

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL  
DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE AND  
DISABILITY SERVICES

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March 20, 2017  
Start: 3:09 p.m.  
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HELD AT: Committee Rm - City Hall

B E F O R E: ANDREW COHEN  
Chairperson

COUNCIL MEMBERS:

ELIZABETH S. CROWLEY  
RUBEN WILLS  
COREY D. JOHNSON  
PAUL A. VALLONE  
BARRY S. GRODENCHIK  
JOSEPH C. BORELLI

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

Mary Bassett  
Commissioner of New York City Department of  
Health and Mental Hygiene

Gary Belkin  
Executive Vice President of the Coalition for  
Behavioral Health

Sandy Rozza  
Deputy Commissioner for Finance

Jason Lippman  
Executive Vice President of the Coalition for  
Behavioral Health

Jason Cianciotto  
Vice President of Policy Advocacy and  
Communications at Harlem United

Fiodhna O'Grady  
Director of Government Relations on behalf of  
Samaritans Suicide Prevention Center

Ariel Savransky  
Advocacy and Policy Advisor at UJA Federation of  
New York

Dipal Shah  
Director of Strategic Partnerships at the Center  
For Court Innovations

Nora Moran  
Policy Analyst at United Neighborhood Houses

Roger Murray  
Representative of Local 372-DC37

Sara Van Eerde  
Graduate Student at the NYU Silver School of  
Social Work

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

Vivienne LaBorde  
Representative of Lincoln Center

Beverly Johnson  
Peers

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[gavel]

CHAIRPERSON COHEN: Okay, good afternoon.

I'm Council Member Andrew Cohen Chair of the council's Committee on Mental Health, Developmental Disabilities, Alcoholism, Substance Abuse and Disability Services. During today's hearing, we will address the Mayor's 681 million dollar Fiscal 2018 Preliminary Budget for the Division of Mental Hygiene as part of the Department of Health and Mental Hygiene's 1.5-billion-dollar budget. We will also follow up on commitments made in the Fiscal 2017 Budget notably the city's investment in ThriveNYC and opioid overdose prevention. In our current political climate, it is worth noting that state and federal funding compromise nearly two thirds of the divisions Fiscal 2018 Preliminary Budget with the state government providing 378 million and the federal government providing 56 million. I would like to hear testimony regarding potential vulnerabilities to these funding streams and the associated impact on services and programs. Political realities may also require the administration to seek alternative funding for its long term financial commitments to Mental Health Initiatives including the approximately

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663 million in city tax levy committed to ThriveNYC.

Regarding investments in the opioid epidemic Mayor DE

Blasio recently vowed to reduce the number of fatal

drug overdoses in New York City by 35 percent over

five years through a combination of outreach

treatment and law enforcement. I commend the

administration on their commitment to addressing the

opioid epidemic and look forward to learning more

about this initiative including opportunities for

city council involvement. This hearing also provides

an opportunity to follow up on the 5.4 million

dollars invested in opioid overdose prevention in, in

Fiscal 2017... in the Fiscal 2017 Budget including

funding for naloxone and buprenorphine. Finally, I

plan to discuss the city's investment in human

services sector. The Division of Mental Hygiene

relies heavily on contract providers with nearly 75

percent or approximately 500 million of the divisions

FY 2018 Preliminary Budget's supporting nearly 500

Mental Hygiene Contracts. Like the direct care

workers calling for wage increases on the state

level, our city's human services professionals have

advocated for increases to city contracts in part to

improve the recruitment and retention of workers

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1  
2 caring for our most vulnerable citizens. It is  
3 concerning to hear that care providers for elderly,  
4 the elderly or disabled may be earning less than 15  
5 dollars' minimum wage such as one receives working at  
6 a fast food restaurant. I know the administration  
7 shares the city council's commitment to promoting  
8 mental health and wellness in New York City and I  
9 look forward to discussing these issues this  
10 afternoon and I do want to acknowledge that we've  
11 been joined by Council Member Grodenchik. Lastly, I  
12 want to thank the Committee Staff for their work in  
13 preparation for this hearing; Jeanette Merrill, our  
14 finance person, who's here... who's right here, Nicole  
15 Abene, our legislative council, Michael Benjamin, our  
16 policy analyst and Kate Theobald my council over  
17 there. We will now here from the administration and I  
18 guess Nicole will administer the swearing in.

19 COMMITTEE COUNSEL ABENE: Please raise  
20 your right hand. Do you affirm to tell the truth, the  
21 whole truth and nothing but the truth in your  
22 testimony today and to answer Council Member  
23 questions honestly? Thank you.

24 MARY BASSETT: Good afternoon Chairman  
25 Cohen and members of the Committee. I'm Dr. Mary

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2 Bassett, Commissioner of the New York City Department  
3 of Health and Mental Hygiene and I'm joined by Dr.  
4 Oxiris Barbot, the First Deputy Commissioner; Dr.  
5 Gary Belkin, the Executive Deputy Commissioner for  
6 Mental Hygiene and Sandy Rozza, the Deputy  
7 Commissioner for Finance. Thank you for the  
8 opportunity to testify today on the Department's  
9 preliminary mental hygiene budget for fiscal year  
10 2018. In 2015, under the leadership of First Lady  
11 Chirlane McCray and Deputy Mayor Richard Buery, the  
12 Administration launched ThriveNYC, a four-year  
13 investment to improve mental health and well-being of  
14 all New Yorkers. As we enter year two, I am pleased  
15 to report that more than 80 percent of the  
16 initiatives in ThriveNYC are operational. These  
17 initiatives follow the six guiding principles of  
18 ThriveNYC; change the culture, act early, close  
19 treatment gaps, partner with communities, use data  
20 better and strengthen government's ability to lead. I  
21 want to thank the Council and this Committee for  
22 being partners in this work. Over the last year  
23 you've held hearings, community town halls and  
24 naloxone trainings; shared your personal stories,  
25 putting a face to many of these shared struggles; and

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hosted as first Mental Health First Aid training for  
50 Council staff. I also want to thank my staff for  
tirelessly implementing the vision of ThriveNYC and  
the First Lady for making New York City a national  
leader in the field. As we look forward, I'm pleased  
to report that the agency's budget for fiscal year  
2018 rises by about 10 million for the continued  
implementation of ThriveNYC and the Department's  
other mental health programming. This continued  
investment is essential to addressing and reducing  
health disparities in our city. While mental health  
issues can affect any New Yorker, they  
disproportionately affect poor communities, immigrant  
communities and communities of color. At a time when  
access to health care is being challenged, this  
city's leadership and commitment to mental health  
highlights the importance of physical and mental  
well-being for all New Yorkers. The Mayor's budget  
priorities reflect the need to better treat and  
prevent mental health issues and substance use, as  
well as the need to deal with the current crisis  
facing the city, including the opioid epidemic. In  
2016, we estimate that more than 1,300 individuals  
died in New York City of an unintentional overdose,



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more deaths than car crashes and homicides combined.  
Prescription drugs continue to play a role in the  
opioid epidemic. But since 2010, heroin and, more  
recently, fentanyl, a powerful synthetic opioid 50 to  
100 times more potent than morphine, have driven the  
increase in overdose deaths. Opioid deaths are  
preventable. We are committed to ensuring that every  
New Yorker with a substance use disorder has access  
to the knowledge and resources to make informed  
decisions, including effective harm reduction and  
treatment options. Our goal is to help New Yorkers  
stay alive and take steps to improve their health. As  
part of this goal, in the last year the Department  
educated more than 33,000 health care providers on  
judicious prescription of opioids and  
benzodiazepines. We trained more than 200 health care  
practitioners on how to prescribe buprenorphine and  
launched an innovative nurse care manager model,  
which combines care management services with  
Medication Assisted Treatment. We've also invested  
heavily in the life saving medication naloxone; more  
than 10,000 naloxone kits were distributed fiscal...  
citywide in fiscal year 2016, and late last year we  
launched the first phase of "Save a Life, Carry

Naloxone," a three-million-dollar public awareness campaign. However, more must be done. Last week, the Mayor the announced HealingNYC, the City's comprehensive effort to reduce overdose deaths by 35 percent over five years. The city will leverage previously funded programs and make new investments to prevent opioid overdose deaths, misuse and addiction, and provide effective substance use disorder treatment. I'm happy to report that this plan will add 9.5 million to the Department's fiscal year 2018 budget. With this funding, the Department will provide 65,5000 naloxone kits each year to more than 100 registered opioid overdose prevention programs when fully ramped up, conduct outreach to treatment and harm reduction programs that serve those at high risk of overdose. This outreach includes overdose prevention education, naloxone training, and information on risks associated with fentanyl. And expand access to buprenorphine treatment including buprenorphine induction in emergency departments referring patients to ongoing care, working with Health and Hospitals to expand treatment through outpatient services and increasing the number of nurse care manager sites. I want to

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1 thank my fellow Commissioners at the Department of..  
2 Departments of Social Services, Corrections, and  
3 Police, the Office of Chief Medical Examiner, the  
4 Mayor's Office of Criminal Justice, and New York  
5 City's Health and Hospitals for their commitment to  
6 this work. Through the Mental Health Council,  
7 Community Services Board, Regional Planning  
8 Consortium and RxStat, the Department is able to  
9 coordinate with City agencies, community-based  
10 organizations, service providers and advocates to  
11 ensure data sharing, program coordination and  
12 strategic planning. Together I'm hopeful that we will  
13 be able to reverse the overdose trend that has  
14 plagued the city by providing effective services and  
15 treatment, and preventing addiction before it starts.  
16 While our city budget prioritizes the mental health  
17 needs of New Yorkers, we are closely monitoring the  
18 impact that changes in Washington D.C. may have on  
19 local services. It would be naïve to say that the  
20 results of the presidential election will not affect  
21 our work. As the Mayor said in the days after the  
22 election, we will continue to keep our people safe,  
23 all our people, regardless of who they are or where  
24 they come from and protect New Yorkers' access to  
25

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affordable behavioral health care and substance use treatment, regardless of insurance or immigration status. The future of insurance coverage for mental health and substance use disorder services is uncertain. While we still do not know the outcome of the ACA repeal plan currently under discussion in the House, we will persist in advocating for mental health parity and we encourage you to do so as well. As you know, many agencies participate in ThriveNYC, reflecting the Administration's commitment to cross-agency work. But this Department has a key role and I'd like to take a moment now to discuss the considerable progress the Department has made in implementing ThriveNYC's initiatives in the last year. Last October we launched NYC Well, a universal point of entry to New York City's behavioral health system. This enhanced call center provides crisis counseling, peer support, information and referrals to behavioral health services via text, chat and phone. It is free, confidential and available 24/7 in English, Spanish, Mandarin and Cantonese, with the ability to connect with an interpreter for all other languages as needed. This truly unique model connects the public to trained behavioral health personnel

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1 based on their needs, insurance and location. Since  
2 its launch, NYC Well has fielded more than 80,000  
3 calls, texts and chats; referred more than 27,000 New  
4 Yorkers for services; made more than 3,000 follow up  
5 calls, and is directly connected more than 1,000  
6 callers to behavioral health services by assisting in  
7 the introductory call with a provider. In a  
8 comparable time period last year, our previous call  
9 center received only 42,000 contacts. I want to give  
10 you the number, the number is 888-NYC-WELL and we  
11 appreciate your ongoing support in encouraging your  
12 constituents to use this service. the Mental Health  
13 Services Corps has currently deployed 110 clinicians  
14 including psychiatrists, psychologists and social  
15 workers to primary care and behavioral health clinics  
16 in communities with limited access to mental health  
17 care. This was done at no cost to the facilities of  
18 the community members. In fiscal year 2018, we will  
19 add an additional 130 clinicians. Once at full  
20 capacity in year three, we will spend 48 million  
21 dollars to fund up to 400 corps members, who will  
22 provide an additional approximately 400,000 hours of  
23 clinical services. To aid in these efforts to reduce  
24 opioid overdose deaths, all Corps members will be  
25

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trained to distribute naloxone and counsel clinics about... clients about overdose risk. We are making progress towards our goal of training 250,000 New Yorkers in Mental Health First Aid by 2020. To date, 12,060 New Yorkers have been trained along with 252 Mental Health First Aid volunteer instructors, who will exponentially expand our training capacity. Through this work, we will equip a critical mass of New Yorkers with tools to broaden the reach of mental health treatment and shatter the stigma of mental illness. Through NYC Safe, we are providing behavioral health support to a small subset of New Yorkers who have both displayed or threatened violence against the public and struggle with a mental illness or substance use disorder. Through a reorganization of NYC Safe, all such clients now come directly to the Department. Trained Department clinicians provide clinical assessments and connect clients to appropriate care through our Single Point of Access network and a suite of enhanced mobile and community treatment teams. This new approach allows the Department to work more closely with our contracted behavioral health providers to ensure continuity of quality care and access to other social

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1 supports. We are proud to report that 96 percent of  
2 NYC Safe clients in the community have not been  
3 charged with a violent offense since being referred  
4 to the program and there's been an 86 percent  
5 increase in housing stability in the same group.  
6 Finally, we are working with the Department of  
7 Education to ensure that every school is aware of  
8 available mental health services to better support  
9 students and help them thrive in their education and  
10 their lives. We are implementing universal programs  
11 that provide mental health for all students, more  
12 intensive prevention services for students who are at  
13 higher risk and targeted crucial services for  
14 students with identified mental health conditions all  
15 while building the mental health competency in school  
16 staff. This three-tiered model is currently being  
17 implemented in all 130 community schools and being  
18 expanded to an additional 900 New York City schools  
19 through the support of 100 Mental Health Consultants.  
20 This represents a nearly 800 percent increase in  
21 mental health staffing levels throughout the system.  
22 Also, there are now school based mental health  
23 clinics providing mental health services in 285  
24 schools, up from 190 in 2014. ThriveNYC is a  
25

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1  
2 guidepost in our work to promote and protect the  
3 health of all New Yorkers by addressing the effects  
4 of mental illness and substance misuse in New York  
5 City. I want to thank again Mayor De Blasio, the  
6 First Lady and the Council for their leadership as we  
7 pursue the ambitious and needed work required to  
8 transform mental... the mental health landscape and  
9 motivate other jurisdictions to follow our lead.  
10 Thank you for the opportunity to testify, for your  
11 support in this work and for the partnership between  
12 this Committee and the Department. I'm happy to  
13 answer any questions.

