistently implementing safety measures to mitigate the risks from COVID-19 that FLWs face.

While COVID-19-specific data collection tools (impact assessment, screening, diagnosing, monitoring) exist, due to the recent onset and enduring nature of this pandemic, few are validated at this point in time, and many are designed to support research rather than supporting or guiding practical changes by an organization, human resources, employers or the employees themselves (e.g., National Institutes of Health Office of Behavioral and Social Sciences Research COVID-19 Tools). In addition to already existing and applicable tools, COVID-19 specific data /screening tools should be developed to reflect the data needs of its intended users and how they may be utilized to promote practical changes.

The following would improve data collection:

º Large scale, population-based impact monitoring

º Collection of data by large organizations (e.g. unions, professional associations, and employers with many thousand employees) to inform implementation of programs

º Collaboration with small employers to collect data to inform implementation of programs

º Development of COVID-19 specific scales and longitudinal studies

º Creation of a central repository that houses all COVID-19 related mental health impact measures and screeners and that is freely accessible

Review Existing Data and Data Collection Efforts

To best understand the impact of COVID-19 and other traumatic events on the overall health and well-ness of frontline workers, a comprehensive review of existing population data is recommended. This should include formalized efforts to identify data that is being collected locally and within organizations and businesses that include frontline workers. The latter should begin with education for stakeholders about trauma-informed, equity-based research to better understand how com- munities can use data to inform their efforts to support the needs of frontline workers.

º Invest in the creation of a "toolkit" for data collection.

º Identify an agency to support stakeholders who want to collect data from their community.

Considerations for Data Collection

Information measuring the mental health impact of COVID-19 is emerging. For example, the National Center for Health Statistics and the Census Bureau have collaborated to collect data using the House-hold Pulse Survey (Census Bureau, 2021) conducted over several phases of time from April 2020 to the present. A noted limitation is that to date, most efforts to better understand the needs of frontline work-ers have mainly focused on healthcare professionals.

There is a dearth of readily available data to help community leaders, organizations and policymakers understand the traumatic impact of the pandemic on "non-traditional" groups of frontline workers (as de-fined in this report), such as teachers, farmers, transportation and retail workers, communications work-ers, the service industry and many more. Capturing the impact on these groups is particularly important as they include underrepresented communities who were disproportionately affected by COVID-19.

Data can be a powerful tool in understanding need and targeting appropriate interventions and support. To maximize the meaning and applicability of any data collection on the impact of COVID-19 it is recom-mended that a strategy be defined.

Ask the following:

- º   What is the purpose for collecting data? How will it be used?

- º   Is the data collection meant to measure a point in time or longitudinal impact?

- º   What population is targeted for data collection?

- º   Are there data currently available? If so, are there gaps?

- º   Are there questions that address social determinants of health and measurements of overall wellness?

- º   Does the tool include indicators of racial trauma, disparities and inequities?

- º   Is the tool culturally responsive and accessible to all, including availability in multiple languages and with attention to literacy level?

- º   How will survey participants be offered supports, such as Employee Assistance Program (EAP) information?

Identify or develop training opportunities on how to support the mental health and wellness of their impacted employees for organizations that employ frontline workers.

It is essential for organizations that employ frontline workers to develop organizational policies and provide training opportunities that support the mental health and wellness of their impacted employees. This approach should begin with supports that directly address needs identified in the base of Maslow's pyramid as discussed in the Foundations section.

Strategies which address physiological and safety needs include: increased investment in the workforce to address the issues that cause the systemic staffing shortages that were made worse by the pandemic; attention to the factors which cause increased risk in the workplace; improved pay and benefits for direct care workers across all sectors; creation of career ladders to establish pathways for professional development and promotion, that create long-term personal investment for FLWs and, as a result, retain workers.

By meeting primary needs of physiological survival and safety, the progression to the following strategies that address psychological/mental health needs will be more successful.

FLW Wellness

Organizations can support the wellness of FLWs by providing basic materials and training about mental wellness, the continuum of stress/toxic stress/trauma, the effect of the COVID-19 pandemic on mental health, resilience, and wellness strategies. Further, organizations can support FLW wellness and increase

staff retention by actively promoting a long-term change in workplace culture that values workplace wellness, work-life balance, use of trauma-informed resources, and flexibility in how FLW needs are addressed. Examples include remote work options, which have been used during the COVID-19 pandemic, and employee wellness benefits, including consistent paid time off structures that are elastic rather than restrictive.