14 CHAIRPERSON COHEN: Thank you  
15 Commissioner Bassett for your testimony. I want to  
16 acknowledge that we've been joined by Council Members  
17 Vallone and Councilman Rosenthal. I'm trying not to  
18 be all over the place. I guess we'll just start with  
19 overdose because we both were with the Mayor the  
20 other day on overdose. I, I think at the... at... your  
21 testimony that the number was 1,300 over... fatal  
22 overdoses citywide. Do you have a... [cross-talk]

23 MARY BASSETT: Correct... [cross-talk]  
24  
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1  
2 CHAIRPERSON COHEN: Do you have an idea  
3 of what's the, the... what's lead... what drugs are being  
4 used or what substances are being used?

5 MARY BASSETT: Sure, among... those are...  
6 that's an overall number of people dying of any kind  
7 of overdose, the number in which opioids were  
8 involved stands at 1,075.

9 CHAIRPERSON COHEN: And the others are...  
10 do... [cross-talk]

11 MARY BASSETT: Oh the next most common  
12 cause... I mean cause that are not opioid and I should  
13 point out that nearly all overdoses are a cocktail  
14 of, of substances but the next most common drug are  
15 benzodiazepines, the sedative drugs often mixed with  
16 alcohol.

17 CHAIRPERSON COHEN: Before I get to the  
18 success or, or... in terms of the distribution or  
19 getting people on... could you just talk for a minute  
20 about what bupe is and how it's different than  
21 methadone?

22 MARY BASSETT: Sure. So, buprenorphine is  
23 a drug that can be prescribed by a primary care  
24 provider. So that's the first thing that makes it  
25 quite different from methadone, which is available

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1 only in controlled setting and administered on site.

2 This can be prescribed by... in a primary care setting

3 and under the recently passed CARA, Comprehensive

4 Addiction Recovery Act, it extends the type of

5 providers who can prescribe it to include nurse

6 practitioners and physician assistants, I think that

7 went into effect at the beginning of this month or

8 last month so it's just started. So, you can get

9 buprenorphine when you... from the same person who

10 gives you the medication for your high blood

11 pressure. That's a very big difference. In terms of

12 their biologic action they both are effective drugs

13 in handling the cravings associated with opioid

14 dependence, they have some biological differences but

15 that's the principle role that they play that someone

16 who takes or methadone or suboxone won't have the

17 cravings that so disrupt their lives... [cross-talk]

18 CHAIRPERSON COHEN: Is, is there a reason  
19 that one would be preferred over the other?

20 MARY BASSETT: Well that's, that's really  
21 something for somebody to discuss with their  
22 physician, many people prefer being able to get their  
23 medications prescribed in a usual setting for care  
24 rather than then going to a specialized methadone  
25

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1  
2 clinic. We probably greatly underutilize  
3 buprenorphine in our country in general and, and  
4 certainly in New York that's why the Department's  
5 investing in training and supporting physicians in  
6 prescribing. So, the first step is to get people  
7 certified to prescribe either doctors, nurse  
8 practitioners or physician assistants and now we have  
9 this innovative program where our nurse care manager  
10 works with a practice to help them go at... go through  
11 to the process of actually prescribing the drug.

12 CHAIRPERSON COHEN: Do, do we know how  
13 many bupe prescriptions are out in... or written in New  
14 York City currently or how many active prescriptions  
15 there are?

16 MARY BASSETT: We do have an idea of how  
17 many people are on buprenorphine by looking at the  
18 number of people who've had multiple prescriptions  
19 suggesting that they're on maintenance and we  
20 estimate that about 8,000 individuals are on  
21 buprenorphine.

22 CHAIRPERSON COHEN: 8,000 and as... each...  
23 [cross-talk]

24 MARY BASSETT: 30,000 on methadone.  
25

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CHAIRPERSON COHEN: 30,000 on methadone,  
8,000 on, on bupe and, and, and... [cross-talk]

MARY BASSETT: Do we know how many people  
are... [cross-talk]

CHAIRPERSON COHEN: ...do... [cross-talk]

MARY BASSETT: ...dependent on opioids, is  
that your next... [cross-talk]

CHAIRPERSON COHEN: ...and they... [cross-  
talk]

MARY BASSETT: ...question... [cross-talk]

CHAIRPERSON COHEN: ...need... yeah, that,  
that... [cross-talk]

MARY BASSETT: ...yeah... [cross-talk]

CHAIRPERSON COHEN: ...that we could  
ultimately by a, a factor of ten I guess get that out  
there.

MARY BASSETT: Not quite but certainly by  
a factor of two, two or three.

CHAIRPERSON COHEN: And, and... so you  
really just think it's sort of awareness... physician  
awareness, getting the word out?

MARY BASSETT: Treatment is... has been  
limited by several things. One is of course there  
are, are clinicians who are a little worried about

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1  
2 having people who are opioid dependent in their  
3 practice. There are lots of stigmas about who becomes  
4 opioid dependent and what kind of people they are,  
5 what the... an... and the advocate would point out is  
6 that they already have people who are opioid  
7 dependent in their practice but the problem is that  
8 they're not being identified and treated  
9 appropriately. There's also a real stigma to seeking  
10 treatment because both dependence and treatment for  
11 opioid dependence are heavily stigmatized and you  
12 heard a, a great deal of talk about that when we  
13 announced HealNYC, the... you know it's very important  
14 that we tackle head on with the stigma surrounding  
15 treatment.

16 CHAIRPERSON COHEN: In terms of getting  
17 naloxone out there, which I, I think that we're doing  
18 a, a very good job of getting it out there and  
19 getting it out into the community and getting people  
20 to use it but like one of things that I, I, I was  
21 thinking at that press conference the other day is as  
22 disappointing as it is that obviously that the  
23 overdose deaths are on the rise and of real concern I  
24 think that that number would probably be  
25 substantially higher but for the efforts of, of the

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agency and the... and the city in general in terms of...  
[cross-talk]

MARY BASSETT: Thank you... [cross-talk]

CHAIRPERSON COHEN: Well I, I believe...  
[cross-talk]

MARY BASSETT: I hope so... [cross-talk]

CHAIRPERSON COHEN: ...that... I, I, I think...  
I, I, I don't think there really should be any doubt  
about that but I'm curious in terms of I think that  
the NY... that O'Neil testified about the... or spoke  
about, about 150 administrations by the NYPD...

MARY BASSETT: The number that I have  
heard him mention is 51 in the past... [cross-talk]

CHAIRPERSON COHEN: Oh... [cross-talk]

MARY BASSETT: ...year and we have reports,  
we distribute them through the opioid overdose  
prevention programs around the city, there are some  
100 of them that we hand out naloxone from and we  
have learned of over time of about 1,200 overdose  
reversals. We know that overdose reversals are  
greatly underreported so I think that, that the, the  
real thing is just to continue to make naloxone  
available.

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CHAIRPERSON COHEN: And what about FDNY  
and EMT do we know about the... [cross-talk]

MARY BASSETT: Yes, so I, I should... I  
should have mentioned that, the EMT's have, have also  
done... what, what we know about them is when they  
administer naloxone we don't have as good data on, on  
whether... you know they find somebody who's  
unresponsive and they give them naloxone as part of a  
protocol and I believe that number is 3,000  
administrations but I don't know whether we should  
count that as reversals. I'll double check that  
number and get it to you.

CHAIRPERSON COHEN: Okay, I'm, I'm just  
treated... what, what, what... why would you qualify that  
you're not sure that they're reversals?

MARY BASSETT: Well we, we know that  
they... when they administer it but somebody who's  
unresponsive may be unresponsive for other reasons  
than... [cross-talk]

CHAIRPERSON COHEN: ...reasons... [cross-  
talk]

MARY BASSETT: ...an opioid overdose, they,  
they take an aggressive position that we should try  
but there might be other reasons that someone has

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become unresponsive, they might have low blood sugar  
or a high blood sugar or... [cross-talk]

CHAIRPERSON COHEN: ...no but if you...  
[cross-talk]

MARY BASSETT: ...any other number of  
reasons... [cross-talk]

CHAIRPERSON COHEN: ...yeah... [cross-talk]

MARY BASSETT: ...numbers of conditions  
that, that wouldn't be response of... to naloxone...

CHAIRPERSON COHEN: But if you need  
naloxone and it's administered you're going to know  
that that was successful.

MARY BASSETT: That's correct but they  
don't report that out they report the numbers of  
times they administer it.

CHAIRPERSON COHEN: Do you think they  
could report... I mean is the data... when... I, I know  
you're not speaking for the FDNY but... [cross-talk]

MARY BASSETT: I'm not, that's exactly  
right.

CHAIRPERSON COHEN: I know... but does,  
does anyone know if they keep track of that number of  
successful... because I, I think that would be useful  
data to us to try to... [cross-talk]



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MARY BASSETT: ...right... [cross-talk]

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CHAIRPERSON COHEN: ...one more data point

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in a... in a universe where we don't have a lot of data

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points but what's actually really happening on the

6

ground... [cross-talk]

7

MARY BASSETT: ...sure... [cross-talk]

8

CHAIRPERSON COHEN: ...I think...

9

MARY BASSETT: Sorry, I'm happy to follow

10

up on that.

11

CHAIRPERSON COHEN: I think that would

12

be... would be very helpful...

13

MARY BASSETT: And I misspoke, the number

14

was 2,000.

15

CHAIRPERSON COHEN: 2,000, okay but still

16

I think the number of reversals... [cross-talk]

17

MARY BASSETT: ...yes... [cross-talk]

18

CHAIRPERSON COHEN: ...I think would be...

19

would... I... you know I, I... again because we have such

20

limited data and again I'm sorry, I'm hopping around

21

here but on, on the hotline, the NYC Well can I get...

22

if I call 3-1-1 will... can they connect me to NYC

23

Well?

24

25

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26

MARY BASSETT: Yes but you should also  
learn the number, 1-888-NYC-WELL if you like numbers  
better that's 692-9355, 1-888-692-9355.

CHAIRPERSON COHEN: Okay. And NYC Safe do  
you know how people have been served through NYC  
Safe?

MARY BASSETT: Now I may have to... I may  
need to turn it over to Dr. Belkin but we do have the  
number of incoming calls whether that represents... we  
don't... no... you don't have to identify yourself  
obviously when you call. So, the number of incoming  
calls stands at about something over 85,000.

CHAIRPERSON COHEN: Yeah, I, I moved from  
well to safe.

MARY BASSETT: Oh I'm sorry, I, I...  
[cross-talk]

CHAIRPERSON COHEN: Maybe I said well...  
[cross-talk]

MARY BASSETT: ...I misheard you...

CHAIRPERSON COHEN: ...I don't know, I  
meant... I meant safe but... [cross-talk]

MARY BASSETT: Oh you're, you're talking  
about NYC Safe?

CHAIRPERSON COHEN: Yes.

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1  
2 MARY BASSETT: Yes, at any given time we  
3 have something like 270 to 80... 180 people who are  
4 enrolled in NYC Safe somewhere around 120 to 130 of  
5 them are people in the community and the others are  
6 either incarcerated or in psychiatric facilities.

7 CHAIRPERSON COHEN: I was a little... I...  
8 maybe, maybe someone told me and I forgot but it  
9 sounded like there was a slight change in the... in, in  
10 the way that NYC Safe interacts with people in the  
11 community, I'm not sure if you could elaborate that  
12 or maybe that's my... [cross-talk]

13 MARY BASSETT: Well I'm happy to  
14 elaborate on the transition of NYC Safe to the Health  
15 Department and with that transition people become  
16 eligible who are referred for NYC Safe go through  
17 what we call a single point of access where they are  
18 assessed by trained clinicians and their care plan  
19 made based on that assessment. It becomes part of  
20 their protected health information and we take the  
21 protection of people's personal health information  
22 very seriously. They then access the whole portfolio  
23 of treatments that include outreach teams that can  
24 provide the highest level of care that we have  
25 available to the population on an outpatient basis.

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CHAIRPERSON COHEN: I, I guess I'm  
concerned or just want to be refreshed on the  
outreach because I think and maybe I could be  
confused but I... as... when we rolled this out I thought  
there was really sort of an intensive effort to go  
out into the community and identify people who might,  
again that small segment but high users and high...  
people in very high... [cross-talk]

MARY BASSETT: Is your... [cross-talk]

CHAIRPERSON COHEN: ...need... [cross-talk]

MARY BASSETT: ...your question is how do  
people become enrolled in NYC Safe?

CHAIRPERSON COHEN: Yes.

MARY BASSETT: So they're referred to us  
through numbers of channels principally through the  
Department of Homeless Services, through the shelter  
system, through the... through the NYPD, through any  
practitioner, any health care provider all of... all of  
whom can refer to SPOA and express a concern about  
the person's violent behavior. The entry criteria for  
being followed as NYC Safe is a history of a violent  
act or threat of violence towards the public in the  
six months before a referral and if that has happened

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we will consider that person an NYC Safe level of  
follow up.

CHAIRPERSON COHEN: And again just to be  
clear that is the same... the protocol has not changed  
in terms of how people... because I, as I... again I, I  
sort of recall... [cross-talk]

MARY BASSETT: So the... [cross-talk]

CHAIRPERSON COHEN: ...the... [cross-talk]

MARY BASSETT: ...the, the... what's changed  
is that they... the referral pathway has, has joined  
the referral pathway of other individuals, it's  
through the single point of access but the referral  
criteria the termination that you are enrolled at NYC  
Safe has remained the same.

CHAIRPERSON COHEN: Okay but was, was  
there... again I thought there was a more in the field  
outreach when this was rolled out maybe I'm confused,  
Dr. Belkin's giving me the I'm confused look so maybe  
I was confused. Alright, so then... [cross-talk]

MARY BASSETT: ...well are you... are you  
worried that somebody's out there who needs this kind  
of service who doesn't have a pathway to be referred  
is that what you're getting at?