Recommendations

The following recommendations were made by the FLW Workgroup to support FLW wellness in the workplace. These are strategies recommended as possibly actionable with current resources available through the 2022 State of the State Trauma-Informed Care funds:

- Create a FLW Wellness toolkit for organizations that includes informational materials, recommendations on workforce wellness initiatives, and sample policies.

- Ensure that all materials use everyday language, are culturally sensitive, and are available in multiple languages.

- Align with existing organizations that work to support the mental health and resilience of NYS residents.

- Explore potential for a mental health messaging campaign.

In 2022, the NYS Office of Mental Health issued an RFP for the NYS Trauma-Informed Network and Resource Center (NYS TINRC) which expanded the work of the original NYS TIN. The RFP included a charge to partner with OMH to support a trauma- and resilience-Informed approach to prevention and wellness promotion.

The initial focus of that work is development of a FLW Wellness Toolkit which will be housed on the NYS TINRC website. The toolkit will incorporate recommendations made in this report, including providing informational materials and recommendations on workforce wellness initiatives for organizations.

In addition, the OMH Office of Prevention and Health Initiatives (OPHI) is addressing the recommendation to explore potential for a mental health awareness campaign by partnering with OMH's Public Information Office (PIO) to develop a public awareness campaign that will provide information and resources on wellness, stress and the impact of trauma.

Further Considerations

Listed below is a strategy proposed by the FLW Workgroup that would require additional resources and/or time.

- Address funding barriers so organizations of all sizes and service arrays have access and ability to disseminate materials.

Aspirations

The FLW Workgroup proposed the following aspirations for consideration of future action. This strategy would require additional resources, time and/or collaboration with other state agencies and partners:

- Approach FLW associations and unions to encourage the dissemination of existing resources widely, create additional resources that target specific and higher risk FLW groups, and develop new materials to address topics that are identified as the long-term impacts of the pandemic are identified.

FLW Access to Services

The COVID-19 pandemic has increased stress and vulnerability to trauma resulting in a need for support and treatment services. Organizations can further support FLWs through dissemination of informational materials and education on recognizing mental health needs and substance use disorders and by supporting their staff and colleagues to access services.

Recommendations

The following recommendations were made by the FLW Workgroup to support FLW access to services. These are strategies recommended as possibly actionable with current resources.

- Promote and support the establishment of onboarding training that covers mental wellness. Such training should include signs and symptoms of concern and opportunities for ameliorating resources.

- Develop and promote peer to peer support networks across sectors.

- Continue and expand use of the NYS TIN website to recognize/spotlight organizations doing this work (i.e., mini-interviews, quotes from employees, share a program, etc.)

As noted above, NYS TINRC is developing a FLW Wellness toolkit. As the toolkit is promoted across the state, NYS TINRC will recognize and spotlight organizations across NYS that are engaged in promotion of FLW wellness.

Aspirations

Listed below are aspirations for future action proposed by the FLW Workgroup that would require additional resources, time and/or collaboration with other state agencies and partners.

- Suggest standards for policies and resources to support FLW access to mental health and substance use services, while maintaining confidentiality.

- Promote widespread education to ensure that both workers and employers understand that workers' compensation covers both physical and mental workplace illness and injury including trauma suffered at the workplace.

- Explore the continuation and expansion of funding for Employee Assistance Programs for small businesses.

Support for Employers

Those in decision making positions are crucial for the implementation of programs and/or strategies to

support FLWs. Leadership needs to know the expected benefits and return on investment of these strategies and the impact of not addressing the mental health and trauma impacts of the COVID-19 pandemic.

Recommendations

The following recommendation was made by the FLW Workgroup to support leadership capacity to implement strategies to support FLW wellness in the workplace. This strategy is one recommended as possibly actionable with current resources available through the 2022 State of the State Trauma-Informed Care funds:

- Develop brief infographic style materials that demonstrate the potential financial benefits of making the investment in workplace wellness programs.

Further Considerations

Listed below is a strategy proposed by the FLW Workgroup that would require additional resources and/or time.