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CHAIRPERSON COHEN: That there... again  
because we're dealing with a very... a small population  
of people really in... but... [cross-talk]

MARY BASSETT: ...exactly... [cross-talk]

CHAIRPERSON COHEN: ...who have high need  
of services I thought that there was and again I may  
be confusing another, another program but... that there  
was sort of people, field workers who went out into  
the field and tried to identify people who might...  
[cross-talk]

MARY BASSETT: ...no... [cross-talk]

CHAIRPERSON COHEN: ...or, or... okay. No  
problem. I'm going to come back but some... both my  
colleagues have some questions; Council Member  
Grodenchik?

COUNCIL MEMBER GRODENCHIK: Thank you Mr.  
Chair. Thank you, Dr. Bassett, it's good to see Dr.  
Belkin who has made several appearances in my  
district with... one with Deputy Mayor Buery where we  
gathered together a number of providers especially  
from the East and South Asian communities so I want  
to publicly thank you for that. My question is about...  
my first question about the, the opioid epidemic and  
the, the, the number of deaths by overdoses

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1  
2 staggering, it's almost four a day, I know you may  
3 not be an historian on, on this issue in New York  
4 City but how does this relate, is it worse than the  
5 crack epidemic of, of the 80's and the heroine  
6 epidemic of the 50's and 60's and... I wonder if you  
7 could speak... [cross-talk]

8 MARY BASSETT: ...Can't say... [cross-talk]

9 COUNCIL MEMBER GRODENCHIK: ...to that...  
10 [cross-talk]

11 MARY BASSETT: ...that I remember the  
12 heroine epidemic of the 50's but this is the highest...  
13 [cross-talk]

14 COUNCIL MEMBER GRODENCHIK: I didn't say  
15 you were that old, I... [cross-talk]

16 MARY BASSETT: ...this... [cross-talk]

17 COUNCIL MEMBER GRODENCHIK: ...maybe...  
18 thought you were a historian so...

19 MARY BASSETT: The, the... we expect the  
20 number to exceed 1,300 for 2016. We haven't closed  
21 our books yet and when it does that will be the  
22 highest number of overdose deaths on record.

23 COUNCIL MEMBER GRODENCHIK: Is there a  
24 pattern that you're seeing in these deaths why so  
25 many people are, are using these drugs and, and is

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there any discernable pattern that you've discovered  
based on I guess the patterns that you're seeing?

MARY BASSETT: Yes, they're, they're a  
couple things that I can say to that question which  
is a really good question. The first is that opioid  
dependence can affect anybody... [cross-talk]

COUNCIL MEMBER GRODENCHIK: Absolutely...  
[cross-talk]

MARY BASSETT: ...and we are seeing this,  
this epidemic affecting swath to the population that  
weren't affected in the 1950's. This includes all  
demographics in New York City, a 40 percent or so of  
overdose deaths are occurring among white New Yorkers  
and in the past, we often viewed the problem of  
opioid dependence as one that was really concentrated  
in black and Latino neighborhoods only, it affects  
people who are high income, people who are poor, men,  
women. So, this is covering a broad swath of the  
population and if you want to learn more about it I...  
it's not very long, I can commend this booklet that's  
available on the website called Healing NYC... [cross-  
talk]

COUNCIL MEMBER GRODENCHIK: We really  
appreciate... [cross-talk]



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MARY BASSETT: The other thing that's happened is the entry of a new drug into New York City street drugs called fentanyl... [cross-talk]

COUNCIL MEMBER GRODENCHIK: Much more powerful...

MARY BASSETT: Which is much more powerful. When I started as Commissioner we had under five percent of overdose deaths with fentanyl on board, we're now seeing in recent months' 50 percent of deaths with fentanyl and this drug, fentanyl is 50 to 100 times more potent than morphine and it's being mixed with all kinds of drugs. It's being mixed with phony prescription drugs, it's being mixed with drugs like cocaine which people don't expect to encounter an opioid in. so this is very, very dangerous and we think is responsible for the uptake in overdose deaths.

COUNCIL MEMBER GRODENCHIK: Wow. Within the last... I'm, I'm going to... I'm going to look at this word, when your name's... [cross-talk]

MARY BASSETT: ...naloxone... [cross-talk]

COUNCIL MEMBER GRODENCHIK: ...when you... when your name's Grodenchik you're very sensitive about pronunciation. Naloxone, naloxone is that

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required to be carried on all ambulances in New York  
City?

MARY BASSETT: I'm sure that it is.

COUNCIL MEMBER GRODENCHIK: Okay but it  
is not required though... [cross-talk]

MARY BASSETT: I don't know that it's  
required, Dr. Belkin, do you know?

GARY BELKIN: Yes, I'm getting a yes...  
[cross-talk]

MARY BASSETT: ...I, I don't... [cross-talk]

GARY BELKIN: ...from somebody in the back  
so that's...

MARY BASSETT: We, we'll, we'll check on  
that, I'm sure that the EMT's all carry it whether  
the private ambulance services carry it I, I can't  
give you the answer for that.

COUNCIL MEMBER GRODENCHIK: Okay. And I  
just want to switch gears a little as I said Dr.  
Belkin had been out to visit with us at the Samuel  
Field Y in Eastern Queens where we have pretty good  
mental health services especially for seniors but I  
am concerned as we go forward that... and as we expand  
our mental health service in the city that it  
reflects the diversity of, of New York City. I have a

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1  
2 population that's 42 percent Asian American and in  
3 that it ranges, you know all over Asia; Korean,  
4 Taiwanese, Chinese, Indian, Bangladesh and so on and  
5 so forth and I just want to make sure that we have  
6 your commitment and the administrations that you will  
7 continue to diversify and find those groups that can  
8 provide... it's been my experience of nearly 30 years  
9 in public service that people want to get those  
10 services especially when you're talking the most  
11 sensitive alcohol and substance abuse services from  
12 people who look and sound like them.

13 MARY BASSETT: I agree with you and I  
14 want to ensure you that we make every effort to be  
15 able to speak to people in the language in which  
16 they're most comfortable.

17 COUNCIL MEMBER GRODENCHIK: Okay, I thank  
18 you. Thank you. Thank you, Mr. CHAIRPERSON COHEN.

19 CHAIRPERSON COHEN: Excellent. Council  
20 Member Vallone?

21 COUNCIL MEMBER VALLONE: Thank you  
22 CHAIRPERSON COHEN. Good afternoon Commissioners. Just  
23 following up on Council Member Grodenchik with  
24 fentanyl and especially with the rise, where are we  
25

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1  
2 with our children and teenagers with our current  
3 spike?

4 MARY BASSETT: The, the overdose deaths  
5 aren't happening in teenagers, under ten percent of  
6 overdose deaths are occurring among people under the  
7 age of 25. So, we're seeing the hard-hit age groups  
8 as sort of in, in mid, midlife, 30's, 40's. I know...  
9 so at the over 65's and the under 25's are the  
10 minority of people affected in having overdoes death.

11 COUNCIL MEMBER VALLONE: So then I guess  
12 the next step would be what would be your vision for  
13 tackling, is, is there going to be, I guess with the  
14 DOE... we're having parents now reaching out to the  
15 council members, our district has been hit hardest in  
16 Queens, we're at epidemic procedures and a lot of... a  
17 lot of folks are just asking what can we do?

18 MARY BASSETT: ...I, I think... [cross-talk]

19 COUNCIL MEMBER VALLONE: ...I, I think  
20 there's an opportunity here at the time... [cross-talk]

21 MARY BASSETT: ...yeah, I think that you  
22 raise a really good point that healthy adolescents  
23 and healthy childhood put people on the road to a  
24 healthy adulthood in which they're much less likely  
25 to become dependent on, on substances of any sort and

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we have been investing very heavily in increasing our  
mental health services in schools... [cross-talk]

COUNCIL MEMBER VALLONE: Can... [cross-  
talk]

MARY BASSETT: ...one... [cross-talk]

COUNCIL MEMBER VALLONE: ...you give an  
example of that... [cross-talk]

MARY BASSETT: ...oh absolutely... [cross-  
talk]

COUNCIL MEMBER VALLONE: ...just to...  
[cross-talk]

MARY BASSETT: ...we've... we have now  
approaching 300 mental health clinics in our... in our  
school system, the number now stands at 285. So  
that's a much higher... [cross-talk]

COUNCIL MEMBER VALLONE: ...and how are  
the... [cross-talk]

MARY BASSETT: ...number... [cross-talk]

COUNCIL MEMBER VALLONE: ...how are the  
clinics... [cross-talk]

MARY BASSETT: ...that... [cross-talk]

COUNCIL MEMBER VALLONE: ...determined like  
for borough per, per area?

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MARY BASSETT: Sorry, I misspoke... [cross-talk]

COUNCIL MEMBER VALLONE: ...where are the clinics located, how are they determined... [cross-talk]

MARY BASSETT: ...I would have to... I, I would have to get you that detail but I want to go on and say that it's a universal program in schools where we don't have a school based mental health center we have mental health consultants, they're working on a ratio of an average of one to nine schools, nine or ten schools and covering all 900 other schools which don't have these school based mental health clinics. So, we... for the first time that I can remember have a universal service for mental health services in schools and this is organized using a tier based approach, everybody needs some support of their mental health and then there are some people who are at higher risk who need more services and then there are kids who are actively sick who need clinical care and so we're seeking to ensure that all levels are provided throughout our school system. Additionally, more resources are going into training teachers than we've

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1  
2 ever seen before so that the teachers are alert to  
3 mental health needs of their kids. I'm going to turn  
4 it over to Dr. Belkin and let him tell you a little  
5 bit more about that.

6 GARY BELKIN: Thank you, good afternoon.  
7 Yeah, so the... we're going at youth in a... in several  
8 ways as, as the commissioner pointed out, youth are  
9 still a small fraction of those of overdose but we're  
10 seeing use of, of, of heroine reporting rise so we  
11 want to really get ahead of that and our ways in are  
12 mostly through the schools. The School Base Mental  
13 Health Consultant Program, which the Commissioner  
14 mentioned is a way for us to reach every school who  
15 may not have a dedicated clinic on their campus and  
16 so that's where the roughly 900 campuses comes from  
17 that we have now covered with 100 consultants. And  
18 what they are is an asset to the principals to do  
19 school specific needs based assessments and then  
20 advise them and connect them to resources at  
21 different levels of intensity either partners in the  
22 community referred to treatment or to do this kind of  
23 problem solving within the school of what sorts of  
24 skills do they want their teachers to learn, their  
25

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1  
2 staff to learn to identify kids who are in trouble  
3 and... [cross-talk]

4 COUNCIL MEMBER VALLONE: So that same...  
5 [cross-talk]

6 GARY BELKIN: ...tend... and tend to... [cross-  
7 talk]

8 COUNCIL MEMBER VALLONE: ...clinician would  
9 be responsible if there was an opioid situation in  
10 the school with a student that same mental health  
11 clinic, where there was the one for the nine as the  
12 commissioner was saying, it all falls within that  
13 staff person's... [cross-talk]

14 GARY BELKIN: That consultant, correct.  
15 So, so we're working with them to highlight a lot of  
16 needs that we, we... so we did a survey of all our  
17 principals throughout the DOE about them... having  
18 principals identify what their priority issues were  
19 and that's becoming the foundation to try to tailor  
20 responses through this... these consultants to help  
21 those principals as to what kind of actions they can  
22 take within their schools... [cross-talk]

23 COUNCIL MEMBER VALLONE: So if... [cross-  
24 talk]

25



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GARY BELKIN: ...substance use comes up  
often... [cross-talk]

COUNCIL MEMBER VALLONE: That's what I  
was about to say... [cross-talk]

GARY BELKIN: ...and, and so they are  
coaching and bringing expertise into the schools for  
the principles to do programming as well as making  
linkages to treatment providers in their  
neighborhoods.

COUNCIL MEMBER VALLONE: Well I think  
that's where... I don't say there's a disagreement but  
I think that's where there's an absence or we need to  
do greater work because this is got to be now one of  
our top priorities and I think it's too much for one  
particular staff member to handle all mental health  
issues for a DOE or a school or a middle school or a  
public school or a grammar school with a spike of  
this magnitude with opioid over, overdose or any  
overdose is not acceptable. We're not hearing the  
confidence from parents or our communities that this  
is being addressed. So, I'm not saying that it's the  
responsibility of the schools but I think we need to  
look at a new approach or expand the approach that is  
working now or not working now with just principal

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1 based, I think we need to do more. I'm, I'm just  
2 saying I don't think it's enough right now and I'm  
3 looking at the numbers throughout the city but when I  
4 have the number one district at this point with  
5 opioid overdose and abuse in Northeast Queens. We  
6 need to look at well what is Department of Health,  
7 Department of Education, what is Human Resources  
8 doing to start tackling it and I think a healthy  
9 teenager is the first... all aspects of life, the  
10 foundation, I think if we can keep those numbers and  
11 not wait until we see the numbers grow I think that  
12 might be an opportunity for us. I just want to see if  
13 there's anything in the... in the vision now to expand  
14 specifically not just... it all falls within mental  
15 health but I think we need almost an opioid task  
16 force to really look at what, what's happening.

17  
18 MARY BASSETT: Well we, we did have a, a  
19 borough President Jimmy Oddo from Staten Island and I  
20 co-chaired an opioid task force that I think it was  
21 assembled in the end of 2015 and we have... be happy to  
22 share the reports with you. I, I want to... I want to  
23 come back to the fact that we really need to  
24 encourage people to reach out for help and if a  
25 parent is concerned about their kid and I would

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1  
2 encourage you to say this to your constituents even  
3 if they're just concerned, worried that they're  
4 seeing signs that the child is behaving differently I  
5 want them to use this call center number and reach  
6 out and talk to somebody and get some professional  
7 counseling. It's not just for people with mental  
8 health issues, it's also to help refer people for  
9 substance use disorders and we really want to see  
10 this as a gateway for people to start asking for  
11 help, destigmatizing, reaching out. This is not  
12 something that is... anyone should view as their fault,  
13 this is something that is treatable, we can get  
14 people through substance use dependence and they can  
15 survive it so, so... [cross-talk]

16 COUNCIL MEMBER VALLONE: Maybe it's an  
17 area... [cross-talk]

18 MARY BASSETT: ...let me just... [cross-talk]

19 COUNCIL MEMBER VALLONE: ...we can expand.

20 MARY BASSETT: yeah... [cross-talk]

21 COUNCIL MEMBER VALLONE: ...that we can  
22 talk beyond... [cross-talk]

23 MARY BASSETT: ...please... [cross-talk]

24 COUNCIL MEMBER VALLONE: ...today on, on  
25 reaching out to the communities at once where we can

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1  
2 have the Council Members join with you whether it's...

3 [cross-talk]

4 MARY BASSETT: ...we would be happy to do  
5 that... [cross-talk]

6 COUNCIL MEMBER VALLONE: ...community  
7 forums... [cross-talk]

8 MARY BASSETT: ...just... [cross-talk]

9 COUNCIL MEMBER VALLONE: ...because a lot  
10 of the silence is out there and a lot of people...

11 [cross-talk]

12 MARY BASSETT: ...exactly... [cross-talk]

13 COUNCIL MEMBER VALLONE: ...don't... [cross-  
14 talk]

15 MARY BASSETT: ...we really need to change  
16 that.

17 COUNCIL MEMBER VALLONE: And I think with  
18 mental health unfortunately I think for you, you  
19 touch almost every city agency. So, there's not a  
20 committee that one of the Council Members sit on  
21 without a mental health component comes up whether  
22 it's aging, veterans, human services... resources, at  
23 our schools, corrections, public safety, they are...  
24 today's topic of the day is mental health. So, my  
25 question for you would be how do you see the current

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1  
2 interagency action with mental health within the  
3 other agencies, I mean because you're, you're  
4 responsible for that but sometimes we'll be sitting  
5 and I'll have a, a question for... in DFTA about APS  
6 for seniors with mental health conditions and it just  
7 gets punted down the road because it's not the right  
8 forum but I... and it's not often we're sitting  
9 together and it's so many of these other committees  
10 often interact with mental health. I just wanted to  
11 see how, how do you see the current state with  
12 interagency, mental health approach?

13 MARY BASSETT: Well we... under ThriveNYC  
14 there... some... over 20 city agencies are a part of it  
15 and contribute to over 50 different initiatives. So,  
16 this certainly has not been an activity of the health  
17 department alone and DFTA is an example of an agency  
18 which is involved in Thrive and has some specific  
19 programs that are implemented under the Thrive  
20 umbrella. There's also a bi-mayoral executive decree  
21 mental health counsel, advisory council where people  
22 from all of the agencies meet together and track our  
23 progress. So that said more communication would only  
24 be a good thing and if you would like to have a  
25

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briefing on all the varied activities under Thrive  
we'd be happy to arrange that.

COUNCIL MEMBER VALLONE: Yeah, I think  
that would be the next step for the program is to  
break it down within... almost to have whether a doctor  
or yourself was there present within the committee so  
that we can have that because so many of the times  
we'll, we'll miss the information because we're not  
at the... [cross-talk]

MARY BASSETT: ...and it is a lot... [cross-  
talk]

COUNCIL MEMBER VALLONE: ...particular  
hearing... [cross-talk]

MARY BASSETT: ...actually... [cross-talk]

COUNCIL MEMBER VALLONE: ...there is a lot...  
[cross-talk]

MARY BASSETT: ...there really is a lot  
going... [cross-talk]

COUNCIL MEMBER VALLONE: ...that's why I...  
[cross-talk]

MARY BASSETT: ...on... [cross-talk]

COUNCIL MEMBER VALLONE: ...gave you the  
example... [cross-talk]

MARY BASSETT: ...yes... [cross-talk]

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COUNCIL MEMBER VALLONE: ...with, with APS  
under attack with the amount of seniors with mental  
health issues and the lack of staffing and budget it  
falls all within the same umbrella...

MARY BASSETT: Yes.

COUNCIL MEMBER VALLONE: Thank you  
CHAIRPERSON COHEN.

MARY BASSETT: Thank you.

CHAIRPERSON COHEN: I just want to  
acknowledge that we've been joined by Council Member  
Crowley and while I was looking forward to bungling  
my way through asking human service contracts  
questions I will defer to our contracts CHAIRPERSON  
COHEN Council Member Rosenthal.

COUNCIL MEMBER ROSENTHAL: I will  
appreciate your reiterating your concern.  
Commissioner it's great to see you as always, thank  
you for all the hard work that you and your team do  
on behalf of New Yorkers, it's pretty extraordinary.  
I do want to talk about the human service contracts  
and according to my just quick and dirty math and so  
I'm sure it's wrong...

MARY BASSETT: Familiar with your math  
Council Member, your faster than me for sure.

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COUNCIL MEMBER ROSENTHAL: No, no, no I  
just don't know about the source of this information  
but I see that there are 520 sort of... [cross-talk]

MARY BASSETT: ...yeah... [cross-talk]

COUNCIL MEMBER ROSENTHAL: Health care  
related contracts and I know we should maybe just  
focus on the mental hygiene services ones so I see  
473 for a total budget of 518 million dollars  
ballpark for 17 and then the number goes up for 18 to  
545 million, can you explain the difference between  
those two numbers what the bump... [cross-talk]

MARY BASSETT: Do you want... [cross-talk]

COUNCIL MEMBER ROSENTHAL: ...up is...  
[cross-talk]

MARY BASSETT: ...our, our... [cross-talk]

COUNCIL MEMBER ROSENTHAL: ...for... [cross-  
talk]

MARY BASSETT: ...numbers don't always  
cross walk because we don't include early  
intervention in our numbers since... [cross-talk]

COUNCIL MEMBER ROSENTHAL: ...okay... [cross-  
talk]



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MARY BASSETT: ...as you know we moved it  
to a division called Family and Child Health, let me  
turn this to my Deputy Commissioner for finance.

SANDY ROZZA: Sorry, can you just repeat  
that again, the numbers that... [cross-talk]

COUNCIL MEMBER ROSENTHAL: ...So... [cross-  
talk]

SANDY ROZZA: ...you had?

COUNCIL MEMBER ROSENTHAL: So it's meant  
to be just a... so the contracts budgets for mental  
health services appear to be going up in dollar value  
between 17 and 18, I'm going to assume that that's  
for the increase in wages...

SANDY ROZZA: Part of it.

COUNCIL MEMBER ROSENTHAL: And what do  
you... is the other part increase in services?

SANDY ROZZA: Right, we do have  
incremental increases in various new needs that we  
receive so that would be part... the balance.

COUNCIL MEMBER ROSENTHAL: When you fund  
the new needs do you fund them at the levels that  
they... like if a contract is to serve ten people and  
now you see 20 people do you double the number, the  
value of the contract, I know simplistic and unfair...

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SANDY ROZZA: Yeah... yes, it's a little  
simplistic.

COUNCIL MEMBER ROSENTHAL: Here's what  
I'm getting at, does the non-profit get the funding  
to reflect an increase in the cost of providing this  
service.

SANDY ROZZA: If there's increased  
services, yes.

COUNCIL MEMBER ROSENTHAL: Which one?

SANDY ROZZA: Yes, increase... [cross-talk]

COUNCIL MEMBER ROSENTHAL: For all  
mental... [cross-talk]

SANDY ROZZA: ...services... [cross-talk]

COUNCIL MEMBER ROSENTHAL: ...health  
services?

SANDY ROZZA: For the new needs, yes.

MARY BASSETT: If they're expected...  
[cross-talk]

COUNCIL MEMBER ROSENTHAL: ...so... [cross-  
talk]

SANDY ROZZA: ...if they're expected to... if  
a provider is expected to increase the service they  
will receive funding for that increase... [cross-talk]

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COUNCIL MEMBER ROSENTHAL: ...Of course...

3

[cross-talk]

4

SANDY ROZZA: ...so... right.

5

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COUNCIL MEMBER ROSENTHAL: When they get the new funding is it based on their cost in fiscal year '18 or perhaps what their cost was in 2009 when contracts were initially negotiated?

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SANDY ROZZA: We'd have to look at specifics.

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COUNCIL MEMBER ROSENTHAL: I'd like to start looking at specifics, I'd appreciate your doing that because what I'm hearing from the human services counsel, from the Jewish board, from catholic charities over and over and over again is that these contracts are not fully funded, that they run about 80 percent of what the true cost of providing this service is. So, this mayor has done a yeoman's job in increasing the amount of money just for wages of these workers, he's gone far beyond what the Governors has done so in terms of paying... getting people up to poverty wages he's brought them up from nine dollars to 15 dollars an hour, it's a tremendous amount of money, he's making up for a shortfall in falling... a short fall in funding for the last 20

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years. So, I commend him for that and I know that's filtered into your, your contract budgets however you know the governor has not made up the difference and you know that the, the unbelievable hypocrisy of requiring you know any organization or business to pay 15 dollars an hour and then for state funded contracts they're left back at nine dollars an hour so I know the non-profits are struggling with that. What I'm, I'm trying to point out is that they're also struggling with overhead and that, you know the cost of rent... if you look at the cost of rent in the last three years, five years it's gone up a appreciably, the cost of maintenance, the cost of... you know everchanging IT and what I'm... what I've heard from non-profits and I just wanted to hear where you guys... what you're thinking on... is on this is that they're not able to fully fund these contracts and what we're starting to see and I know of one provider in particular that actually said no to, I think a DOH contract where you know the funding had been cut many years ago by the federal government, the city had picked up the funding but now the city wanted to go back to providing full services with the same amount of funding and the

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organization actually said no so it means that a shelter is not operating full time as it did, you know many years ago, it's still operating only part time. I'm hearing many examples of this, are you hearing that contract re-negotiations, is there money in the budget to take care of the cost of inflation for when you next re-negotiate contracts?

SANDY ROZZA: So we are hearing complaints about the administrative overhead, absolutely and internally my staff and program staff we've created us a work group to start to look at... [cross-talk]

COUNCIL MEMBER ROSENTHAL: Oh great...

SANDY ROZZA: And to try and determine what some short term and long term solutions would be. Obviously ultimately funding we'd have to... [cross-talk]

COUNCIL MEMBER ROSENTHAL: Uh-huh...

[cross-talk]

SANDY ROZZA: ...look at how we would fund any solution.

COUNCIL MEMBER ROSENTHAL: ...sure... [cross-talk]

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SANDY ROZZA: ...but we have heard of the  
complaints.

COUNCIL MEMBER ROSENTHAL: That is  
terrific to hear you guys have a working group  
because I think the road to success here is going to  
be very specific contract content driven.

SANDY ROZZA: And also, we did meet with  
the human service council... [cross-talk]

COUNCIL MEMBER ROSENTHAL: Uh-huh...  
[cross-talk]

SANDY ROZZA: ...and start discussions  
because again we're... we all want to ensure that  
services continue to be rendered by the providers.

COUNCIL MEMBER ROSENTHAL: Right,  
according to the, the research 18 percent overall of  
the human service contracts are failing, to starve...  
you know can't survive fiscally.

MARY BASSETT: Well you've obviously  
raised a very important point because our goal on  
these contracts is to... [cross-talk]

COUNCIL MEMBER ROSENTHAL: ...yeah... [cross-  
talk]

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MARY BASSETT: ...see that services reach  
the population and so we will note that and agree to  
get back to you.

COUNCIL MEMBER ROSENTHAL: You know the  
ThriveNYC contracts are new, right and is that  
service... [cross-talk]

MARY BASSETT: ...yes... [cross-talk]

COUNCIL MEMBER ROSENTHAL: ...provided on a  
contract basis or directly by DOHMH?

MARY BASSETT: I don't know who wants to  
start, I mean most of the ThriveNYC activities are  
contracted so the headline items that you've heard me  
speak about NYC... [cross-talk]

COUNCIL MEMBER ROSENTHAL: Yes...

MARY BASSETT: ...Well, the call center,  
the Mental Health Services Corps, Mental Health First  
Aid is done more directly by us.

COUNCIL MEMBER ROSENTHAL: Uh-huh. I'm  
just wondering when you started those contracts  
whether or not fully funding or rightsizing these  
contracts... if you... where the baseline... [cross-talk]

MARY BASSETT: Oh you mean... [cross-talk]

COUNCIL MEMBER ROSENTHAL: ...was... [cross-  
talk]

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MARY BASSETT: ...did we negotiate  
different overhead right, rights for example on these  
contracts, not that I'm aware of.

COUNCIL MEMBER ROSENTHAL: Okay, so that  
could be a problem actually, right, hypothetically  
because... [cross-talk]

MARY BASSETT: Well you know we, we rely  
on the contractors also to deliver realistic budgets  
to us, it would be unfortunate if they're proposing  
and negotiating budgets that don't meet the needs  
that they have in order to deliver the services that  
they've contracted... [cross-talk]

COUNCIL MEMBER ROSENTHAL: So you feel...  
[cross-talk]

MARY BASSETT: ...to provide... [cross-talk]

COUNCIL MEMBER ROSENTHAL: ...you... I got  
you, thank you Commissioner. So, you're saying that  
they came with a budget and that budget was fully  
funded?

MARY BASSETT: I'm sure that all budgets  
are the result of a negotiation and I can't tell you  
that their initial budget was fully funded.

COUNCIL MEMBER ROSENTHAL: We're all on  
the same side here... [cross-talk]



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MARY BASSETT: I think we are so... [cross-talk]

COUNCIL MEMBER ROSENTHAL: ...truly...  
[cross-talk]

MARY BASSETT: ...I think... [cross-talk]

COUNCIL MEMBER ROSENTHAL: ...all our...  
[cross-talk]

MARY BASSETT: ...that what, what you've heard is that the agency has identified this as an issue that's why the work group was established and we need to figure out a solution to it. It shouldn't be as you point out one that leaves contractors unable to deliver the service that they have been contracted to provide.