- Encourage decision makers to develop their own set of unique wellness tools and resources to address the challenges they face.

An overarching theme in this section is the importance of a sustained investment of both financial and personnel resources. The impact of COVID-19 on frontline workers, organizations and communities will have a lasting impact and must be addressed comprehensively and through the lens of a marathon, not a sprint, to best address current and future needs.

> Identify evidenced-based trauma-informed support resources and learning opportunities for frontline workers.

Workers benefit from consistent messaging that is culturally responsive and transparent as well as access to practical resources. There are numerous evidence-based trauma-informed support resources and learning opportunities which FLWs can access. The challenge is creating aware- ness around the potential mental health impacts of COVID-19 and connecting people to evidence-based information and support resources, in a clear, simple, and effective manner.

Recommendations

The following key strategies were recommended by the FLW Workgroup to meet the challenges noted above. These are strategies recommended as possibly actionable with current resources.

- Spread awareness of established Community Mental Health Promotion and Support Teams (COM-HPS), which will build upon foundations laid by the former NY Project Hope (further described later in this report).

- Bolster NYS TIN, as described earlier in the report, and spread awareness of the value it can offer.

- Inform FLWs of crisis resources available to all, including the nationwide crisis helpline, 988, which rolled out in 2022.

NY Project Hope was a centralized resource that FLWs and the general public could use to learn more about mental health and the effects of COVID-19 on mental health, find information about coping strategies, and locate supports and resources. NY Project Hope ceased operations at the end of 2022, but some of its component services, and some of its trained staff have been incorporated into other programs. OMH is in the process of preserving and transitioning several project hope teams to continue functioning beyond the pandemic's public health emergency circumstances. The new model features Community Mental Health Promotion & Support Teams (COMHPS), which will provide community engagement, mental health wellness promotion, individual screenings for mental health conditions, brief counseling, and referral, as indicated, to licensed mental health professionals. The COMHPS Program aims to support New Yorkers with sub-clinical mental health needs and establish, maintain, and improve individual and community mental health and wellness.

The NYS TIN connects advocates of trauma-responsive practices and systems. It is informed by a multi-stakeholder Advisory Council and uses the NYS Trauma Informed Network website www.traumainformedny.org as a platform to provide access to quality resources and to foster collaboration.

> **All FLWs, stakeholders and the general public would benefit from accurate information and education. The following will build upon the foundation created by Project Hope and NYS TIN:**

In addition to the challenges of increasing awareness and supporting connection to resources, there are several issues that affect the ability of BIPOC and people with limited English proficiency to access educational materials and address mental health issues: stigma; lack of educational materials and public campaigns that are culturally sensitive and available in a number of languages; lack of services that are available through a provider who can communicate in the recipient's language rather than through an interpreter. While some of these issues cannot be adequately addressed in the short-term, they should be prioritized in the long-term.

Recommendations

The following recommendations were made by the FLW Workgroup to support dissemination of accurate information and education. These are strategies recommended as possibly actionable with current resources.

- Develop mental health messaging campaigns to expand public access to information on stress, trauma, and evidence-based strategies to support mental wellness and cope with stress and trauma.

- Identify specific target audiences within those campaigns that are outside of the usual discussion of frontline workers.

- Provide information on evidence-based strategies for mitigating stress, safety planning, both psychological and physical, and building resilience.

- Make known resources relevant to education on skills for coping and for supporting others.

- Support dissemination of the resources originally made available through NY Project Hope.

- Expand and highlight resources specific to FLWs on the NYS TIN website.

- Curate and develop resources that are specific to diverse FLW groups.

The 2022 OMH NYS TINRC RFP additionally required that the NYS TINRC support the mental health and wellness of FLWs by identifying and making available training in evidence-based strategies for mitigating stress and building resilience. In May 2022, NYS TINRC started partnering with the Breath-Body-MindTM (BBM) Foundation to host free virtual BBM practice sessions and trainings that are open to frontline staff, organizations and communities in NYS. Breath-Body-Mind™ is a set of gentle exercises based on science to help with stress that can improve an individual's mental health and wellness. All sessions, workshops, and trainings are free for New Yorkers. https://www.traumainformedny.org/initiatives/breath-body-mind.