COUNCIL MEMBER ROSENTHAL: And as I say the city has stepped up in the way the governor has not in certainly the federal government will stop doing so I commend you for that. Thank you very much, I'll be interested in hearing as the work group moves along, thank you.

CHAIRPERSON COHEN: Thank you Council Member. Just to kind of circle back a little bit, in your testimony you talked about 9.5 million dollars for Healing NYC that's going to be in the executive

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1  
2 budget, that wasn't... that money's not been... is not in  
3 the preliminary budget, is that correct?

4 MARY BASSETT: It was just announced last  
5 week so it will appear... [cross-talk]

6 CHAIRPERSON COHEN: ...that will be...  
7 [cross-talk]

8 MARY BASSETT: ...in the executive budget.

9 CHAIRPERSON COHEN: And that's new  
10 funding?

11 MARY BASSETT: That is new funding on top  
12 of existing programs.

13 CHAIRPERSON COHEN: Just to kind of I  
14 think more broadly and, and, and I think... as I was  
15 sitting here I think this is the fourth year we've  
16 done this, in terms of the, the, the contracts issued  
17 by DOHMH I, I think we've asked in the past, I don't  
18 know if we've gotten it or not but we... just sort of  
19 a... it... the... a list of the contracts so that we know  
20 and, and I think that ultimately, we'd like to  
21 explore... I, I, I think it probably warrants its own  
22 hearing sort of about the contracting process so  
23 we're just going into more depth about... and, and the  
24 services that we contract for, I mean there's... I, I  
25 mean I can't imagine the breadth of 500 contracts so...

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of, of, of the whole gambit of things that are being  
provided but I really think that that's where the... a  
little deeper exploration than... [cross-talk]

MARY BASSETT: ...sure... [cross-talk]

CHAIRPERSON COHEN: ...starting at... [cross-  
talk]

MARY BASSETT: ...you're forewarned...  
[cross-talk]

CHAIRPERSON COHEN: ...yes... [cross-talk]

MARY BASSETT: ...thank you.

CHAIRPERSON COHEN: So... also in years  
past, past we've talked about diversion centers and I  
know that there's been an ongoing difficulty in  
citing that but is there any progress or is there any  
intent to repurpose the allocations made for that,  
where, where are we at with that?

MARY BASSETT: That's a very good  
question and this really has been a learning  
experience for us as you're aware of the real estate  
issues, we've been having difficulty identifying a  
location for our diversion center, we also have  
worked through a number of different funding  
mechanisms for the diversion center so we now have a  
mechanism that we are confident will work, we are in

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1  
2 active discussions with several vendors and we are  
3 extremely hopeful that we'll be able to come to you  
4 soon and tell you that we have identified a vendor  
5 and a location for our diversion center. We have not  
6 considered abandoning this idea, it's a really  
7 important idea which you may remember a rose on the  
8 heels of a very unfortunate and tragic death of Mr.  
9 Murdough, a former Marine who was picked up on NYCHA  
10 housing grounds and ended up dying in an overheated  
11 cell on Rykers and the idea of a diversion center  
12 really came up as an answer to the question where  
13 could the police have taken him and we want to make  
14 sure that there is a place where people with mental  
15 health issues, minor infractions can be brought and  
16 that doesn't end them up unnecessarily incarcerated.  
17 So, we are hopeful that we'll be able to give you  
18 some more specific information soon, I can't give it  
19 to you yet but I have a higher degree of confidence.  
20 At last hearing I was employing people to refer like  
21 properties to us, I'm not doing that at this hearing.  
22 We think we're much closer.

23 CHAIRPERSON COHEN: I, I, I... at least..  
24 the council conceptually is a big supporter of the  
25 idea and I think it fits in with the whole philosophy

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here in trying to get people out of the criminal  
justice system if they don't belong there. Do you  
have a timeline at all though for... [cross-talk]

MARY BASSETT: I can't give you a  
specific, specific time line but I have every  
expectation that we are making progress on this.

CHAIRPERSON COHEN: Alright, well I look  
forward to... [cross-talk]

MARY BASSETT: I'm sure you do... [cross-  
talk]

CHAIRPERSON COHEN: ...your privacy...  
[cross-talk]

MARY BASSETT: ...Mr. Chairman... [cross-  
talk]

CHAIRPERSON COHEN: I just... [cross-talk]

MARY BASSETT: So do I.

CHAIRPERSON COHEN: I bet. I just... on  
autism... the, the city council has invested heavily in  
supporting autism services throughout New York City  
including providing 3.3 million in FY 2017 through  
the Autism Awareness Initiative. The council has also  
called upon DOHMH to report on the children... on the  
number of children with autism spectrum disorder that

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1  
2 are served by city agencies. Have we made any  
3 progress in trying to document... [cross-talk]

4 MARY BASSETT: I don't think that we  
5 have... can give you a number of... on the number of  
6 children with autism in New York City or autism  
7 spectrum, what we have for sure are services  
8 available to families and as you're well aware the  
9 early intervention is a... is a service that's  
10 available to all families with children with  
11 developmental issues including autism and we  
12 encourage families to reach out, to go to their care  
13 provider, get a referral for early intervention and  
14 get assessed, if that child is assessed as in need of  
15 services they will receive those services.

16 CHAIRPERSON COHEN: I think it would be  
17 helpful and I think an, an important data point to  
18 know the size of the population.

19 MARY BASSETT: We just don't have the  
20 number. I understand, I would like... you know you  
21 asked me on a number of people who are substance  
22 dependent and I don't have a... you know everything is  
23 sort of a guesstimate, we don't have those kinds of  
24 numbers. So, it's not that we're trying not to have  
25 them, we simply don't have them.

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CHAIRPERSON COHEN: Actually though the,  
the question's well drafted because really, I think  
what they're... what we're asking... we're asking is you  
provide services to people with autism... with...  
children with autism how many people are you serving?

MARY BASSETT: Can you help with that?

GARY BELKIN: So, so in terms of parts of  
the system that we can... where we can count people we  
can have different degrees of certainty whether they  
have autism specter or not and we can look into our  
programs themselves and get back to you. it would be  
worth knowing but it's harder to know in a larger  
treatment system because it relies on practitioners  
to reliably code that and, and, and whether it's a  
billable service or not. So even though it sounds  
like we should know with much greater precision than  
we do the actual numbers of people with, with any  
range of disorders, we often have to infer from  
either what we see coming to services or general  
population estimates which I think for autism are  
roughly one in 70 births so... but we... but it's hard  
often to, to count generally what we don't see in our  
programs.

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CHAIRPERSON COHEN: If, if, if it... if a  
child is diagnosed with autism as part of a... an IEP  
would you know about that?

GARY BELKIN: So the Department... [cross-  
talk]

CHAIRPERSON COHEN: ...I mean do we...  
[cross-talk]

GARY BELKIN: ...of Education might know  
about that and I think that's a question that you  
might want to engage them or... we don't... we don't have  
that data ourselves

CHAIRPERSON COHEN: I, I think that would  
be also a helpful sort of interagency communication  
so that we... we're all talking the, the same language  
in terms of, of numbers really a budget question, the  
FY 2018 Preliminary Budget allocates 12.6 million to  
the developmental disabilities program a decrease of  
nearly 4.6 million or 36 percent compared to the  
budget at adoption, do you attribute that all to just  
state and federal adjustments or...

SANDY ROZZA: The decrease is actual city  
council funding that doesn't show up in the '18  
budget.



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2 CHAIRPERSON COHEN: So hoping that money  
3 will... well I'll do what I can. I had a question about  
4 federal funding, are we working on contingencies, I  
5 mean we obviously... you know your testimony was that  
6 we were uncertain as to the impact but we, we will...  
7 on the flipside you know worst case scenario plan or  
8 what are we doing to sort of...

9 MARY BASSETT: As you know and have heard  
10 in other hearings and as we... as an administration  
11 view is very uncertain the federal budget and we're  
12 waiting to have more certainty and then we'll make a  
13 plan. We have obviously got exposure to federal  
14 budget cuts, it would be foolish not to acknowledge  
15 that but we just don't know yet what's going on and  
16 we are... you know are proceeding to watchful waiting  
17 to find out what the impact will be on our budgets.

18 CHAIRPERSON COHEN: I would just say for  
19 the record that I would strongly encourage that, you  
20 know if, if we were facing a worst-case scenario that  
21 decisions were made sort of collaboratively so that  
22 we're... [cross-talk]

23 MARY BASSETT: Yeah, I think that the  
24 other part of the story is that as you know the mayor  
25 and, and all of his Commissioners are committed to

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1  
2 advocating as loudly and as strongly as we can  
3 against these budget cuts and I'm sure that we can  
4 anticipate city council support in, in fighting back  
5 against these budget cuts which will be... would be so  
6 damaging to the people of our country and our city.

7 CHAIRPERSON COHEN: Any, anytime you want  
8 to take a road trip to Washington I'm happy to...

9 MARY BASSETT: Yes, the last time my trip  
10 was cancelled because of snow.

11 CHAIRPERSON COHEN: Okay. Council Member  
12 Crowley, do you have a question?

13 COUNCIL MEMBER CROWLEY: Thank you Chair  
14 Cohen. Good afternoon Commissioner. My question has  
15 to do with the horrific death of the EMT earlier...  
16 well about a few days ago now and, and how the person  
17 who was arrested for doing the crime is somebody  
18 who's known to be a schizophrenic and has been in and  
19 out of the criminal justice system 31 times how, how  
20 are we failing as a city to, to make sure that  
21 somebody was dangerous to society is, is not in a, a  
22 place where the people could be protected from, from  
23 the disorder that could come and how this death could  
24 have been avoided?

25

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MARY BASSETT: The first thing of course is to acknowledge that this was a terrible and tragic event that led to the death of, of someone in a way that was just horrible. The fact is that this is exactly what ThriveNYC is designed to address but I think your question is in this individual case what happened and I simply don't have access to the person's record to tell you what happened to this individual. What I would say to the person's family from what I've read in the newspaper they were very concerned about him was that I would hope in future they or any other family who's really worried about the... they... the state in which a family member finds himself asks for help, it's now easier than it's ever been, it's just a telephone call away and we have a more robust portfolio of services that we'll go out and meet people where they are, wherever they are, we have all kinds of outreach teams to bring people into care. For the people who are enrolled in NYC Safe which I, I think you're implying this would have been appropriate for him and they... we've done well with them of people in, in the community who are enrolled in NYC Safe, 96 percent haven't had any further episodes of violent behavior towards the public. So,

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1  
2 we know that we can find this very hard to reach a  
3 group of people, people who are cycling through  
4 homelessness, criminal justice system with the tools  
5 that we now have at our disposal thanks to ThriveNYC  
6 and the investment that this administration has made  
7 but we have to learn about them and that is what  
8 we're trying to do, trying to make it easier for  
9 families and other agencies to report to us.

10 COUNCIL MEMBER CROWLEY: I, I think that  
11 we need to be doing more as the city especially when  
12 someone's living in the, the homeless shelter as, as  
13 this person was and that somebody keeps on getting  
14 re-arrested and involved in the criminal justice  
15 system we need to make sure that the judges are aware  
16 that someone such as the person could be a huge  
17 danger to the public and that we have to work  
18 together to make sure they, they get medical  
19 attention and if they're schizophrenic that they're  
20 seeing a doctor and taking medicine.

21 MARY BASSETT: I... you know I completely  
22 agree with you that we need to strengthen our  
23 capacity to find and retain people in treatment but I  
24 feel that I should point out to you Council Member  
25 that the majority of violence experience by people

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1  
2 with mental illness the person with the mental  
3 illness is more likely to be a victim than a  
4 perpetrator so I want to make clear that we should  
5 not, you know shift our vision to think that every  
6 person with a mental illness is a person who is  
7 violent, every person with a mental illness is a  
8 person who deserves and should get treatment and the...  
9 we need to do better at reaching out and finding  
10 people where they are that's why the outreach team so  
11 the, the department now has at its disposal, there's  
12 a whole array of them that we'd be happy to tell you  
13 about. Is the best we... position we've ever been in to  
14 make sure that people don't fall through the cracks  
15 but if we don't know about them we don't know about  
16 them.

17 COUNCIL MEMBER CROWLEY: Thank you Chair  
18 Cohen.

19 CHAIRPERSON COHEN: Thank you Council  
20 Member. Council Member Rosenthal?

21 COUNCIL MEMBER ROSENTHAL: Thank you, I  
22 just forgot one quick question. Have all of the DMH  
23 contracts... sorry, I'm from old school, DOHMH  
24 contracts been modified for the wage increases that  
25 were put into the budget in Fiscal Year '15?

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1  
2 SANDY ROZZA: I believe that we've  
3 identified every provider that is entitled to and we  
4 are working in registering them but they have not all  
5 been registered at this time.

6 COUNCIL MEMBER ROSENTHAL: Okay, if you  
7 could get back to me with a sense of the numbers on  
8 that and how many are left, that would be great.  
9 We've heard there are some.

10 SANDY ROZZA: Okay.

11 COUNCIL MEMBER ROSENTHAL: Thank you very  
12 much and I guess all... you know I guess it would be  
13 the number that our at least sent over to the  
14 controller for registration and the number left that  
15 haven't yet been sent over to the controller.

16 SANDY ROZZA: Okay...

17 COUNCIL MEMBER ROSENTHAL: Oh although  
18 for MODS do you have to send them over?

19 SANDY ROZZA: So...

20 COUNCIL MEMBER ROSENTHAL: Maybe not.

21 MARY BASSETT: You want to see where they  
22 are in the pipeline...

23 SANDY ROZZA: Not the council's  
24 discretion, it was something else...

25 MARY BASSETT: Oh I see...

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SANDY ROZZA: Yeah, we'll give you a  
status of where they are.

COUNCIL MEMBER ROSENTHAL: Thank you very  
much.

SANDY ROZZA: You're welcome.

CHAIRPERSON COHEN: Thank you, you know  
what I do think that, you know based on, on the  
testimony we've heard already and obviously it... that  
the administrations embrace of, of, of harm reduction  
is to be commended and, and clearly... and, and, and I  
think the most effective way but I, I, I think just  
dovetailing on Council Member Crowley's question I  
think we're concerned a little bit about the nexus  
between DOHMH and other agencies and other entities  
whether it's, you know someone who, who is arrested  
and released but you know if, if they're not aware  
that services are available, if there's not a  
connection with that person whether it... you know it,  
it... whether it's at the courthouse, whether it's at,  
you know upon release, someone being released from  
Rykers those kind of services or, or, or at the  
emergency room at a... an H and H facility having the  
connection to services I think that's a concern of  
all of us and, and I don't know if you can speak to

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specifically what resources are devoted to... or... and,  
and how that you... and how the agency interacts with  
other agencies to make sure that that connection  
takes place.

MARY BASSETT: I, I don't know if you're  
asking about AOT, is that what you're asking about or  
you're just asking about our interaction with other  
agencies. We actively refer... receive referrals  
through the Single Point of Access or, or SPOA from  
other agencies as well as from health care  
practitioners. We get referrals from the correctional  
health service, from the shelter system, from the  
NYPD and I would say to you that we have never had  
such a well knit together system as we currently  
have. I think that every, every time we find  
something had happened that we wished hadn't that we  
take the opportunity in so far as we can with the  
protection of people's personal health information to  
figure out where the... you know where the cracks in  
the system emerged. So, I, I can't tell you that the  
communication is perfect but I can tell you that we  
have a higher level of communication than we've had  
in the past and that we are committed to the model  
that if people are in treatment and effectively



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1  
2 treated the likelihood that they'll be these terrible  
3 tragedies will be reduced.

4 CHAIRPERSON COHEN: Do you get... who's... of  
5 a sister agency who's your, your biggest source of  
6 business?

7 MARY BASSETT: I think homeless services.

8 CHAIRPERSON COHEN: Okay, I really want  
9 to thank you all for your testimony and I will see  
10 you at exec if I don't see you before.

11 MARY BASSETT: Thank you Mr. Chair. Thank  
12 you to members of the committee.

13 COMMITTEE COUNSEL ABENE: The next panel  
14 will be Fiodhna O'Grady. Jason Lippman, Dipal Shah  
15 and Ariel Savransky.

16 CHAIRPERSON COHEN: Okay, we're ready  
17 when you are. Who wants to start, very good.

18 JASON LIPPMAN: Good afternoon  
19 Chairperson Cohen and distinguished members of the  
20 committee. My name is Jason Lippman and I am the  
21 Executive Vice President of the Coalition for  
22 Behavioral Health. Taking together the coalition  
23 represents about 140 community based non-profit  
24 mental health and substance use providers that touch  
25 over 450,000 New Yorkers. Our members serve the

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entire continuum of behavioral health care in every  
community of New York City. I want to thank you for  
the opportunity to testify on the Mayor's FY '18  
Preliminary Budget Proposal. My remarks today will  
focus on big picture initiatives but we will be  
submitting written comments with more expansive  
details. We are grateful to the city council for your  
ongoing and long term support of the behavioral  
health initiatives that reach New Yorkers with  
limited access to mental health care including youth  
and senior citizens. This includes the mental health  
vulnerable populations initiative where... in which the  
coalition's professional learning center is funded.  
Due to the city council's long term support of the  
coalition we have been able to provide critical  
education technical assistance in training to staff  
and leadership a publicly funded behavioral health  
providers across the city. The coalition brings in  
experts from many fields to explore pivotal issues of  
organizational development, best practices, system  
transformation and regulatory concerns. Given the  
current changes to the delivery and financing of  
behavioral health services, community based  
organizations are relying more heavily on the

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coalition and its resources. This year our professional learning center will have conducted over 20 training sessions to more than 750 clinicians just with the city council's funding alone. The other initiative that I want to highlight is the Court and Youth... Court Involved Youth Initiative that's designed to keep youth out of the criminal justice system and effectively turn their lives around. Through the Court Involved Youth Initiative the coalition leads a training session... a series of trainings to convene and its providers to develop cutting age programs and... along with the service providers who are also working actively with at risk youth which are also funded by the initiative. This year similarly we, we, we would have conducted 21 trainings to more than 670 participants thanks to your generous support over the last... for years. I also want to highlight the Children Under Five Initiative this enables a diverse set of providers to serve children who exhibited behavioral health difficulties because of traumatic experiences. It funds clinicians who are skilled and interventions for children who may not yet be ready or have the skills to verbalize and speak about their own

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experiences, they do this by using cutting edge modalities such as art therapy, dance, moving therapy, different ways that are creative to reach children and, and not typical ways for adults. There's a growing need for early action as evidence by the more and more children that are being identified as needing these services. Left untreated children's mental health issues are likely to worsen with serious ramifications on future development and future cost down the road when these issues escalate without early treatment. In addition to Geriatric Mental Health Initiative reaches our citizens on the other side of the spectrum, it's designed to integrate services into settings where seniors gather into comparable settings such as centers and religious settings as well as in their homes or for those who are, are homebound and can't get out to senior centers. This initiative offers a wide range of services including outreach, education, depression and some receive screening, assessment, individual and group counseling referral to treatment. The need for these targeted mental health services to our senior citizens will only increase as the population ages so it's going to be even more urgent as we go

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1  
2 down the road. In our written testimony we focus on  
3 some other initiatives too that are also really  
4 important including developmental, psychological and  
5 behavioral health services and the Medicaid  
6 redesigned transition funding which is really  
7 important to the agencies who are undergoing the  
8 current transition that is state driven from fee for  
9 service to manage care and value based payments and  
10 they don't often have the infrastructure in place to  
11 collect data, have the IT systems in place so this,  
12 this pot of money helps them as well. And I also  
13 wanted to just point to Workforce and iterate in  
14 contracts in reiterate some of Council Member  
15 Rosenthal's comments which are questions which I  
16 pretty... thought were on target, our, our members are  
17 finding similar concerns as far as the burdens of the  
18 contract process, the delays in the contract process  
19 and funding that doesn't meet the actual cost and  
20 we're actually aligned with the human service council  
21 for the 12 percent overhead for service contract to  
22 increase to that and we hope that the city council and  
23 the mayor could join together to try to address these  
24 issues. And on behalf of the coalition for behavioral  
25 health I thank you for your opportunity to write

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questions... to write comments and, and I'm available  
for any questions that you may have. Thanks.

CHAIRPERSON COHEN: I'd like to hear from  
the whole panel and then... [cross-talk]

JASON LIPPMAN: ...Sure.

ARIEL SAVRANSKY: Good afternoon  
Chairperson Cohen and members of the Committee on  
Mental Health. My name is Ariel Savransky and I am an  
Advocacy and Policy Advisor at UJA Federation of New  
York. On behalf of UJA our network of non-profit  
partners and those we serve thank you for the  
opportunity to testify on the importance of  
maintaining and expanding mental health and  
disability services. So, Jason, Jason actually  
highlighted a lot of the initiatives that I was going  
to mention so I'll keep this relatively short. So  
first and foremost, I would like to also reiterate  
the need to invest resources in human services  
contracts. The minimal investment in human service  
contracts in recent years has impacted our agencies  
in many ways and contracts for services are being  
funded at such low levels that providers are being  
forced to either not apply or return underfunded  
contracts because they are not receiving the

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financial resources needed to properly serve individuals and we along with our partners as Jason mentioned earlier request a flexible 12 percent increase to all human services contracts to adjust existing OTPS costs, appropriately raise salaries, and support reasonable fringe benefits to ease the unstable financial situation many of our nonprofits have been placed in due to past underfunded contracts and we thank the council for your support in this ask and for being so vocal about the need to raise the, the human services contract. UJA has also been a strong supporter of the three Council-funded mental health initiatives that Jason also mentioned; Geriatric Mental Health, Children Under Five, and Autism Awareness. For years, these programs have used non-traditional, community-based settings to help identify individuals and families in need and offer developmentally appropriate services and support. We thank the council for continuing to fund these programs, after the new programs procured with baselined funds last year both changed the services offered as well as prevented existing providers from applying and we urge you to restore your investment in these critical programs. We look forward to

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continuing to work with you as the budget process  
continues, thank you for this opportunity to testify.

FIODHNA O'GRADY: Good afternoon, my name  
is Fiodhna O'Grady Director of Government Relations  
and on behalf of Samaritans Suicide Prevention  
Center, our staff and volunteers, I want to thank  
Chairman Cohen and all the members of the Council  
Committee on Mental Health for the opportunity to  
speak today. As you know, the most recent 2016  
statistics show that suicide is a tragic and ultimate  
symbol of untreated mental has increased in, in NYC  
for the third straight year, now causing almost as  
many fatalities as homicide and automobile accidents  
combined. So, we certainly agree with Commissioner  
Bassett's statement that this increase in suicide  
shows we are not reaching New Yorkers early enough  
when they need support. What's the answer? "Enhance  
protective factors and reduce access to lethal  
means," says Dr. Eric Caine, a nationally respected  
suicide prevention expert with the University of  
Rochester Medical Center. Research by Caine  
evaluating the US Air Force's suicide prevention  
program, the most comprehensive ever implemented in  
this country, found that the more points of access



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1  
2 available to those in distress, the greater  
3 likelihood of their receiving care. Basically, the  
4 easier it is for people to access help the more they  
5 are likely to do so. Samaritans which offers... which  
6 operates New York City's 24-hour suicide prevention  
7 hotline has been on the frontlines providing  
8 immediate and ongoing support to those in distress, a  
9 path to healing for those touched by suicide,  
10 trainings on effective crisis intervention for health  
11 providers and an essential alternative to existing  
12 clinical government run programs for the underserved,  
13 untreated and those impacted by stigma for over 35  
14 years. And what have we learned in these 35 years  
15 working on the frontline, work that includes  
16 responding to over 1.3 million hotline calls and I  
17 was interested to hear that Dr. Bassett quote the  
18 80,000 calls from Thrive for the last three years,  
19 the Samaritans is on an average also of 80,000 calls.  
20 We've trained over 40,000 health care providers in  
21 the keys to effective crisis responses and support to  
22 thousands of people who have lost a loved one to  
23 suicide. We've learned that trying to reduce the  
24 insight... the incident of suicide and self-harming  
25 behavior is very humbling and requires tremendous

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1  
2 humility. For, in spite of all the evidence based  
3 programs designed by highly intelligent people with  
4 years of experience in spite of the development of  
5 new initiatives, suicide is still increasing in this  
6 city, as it is nationally over ten years.. over the  
7 last ten years. Having great respect for that which  
8 you do not know, participants are taught in  
9 Samaritans training a lesson that, that applies to  
10 the challenges we face today when aiming to reduce  
11 suicide in NYC. Samaritans own history confirms,  
12 founded over 60 years in England by a minister who  
13 was also a psychotherapist who sought to assist  
14 parishioners who were so intimidated by the stigma of  
15 suicide that they were resistant to help.. to seek  
16 help. So Varah announced that he would be available  
17 with any, any parishioner who was troubled, set up  
18 office hours intending to provide counseling to those  
19 in need, many people came and while they waited to  
20 see Varah, the volunteers who worked in the office  
21 offered them tea and sat and talked with them. To his  
22 surprise Varah learned very quickly that, while he  
23 thought he would be help, helping those in need by  
24 providing them with therapy the majority of people  
25 felt better just spending time talking in confidence

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1  
2 to tea servers and so a man of faith with a clinical  
3 background accidentally discovered the power of lay  
4 people to provide relief and alleviation to those in  
5 distress and the world's oldest and largest suicide  
6 prevention network with over 400 centers in 42  
7 countries was born. Bigger is not always better. New  
8 is not always improved. People who are in distress  
9 will decide what, if any, services they are or are  
10 not comfortably utilizing. We applaud the council's  
11 continued leadership in supporting the rich diversity  
12 of services available to New Yorkers who need help  
13 and we encourage you to do everything in your power  
14 to provide New Yorkers at risk for suicide with as  
15 many points of access for care as possible.  
16 Samaritans is only one of these organizations and we  
17 thank you for your ongoing support and ask that you,  
18 like last year restore our 297,000 dollars for the  
19 Suicide Prevention Hotline which you did last year  
20 and thank you on behalf of the vulnerable populations  
21 we serve.

22 DIPAL SHAH: Good afternoon Chair Cohen  
23 and members of the committee. My name is Dipal Shah  
24 and I'm the Director of Strategic Partnerships at the  
25 Center for Court Innovations. Thank you for giving me

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the opportunity to speak today. My written testimony is more extensive. I heard a lot of questions in the previous testimony about criminal justice reform and the impact of this committee on criminal justice and the center for court innovation has created problem solving courts and programs of all varieties with the goal of responding to crime by using meaningful alternatives to incarceration and linking offenders to treatment and other services. Often these services include a robust evaluation and support for mental health and substance abuse needs. Through its community courts and court-based programs in all five boroughs which the Midtown Community Court, Bronx Community Solutions, Red Hook Community Justice Center, and more. The center has provided thousands of individuals of all ages with interventions that include screenings for signs of behavioral and mental health needs and in response, providing them with individual case management, group interventions, and referrals to community-based services as an alternative to incarceration. As previous director of Midtown Community Court I saw firsthand the life changing impact of my social workers on those addicted to opioids and other drugs. In addition, the

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center has provided training and technical assistance to mental health courts throughout New York. the center has worked with partner agencies to launch Court-based Intervention Response Team projects in Brooklyn and the Bronx. The CIRT programs work in close partnership with the Department of Corrections, the Department of Health and Mental Hygiene and the Mayor's Office of Criminal Justice to offer robust services as an alternative to incarceration for misdemeanor and felony offenders with mental needs. The center... the center's Human Trafficking Intervention Initiative, a project supported by the council, offers a trauma-focused approach to aid and... to aid individuals arrested for prostitution with their mental health needs. Instead of jail time, center clinicians, working in the Bronx, Manhattan, and Brooklyn, identify and address each person's complex needs and shape a plan to stop the cycle of arrest and re-victimization. I'm here to urge the council to support continued funding for the Center for Court Innovation and its efforts to improve public safety and the mental health of New York residents, promote and expand the use of community-based alternatives to incarceration, respond to

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1  
2 substance use and increase equal access to justice  
3 for vulnerable New Yorkers. The Center for Court  
4 Innovation is seeking city council's support once  
5 again, this includes a continuation of its yearly  
6 support to support its ongoing court operations in  
7 communities across the city and an enhancement to  
8 support and expand alternatives to incarceration in  
9 several key neighborhoods. This would support mental  
10 health interventions for youth and for those and for  
11 those recently released from prison. The city  
12 council's support has been invaluable to the access...  
13 success of the Center for Court Innovation, helping  
14 us maintain core operations and expand our  
15 demonstration projects throughout New York. the  
16 Center for Court Innovation looks forward to  
17 continuing to work with the New York City council to  
18 create new alternatives to incarceration that results  
19 in a fairer, more accessible justice system for all  
20 New Yorkers. Thank you for the opportunity to speak  
21 and I would be happy to answer any questions you may  
22 have.