In addition, the OMH Office of Prevention and Health Initiatives is partnering with the Public Information Office to develop a public awareness campaign. The campaign includes development of a website that will include information, tips and resources on wellness, stress and trauma. It will include materials that were developed through Project Hope as well as make available and access to resources including the 988 Crisis Lifeline.

Further Considerations

Listed below are further considerations proposed by the FLW Workgroup that would require additional resources and/or time.

- Develop new materials to address topics that are identified as the long-term impacts of the pandemic and target specific and higher-risk FLW groups.

- Partner with FLW associations and unions to discuss a strategy to disseminate existing resources widely, as well as newly created resources, that target specific and higher-risk FLW groups.

- Identify and partner with existing organizations that work to support the mental health and resilience of NYS residents.

Aspirations

Listed below are aspirations for future action proposed by the FLW Workgroup that would require additional resources, time and/or collaboration with other state agencies and partners.

- Identify or develop a mechanism to inform and refer impacted frontline workers experiencing symptoms associated with COVID-19 to behavioral health services and supports.

- Continue engagement and collaboration with the Health & Safety Chairs representing diverse Unions and with representatives from Trade Associations.

> **The Employee Assistance Program (EAP) indicates that self-report experiences of fear, anxiety and depression have increased up to 3,000%.**

Throughout the COVID-19 pandemic, there were higher rates of fear, anxiety, and depression as was highlighted in our interim report.

Fear, anxiety and depression are examples of normal reactions in response to an atypical occurrence like the current pandemic. During the pandemic, essential workers reported negative mental health outcomes such as depressive symptoms or anxiety symptoms at a higher rate than non-essential workers.

Some members of the frontline workforce experienced symptoms or reactions where higher levels of care are warranted. Having access to a comprehensive continuum of care that is accessible without stigma and which addresses barriers is a critical component of promoting healthy recovery.

Strategies included: call centers including Project HOPE's emotional support helpline, increased access to telehealth, the Emotional PPE Project, access to high quality clinical care including evidence-based, or best practice oriented, trauma treatment, a wide array of support modalities that are culturally responsive beyond clinical care, leveraging natural supports through preparation with appropriate knowledge and skills and promotion of access to EAP.

Trauma-Informed Care, and Trauma-Responsive approaches are universally appropriate during this time (Griffin, 2020; Javakhishvili et al., 2020; Jones, 2020). A trauma-informed approach with overt attention to being culturally responsive, equity-focused and anti-oppressive provides the greatest positive impact (Fortuna et al. 2020). Organizations that were previously employing these practices found they were well positioned to be responsive to heightened needs in both staff and individuals or families who interacted with their services (Health Outreach Partners, 2021). Other organizations noted that implementing trauma-responsive, equity-focused practices even for the first time had a discernable impact on their ability to prepare, identify and address needs in their workforce and support their communities (Center for Care Innovations, 2021).

NYS TINRC developed and provides access to the Tending the Roots: Recognizing Trauma & Cultivating Wellness Curriculum Integrating Trauma-Informed Practices in Work & Life (formerly TRRIC), a standardized trauma-informed and equity-based fundamentals training, which provides foundational knowledge on the effects of toxic stress, trauma, and adversity on health and well-being. In addition, this training explores the interconnectedness of racism and trauma. The understanding that racism is a traumatic experience and should be treated as such in any trauma-responsive care framework, is a key component. This training serves as a standard approach and increases the capacity of individuals and organizations to promote trauma-responsive, equity-based practices that are sustainable and support holistic health across New York. NYS TINRC also developed and provides access to the Tending the Roots: Instructor's Edition Growing Trauma-Informed Communities (formerly TOT). This three-day training provides an opportunity for representatives from organizations to become instructors in the curriculum. It equips

new trainers with the knowledge and skills they need to facilitate "Tending the Roots" workshops and become part of a team of trainers across NYS.

Through the NYS TINRC, organizations across NYS have access to the Trauma Responsive Self-Assessment Tool (TRUST). This strength based organizational self-assessment tool offers a "snapshot" of trauma-informed progress. A concise, real-time report offer recommendations for using trauma-informed practices. Organizations can also access consultation.

To address the increased needs brought on by COVID-19, which have created significant barriers to accessing and receiving necessary care, a multi-pronged approach is necessary to increase availability and access to mental and behavioral health treatment across the state and across the lifespan.