23 CHAIRPERSON COHEN: I don't... I really  
24 don't... thank you very much for your testimony. I  
25 don't really have a lot of questions exactly but I, I

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1  
2 do want to a, say thank you for coming, I know  
3 starting a hearing a hearing at three o'clock is not  
4 ideal but really getting the word out about... to, to  
5 my colleagues especially about the effectiveness of  
6 the council initiatives and how vital they are... is  
7 very helpful to me in, in advocating for you... for you  
8 guys in terms of... in terms of the funding. So, I, I  
9 appreciate you coming down here today, I appreciate  
10 all the work that you do going to... you're doing the  
11 work in the field obviously but also taking the time  
12 to meet with all my colleagues and there's no better  
13 advocate than, than, than the people on the front  
14 lines. I will also say that I, I have heard  
15 anecdotally also about how many groups here, you know  
16 presently who are fundraising to provide, you know  
17 just to meet the, the obligations under their  
18 contracts because they're so committed to proving the  
19 services that, that they're seeking to raise outside  
20 funding to continue to provide these services so  
21 obviously I don't think that that should be part of  
22 the contracting, you know you shouldn't try to lose a  
23 little bit on each contract and make it up in volume  
24 as my... as my... thank you... as my dad used to say but I  
25 do really appreciate you guys taking the time to

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1  
2 testify. Council Member Grodenchik do you have any  
3 questions before...

4 COUNCIL MEMBER GRODENCHIK: [off-mic] I,  
5 I just do have one question and... I just want to... I, I  
6 met with some of you, I haven't met with some of you  
7 but my question Mr. CHAIRPERSON COHEN what are you  
8 seeing out there is the number one problem when  
9 you're dealing with your clients, is there something  
10 that's... and, and we heard some compelling testimony  
11 especially about the, the epidemic of opioid abuse  
12 and, and overdoses which is just staggering to think  
13 that more people are dying from overdoses than they  
14 are from car crashes and murder together and I'm just  
15 wondering are you seeing that or your agency seeing  
16 that? It's okay, you don't have to answer but I... I  
17 got one brave fellow.

18 JASON LIPPMAN: I mean I would answer  
19 from a different perspective, we're not a direct  
20 service... [cross-talk]

21 COUNCIL MEMBER GRODENCHIK: ...Okay...  
22 [cross-talk]

23 JASON LIPPMAN: ...provider but we  
24 represent the agencies that do the direct services  
25 and the... if I had to pick a number of one concern, I



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really don't like these number one concern questions  
but if I had to... [cross-talk]

COUNCIL MEMBER GRODENCHIK: ...I won't hold  
you to it... [cross-talk]

JASON LIPPMAN: they're struggling...  
[cross-talk]

COUNCIL MEMBER GRODENCHIK: ...don't worry...  
[cross-talk]

JASON LIPPMAN: ...they're, they're  
struggling with all the changes that are happening to  
the system where they have to change their business  
models due to Medicaid redesign and move to managed  
care and changing from... [cross-talk]

COUNCIL MEMBER GRODENCHIK: ...very good...  
[cross-talk]

JASON LIPPMAN: ...changing... [cross-talk]

COUNCIL MEMBER GRODENCHIK: ...dedicated  
redesign, you can say that over and over again...

JASON LIPPMAN: ...changing to value based  
payments and that will in, in, in... if, if they  
cannot... if they don't have the resources to go into  
the, the, the new world if they're not adequately  
being funded to do that it will hamper their ability

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1  
2 to provide services. Okay, that's the perspective  
3 that we have and I...

4 CHAIRPERSON COHEN: Well I, I would just  
5 add... you know the reason that I think that I've been  
6 so proud of Medicaid redesign is because it does  
7 provide a little bit of flexibility in trying to meet  
8 change... you know a very dynamic situation in terms of  
9 changing regulations and changing funding streams so  
10 I think you for your support of that initiative, you  
11 know one thing I guess I, I... because now that I can  
12 decipher my own handwriting and the questions I had,  
13 in terms of the increased overhead what aspect... in  
14 terms... where is the overhead, the, the biggest chunk  
15 of the overhead that... the, the unmet need coming from  
16 specifically?

17 FIODHNA O'GRADY: One of the things that  
18 we are seeing which is the... as we move to minimum  
19 wage to nine to 11 whatever we have a certain sector  
20 of, of workers however city council contracts are not  
21 eligible even though they're with the DMH so that  
22 we're picking up and, and the bulk of our funds come  
23 from the DMH so therefore we're providing the  
24 difference each year between the nine dollars to 11  
25 as it move up and city council contracts are excluded

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from the Department of Health and Mental Hygiene. So,  
we were only able to get money for 50,000 dollars'  
worth of... as opposed to 300 because council contracts  
for some reason as, as they go in are not eligible  
for cost of... for the... for the cost associated with  
the personnel lines as they move forward every year.

CHAIRPERSON COHEN: Okay, I want to thank  
the panel for their testimony, thank you very much.

COMMITTEE COUNSEL ABENE: The next panel  
is Nora Moran, Roger Murray, and Jason Cianciotto.

NORA MORAN: Alright. Good afternoon and...  
[cross-talk]

CHAIRPERSON COHEN: I'm just going to...  
I'm not going to ask... I'm, I'm not going to go to the  
clock but I just want to ask everybody to try to be  
respectful of the late hour.

NORA MORAN: Yep, of course.

CHAIRPERSON COHEN: Thank you.

NORA MORAN: So thank you too Council  
Member Cohen and the committee for convening this  
hearing. My name is Nora Moran and I'm a Policy  
Analyst at United Neighborhood Houses, we are New  
York City's federation of settlement houses. Much of  
what is in my testimony and what I was going to say

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was testified to on the previous panel so I will echo a lot of those comments that were made. I'll highlight a couple quick things in our testimony from our recommendations for this city budget. The first being increased funding for human services council, the 12 percent ask for human service contracts, you know there are, you know rising concerns about overhead and other cost related with... to human services contracts so this ask is really, you know about stability in the sector and financial security in the sector that's... you know one of our, our top priorities for the budget this year. Additionally, we also want to first just thank the city council for restoring all of the mental health initiatives last year. In particular, the Geriatric Mental Health Initiative, the Children Under Five and Autism Awareness Initiative, you know they are still in need for those services ongoing, you know my testimony goes into more detail there as to why that is but all of those services really fill important gaps and allow providers, you know flexibility and creativity in order to meet mental health needs in their communities. We're also very excited that the Autism Awareness Initiative was expanded which we think is

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great. In addition, one other thing that we're kind of seeing in the field and we would urge both the, the administration and the council to, to look at a little bit more closely are behavioral health concerns among immigrant populations. We're hearing just from our providers increased levels of anxiety and concerns around lapses in sobriety among families especially with mixed immigration status, if there's any way that the council can look at that more closely. We know that the Mental Health for Vulnerable Populations Initiative serves this population but you know any increased support there we think would be... would be very helpful and useful. And finally echoing Jason's comments before around the Medicaid Redesign Initiative, incredibly important, there is little to no planning money for community based organizations to figure out how to comply with all the changes under Medicaid Redesign especially the shift to value based payments which is kind of the next thing on deck. So, continuing support for that and continuing to support organizations with that planning money is incredibly important. Thank you.

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1  
2           ROGER MURRAY: Good afternoon, my name is  
3 Roger Murray. Chairman Cohen and the other  
4 distinguished members of the committee I would like  
5 to thank you for this opportunity to speak to you  
6 about the substance abuse prevention and intervention  
7 specialists in the New York City school system. SAPIS  
8 counselors provide essential substance abuse  
9 prevention and intervention services for the 1.2  
10 million children in the New York City. We utilize  
11 curriculums that emphasize social, emotional  
12 learning, IE such as empathy, emotion management,  
13 self-regulation of problem solving and we also have  
14 300 counselors citywide since 2005, 2016. We've lost  
15 close to two... 300 SAPIS counselors and we tried to  
16 provide services which talk about protective factors  
17 and risk factors for the students who are at risk. We  
18 also do brief screening and intervention for referral  
19 to treatment for the students who in families who may  
20 need further help because basically our goal is  
21 treatment to stop the onset or initiation of abuse.  
22 And we would like to also thank Mayor De Blasio for  
23 the last two years we were fortunate that they put in  
24 two million dollars to help keep the SAPIS presently  
25 that are on board, if not having the two million may

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1  
2 be a possible loss of the 25 to 50 SAPIS counselors  
3 that we're trying to bring on board to work within  
4 the school system and lastly one of the things is  
5 that with Oasis we talk about coalitions, working  
6 with the key factors in the communities such as the  
7 clergy, community-based organizations, our services  
8 in the schools working as an integrated approach to  
9 bring about more services for the students. So, I  
10 just want to thank you for giving me this opportunity  
11 to speak before you and hopefully things can work out  
12 really well for us, thank you.

13 JASON CIANCIOOTTO: Good afternoon, I'm  
14 Jason Cianciotto the Vice President of Policy  
15 Advocacy and Communications at Harlem United. The  
16 Harlem is in our name, we serve clients who live in  
17 every signal council member district particularly  
18 through our mobile medical, dental and harm reduction  
19 units which travel to parts of Brooklyn including  
20 Coney Island where there's most in need. I want to  
21 thank you for the opportunity to provide testimony  
22 today. I'm just going to supplement some of the  
23 things that my colleagues have shared rather than  
24 repeat. Harlem United provides medical care at our,  
25 our three federally qualified health centers to over

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9,300 individuals. This includes people who receive mental health services through our Article 28 and Article 31 licenses and we are in the process of being approved for an Article 32 license. Next week will mark the one year anniversary of my time at Harlem United and for the previous 13 years of my career I worked at agencies that did not provide as comprehensive direct both physical and mental and harm reduction services. And reflecting on the year I can't help but take a look at what's happening in congress and post this election and be quite frankly and personally afraid and devastated for the effect that these potential cuts in actions and how they will trickle down through the state and city government will have on our clients. We serve clients who are most in need. I've never a, a group of clients before, never worked with clients before who were still often active substance users who were still either homeless or had yet to find long term permanent housing. Many of these clients receive services through our two health care centers. When I first met them to be honest with you I was frightened not of them but of the own feeling of inadequacy I had about my ability to be able to help and support



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1  
2 them given their need. And what this election has  
3 done and I think I've seen it do to a lot of people  
4 in this room and the service agencies around the city  
5 has forced us to not... but take a look at what the  
6 needs of our clients are, how to put them front and  
7 center and how to use their stories to help. So, with  
8 my time I'd like to share one or two particular  
9 client's stories that I hope will, will be just an  
10 example of some of the areas where city support  
11 currently helps and where there's still need. One  
12 client in particular I met because of a media query  
13 received from New York One who was looking... reporter  
14 was looking to speak with an individual who had  
15 received health care under the Affordable Care Act  
16 that would lose it if it was repealed. Through that  
17 inquiry, I learned about the fact that Harlem United  
18 is a member of the Empower Manhattan Project which  
19 connects people to health care particularly provided  
20 by the Affordable Care Act, this is a woman who came  
21 from West Africa and is in the process of seeking  
22 asylum after being a victim of female genital  
23 mutilation and having two of her three daughter's  
24 victims as well. She fled after her husband died and  
25 her life was threatened when she tried to prevent her

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1  
2 youngest daughter from also becoming a victim of  
3 female genital mutilation. She came to us because she  
4 had been HIV positive since 2002 and a pharmacist  
5 spoke with her as she trying to pay case for her HIV  
6 medications and referred her to us. Through working  
7 with us she was able to access not only direct health  
8 care which included seeing a dentist for the first  
9 time, having a mammogram and Pap smear for the first  
10 time but also receiving mental health services for  
11 with no doubt is a long history of trauma that will  
12 affect her for the rest of her life. Another client  
13 that I recently met had been an active substance user  
14 of crack and cocaine for over 30 years. His wake-up  
15 call was the last time that he lost his city  
16 subsidized housing after getting caught in a sting  
17 operation for possessing heroine. After serving some  
18 time he was placed into a program where he has to  
19 test... provide a urine sample testing for substances  
20 every day and he was placed in a SRO around Brooklyn.  
21 Now at this SRO his words are that he is surrounded  
22 by both active users and dealers making it very  
23 challenging for him to stay sober. His way of dealing  
24 with this is through traveling an hour and a half  
25 every day from Brooklyn to our primary service area

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1 in Harlem where he tends our Adult Day Health Care  
2 Program and receives mental health services and  
3 without spending the entire day with us he fears that  
4 the longer he stays in his SRO the more likely he is  
5 to reuse. Finally, I'd like talk about our Veterans  
6 Health Initiative. In April of 2016 we received  
7 support from the city to open Harlem United's first  
8 housing, support of housing specifically for formally  
9 homeless veterans. Today we house 92 veterans and the  
10 housing is located in Council Member's Rosenthal's  
11 district. And I just want to share a few stats about  
12 these veterans related to their mental health. 63  
13 percent have mental illness, 41 percent are active  
14 substance users, 25 percent suffer from more than one  
15 chronic conditions and 14 percent have a history of  
16 prior suicidality. When we worked with the city to  
17 create this housing we didn't expect and I imagine  
18 the city didn't either know the extent to which the  
19 mental health and medical needs of these veterans  
20 would be. So, one of the things that we're asking of  
21 council in discretionary funding is to be able to  
22 hire a nurse who can work full time because the case  
23 managers that we have there currently are not  
24 equipped or certified to deal with the level of  
25

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1 mental health need that many of these clients have.