Recommendations

The FLW Workgroup identified the following recommendations to address barriers as possibly actionable steps using current resources.

- Keep FLW informed of resources that emanated from the pandemic, including forthcoming COM-HPS teams, the NYS TIN, the 988 crisis helpline, and any employer-specific resources.

- Create a wellness campaign for Frontline Workers.

Aspirations

Listed below are broad strategies for future action proposed by the FLW Workgroup to address barriers to accessing and receiving necessary care. These strategies would require additional resources, time and/or collaboration with other state agencies and partners.

- Support continued flexibility that increased accessibility to telehealth options.

- Further support telehealth options by promoting the benefits of increasing accessibility to broadband internet in all regions of NYS.

- Provide awareness of college and university programs that recruit and train mental health providers.

- Encourage both mental health and substance use treatment to ensure services are available and affordable.

- Promote the availability of evidence-based strategies for addressing traumatic stress.

- Make known the benefits of addressing the trauma and secondary trauma of the mental health providers who are providing services to FLWs.

- Promote the use of pathways to support including self-screening tools, and treatment and support resources for self-referrals, when needed, for non-traditional frontline workers (as defined in this report).

NY Project Hope and the NYS TIN provided supports for addressing the mental health effects and/or traumatic impact of COVID-19 throughout the pandemic and provide a foundation for expanding specific strategies to provide support to FLWs.

Project Hope

The pandemic has had a significant impact on mental health, but not everyone has been affected in the same way or to the same degree. New York State was awarded a FEMA grant (approximately $106.8 million) to implement NY Project Hope (NYPH). NYPH operated an Emotional Support helpline, available to all, 14 hours a day, 7 days per week. The Emotional Support line was staffed by trained crisis counselors who provided free, confidential support to help callers understand and manage their emotions. By definition, crisis counseling is not a clinical service but a support resource. Typically, three to five sessions are delivered, and the goal is a return to a healthy level of functioning. In the 15 NYS counties most impacted by the pandemic, approximately 1,700 direct care staff provided outreach, education, and crisis counseling through NYPH Provider Agencies.

FEMA funding for NYPH also supported online wellness groups facilitated by trained crisis counseling staff, as well as media and public education. NYPH shared educational materials, coping tips, and links to community resources on its social media platforms, including Facebook, Instagram, Pinterest, and Twitter. In addition, New York State built an NYPH website and worked closely with the Center for Practice Innovations to build a public-facing web portal with assessment tools and modules to support a diverse population.

Since Project Hope was FEMA-funded and time-limited, NYS OMH could not continue Project Hope in its original form. OMH therefore evolved some existing Project Hope teams to function beyond the pandemic public health emergency. As described earlier, these teams will be re-imagined as Community Mental Health Promotion & Support Teams (COMHPS), which will support New Yorkers with sub-clinical mental health needs and establish, maintain, and improve individual and community mental health and wellness.

New York State Trauma-Informed Network (NYS TIN)

OMH is committed to promoting a trauma-informed approach to prevention and wellness promotion. The New York State Trauma-Informed Network (NYS TIN) connects advocates of trauma-responsive practices and systems, provides access to quality resources, supports technical assistance and training, and fosters collaboration. The NYS TIN is informed by a multi-stakeholder Advisory Council and supports the goal of advancing an understanding of trauma, the use of trauma-informed principles, and the availability of trauma-informed care throughout NYS. The NYS TIN uses an online platform to shape and accelerate trauma-responsive activity across NYS. The information found on the website is applicable for all ages and takes a cross-sector approach to support integrated care from a trauma-informed, trauma-sensitive lens.

In response to the COVID-19 pandemic, the NYS TIN:

- Developed and disseminated three documents, "COVID-19 Resources," targeted at individuals and families, healthcare providers, and educators. These are curated lists that highlight trauma-informed resources.

- Facilitated the meetings of the "Addressing the Traumatic Impact of COVID-19 on Frontline Workers" workgroup (FLW Workgroup) and the creation of this report.

- Created a COVID-19 page on the NYS TIN website.