2 Lastly, I do want to thank the committee and the

3 mayor and the Mayor's wife for ThriveNYC, it's

4 brought unprecedented attention to the mental health

5 needs and there are all... also as with any program are

6 areas where I believe can be improved and one of

7 those areas is in providing more support, support to

8 the community-based organizations who are helping

9 people with non-serious mental illness issues, things

10 like depression, anxiety, post-traumatic stress

11 disorder. Mental health and related issues is at the

12 core of nearly every one of the clients that we need

13 yet at Harlem United and many of the partner agencies

14 that we work with there is a long waiting list for

15 mental health services. It's largely due to the fact

16 that there are not enough providers who are willing

17 and able to work at the rate they can be paid given

18 the contracts that we have and also even under our

19 Article 31 license where we can pay more, we have yet

20 to be able to find a psychiatric nurse practitioner

21 that will enable us to fully open at Article 31 whom

22 we can pay at the rate allowed. So along with my

23 colleagues at the community health network I'd like

24 to invite this committee and the council to perhaps

25

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1  
2 work on a white paper with us that can assess the  
3 need for non-serious mental illness, the number of  
4 providers available in the city what that gap is and  
5 how it is that we might be able to bridge that gap  
6 through programs and services that will bring more  
7 people who are culturally competently trained to meet  
8 the needs of this population and also increase  
9 resources available so that we can pay people a wage  
10 that they will stay and provide the long term care  
11 needed to, to deal with long term mental illness,  
12 thank you.

13 CHAIRPERSON COHEN: Thank you all for  
14 your testimony. I, I, I think I'm actually meeting  
15 with you guys tomorrow about SAPIS workers so... we  
16 should probably work on a letter together and we can  
17 discuss the details of that tomorrow I guess. In  
18 terms of Harlem United do you, you currently receive  
19 city council discretionary funding?

20 JASON CIANCOTTO: Yes, we do.

21 CHAIRPERSON COHEN: Okay, under what  
22 rubric, what program, what initiatives?

23 JASON CIANCOTTO: So we receive several  
24 both initiative funding as well as discretionary  
25 gifts, our speakers request has historically used for

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1  
2 our injection drug user's health equity initiative  
3 which help support our harm reduction efforts that  
4 has included distributing nearly 10,000 clean  
5 syringes and other services that are in our testimony  
6 more. Through initiative we also are supported by...  
7 for our check HEP-C which in the past funding year  
8 has cured nearly 50 people of hepatitis C and we also  
9 with the opening of our Veterans Health Initiative  
10 received a veteran, veteran's community development  
11 award which has helped to support that program.

12 CHAIRPERSON COHEN: Thank you all for  
13 your testimony.

14 ROGER MURRAY: Thank you.

15 COMMITTEE COUNSEL ABENE: The next panel  
16 is Sara Van Eerde, Beverly Johnson and Vivienne  
17 LaBurde.

18 CHAIRPERSON COHEN: I think you need to  
19 press the red button.

20 SARA VAN EERDE: Hello, can you hear me,  
21 okay. Thank you so much for allowing me to speak  
22 today. My name is Sara Van Eerde and I'm currently a  
23 graduate student at the NYU Silver School of Social  
24 Work and last year I had the privilege to work at the  
25 Ali Forney Center, which is a non-profit agency

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1 serving LGBT homeless youth and I was able to work  
2 very closely with a lot of young teenagers between  
3 the ages of 16 and 24 who are struggling with  
4 substance use. So, this in light of the heroine and  
5 opioid crisis happening in New York City. I'm here to  
6 offer the suggestion that the funds for the heroine  
7 and opioid addiction crisis be allocated to more harm  
8 reduction approaches. So first I'd like to offer my  
9 support for the mayor's budget, investing 200 million  
10 dollars in funding prevention treatment and recovery  
11 programs is a great start and I'm here to say that  
12 these initiatives are essential but they are not  
13 enough and if we were able to allocate a lot of the  
14 funds to harm reduction approaches for example of  
15 safe needle exchanges and potentially implementing  
16 supervised injection facilities that would be a way  
17 to tackle the increasing problem with New York City.  
18 I know that before they were talking about the  
19 heroine crisis and there's been between 2010 and 2015  
20 about a 158 percent increase in heroin overdose  
21 deaths and recent surveys show that public injectors  
22 are twice as likely to have overdosed compared to  
23 those who do not inject publicly. This specifically  
24 affects the kids that I was working with last year  
25

because with housing and stability they were not able to inject in a safe private space. Often times they felt scared and alone and were in back alley ways with unclean needles and so this implementation would offer a decrease in viral hepatitis, HIV, vein damage and other infectious disease transmissions. So, I encourage you to look towards other states that are implementing these harm reduction strategies so for example as of February 1<sup>st</sup>, 2017 Seattle approved the first supervised injection facility, two sites one in Seattle and one in Kings County and this is in response to their increase in heroine and prescription opioid crisis as well. Also in Maryland, there's been three bills introduced, one would require an addiction counselor to be available 24/7 in certain acute care hospitals. The second would decriminalize certain low level drug offences and the third would offer a safe consumption program where people would be able to inject a pre-obtained drug in a safe environment. So, these are showing how there's a growing number of places in the United States that are shifting towards a more harm reduction approach. So, I think that I... seeing a lot of the kids that felt so helpless and unable to find the resources to



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1  
2 enter into a treatment program. In order to make them  
3 feel safe and supported I think that these harm  
4 reduction approaches would be a, a, a good way to  
5 address the problem at hand. So, I wanted to thank  
6 you for listening to me today.

7 VIVIENNE LABORDE: Thank you Chairman  
8 Cohen and other members of the Mental Health  
9 Committee for this opportunity to testify regarding  
10 Lincoln Center's Service to kids with special needs  
11 and individuals with dementia. Lincoln Center is  
12 making the performing arts more accessible to these  
13 audiences in many ways. This is an audience that is  
14 often unable to participate in mainstream arts  
15 experiences and so through many of our programs we're  
16 working to be... we're working to, to make sure that  
17 they too can have quality arts experiences as well.  
18 We're doing so through our big umbrella festival  
19 which is serving kids with autism, our access  
20 ambassador's job training program, which serves a lot  
21 of kids with autism and other special needs, our  
22 passport to the arts program for kids with  
23 disabilities and their families as well as our  
24 Lincoln center moments program for individuals with  
25 dementia and their care givers. In the Spring of 2018

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Lincoln Center aims to launch the, the LC Kids Umbrella Festival this will be the world's first international festival of live performances specifically for children on the autism spectrum and their families. The festival spanning an entire month will include an international showcase of multisensory productions created by the world's leading theater companies creating work particularly for special needs audiences. This festival will build on the success of work that Lincoln Center has done in this space through our Up and Away and Campfire Theater Productions which were the first theater productions of its kind commissioned specifically for audiences, children with autism. Special events at the festival will be held to raise awareness of the impact of the performing arts on young people with autism along with professional development opportunities, we're going to convene the field and train the next generation of artists to be able to take this kind of programming back to their communities. The Big Umbrella Festival aims to serve 5,000 kids and families including kids from Title I public schools from across New York City as well as public audiences on weekends. We will engage families

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1 who are unable to come to our campus through certain  
2 festival productions that are taking place in the  
3 boroughs and will bring other families that are in  
4 need of transportation to our campus to experience  
5 the on-campus productions. I also wanted to tell you  
6 about our Access Ambassador Initiative which provides  
7 multiweek training and job skill building  
8 opportunities for young people with disabilities who  
9 are in transition programs. In collaboration with the  
10 district 75 transition office we created this program  
11 in response to the high rate of unemployment for  
12 people with disabilities. Through school partnerships  
13 that engage transition coordinators, administrators  
14 and families this program is customized based on the  
15 school's goals and the student's needs. Through  
16 weekly in school training sessions as a group the  
17 students learn jobs... concrete job skill tasks as well  
18 as social skills, teamwork and self-assessment. The  
19 students practice these skills during volunteer  
20 shifts at Lincoln Center. We are supported by the  
21 school, Lincoln Center staff and parents, they greet  
22 guests and assist family programs. During all the  
23 shifts the, the students are coached by a Lincoln  
24 Center staff to hone their skills and create career  
25

goals through self-assessments. Our Passport to the Arts Program is our long-standing program for young people with disabilities and their families and it provides free supported and welcoming experiences for families to experience the performing arts. In the FY '18 season over 400 families will select from 25 unique programs, some offered multiple times and it's for at... it's absolutely free to the kids and their families. In total over 2,000 people will participate. Families from the five boroughs and beyond will have the opportunity to attend inclusion performances at the New York City ballet, the Med Opera, the Jazz at Lincoln Center at no cost. Adapted programs that are specifically designed to meet the needs of kids with disabilities include dance classes taught by the New York City ballet and the American Ballet Theater, backstage tours of the Med Opera, Jazz Webop classes and sensory tours at the New York Public Library for the performing arts. The last program I wanted to, to talk about is the Lincoln Center Moments Program, which is a new program that's designed to make the performing arts more accessible to people with dementia and their care givers. We aim to partner with social adult day care programs and

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1 senior centers in districts citywide to make this  
2 program more available to this population. This is a  
3 free performance based program that is created to  
4 build... to, to bring our artistry to an intimate and  
5 supported setting for individuals with dementia and  
6 their care givers designed to address the needs of  
7 the rapidly growing population affected by dementia  
8 and to provide meaningful connections to the arts for  
9 an audience that may be unable to attend mainstream  
10 performances. We'll be offering a two-season program  
11 in the Fall of 2017 and Spring of 2018 that will  
12 feature performances across our campus and include  
13 post performance workshops that allow the  
14 participants to respond to the experience through art  
15 making. In this current year programming, we're  
16 partnering with Caring Kind formerly the Alzheimer's  
17 Association New York Chapter to conduct training and  
18 participant focus groups. We're also partnering with  
19 the Louis Armstrong Center for music and medicine at  
20 Mount Sinai to, to conduct a research study on this  
21 program's impact on mood, agitation, and focus. Our  
22 programs for FY '18 will build off of the findings  
23 to... of these findings to further hone the program.  
24 This project is the first of its kind at a performing  
25

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1  
2 arts organization. So, thanks again for this  
3 opportunity to, to testify, we hope you'll support  
4 the CIG's request for an additional 40 million  
5 dollars to support our community programs like these.  
6 We also hope that you'll support Lincoln Center's  
7 request for speaker at initiative funding including  
8 through the Autism Awareness Initiative and other  
9 existing initiatives that serve mental health  
10 audiences.

11 BEVERLY JOHNSON: Hi, good afternoon  
12 everyone. My name is Beverly Johnson. I'm trying to  
13 have a law implemented in order the law to be  
14 implemented there must be funding and we're starting  
15 at a... at the local level with the city, it's called  
16 Beverly's Law to improve the plight of people on  
17 Social Security. What it's basically about is, is to  
18 expand opportunities for the mentally disabled to  
19 function at work and there at work they're going to  
20 need assistance, someone in HR, you've got clinical  
21 psychologists or clinical social workers to help them  
22 with job related issues, you know once they get their  
23 training, education or, or whatever it is and they're  
24 thrown in work and chances are they're not going to  
25 survive as well as people that are not without mental

1  
2 illnesses. So, what, what needs to be done is there  
3 should be some sort of funding, you know to hire, you  
4 know which... at least at the city level a social  
5 worker that's clinical or a psychologist that's  
6 clinical that's in... that, that city, federal and  
7 state that get funding, so city jobs gets funding  
8 from the government and there should be some sort of  
9 allotment to hire someone, you know to help the  
10 mentally disabled to function and stay on their job  
11 with job related issues. Okay, I'm writing this,  
12 this, this is a legislation I gave it to you is to  
13 extend the rights to people with psychiatric  
14 disabilities, people that are mentally disabled. We  
15 know that a lot of... a lot of funding was given to the  
16 physically disabled, you know adaptive work situation  
17 and whatnot but this legislation, you know is, is, is  
18 important because you... people that are on, on Social  
19 Security are reluctant to get off Social Security and  
20 if they know that there's someone there on the job  
21 that could help them, you know someone that they're  
22 familiar with also would be helpful in terms of, of,  
23 of them getting off Social Security. The strain to  
24 our Social Security is, is, is very, very tight with  
25 people with mental disabilities, mental illness and

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1  
2 so without this support, you know chances are, you  
3 know people that are mentally disabled are not going  
4 to be able to get off the system, you know and, and...  
5 and look all you have is the equal opportunity  
6 commission and by the time they write down, document  
7 what's going on, you know they're not going to be  
8 able to tolerate it, you know and then they may have  
9 trouble even writing, you know whatever the  
10 grievances are that's going on in terms of the  
11 workplace, so you have disgruntled people or people  
12 that sue. So, it's very important to have someone in  
13 HR, you know a social worker or a psychologist  
14 clinical to help people with mental illness, you know  
15 to try to function and be a part of society and, and  
16 to work because that's what, what it's all about is,  
17 is being able to work and hold a job and get off the  
18 system. Thank you.

19 CHAIRPERSON COHEN: I really want to  
20 thank you all for your testimony. I think I've  
21 actually visited the programs at Lincoln Center at  
22 one point and maybe that was...

23 BEVERLY JOHNSON: Back for the arts  
24 maybe?  
25



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CHAIRPERSON COHEN: Maybe, yeah. Maybe...  
it was a while ago, maybe a year and a half ago  
already.

BEVERLY JOHNSON: We'd love to have you  
back.

CHAIRPERSON COHEN: Alright, I appreciate  
that. I want to thank everybody for their testimony  
and this concludes our preliminary budget hearing.  
Thank you very much.

[gavel]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date April 9, 2017