In addition, the NYS TIN can:

- Expand and highlight resources that are specific to FLWs

- Curate and develop resources that are specific to diverse FLW groups

- Identify within the directory, providers who are trained in Trauma-Informed Care and are committed to providing trauma-responsive support and services

FLW Professional and Career Supports

The mental health workforce has been experiencing staffing challenges. OMH is engaging in a variety of efforts to address these challenges, such as:

- Rate increases for Assertive Community Treatment (ACT), Personalized Recovery Oriented Services (PROS), and rehabilitation services in Community Residences (CR), which will be supported by reinvestment savings in the out-years,

- Workforce investments to support a wide range of provider strategies, including targeted funds for workforce recruitment and retention,

- Expanding capacity for peer and family support services and cultural competence, and workforce diversity,

- System capacity-building to support the development of new Community-Oriented Recovery and Empowerment (CORE) services, training, and implementation of Evidence-Based Practices (EBP), and Behavioral Health Care Collaboratives (BHCC) for implementation of alternative payment methodologies to drive outcome-based, quality-of-care oversight and incentivize value-based payment,

- DOH investments, made in consultation with OMH, to expand access to children's services with temporary rate increases and workforce and infrastructure investments to strengthen and expand Home and Community Based Services (HCBS) and Children and Family Treatment Supports and Services (CFTSS), and

- Development of a Psychiatric Rehabilitation Academy to support the workforce in developing skills and competencies to provide Psychiatric Rehabilitation Services across the NYS behavioral health system and improve the career ladder by funding psychiatric rehabilitation staff to obtain the Certified Psychiatric Rehabilitation Practitioner credential.

Expanding Employment Opportunities for the Frontline Workforce

OMH has expanded employment opportunities for the Frontline Workforce by creating new and expanding existing programs where Frontline Workers are essential providers, including:

- Adding ACT teams throughout NYS and developing specialized ACT Teams serving youth and young adults.

- Expanding staffing for 988 call centers to ensure coverage for all counties in New York State, expanding coverage to 24/7, and increasing capacity consistent with increasing demand.

- Developing 24 new Crisis Stabilization Centers throughout New York State, all of which will employ Front Line Workers.

- Expanding Mobile Crisis Teams to ensure geographic coverage for all counties and include nights and weekends.

Recommendations in Action:

OMH will continue the work of the FLW Workgroup by actively advancing the following recommendations included in this Final Report:

- Create an FLW wellness toolkit for organizations that includes informational materials, recommendations on workforce wellness initiatives, and sample policies. The FLW Wellness toolkit will include the following:

  - Information on evidence-based strategies for mitigating stress, safety planning (both psychological and physical), and building resilience.

  - Materials that provide decision-makers with wellness tools and resources to address the challenges they face.

- Recognize and spotlight businesses and organizations working to promote wellness and access to support for their employees.

- Continue to support existing COMHPS teams to provide community-based, sub-clinical mental wellness support to communities in designated regions, re-envisioning the infrastructure created through the former NY Project Hope.

- Educate FLWs and the general public about mental wellness and trauma-related resources that are freely available to them.

- Strengthen FLWs access to support and services through:

  - Offering education on skills for coping with stress and trauma and supporting others.

  - Providing access to a directory of providers who are trained in Trauma-Informed Care and committed to providing trauma-responsive support and services.

      °   Supporting non-traditional frontline workers (as defined in the FLW report) with options for self-screening tools and treatment and support resources for self-referrals when needed.

SUMMARY

The process of convening this workgroup has highlighted the urgency and importance of addressing the trauma needs of frontline workers in New York State. Many workgroup members experience firsthand the profound impact the COVID-19 pandemic has had on the workforce, and this work has revealed that this impact is an exacerbation of structural problems which predate the pandemic by many years. Continued effort is required to effectively meet the current needs of workers and to lay the groundwork for preventive efforts to lessen the impact of future disasters.

This workgroup and the NYS Trauma-Informed Network commit to build upon the content of this report, and to expand the base upon which they operate. Specifically, there must be an effort to continue to seek ongoing input from unions, professional associations, and membership organizations that represent frontline workers in the private and public sectors. Additional input must be sought from a wider array of industries to capture a fuller picture of FLW basic needs.

The creation of trauma-informed workplaces across New York State is a realistic goal provided there is sustained commitment from all involved. There has never been a more important time to work toward this goal, and the State is well-positioned to lead this effort.

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